

HOME-BASED SERVICES IN INFANT AND EARLY CHILDHOOD MENTAL HEALTH

By
Stacey M. Cornett, MSW, LMSW, IMH-E[®] (IV)



Civic Research Institute

4478 U.S. Route 27 • P.O. Box 585 • Kingston, NJ 08528

Copyright © 2014

By Civic Research Institute, Inc.
Kingston, New Jersey 08528

The information in this book is not intended to replace the services of a professional trained in any disciplines discussed in this book. Civic Research Institute, Inc. provides this information without advocating the use of or endorsing the issues, theories, precedent, guidance, treatments, therapies, resources, practical materials, or programs discussed herein. Any application of the issues, theories, precedent, guidance, treatments, therapies, resources, practical materials, or programs set forth in this book is at the reader's sole discretion and risk. The author, editors, and Civic Research Institute, Inc. specifically disclaim any liability, loss or risk, personal or otherwise, which is incurred as a consequence, directly or indirectly, of the use and application of any of the contents of this book.

All rights reserved. This book may not be reproduced in part or in whole by any process without written permission from the publisher.

This book is printed on acid free paper.

Printed in the United States of America

Library of Congress Cataloging in Publication Data
Home-Based Services in Infant and Early Childhood Mental Health/Stacey M.
Cornett, MSW, LMSW, IMH-E® (IV)

ISBN 978-1-887554-96-1

Library of Congress Control Number: 2014931119

To order go to <http://www.civresearchinstitute.com/icmh.html> and click "Add to Cart"

For my two special angels on earth, Harper and Caiden, who have given me two very special hands to hold.

Table of Contents

<i>Acknowledgements</i>	xxi
<i>Introduction</i>	xxiii
<i>About the Author</i>	xxvii

PART 1: FOUNDATIONS OF PRACTICE IN INFANT AND EARLY CHILDHOOD MENTAL HEALTH

Chapter 1: Overview of Infant and Early Childhood Mental Health Practice

Introduction	1-2
General Concepts	1-2
Infant Mental Health	1-3
Early Childhood Mental Health	1-5
Early Influences on Practice	1-6
Winnicott	1-6
Bowlby	1-7
Anna Freud and Dorothy Burlingham	1-9
Selma Fraiberg	1-10
Continuing Developments in the Field	1-11
Relationship-Based Practice	1-11
Neurobiology and Brain Development	1-11
Temperament Research	1-13
Scope of Practice	1-14
Areas of Promotion, Prevention, and Intervention	1-14
Range of Providers	1-14
Stages of Practice	1-15
Orientation	1-15
Initial Phone Contact	1-16
Orientation Session	1-16
Engagement	1-17
Assessments	1-17
Service Planning	1-18
Intervention and Support	1-19
Transition	1-19
Key Components of Practice	1-20
Infant Mental Health	1-20
Emotional Support	1-20
Developmental Guidance	1-21
Obtaining Material Needs/Advocacy	1-21
Brief Crisis Intervention	1-22
Infant-Parent Psychotherapy	1-22

Development of Support Networks for Infant and Early Childhood Mental Health	1-23
Child-Parent Psychotherapy	1-23
Risk and Resilience	1-24
Individual Risk Factors	1-25
Family Risk Factors	1-26
Individual Protective Factors	1-26
Family Protective Factors	1-27
Community Protective Factors	1-27
Conclusion	1-28

Chapter 2: Developmental Milestones in Infants, Toddlers, and Preschoolers

Introduction	2-3
Development in Infants' First Three Months	2-4
Motor	2-4
Physical Development	2-4
Sensory Developments	2-5
Sight	2-5
Hearing	2-6
Taste and Smell	2-6
Touch	2-6
Cognitive Development	2-6
Speech and Language Development	2-7
Self-Help Development	2-7
Social/Emotional Development	2-7
Regulatory Development	2-8
Development in 4- to 7-Month-Olds	2-8
Motor Development	2-8
Physical Development	2-9
Sensory Development	2-9
Cognitive Development	2-9
Speech and Language Development	2-9
Self-Help Development	2-10
Social-Emotional Development	2-10
Regulatory Development	2-10
Development in 8- to 12-Month-Olds	2-11
Motor Development	2-11
Physical Development	2-11
Sensory Development	2-12
Cognitive Development	2-12
Speech and Language Development	2-12
Self-Help Development	2-13

Social-Emotional Development	2-13
Regulatory Development	2-13
Development in 13- to 18-Month-Olds	2-14
Motor Development	2-14
Physical Development	2-14
Sensory Development	2-15
Cognitive Development	2-15
Speech and Language Development	2-15
Self-Help	2-16
Social-Emotional Development	2-16
Regulatory Development	2-16
Development in 19- to 24-Month-Olds	2-17
Motor Development	2-17
Physical Development	2-18
Sensory Development	2-18
Cognitive Development	2-18
Speech and Language Development	2-19
Self-Help	2-19
Social-Emotional Development	2-19
Regulatory Development	2-20
Development in 25- to 30-Month-Olds	2-20
Motor Development	2-20
Physical Development	2-21
Sensory Development	2-21
Cognitive Development	2-21
Speech and Language Development	2-22
Self-Help	2-22
Social-Emotional Development	2-22
Regulatory Development	2-23
Development in 31- to 36-Month-Olds	2-23
Motor Development	2-23
Physical Development	2-24
Sensory Development	2-24
Cognitive Development	2-24
Speech and Language Development	2-24
Self-Help Development	2-25
Social-Emotional Development	2-25
Regulatory Development	2-25
Development in 3-Year-Olds	2-26
Motor Development	2-26
Physical Development	2-26
Sensory Development	2-27
Cognitive Development	2-27

Speech and Language Development	2-28
Self-Help	2-28
Social-Emotional Development	2-29
Regulatory Development	2-30
Development in 4-Year-Olds	2-30
Motor Development	2-30
Physical Development	2-30
Sensory Development	2-31
Cognitive Development	2-31
Speech and Language Development	2-31
Self-Help Development	2-31
Social-Emotional Development	2-32
Regulatory Development	2-32
Development in 5-Year-Olds	2-33
Motor Development	2-33
Physical Development	2-34
Sensory Development	2-34
Cognitive Development	2-34
Speech and Language Development	2-34
Self-Help Development	2-34
Social-Emotional Development	2-35
Regulatory Development	2-35
Conclusion	2-36

Chapter 3: Mental Health Challenges in Infants, Toddlers, and Preschoolers

Introduction	3-2
Manifestation of Mental Health Problems in Infants and Toddlers	3-2
General Descriptions	3-2
Eating Disturbances	3-2
Sleep Disturbances	3-6
Regulation Disorders of Sensory Processing	3-7
Trauma Reactions	3-10
Mood Disturbances	3-11
Relating and Communicating Disorders	3-15
Relationship Issues	3-18
Prevalence	3-19
Effects on Overall Development	3-20
Developmental Variations Between Infants and Toddlers	3-20
Sleep Disturbances	3-20
Trauma Reactions	3-20
Mood Disturbances	3-20

Manifestations of Mental Health Problems in Preschoolers	3-21
General Descriptions	3-21
Eating Disturbances	3-21
Sleep Disturbances	3-21
Regulatory Disturbances	3-22
Sensory Processing Issues	3-22
Touch	3-22
Hypersensitivity or Hyposensitivity to Movement	3-23
Sound, Smell, and Visual Input	3-23
Strong Preferences	3-24
Trauma Reactions	3-24
Mood Disturbances	3-24
Relationship Issues	3-26
Behavioral Challenges	3-27
Attention Deficit Hyperactivity Disorder	3-27
Effects on Overall Development	3-28
Conclusion	3-28

Chapter 4: Developmental Phases and Tasks of Parenting

Introduction	4-1
Unique Tasks Related to the Prenatal Phase	4-2
Mothers' Experiences	4-3
Fathers' Experiences	4-3
Psychological Tasks	4-4
Relationship Issues	4-5
Postpartum Phase	4-6
Tasks of the Postpartum Phase	4-6
Physical and Emotional Needs of Mothers	4-7
Physical and Emotional Needs of Fathers	4-7
Needed Capacities of Caregivers	4-7
Challenges and Opportunities.	4-8
Infancy Phase	4-8
Tasks of the Infancy Phase	4-8
Needed Capacities of Caregivers	4-9
Challenges and Opportunities	4-10
Toddler Phase	4-10
Tasks of the Toddler Phase	4-10
Needed Capacities of Caregivers	4-11
Challenges and Opportunities	4-12
Preschool Phase	4-12
Tasks of the Preschool Phase	4-12
Needed Capacities of Caregivers	4-13
Challenges and Opportunities	4-14
Conclusion	4-14

PART 2: ALIGNING WITH FAMILIES IN THE ASSESSMENT AND TREATMENT OF INFANTS, TODDLERS, AND PRESCHOOLERS

Chapter 5: Engaging With the Families of Young Children

Introduction 5-1

Preparing for Service Provision 5-2

Creating a Therapeutic Environment 5-4

Preparing Caregivers for Services 5-5

Intervention Strategies During Engagement 5-5

 Pace of Session 5-6

 Content of Session 5-7

 Feedback and Transparency 5-7

Sharing Values 5-7

 Culturally Competent Practitioners 5-8

 Empowerment Principles 5-9

 Family-Driven Services 5-10

 Individualized and Strengths Based 5-10

 Recovery and Resiliency 5-11

 Trauma-Informed Services 5-12

Encouraging Questions and Decision Making Over Time 5-13

Empathic Listening 5-13

Reflecting Concerns 5-14

Modifying Approach to Meet Needs of Family 5-14

Conclusion 5-14

Chapter 6: Relationship-Based Assessments

Introduction 6-2

Key Concepts of Relationship-Based Assessments 6-2

 Assessments Occur Within the Context of Relationships 6-2

 Importance of the Natural Environment 6-3

 Multiple Contacts and Contexts for Assessment 6-3

 Ongoing Nature of Assessment 6-3

 Importance of Multiple Sources of Information 6-3

 Changing Dynamics in Presentation of Challenges 6-4

 Additional Concepts 6-4

Screening and Assessment Tools 6-5

 Ages and Stages Questionnaire 6-6

 Devereux Early Childhood Assessment 6-7

 Infant-Toddler Social and Emotional Assessment 6-8

 Brief Infant-Toddler Social and Emotional Assessment 6-9

 Child Behavior Checklist 6-9

Presenting Problems and Concerns	6-10
Developing an Understanding of Concerns	6-10
History of Problem Areas	6-10
Patterns of Functioning	6-11
Precipitating Events	6-11
Environmental Influences	6-11
Relationship Differences	6-11
Duration of Problems	6-12
Interference With Functioning	6-12
Interviewing Strategies and Techniques	6-12
Interviewing Strategies	6-12
Interpreting Interactions	6-13
Developmental History	6-13
Components of Developmental History	6-13
Prenatal	6-13
Infancy	6-13
Toddlerhood	6-14
Preschool Years	6-14
Relationship Assessments	6-15
Parent-Infant Relationship Global Assessment Scale	6-15
Relationship Problems Checklist	6-15
Parent-Child Structured Play Interaction Procedure	6-17
Sharing Results of Assessments With Caregivers	6-18
Overview of Assessments	6-18
Explaining Assessments in Family-Friendly Terms	6-18
Presenting Assessments as Ongoing	6-18
Conclusion	6-18

Chapter 7: Assessing Caregivers' Needs and Strengths

Introduction	7-1
Important Considerations in Understanding Caregivers' Capacities	7-2
Caregivers' Histories	7-3
Perceptions of Current Situations	7-3
Motivations for Services	7-5
Caregivers' Attachment Interviews	7-6
Unresolved Loss and Trauma	7-7
Adjustment to Parenthood	7-7
Relationship Issues	7-8
Support Systems	7-8
Current Stressors	7-9
Uncovering Strengths	7-10
Determining Parenting Capacities	7-10
Conclusion	7-13

PART 3: CLINICAL STRATEGIES IN INFANT AND EARLY CHILDHOOD MENTAL HEALTH

Chapter 8: Clinical Strategies to Support Young Children With Attention Deficit Hyperactivity Disorder

Introduction 8-1
 Educational Needs of Caregivers 8-2
 Managing Environmental Triggers 8-4
 Strategies Within Environments 8-6
 Behavioral Management 8-9
 Psychopharmacology 8-9
 Empowering Young Children to Communicate and Understand Needs 8-11
 Coordination With Daycare/Preschool Settings 8-12
 Conclusion 8-13
 Exhibit 8.1: Summary of Recommendations From the American Academy of Child and Adolescent Psychiatry for the Treatment of Attention Deficit Hyperactivity Disorder in Children 8-15

Chapter 9: Clinical Strategies to Support Traumatized Young Children

Introduction 9-2
 Preparing for the Helping Role 9-2
 Understanding Trauma 9-2
 Defining Vicarious Trauma 9-4
 Effects of Vicarious Trauma on Human Services Organizations 9-5
 Training Supervisors and Coworkers, and Procedures for Addressing Vicarious Trauma 9-6
 Preventing Vicarious Trauma 9-6
 Addressing the Problems of Vicarious Trauma 9-7
 Beginning Services for Traumatized Children and Families 9-7
 Supporting Caregivers 9-8
 Instilling Hope 9-8
 Creating a Vision 9-9
 Assessment of Families' and Children's Needs and Strengths for Coping With Trauma 9-9
 Providing for Safety and Stabilization 9-10
 Developing a Crisis Plan 9-11
 Educating on Trauma and Needed Interventions 9-12
 Assisting Caregivers in Understanding What Situations Result in Traumatic Experiences 9-12
 Common Symptoms and Behaviors 9-13

Recognizing Trauma Triggers	9-14
Uniting All Caregivers in the Way They Care for the Children	9-14
Interventions	9-15
Developing Caregivers’ Capacities for Supporting Traumatized Children	9-15
Conclusion	9-16

Chapter 10: Clinical Strategies to Support Young Children With Regulatory Challenges

Introduction	10-2
Determining Capacities	10-2
Infants’ Capacities	10-2
Toddlers’ and Preschoolers’ Capacities	10-3
Assessing Capacities	10-3
Caregivers’ Strengths and Needs in Supporting Regulation	10-4
Children’s Capacities in Managing Regulation	10-4
Infants	10-4
Toddlers	10-5
Preschoolers	10-5
Developmental Guidance	10-6
Interaction Guidance	10-7
Practitioners’ Roles in Facilitating Safe Environments	10-9
Concept of Scaffolding	10-9
Facilitating Caregivers’ Abilities to Self-Regulate	10-11
Parallel Process in Building Regulatory Skills	10-12
Cognitive Restructuring/Coaching	10-14
Individualizing Strategies	10-14
Developing Self-Regulation in Infants and Toddlers	10-15
Supporting Physiological Arousals	10-16
Improving Emotional and Behavioral Controls	10-16
Improving Self-Regulation in Preschoolers	10-17
Cognitive Self-Regulation	10-18
Emotional and Behavioral Controls	10-18
Child-Led Activities	10-19
Play Interactions Teaching Self-Control	10-20
Conclusion	10-20

Chapter 11: Clinical Strategies to Support Young Children With Temperament Challenges

Introduction	11-1
Temperament Coaching	11-4
Key Concepts	11-4
Determining a Method	11-6

Assesments of Child-Caregiver Temperaments	11-7
Determining Caregivers' Temperaments	11-7
Determining Children's Temperaments	11-9
Identifying Temperament Factors in Interactions	11-9
Strategies for Children With Difficult Temperaments	11-9
Activity Level	11-9
Rhythmicity	11-11
Approach or Withdrawal	11-12
Adaptability	11-14
Intensity of Reaction	11-15
Persistence and Attention Span	11-16
Distractibility	11-16
Mood	11-17
Sensory Threshold	11-17
Coordinating Efforts in Alternate Caregiving Environments	11-18
Conclusion	11-18

Chapter 12: Clinical Strategies to Support Young Children With Mood Disorders

Introduction	12-1
Strategies for Educating Caregivers	12-2
Individualizing Signs and Symptoms of Mood Disorders	12-3
Identifying Individual Behaviors	12-4
Assisting Caregivers in Coping With Guilt, Blame, and Stigma	12-5
Teaching Appropriate Interactions	12-6
Determining Capacities for Stress Tolerance	12-8
Building Resiliency	12-10
Identifying Strengths and Capacities in Caregivers	12-11
Observing and Promoting Empathy	12-13
Observing and Developing Reflective Functioning	12-14
Prioritizing Needs of Children	12-14
Adjusting Expectations	12-15
Regulating Caregivers' Needs/Reactions	12-15
Identifying and Coping With Issues Relevant to Supporting Children	12-16
Childhood Histories	12-16
Caregivers' Current Functioning	12-17
Cultural Beliefs Related to Mood Disorders	12-17
Conclusion	12-18

Chapter 13: Clinical Strategies to Support Young Children With Sensory Processing Challenges

Introduction 13-2

Determining Sensory Profiles 13-2

 Hypersensitivity 13-2

 Hyposensitivity 13-4

 Sensory-Seeking Behaviors 13-6

Assessing Children’s Needs and Strengths 13-7

Assessing Caregivers’ Capacities Related to Providing Support 13-8

Supporting Caregivers in Understanding Children’s Needs 13-8

Determining Emotional and Social Functioning of Children 13-10

 Responses to Sensory Dysfunction 13-10

 Relationships With Caregivers 13-12

 Relationships With Peers 13-13

Developing Capacities in Communicating Children’s Needs
 With Others 13-13

Determining Needs in Alternate Environments 13-14

Developing Strategies for Interventions 13-15

Forming Alliances With Alternate Caregivers 13-15

Identifying Routines and Activities That Support Children’s Needs 13-16

 Balancing Sensory Experiences 13-17

 Designing Interventions to Fit Sensory Profiles 13-17

Improving Coping Strategies 13-18

 Direct Intervention Strategies 13-19

 Indirect Intervention Strategies 13-19

 Scaffolding Experiences 13-19

Supportive Interactions and Respite for Caregivers 13-19

Conclusion 13-20

Chapter 14: Clinical Strategies to Support Developing Attachment Relationships

Introduction 14-1

Supporting Capacities to Invest in Relationships With Children 14-2

 Identifying Benefits of Secure Attachments 14-3

 Strengthening the Meaning of Caregiving 14-4

 Assisting in Identifying Caregivers’ Strengths and Challenges 14-4

 Nurturing Caregivers 14-6

Claiming Behaviors 14-6

Supporting Sense of Attunement 14-7

Promoting Nurturance 14-8

 Recognizing Needs 14-9

 Culturally Sensitive Interventions 14-10

Developing Autonomy and Sense of Self	14-11
Weaving Reflective Functioning Into Relationships	14-11
Supporting Emerging Independence	14-12
Building Consistent and Stable Sense of Relationships	14-13
Promoting Opportunities to Foster Sense of Protection	14-14
Balancing Limit Setting and Nurturing	14-15
Building Capacities for Self-Care	14-16
Emotional Self-Care	14-17
Balancing Needs of Children and Caregivers	14-18
Conclusion	14-18

Chapter 15: Clinical Strategies to Support Caregivers in Need

Introduction	15-1
Caregivers at Risk	15-2
Resiliency Characteristics	15-3
Developing Supportive Relationships	15-5
Simultaneously Attending to Caregivers’ and Children’s Needs	15-5
Caregivers With Mental Health Challenges	15-6
Supporting Caregivers With Substance Abuse Challenges	15-7
Caregivers With Intellectual Disabilities	15-9
Special Needs of Teen Parents	15-10
Conclusion	15-11

PART 4: SPECIAL PRACTICES IN INFANT AND EARLY CHILDHOOD MENTAL HEALTH

Chapter 16: Reflective Supervision

Introduction	16-1
General Concepts of Relationship-Based Practice	16-1
Defining The Concept of Reflective Practice	16-4
Core Components	16-6
Parallel Process	16-7
Reflective Practice Across All Disciplines	16-8
Developing a Model of Supervision	16-9
Facilitating Supportive Environments	16-10
Meeting Needs of Supervisors	16-11
Supervisors’ Roles	16-12
Strategies to Support Staff	16-13
Holding Environment	16-14
Problem Solving	16-15
Capacities to Reflect	16-15
Individualizing Approaches	16-15
Conclusion	16-16

Chapter 17: Evidence-Based Practices in Infant and Early Childhood Mental Health

Introduction 17-1

Defining Evidence-Based Practices 17-1

Benefits of Utilizing Evidence-Based Practices 17-2

Considerations for Implementation 17-2

Choosing an Evidence-Based Practice 17-3

Overview of Practices 17-4

 Incredible Years Program 17-4

 Parent-Child Interaction Therapy 17-4

 Circle of Security 17-6

 Child-Parent Psychotherapy 17-8

 Positive Behavior Support for Young Children With
 Challenging Behaviors 17-9

 Attachment and Biobehavioral Catch-Up 17-10

Conclusion 17-13

Chapter 18: Culturally Sensitive Services in Infant and Early Childhood Mental Health

Introduction 18-1

Developing Awareness of Cultural Impacts 18-2

Self-Assessment and Awareness 18-4

Process for Ongoing Awareness 18-5

Defining Culture 18-6

Cultural Impacts on Caregiving 18-8

Acceptance of Differences 18-9

Utilizing Reflective Supervision 18-12

Modifying Services to Meet Needs of Families 18-13

Conclusion 18-13

Chapter 19: Infant and Early Childhood Mental Health Consultation

Introduction 19-1

Defining Infant and Early Childhood Mental Health Consultation 19-3

 Characteristics of Mental Health Consultants 19-5

 Core Components of Mental Health Consultation 19-10

 Program Infrastructure 19-10

 High-Quality Mental Health Consultants 19-12

 High-Quality Services 19-12

Types of Infant and Early Childhood Mental Health Consultations 19-13

 Child- or Family-Centered Consultations 19-13

 Programmatic Consultation 19-14

Overview of Needs	19-14
Numbers of Children in Child Care	19-14
Special Needs of Children in Child Care	19-16
Expulsion Rates	19-17
Roles of Infant and Early Childhood Mental Health Consultants	19-18
Interventions and Strategies	19-19
Qualifications for Consultants	19-20
Supervision and Support of Mental Health Consultants	19-20
Effectiveness of Mental Health Consultations	19-21
Conclusion	19-22

Chapter 20: Supporting Young Children in Foster Care

Introduction	20-1
Overview of the Needs of Young Children in Foster Care	20-2
Common Experiences of the Children Prior to Foster Care	20-2
Common Mental Health Needs	20-3
Physical and Developmental Concerns	20-6
Statistics for Young Children Who Are Placed in Foster Care	20-6
Potential Roles of Foster Parents	20-7
Assisting in Developing Relationship Capacities	20-8
Mediating Effects of Trauma/Loss	20-9
Developing Capacities That Assist Children Beyond Placement	20-10
Facilitating Return to Primary Caregivers	20-11
Determining the Needs of Foster Children	20-12
Understanding Behaviors	20-12
Developing Profiles of Foster Children	20-14
Using Empathy and Reflective Functioning as a Guide	20-14
Importance of Development and Mental Health Screenings	20-15
Governmental Initiatives and Findings	20-15
Importance of Assessments and Interventions	20-16
Importance of Feedback Into Assessment Process	20-17
Risks of Failing to Seek Support	20-17
Assisting Children Cope With Visits	20-17
Developing Rituals for Relaxation and Regulation	20-18
Infusing Predictability and Safety Into Everyday Routines	20-18
Providing Corrective Attachment Experiences	20-19
Conclusion	20-19

Chapter 21: Infant and Early Childhood Systems of Care

Introduction	21-2
Utilizing Systems of Care Principles to Support Young Children	21-3
Family Driven	21-3

Youth Guided	21-4
Community Based	21-4
Culturally and Linguistically Competent	21-5
Benefits of Infant and Early Childhood Systems of Care	21-6
Desired Outcomes	21-6
Early Interventions	21-8
Positive Experiences in Meeting Children’s Needs	21-8
Developing Caregiver Capacities to Support Children	21-8
Individualized Service Planning Process	21-9
Using Child and Family Teams	21-9
Ranges of Interventions	21-9
Strengths-Based Approaches	21-10
Collaboration	21-10
Developing Supports	21-11
Strategies in Developing Community Initiatives	21-11
Bringing Partners to the Table	21-11
Establishing Partnerships	21-12
Forming Governance Structures	21-12
Make-Up of Governance Structures	21-12
Recruiting Governance Board Members	21-13
Memorandum of Understanding	21-14
Systems of Care Infrastructures	21-14
Administrative Positions	21-14
Clinical Directors	21-14
Project Directors	21-16
Cultural and Linguistic Competency Coordinators	21-17
Technical Assistance Coordinators	21-17
Social Marketing Coordinators	21-18
Evaluation Staff	21-18
Lead Family Contacts	21-18
Youth Coordinators	21-19
Programs	21-19
Sustaining the Initiatives	21-19
Conclusion	21-20
<i>Appendix A: Bibliography</i>	A-1
<i>Index</i>	I-1

Acknowledgements

When I think of the important people in my life, both past and present, who I want to take the opportunity to acknowledge, it's another reminder of how important relationships are: my husband, Nathan, my love, my closest friend, and strongest supporter; my children—Logan, Gabrielle, Josie, Lanie, and Heather—and my grandchildren—Caiden and Harper—who fill my life with more joy than I could ever have imagined; my Nanna whose love for me was like riding on the wings of an angel; Mrs. Graff whose presence in my life carried me through; and Audy, the grandmother I found, the force to be reckoned with, and the one I love so much; my mentor, my friend, Julia who challenges me to be the best I can be. I am grateful for Angie Tomlin whose zest for life and dedication to babies is phenomenal, for Michael Trout who offered me the Selma Fraiberg tradition, and for my fellow members in the Michigan Association for Infant Mental Health for whom I have the utmost respect. For all these people, I thank my Lord and Savior for placing them in my path.

Introduction

I often say I am blessed to have such a passion for the work that I do. The work of infant and early childhood mental health offers practitioners opportunities for intervention at the time that it is most valuable, in the beginning, when the developmental forces and relationship foundation is beginning. In my work as an infant and early childhood mental health therapist, I have experienced the challenge of how to meet the needs of young children and their caregivers within the community mental health system. It has been my experience that this system supports the array of services that are identified within the Fraiberg Intervention Model (Fraiberg, 1977). Over the past twenty-five years, I have continually been challenged with the need to apply this model of intervention in a way that reflects the continuing research and development in the field of infant and early childhood mental health. While the model outlines a framework, it is the task of the practitioner to stay abreast of research findings and the development of evidence-based practices to enhance the application of the model. Additionally, the skills that are required in assisting young children and their families are continually developed through experiences in both service provision and reflective supervision. This text seeks to assist practitioners in linking research with clinical practice in a way that enhances service provision. Much of the text is based on my experiences and what I have learned from the caregivers and young children with whom I have had the honor of working. After years of working with families, I have been able to identify skills, strategies, and treatment components that have proven to be helpful in meeting needs related to infant and early childhood mental health conditions.

The field of infant and early childhood mental health is one that is rich in history, strong in the use of theory to inform practice, and continually developing through the work of researchers. Part 1, "Foundations of Practice in Infant and Early Childhood Mental Health," seeks to demonstrate the rich history and foundation from which the field has evolved. From the time that Edward John Mostyn Bowlby, Anna Freud, Dorothy Burlingham, Donald Winnicott, and others began attending to the grief reactions that were so apparent in young children separated from their caregivers, the field began to emerge (Bowlby, 1951; Freud & Burlingham, 1944; Winnicott, 1957). Chapter 1 begins with a tribute to the development of infant mental health through the work of Selma Fraiberg and the early pioneers in the field. Chapter 2 continues with respect for the importance of understanding the developmental milestones associated with typical development. This understanding is of critical importance to the work of infant and early childhood mental health practice, as it offers practitioners a point of reference. The mental health challenges in infants, toddlers, and preschoolers are identified in Chapter 3, with distinctions regarding the ways symptoms are manifested in children between the ages of 0 and 5 years. This chapter gives attention to the special way in which mental health challenges are appropriately diagnosed in young children through the use of the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood*, revised edition (*DC:0-3R*; Zero to Three, 2005). Although this text was written prior to publication of the *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (*DSM-5*; American Psychiatric Association, 2013), the *DC:0-3R* is still considered the best guideline for categorizing mental health challenges in young children in a way that can guide clinical practice. There continues to be a need for more research to best understand diagnoses in young children. Many states encourage a *Diagnostic and Statistical Manual of*

Mental Disorders diagnosis as well as a *DC:0-3R* diagnosis. Documents categorizing how these two classification systems relate to one another have been published by many infant mental health associations. Although, the changes from *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition, text revision (American Psychiatric Association, 2000) to *DSM-5* related to children are not significant, there will need to be updates to the current documents that discuss the two classification systems. Chapter 4 discusses the important ways in which caregivers' developmental progressions align with the developmental trajectories for children. This chapter offers information that is needed to support caregivers in the various stages of development for both them and their children.

Part 2, "Aligning With Families in the Assessment and Treatment of Infants, Toddlers, and Preschoolers," discusses assessment and intervention in infant and early childhood mental health practice. Many caregivers of young children are overwhelmed with the notion that their children may have special needs. Even more difficult for caregivers is the concern that their caregiving may be ineffective. Chapter 5 addresses how these issues often make engagement with families somewhat challenging. It discusses how although the experience of being offered services can be tinged with feelings of worry, there are distinct strategies that practitioners can utilize to fully engage families under these circumstances. Although, engagement is often thought about primarily at the onset of services, it is a needed skill for practitioners throughout service provision. Finally, this chapter addresses the important topic of trauma-informed care, which addresses how awareness of the prevalence of trauma experiences in caregivers and their children should be used to guide how services are offered. Chapter 6 introduces relationship-based assessments, which are the core of infant and early childhood mental health services that always guide the development and implementation of treatment plans. This chapter offers a comprehensive overview of how individual children, caregivers, and relationships are assessed. The special circumstances that are important to consider when completing relationship-based assessments are outlined and expanded upon. Additionally, several formalized screening and assessment tools are described and recommended. Strategies that can enhance the likelihood of strong assessments, which capture the true needs of the caregivers and children, are described in this chapter as well. The chapter ends with an emphasis on the importance of how assessment results are shared with the caregivers, as this only strengthens the emerging relationship between practitioners and caregivers, which increases the likelihood that services will be effective. Chapter 7 addresses the importance of determining the unique needs and strengths of caregivers. When practitioners have an understanding of how the current and past circumstances affect caregivers' potentials, this can significantly impact the effectiveness of services. This knowledge guides the work and the way in which developmental guidance is offered to caregivers. The chapter outlines specific interview strategies and points of observation that will identify themes and areas of concern in terms of strengths and needs that should be addressed.

Part 3, "Clinical Strategies in Infant and Early Childhood Mental Health," is comprehensive in addressing the many types of mental health challenges and ways in which the Fraiberg Intervention Model (Fraiberg, 1977) can be applied to a variety of circumstances. Chapter 8 addresses the needs of preschoolers with attention deficit hyperactivity disorder. It outlines the information that caregivers, both primary and secondary, must be aware of in order to impact children to function at their potentials. The topics of behavioral management, addressing environmental conditions, and implementing strategies will inform practitioners how to empower caregivers to better manage their children's needs. Additionally, strategies for assisting children in understanding how to

manage their needs and challenges are discussed. As most practitioners are aware, traumatic experiences impacting the functioning and developmental progression of children are all too common. Chapter 9 addresses the pertinent issues to consider when assisting caregivers who are caring for children impacted by trauma. It also describes the special interventions needed to assist caregivers who have also been traumatized, either in their own childhoods or in the present. Important ways to support caregivers in addressing the impact of trauma to both the children and ultimately the relationships are outlined and described in detail. Chapter 10 addresses the topic of regulatory challenges that are often the primary reasons why caregivers request help for their children. This important chapter describes how regulatory issues present in infants, toddlers, and preschoolers, and how the intervention strategies differ according to the ages of the children. As a most important way to help children is to empower their caregivers to better meet the children's needs, this chapter assists practitioners in how to help caregivers regulate in the face of very dysregulated children. Chapter 11 describes the importance of understanding and addressing the topic of temperament. If caregivers better understand "who" their children are from a temperament perspective, it can only enhance their abilities to modify their interactions in ways that are more in sync with their children. This chapter can be of significant benefit for practitioners, as awareness of temperament issues is helpful to all children and caregivers, regardless of their levels of functioning. Chapter 12 addresses an area in which many practitioners feel ill prepared: treating young children with mood disorders. This sensitive topic is often overwhelming for caregivers, as a sense of blame and inadequacy often overwhelms them. The chapter describes the important service components to arm caregivers with effective strategies at improving their children's levels of functioning. Paying careful attention to cultural impacts is described as an important strategy in this chapter, and ways that this may be demonstrated are highlighted. Chapter 13 moves into a discussion of sensory processing issues. This chapter highlights the importance of recognizing the way in which sensory processing concerns manifest in infants, toddlers, and preschoolers, and how interventions tailored to children can be of significant benefit. Behavioral issues that are the result of sensory processing issues are often presented to practitioners by caregivers. This chapter helps practitioners consider this important source of behavioral issues so that interventions are crafted in ways that address the specialized sensory processing needs of the children. Chapter 14 offers practitioners an overview of the treatment components that are needed when attempting to impact child-caregiver relationships. This chapter has relevance for all caregiver-child dyads but is focused on addressing attachment disturbances that are emerging in young children. The chapter focuses on specific strategies needed for practitioners to outline plans that are appreciative of caregiver dynamics that are impacting their relationships with their children. As this work can often evoke strong emotional responses in the practitioners, the chapter offers recommendations for the practitioners in meeting their own needs for reflective supervision and nourishing their capacities to be therapeutic. Chapter 15 addresses issues in caregivers that can be of special concern. Often practitioners feel stretched to meet the needs of caregivers with such issues as teen pregnancy, substance abuse, mental health challenges, and intellectual challenges. This chapter identifies important concepts and strategies in working with each of these populations of caregivers to better serve them in these circumstances.

Part 4, "Special Practices in Infant and Early Childhood Mental Health," addresses the many special practices in the field of infant and early childhood mental health that are of specific importance. Chapter 16 is devoted to the discussion of reflective supervision, which is a necessary practice in a field that serves to support practitioners

to best meet the needs of families. This practice is critical in the work and one that all should strive to fully embrace and respect. Chapter 17 recognizes the many evidence-supported and evidence-based practices that have emerged in the field. With the focus on using practices that have been researched and proven to be effective, this chapter can be of help to programs determining which practices to consider. Chapter 18 highlights the way in which services should appreciate the importance of cultural influences on both practitioners and families. This is one of the core principles related to practice. Chapter 19 discusses the practice of child care consultation, as many practitioners will be given the opportunity to assist children in the many early care environments around the country. Chapter 20 identifies the importance of having a solid understanding of the special needs of young children in the child welfare system. This ever-growing population is in strong need of services as well as practitioners who are prepared to meet the challenges of serving needy families and appreciating the impact of foster parents in the lives of children. Finally, Chapter 21 identifies the basic principles associated with early childhood systems of care. This important practice embraces the notion of family-driven, youth-guided, culturally competent, and community-based care when meeting the needs of children and establishing coordinated service delivery systems.

It is my hope that this text will support the growth and development of the readers who seek to learn about or enhance their knowledge regarding infant and early childhood mental health practice. For those of you who are new to the field, I hope that this text encourages you to join with the many practitioners who have made this their life's work. For those of you who I am honored to be working with, it is my hope that this text reminds you of your importance to the families you serve.

—Stacey M. Cornett

References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: Author.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- Bowlby, J. (1951). *Maternal care and mental health: A report prepared on behalf of the World Health Organization as a contribution to the United Nations programme for the welfare of homeless children*. Geneva: World Health Organization.
- Fraiberg, S. (1977). *Insights from the blind: Comparative studies of blind and sighted infants*. New York: Basic Books.
- Freud, A., & Burlingham, D. (1944). *Infants without families: The case for and against residential nurseries*. New York: International Universities Press.
- Winnicott, D. W. (1957). *Mother and child: A primer of first relationships*. New York: Basic Books.
- Zero to Three. (2005). *Diagnostic classification of mental health and developmental disorders of infancy and early childhood* (Rev. ed.). Washington, DC: Zero to Three Press.

About the Author

Stacey M. Cornett, MSW, LMSW, IMH-E® (IV), is the director of Clinical Services for Community Mental Health Services of Muskegon County in Muskegon, Michigan. In this position, Ms. Cornett is responsible for the administration and oversight of the clinical programs serving adults and children with mental health challenges and/or developmental disabilities. Ms. Cornett has extensive experience in the development and administration of home and community-based services for children, with a special interest in infant and early childhood mental health. She has served as a consultant to numerous programs in the area of infant and early childhood mental health. Ms. Cornett previously served as the co-chair of the Indiana Association of Infant and Toddler Mental Health and is now a board member of the Michigan Association for Infant Mental Health. She remains committed to social policy issues related to the mental health needs of young children in her current position, which was preceded by two governor appointments to the Indiana Mental Health Commission. She is the author of *Home-Based Services for High-Risk Youth* (2011). Ms. Cornett received her master's degree in social work from Saint Louis University in 1988 and completed a clinical traineeship with Michael Trout in infant parent psychotherapy in 1999.

Ms. Cornett has been in practice for twenty-five years specializing in the treatment of infants, toddlers, and older children who have experienced abuse, neglect, or trauma. She consults on a regular basis with area schools, early intervention providers, and therapists regarding the topics of attachment, the practice of infant mental health and home-based services for high-risk youth. Stacey graduated from Saint Louis University with a master's degree in social work in 1988 and later completed a postgraduate clinical traineeship in infant mental health at the Infant Parent Institute in Champaign, IL. Stacey is endorsed as a mentor in infant mental health. She is a member of the Indiana Mental Health Commission and serves as the Director of Intensive Youth Services/Co-Project and Clinical Director of Systems of Care. She is an adjunct faculty member for Ivy Tech State College teaching sociology and human services.