

**CONNECTICUT ASSOCIATION FOR
Infant Mental Health**

Promoting, supporting, and strengthening, children's earliest relationships
prenatal to age six

CT-AIMH: Building Capacity in the Infant, Early Childhood, and Family Field

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**CONNECTICUT ASSOCIATION FOR
Infant Mental Health**

Who we are:

- *Connecticut Association for Infant Mental Health (CT-AIMH) is a statewide, non-profit, professional organization that offers expertise in infant and early childhood mental health.
- *We promote and hold a set of Competency Guidelines®, that when they are met, lead to an Endorsement in Culturally Sensitive, Relationship-Focused Practice Promoting Infant and Early Childhood Mental Health®.

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CT-AIMH Mission:

- * CT-AIMH works to promote, support and strengthen nurturing, quality relationships for infants, young children and their caregivers, within the context of family, community and culture.
- *It is CT-AIMH's hope that all infants and young children in Connecticut will experience nurturing, responsive care through strong relationships that ensure optimal social and emotional growth and development.




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CT-AIMH Mission related priorities:

- 1. Increase the Infant and Early Childhood Workforce Capacity and Competency to meet the social and emotional needs of infants, young children and their families.
- 2. Engage Visibly and Effectively in Public Policy Advocacy Issues relating to infant mental health system of care and related funding.
- 3. Share Expertise and Promote Awareness of Issues Relating to Infant/Early Childhood Mental Health.



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What is Infant Mental Health?

Infant Mental Health concerns the **relationships** that infants and young children develop with their **primary attachment figure**, which may be a parent or other primary caregiver. Infant Mental Health, sometimes referred to as Infant Brain Health, has been defined as **the developing capacity of the child** from birth through age five to: **experience, regulate, and express emotions**; form close, secure interpersonal **relationships**; and **explore** his/her environment and learn—all within the context of family, community, and cultural expectations.

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Why is Infant Mental Health Is SO Important!

Brains develop in the context of relationships: Early relationships with primary caregivers that are responsive, warm, and predictable, help assure good brain development and provide a buffer to stress.



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“There is no such thing as a baby, there is only a baby in a relationship.”

-Donald Winnicott



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Infants and toddlers who are building attachment relationships tend to seek and maintain closeness to important people in their lives, especially during times of stress.



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Three types of stress:

- *Positive-Normal, healthy part of development with moderate, short-lived response (meet new people-immunization, preparing a presentation). Can manage this stress with the support of others.
- *Tolerable-Activates the body’s alert system and is more severe and long-lasting (loss of loved one, natural disaster, frightening injury). If time-limited, your body can manage it within positive relationships
- *Toxic-Strong, frequent and/or prolonged adversity-without the buffering of a supportive person.



Young children need adult co-regulators in times of stress.

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We prepare the workforce for working with caregivers.

- *Adult caregivers that have experienced trauma and/or toxic stress may be less emotionally available or less able to engage in consistent serve and return interactions with young children.
- *Children are biologically programmed to seek adults to care for them. If the adults are either emotionally unavailable to care for them or the caregiver is the source of trauma, then a young child still faces the fact that they need the caregiver, but they have no power over the adult or their own circumstances.
- *Without intervention for the young child or treatment for the caregiver, the child may develop a negative internal working model, developmental delays and eventual adult mental health.
- *Without positive, predictable and nurturing relationships with adult caregivers, children suffer developmentally & emotionally



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“Persistent absence of responsive care
disrupts the developing brain”
(Harvard Center on Developing Child, Working Paper #12)



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We prepare the workforce for work with infants:

- *Brain architecture is being defined during infancy and toddlerhood - with over 700 synaptic connections per second.
- *Toxic stress that is chronic can damage brain architecture. Without a caring adult as a buffer, **toxic stress** can also increase the likelihood of early mental health problems, that may continue into later life.
- *Children birth to 5 in child welfare are most vulnerable and at risk for experiencing **toxic stress** (stressors like poverty, violence, maternal/paternal depression, substance abuse, IPV, etc.)



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Trauma not only causes toxic stress, leading to increased release of cortisol, it also has long-term health implications.

Adverse Childhood Experiences Study (ACEs)

- * Kaiser Permanente-17,000 participants, 1995-1997
- * Started as an Obesity study

Resulted in identifying Adverse Childhood Experiences including:

- * Emotional, physical, and sexual abuse
- * Emotional & physical neglect
- * Loss of parent
- * Domestic violence
- * Family member with addiction, depression, mental illness, or incarcerated

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ACE Study Results:

- Traumatic events such as abuse, neglect, and exposure to domestic violence experienced early in life frequently have destructive effects that can last into adulthood
- Powerful relationship between our emotional experiences as children and our physical and mental health as adults
- It is the number of ACEs experienced—not the type—that predicts a child’s likelihood to experience health problems in adulthood
- ACEs are “the most important determinant of the health and wellbeing of our nation”



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Why we need a competent workforce:

The way to ensure that babies and their families create strong, quality relationships, is to develop a competent Infant and Early Childhood Mental Health workforce. Then everyone that works with families & babies:

- Is committed to building relationships at every level (the parallel process).
- Keeps the baby in mind.
- Has the opportunity to reflect on their work & consider their own “triggers” that impact their work w/ families.
- Focus on a two-generation approach- not just with “parent education” per se, but helping parents understand the importance of and ways to know and read their baby’s cues/needs and respond to them and be with them.

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What is CT-AIMH doing? They are preparing a *competent* Infant and Early Childhood Mental Health Workforce.

CT-AIMH:

1. Holds a set of competencies, that once met, lead to IECMH-Endorsement
2. Developed and provides audience-specific training series
3. Provides Reflective Supervision/Consultation Groups
4. Provides continual Professional Development with two conferences/year



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Infant and Early Childhood Mental Health Competencies



Competencies address:

- the acquisition of knowledge
 - the application of skills
- the capacity to analyze or think carefully
 - the capacity to be reflective

"You cannot change what you do not understand."

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More reasons we need Competencies:

*Provide a level of assurance to families, agencies and the public at large that the person delivering services meets professional standards that have been agreed upon by professional consensus.

*Provide a pathway for development in the infant, early childhood, and family field.

*Provide a set of standards that promote social and emotional health (infant mental health).

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IMH Competencies- cover 8 areas of expertise:

- Theoretical Foundations (Child dev., relationship practice...)
- Law, Regulation and Policy (Ethical practice...)
- Systems Expertise (Community resources...)
- Direct Service Skills (Observation, Safety, Screening...)
- Working with Others (Building relationships, support...)
- Communicating (Listening, speaking, writing...)
- Thinking (Solving problems, planning...)
- Reflection (Self awareness, curiosity, emotional response...)

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CT-AIMH's IECMH-Endorsement Process

- On-line application
- Compile Portfolio:
 - Work experience, training, education, references, reflective consultation/supervision and leadership*
- Review Process
- Exam for some categories

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Competency Work in Connecticut

CT-AIMH's Audience-Specific Trainings

1. Training Series for DCF, HS & Community Partners

Initiated by Federal Grant to the DCF/Head Start Collaboration in 2013. Subsequent funding: Casey Family Programs for two regions in 2014, and DCF funding for 2 regions in 2015. Series of 8 full-day sessions with a focus on unresolved trauma and loss.

- Topics:
 - * IT Development, Screening, Assessments and Referrals to improve outcomes for very young children and their families
 - * Attachment and Trauma Core Concepts
 - * Integrating a Trauma Lens into Infant Mental Health Practice with Young Children and their Families (Part 1 and 2)
 - * Culturally Responsive Framework for working with young children and their families
 - * Family Time Visitation- Promoting Parent-Child Relationships
 - * Parent-Child Interactions, Deepening our Observations
 - * Reflective Practice -How Infant Mental Health Principles Can Be Integrated into the Work Place

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How Practice Has Changed

- *“I am learning to observe the baby and wonder what the baby is saying.”*
- *“I write my reports differently now.”*
- *“I wait, wonder, and listen for more information before rushing to decisions with families.”*

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Competency Work in Connecticut
CT-AIMH’s Audience-Specific Trainings

2. Training Series for Childcare Providers

Initiated by PA13-178 (funding through OEC/CHDI), in 2014-2015, started with a series of five ½-day sessions (10 topics) using the topics based upon curriculum developed by TX-AIMH. Piloted in three communities (Enfield, Torrington, & Vernon). Evaluations conducted by UCONN showed significant increase in knowledge.

Then funded by Early Childhood Innovations grant through the Harford Foundation for Public Giving (3 years) offering in E. Hartford and separate funding for Hartford Area YWCA centers. Developed and provided the series in Spanish in the final year, 2019. Currently, funded through the Office of Early Childhood.

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12 Topics:

- *Intro to IMH,
- * Attachment
- * Separation
- * Brain Development (Trauma and toxic stress),
- * I/T development
- * I/T behavior
- * Temperament,
- * Sensory Integration,
- * Importance of Play,
- * Partnering with Families,
- * Reflective Practice,
- * Development, Screening & Referral



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Competency Work in Connecticut
CT-AIMH's Audience-Specific Trainings

3. Training Series for Home Visitors

5 full day sessions. Funding through LAUNCH grant in New Haven for 5 years. Then 6 full day sessions in Hartford (through HFGP), and now funded through OEC.

4. Trauma-Informed Child Parent Psychotherapy (CPP)

18-month training, offered to clinicians, through 5-year funding through LAUNCH grant. Not currently offered by CT-AIMH.

5. Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5). In 2023 now have 2 Zero to Three Trained Trainers (TOT) in CT, and CT-AIMH will begin offering introductory and full training series in 2024.

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Competency Work in Connecticut
CT-AIMH's Audience-Specific Trainings

6. Reflective Supervision/Consultation Training Series and RS/C Group Experiences

RS/C training was developed as a 4-topic series, with an added follow-up day. Funded by DCF, State Head Start Collaboration Office, Birth to Three System, and now OEC.

RS/C Group Experiences: defined as regular, collaborative opportunity to explore one's feelings that surface in work with families and how those feelings impact one's work. Leads to curiosity, and professional growth. Each group meets 2hrs/month for 12 months (6-8/group), is facilitated by an Endorsed facilitator, and offered to a cross sector of disciplines. RS/C groups are or have been funded by DCF, Casey Family Programs, State Head Start Collaboration Office, CT Birth to Three System, OEC and by participants.

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Competency Work in Connecticut

7. CT-AIMH Conferences (2/year)

CT-AIMH hosts a spring meeting/seminar and a fall conference each year on competency-related topics. Since 2018, the Fall Conference has centered on implicit bias, diversify, equity, and inclusion, and since 2019 has been committed to offering training on the Diversity-Informed Tenets for work with Infants, Children, and Families.



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Other trainings offered as needs arise:

8. Mindfulness series

Began offering weekly mindfulness classes and then a monthly series in 2020, in response to the COVID Pandemic, as part of a "Help for the Helpers" initiative through CT-AIMH. Offered through 2022. Continue to offer upon request.




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CT-AIMH's Endorsement Goals for CT

- ❖ Agencies recommend/require IMH Endorsement for those working with infants and toddlers and their families. **Birth to Three (B-3) paved the way, with requirement of 1 IMH-Endorsed staff per site**
- ❖ Pre-service work (college) would include infant mental health in coursework. CCSU Department of Literacy, Elementary, and Early Childhood Education, School of Education and Professional Studies was approved in 2017 to provide a BA degree program in Early Childhood Studies and Infant/Toddler Mental Health.
- ❖ State Grant RFP's to include a requirement for IMH Endorsed staff. **DCF included IMH-E in therapeutic childcare RFP, OEC included IMH-E in HV RFP.**

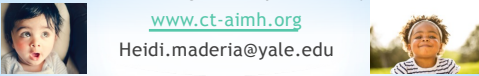
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Goals for Connecticut, cont.

- ❖ Childcare providers who work with infants and toddlers hold Endorsement at Category 1, minimum. **OEC paving the way, also many Spanish-speaking childcare professionals seeking Endorsement.**
- ❖ Home visitors hold Endorsement at Category 1 or 2, minimum. **OEC is including it in grants with CT-AIMH.**
- ❖ Clinicians, and those diagnosing and treating infants/toddlers and their families to enhance the quality of their relationships, hold Endorsement at Categories 3 or 4, and is tied to Medicaid reimbursement. **New DSS grant will pave the way.**

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