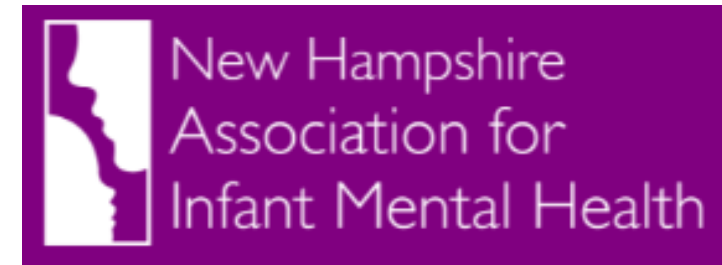


Raising Healthy Children: The Infant Mental Health Workforce

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What is Infant Mental Health?

- Infant Mental Health is an evidence-based field having a family-centered, strengths-based, holistic, multi-disciplinary, inclusive focus that works to strengthen the emotional, physical, social, and cognitive wellbeing of children from 0-5 years of age and their caregivers.
 - Infant Mental Health Services include the following components:
 - Concrete Assistance
 - Emotional support
 - Developmental guidance
 - Early relationship assessment and support
 - Advocacy

NHAIMH Guiding Principles

1. We support caregivers' curiosity to understand the child's perspective (i.e., keep the baby in mind).
2. We empower caregivers to support brain development through reciprocal interactions (i.e., serve and return).
3. We strengthen caregivers' skills in supporting their child's growth through scaffolding.
4. We seek to understand and respect the unique culture and diversity of each family.
5. We approach interactions with an open, curious, and self-reflective viewpoint.
6. We listen for the past as it is expressed in the present.
7. We identify, treat, and/or collaborate with others within our scope of practice.
8. We believe reflective supervision, continuing education, and ethical practice are vital to our work.
9. We observe and support in a holistic framework.

Infant Mental Health: Myths

- Myth: Young children are not capable of experiencing serious psychopathology
 - Problems include: fear, anxiety, irritability, aggression, social skills deficits
 - Cause significant impairment for children and families
- Myth: Problems that do emerge are “just a phase”
 - Often persist, and are considered risk factors for later problems if not addressed
- Myth: Problems that young children have are “undifferentiated”- not specific enough to meet diagnostic criteria
 - MH diagnoses manifest in young children similarly as older children

MH problems in infants/toddlers

Level 1 Screening: BITSEA[®] Problem Areas



Externalizing

Aggression
Overactivity
Defiance / Oppositionality



Internalizing

Anxiety / fears
Separation distress
Depression
Social withdrawal



Dysregulation

Sleep problems
Eating problems
Negative emotionality
Sensory sensitivities



Atypical / Maladaptive

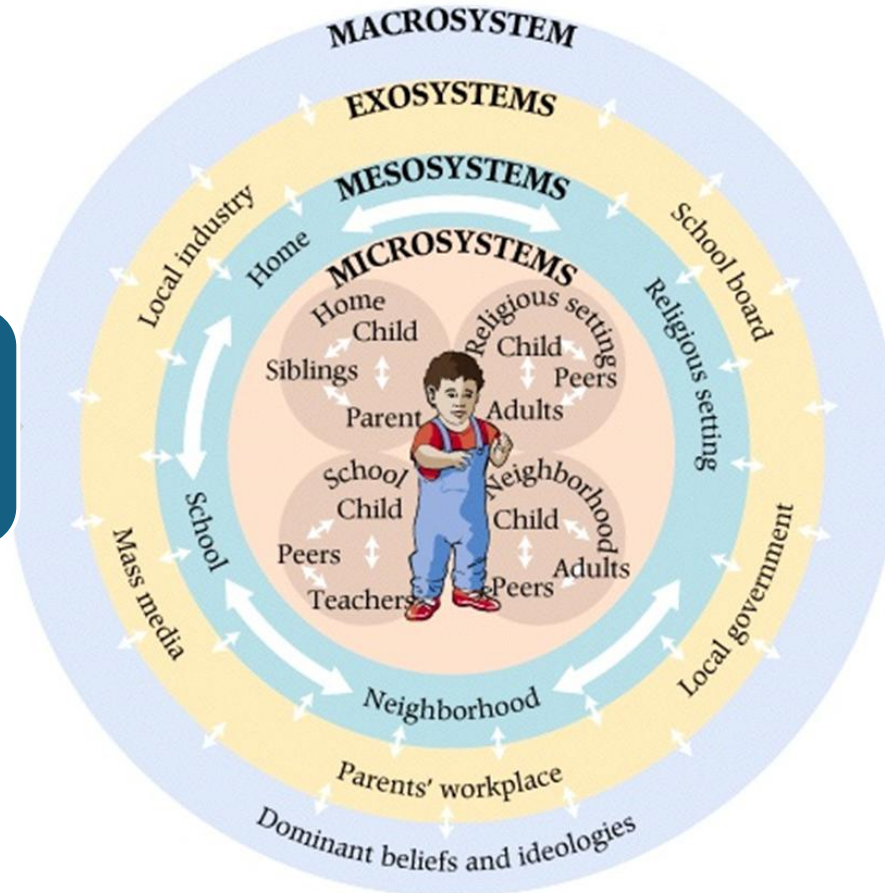
Behavioral stilling
/ freezing,
Hurts self on
purpose,
Repetitive
movements
PICA

At what point does Johnny's problem become clinically significant?

- Johnny (3 years old) is afraid of the monster under his bed
- Has been going on for the six months, getting worse
- Needs to sleep with a lamp on in room
- Sleeps with a flashlight
- Needs a parent to be with him when he goes to sleep
- Needs a parent to sleep in room with him throughout night
- Can't have sleepovers with friends
- Nightly, 20-min ritual that involves elaborately checking the room for monsters
- Parents have cancelled several family trips as a result
- Rituals and night-time waking cause conflict with parents and between parents
- Reduced sleep and added stress affect parents' job performance and emotional availability

Child within a Bioecological System

Infant mental health targets change within the caregivers and family



Mental health problems in young children go undetected

- Decades of research now documents the seriousness of early childhood mental health
- Yet, few young children will be evaluated and receive services
- We miss critical opportunities to receive benefits of effective intervention

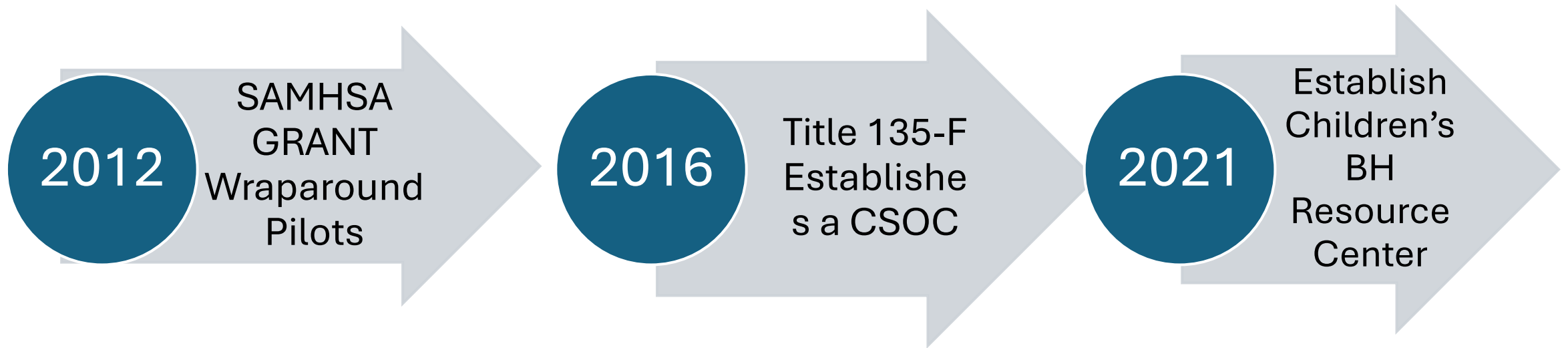
Why intervene early?

- Easier to treat
 - Problems are less entrenched in early childhood—easier to change because they haven't become long-standing habits
- Cost effective
 - Much less expensive to help parents of young children before the problems become severe... compared to later inpatient, IOP, or involvement in juvenile justice
- Neuroplasticity
 - The brain is most plastic early in development- potential to make positive changes in neural pathways that last a lifetime
- Potential to improve parenting
 - Young children spend much more time with parents, allowing for more effective, family-based interventions

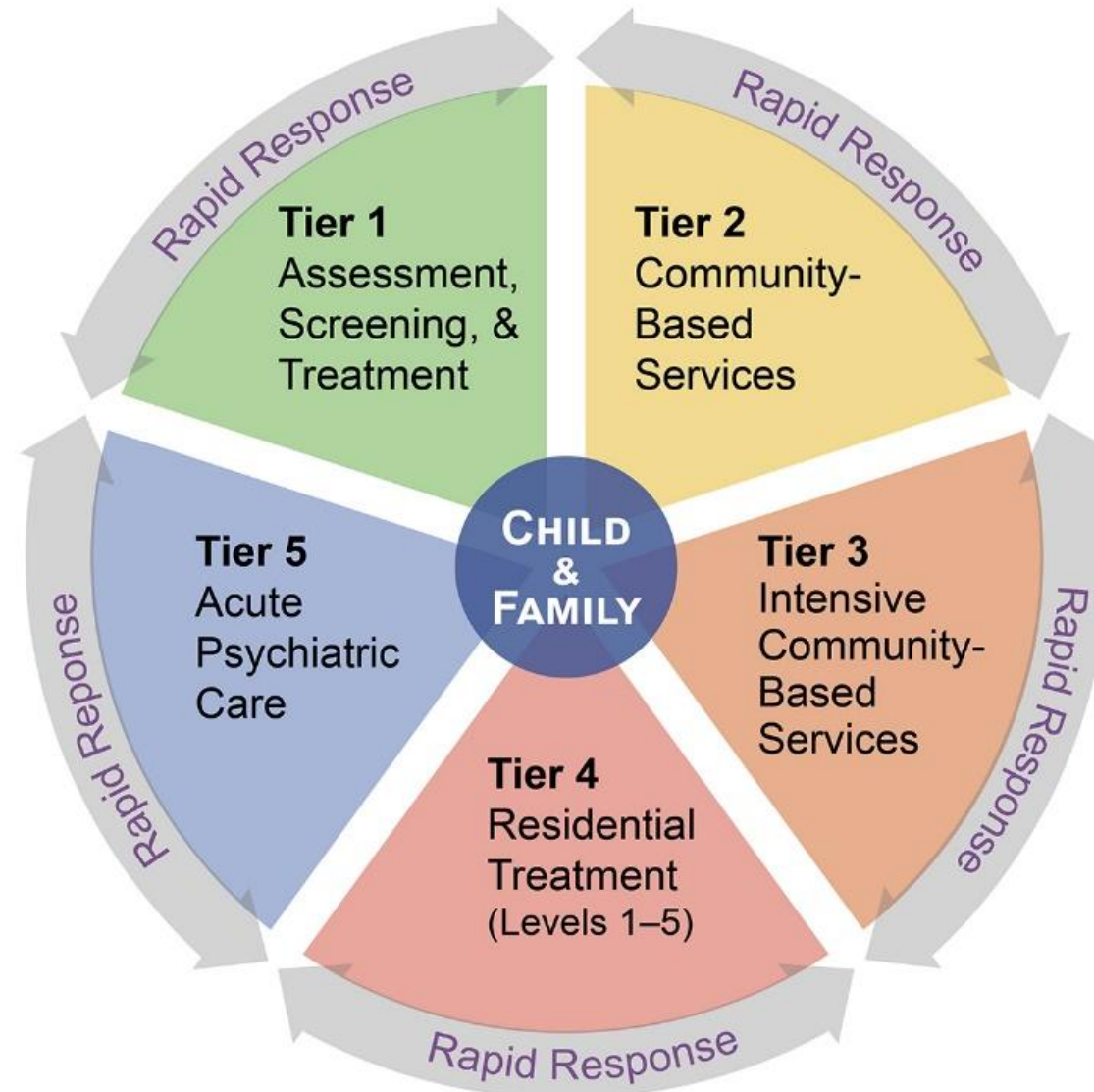
Group Exercise

- Create groups of three
- Choose a person that one of you have worked with recently (or currently) who is experiencing behavioral health challenges.
 - What are this person's current problems?
 - When did those current problems start?
 - What was going on before that might have led to these challenges?
 - What about before that? What about childhood? In early childhood?
 - What was going on with the caregiver(s) after pregnancy or even before?
- *Can you trace what is happening now to what happened then?*
- Hints: think about important determinants... housing stability, family mental health, access to resources, consistent healthcare

Evolution of NH Children's System of Care



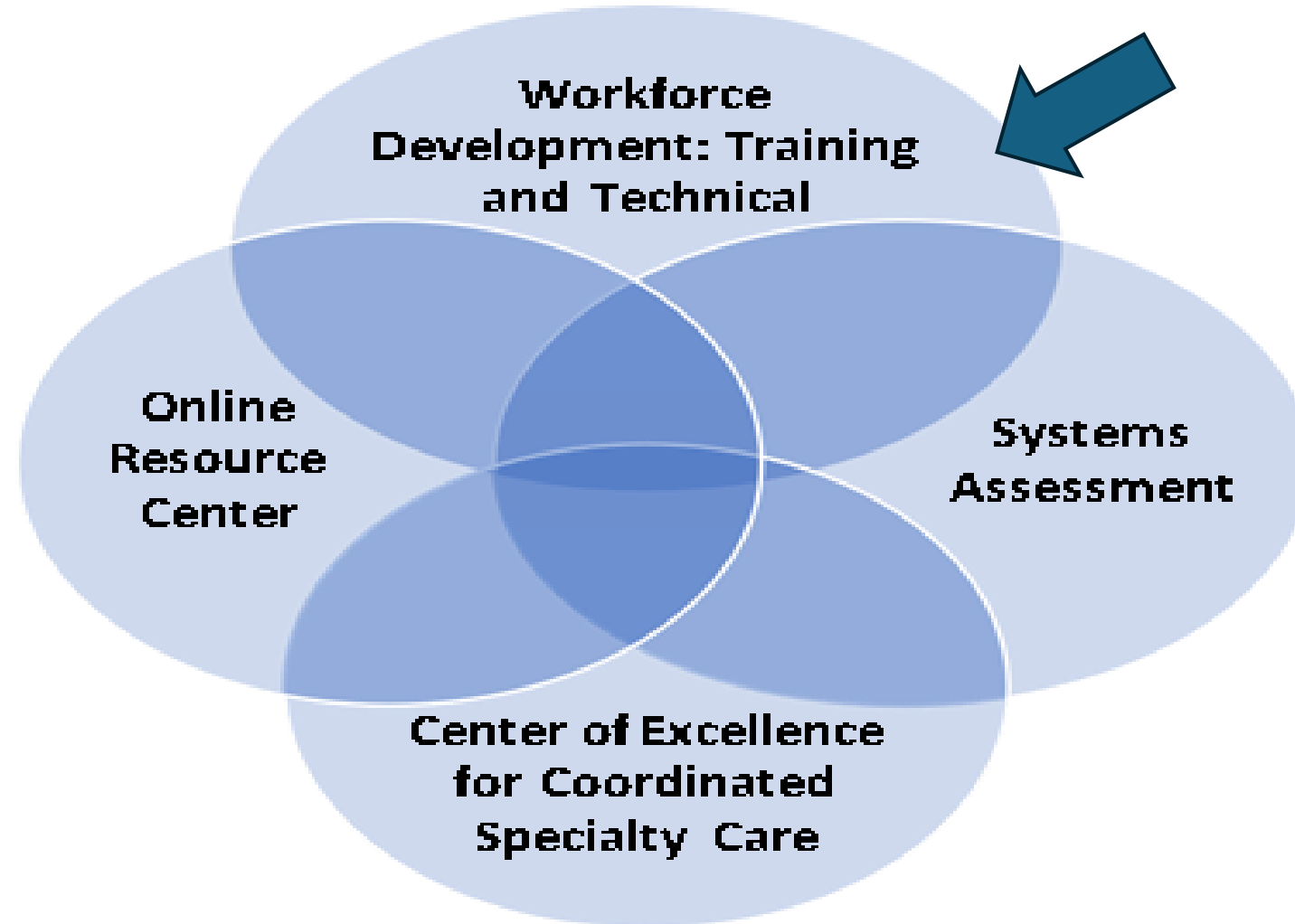
New Hampshire's Children's System of Care



October 2021: Establishment of CBH Resource Center

The screenshot shows the homepage of the Children's Behavioral Health Resource Center. At the top, there are utility links: "Change Text Size", "Change Site Language", "Search", and "Accessibility". The main header features the organization's logo on the left, which includes a stylized gear and a figure, with the text "Children's Behavioral Health RESOURCE CENTER" and the tagline "For a Stronger System of Care". On the right, it displays the crisis line number "In a Crisis? 833.710.6477" and a seal for "AN OFFICIAL NEW HAMPSHIRE GOVERNMENT WEBSITE". Below the header is a navigation menu with links for "ABOUT", "EVIDENCE-BASED PRACTICES", "EVENTS", and "CONTACT". The main content area has a purple-tinted background image of a woman and a child. A large white text overlay reads "Welcome to the Children's Behavioral Health Resource Center!". To the right of this text is a blue box with the heading "How can we help you today?" and a search input field containing the word "Depression". At the bottom of the page, there is a block of placeholder text: "Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat."

Resource Center: 4 Major Tasks

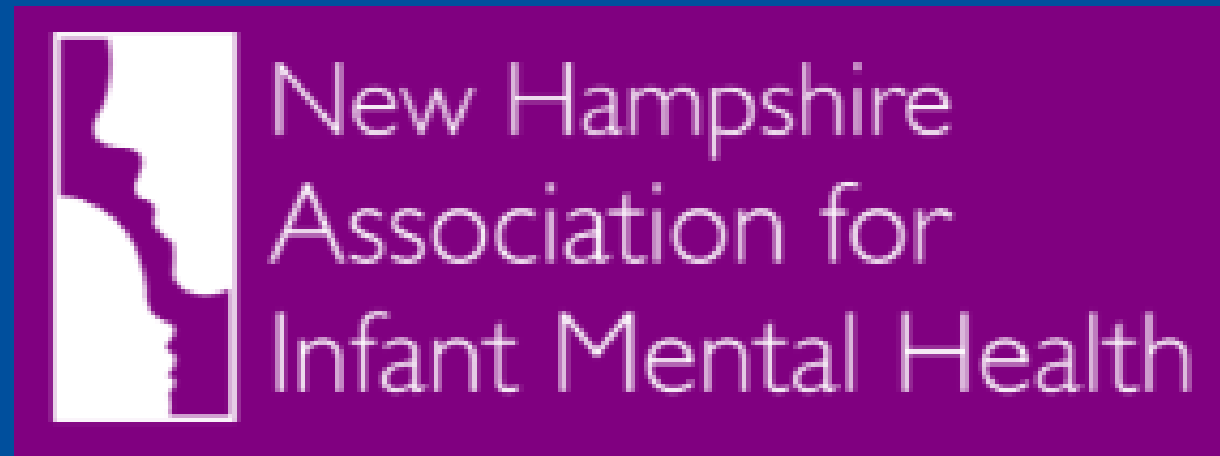


Elevate Infant Mental Health: Senate Bill 444 (2022)

- Elevate the early childhood and family mental health credential statewide
- (3) 170-G:4-c Establishment of Resource Center for Children's Behavioral Health.
- I. Provide technical assistance to the department and to service providers to support the implementation and operation of trauma-informed evidence-based practices, along with the provision of services according to the system of care characteristics described in RSA 135-F:3, including children, birth to age 6, with exposure to adverse childhood experiences.



Early Childhood & Family Mental Health Credential



New Hampshire Association for Infant Mental Health

To comply with the Individuals with Disabilities Act the then NH Infant and Toddler Office (now Family Centered Supports and Services) surveyed practitioners:

- Top priority – infant mental health training

1993

Association was formed

1996

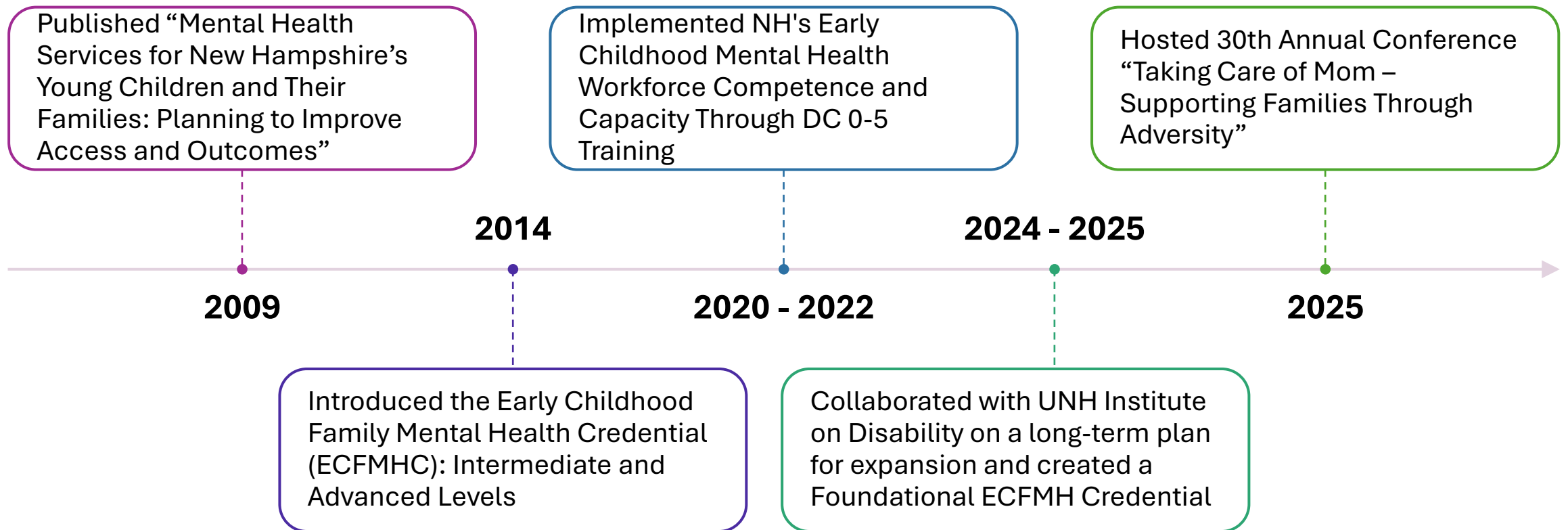
1995

Statewide conference on infant mental health

2003

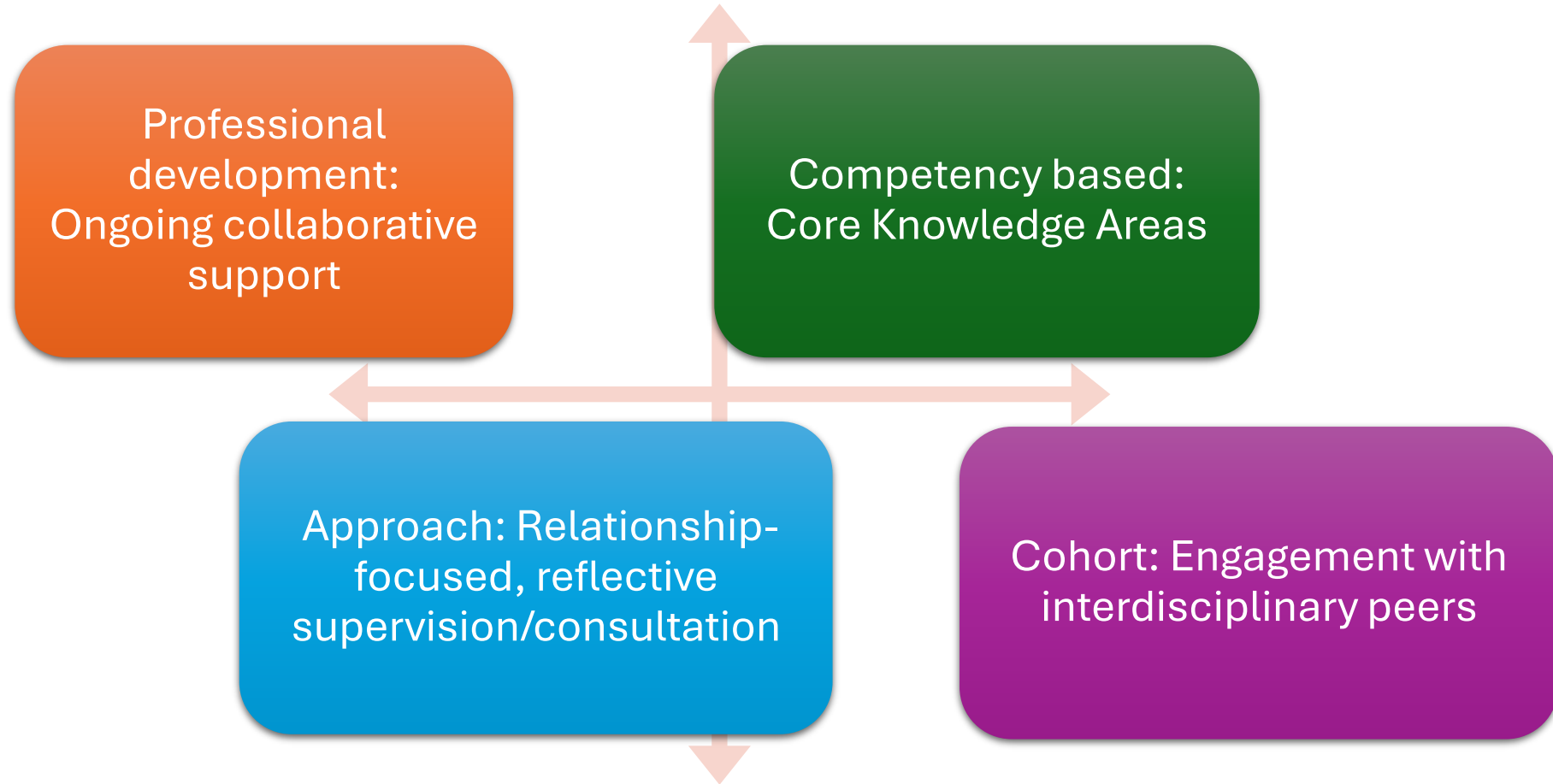
Incorporated as a non-profit

New Hampshire Association for Infant Mental Health



The Model

Early Childhood and Family Mental Health Credential



The Process

Application –
supervisor
verification

Self- assessment
and attestation of
competencies

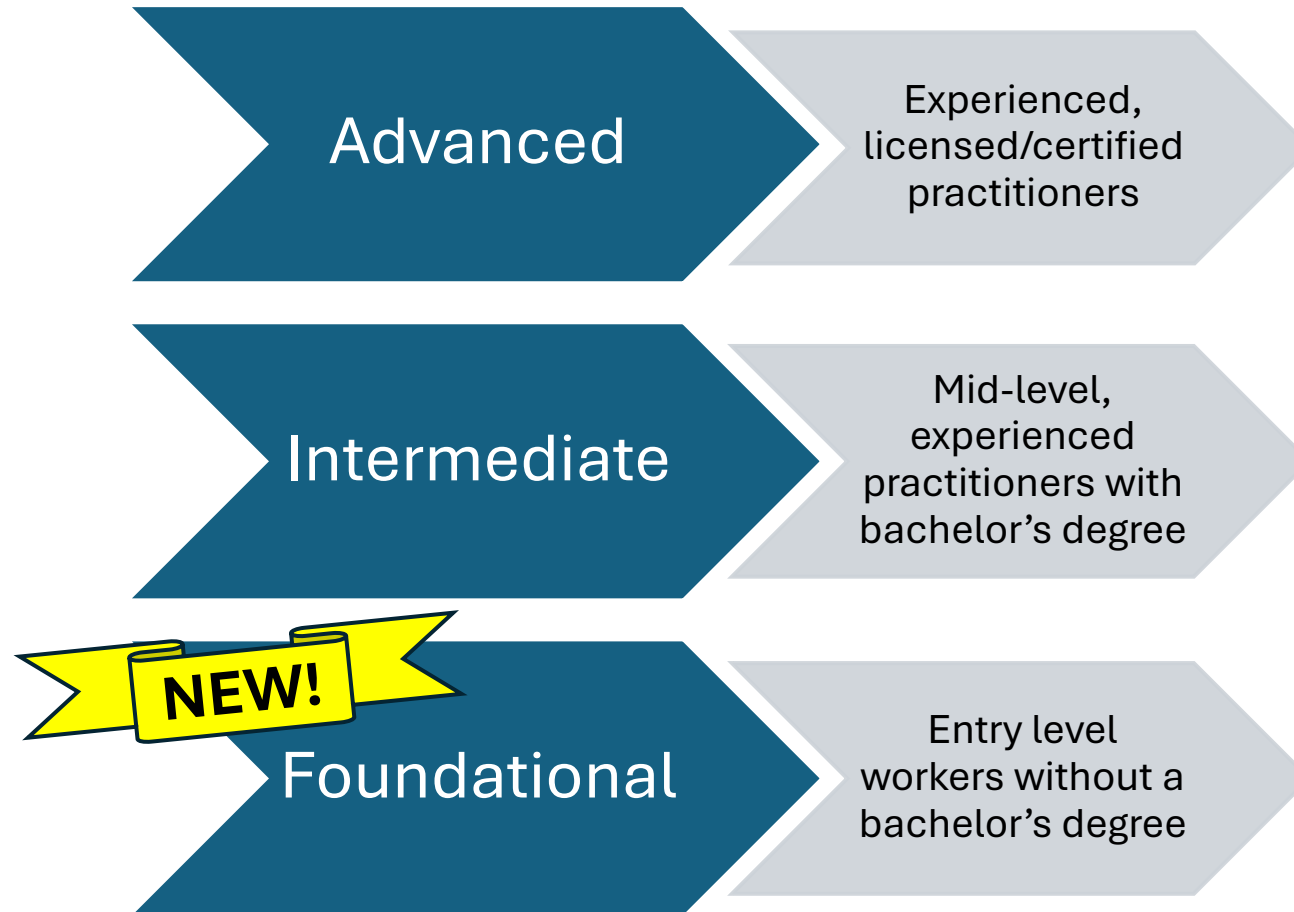
Two individual
meetings with
Reflective
Practitioner

Monthly two-hour
meetings with
cohort for one
calendar year


The Outcomes

- Thorough understanding of competency in Core Knowledge Areas
- Activities, readings, and research to fill in gaps
- Cohort model creates professional community built on trust
- Reflective practice skills to use in ongoing work settings
- Network of peers in interdisciplinary roles working with infants, children and their families

ECFMH Credential Levels



ECFMH Credential Requirements

Element	Foundational 	Intermediate	Advanced
Education	Associate's degree + Foundational Modules	Bachelor's degree in related field	Master's degree in related field
Experience	5000 hours (~2.5 years)	3000 hours (~1.5 years)	4000 hours (~ 2 years)
License/Certification	NA	NA	Maintain license/certification
Reflective Practice Consultation	24 hours/1 year	24 hours/1 year	24 hours/1 year
Competencies	90% competency on Foundational self-assessment	90% competency on Intermediate self-assessment	90% competency on Advanced self-assessment

All requirements associated with formal documentation

Foundational Level Credential



NEW!

These early childhood and mental health professionals have an associate's degree in an early childhood, mental health or related field, and have completed the required ECFMH learning modules.

These personnel provide direct services to young children and families in educational, mental health, and community program with supervision and ongoing reflective practice consultation.

Intermediate Level Credential

- Qualified personnel provide ongoing services and supports to particular children and families, addressing their mental health needs in a more self-directed way than personnel at the Foundational Level. They generally act independently and review their decisions and actions with a supervisor.
- These personnel are likely to be providers of direct service in childcare, education, family support, health, and mental health roles.

Advanced Level Credential

- Qualified personnel provide consultation and training about mental health issues and may or may not directly provide service and supports to particular children and families. They may create policies, programs and/or resources for mental health.
- These personnel are likely to be health, special education or mental health professionals working as clinicians, administrators and/or instructors.

Supervision Qualities

- *Quick convo: Turn to the person next to you or behind you*
- What is good supervision?
- What has worked and not worked in supervision for you?

Reflective Practice Consultant (RPC)

- RPCs support the development of reflective capacity in people pursuing their credential through facilitating a reflective practice group and support the acquisition of skills and knowledge through the sharing of information, experience and resources.
- The Reflective Practice Consultant also meets with each candidate individually over the course of the year; to help them complete a self-assessment of their skills, knowledge and experience, and monitor their progress.
- *In addition to the competencies of advanced level...*

Competency –based: Core Knowledge Areas

Philosophy and Professional Orientation

Understanding Families

Child Development

Screening and Assessment

Addressing Challenges

Systems Resources

Philosophy and Professional Orientation

- Family-centered Strength and Outcome-based Philosophy
- Self-knowledge, Self-assessment, and Professional Development
- Ethics and Confidentiality
- Effective Communication Skills
- Teamwork and Collaboration



Understanding Families

- Family Characteristics
- Factors Impacting Family Functioning
- Supporting Families



Child Development

- Knowledge of Child Development
- Impact of Relationships
- Social and Emotional Development
- Impact of Environmental Factors



Screening and Assessment

- General Knowledge of Assessment
- Implementation of Assessment



Addressing Challenges

- Risk, Resilience and Protective Factors in Children and Families
- Knowledge of Vulnerable and Identified Populations
- Effective Transitions



Systems Resources

- Resources and Systems
- Laws, Policies and Procedures
- Program Planning and Evaluation



Thank You!

- Questions?
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