Special Population: Children 0-5 Years Old
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Presentation Objectives

- Define early childhood mental health
- What the science tells us
- The importance of early relationships
- Treatment strategies and interventions for treating infant and early childhood mental health
What is Early Childhood Mental Health and What Does the Science Tell Us
What is Early Childhood Mental Health?

• The capacity of the child from birth to age five to:
  o Experience, regulate, and express emotions
  o Form close and secure interpersonal relationships
  o Explore the environment and learn

(Zero to Three Policy Center Fact Sheet, May 18, 2004)
Prevalence of Early Childhood Mental Health Problems

1 in 6 U.S. children aged 2–8 years (17.4%) had a diagnosed mental, behavioral, or developmental disorder

The Importance of Early Intervention

- 85% of brain development occurs before age 3.
- Offers a critical window to intervene at a time of maximum impact
Economic Incentives for Early Intervention

• James Heckman, a Nobel prize winning economist has analyzed the return on governmental and other social investment in human capital at various stages in individuals’ lives

• Interventions early in the life cycle of disadvantaged children have much higher economic returns than later interventions. The highest returns are in birth to three years.
Benefits of Early Intervention

Early interventions reduce crime, promote high school graduation and college attendance, reduce grade repetition and special education costs, and help prevent teenage births.

James J. Heckman and Dimitriy V. Masterov, (2007)
Figure 9: Rates of Return to Human Capital Investment at Different Ages: Return to an Extra Dollar at Various Ages

- Programs targeted towards the earliest years
  - Preschool programs
  - Schooling
  - Job training

Rate of return to investment in human capital

Age

0-3 4-5 School Post-school

5/11/11
Adverse Childhood Experiences

- Study of 17,000 Kaiser patients were asked about the number of Adverse Childhood Experiences (ACEs) they had experienced.

- Children exposed to serious early stress develop a magnified stress response with long-term physical consequences and behavioral health problems ranging from heart disease to depression.

Examples of Adverse Childhood Experiences

• Did a parent or other adult in the household often push, grab, slap, or throw something at you?
• Was a household member depressed or mentally ill or did a household member attempt suicide?
• Did you often feel that you didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you?

Areas addressed include Domestic Violence, Drug and Alcohol Issues, Incarceration, Mental Health Issues and Chronic Health Issues
ACEs

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
Brain Research

• Neuroscientists have discovered that the quality of early childhood relationships affect brain architecture.
• Brain scans of very young children with strong nurturing primary relationships were very different from the brain scans of children with disorganized attachments to primary caregivers or of children with trauma or toxic stress.
The Importance of Relationships

- The quality and consistency of early relationships has an impact on young children’s
  - ability to learn,
  - sensory processing,
  - ability to regulate themselves, (the ability to manage emotions and maintain focus and attention)
  - ability to form relationships.
Toxic Stress

• Chronic stressful conditions such as extreme poverty, abuse, severe maternal depression or other trauma can disrupt the architecture of the brain and lead to lifelong difficulties

• A nurturing adult can provide buffering protection against this

• In complex trauma, these exposures occur within the child’s early caregiving system (the system that is supposed to be the source of safety and stability in the child’s life) and therefore they interfere with the child’s ability to form a secure attachment bond.

(National Child Traumatic Stress Network, 2003)
Toxic Stress Video

Video 3: https://developingchild.harvard.edu/resources/three-core-concepts-in-early-development/

Direct Youtube link: https://www.youtube.com/watch?time_continue=1&v=rVwFkcOZHZJw
Impact of Cumulative Risk Factors

- Numerous studies of children show that the accumulation of exposure to multiple adversities over time intensifies their harm and can overwhelm existing protective factors.
- Brain development is affected by cumulative experiences beginning in the prenatal period.
Development in one domain affects development in others

- Children from birth to age 5 rapidly develop foundational capabilities in areas such as cognition, social, emotional, communication, and regulation all of which are intertwined and upon which later subsequent development builds. (Shonkoff and Phillips, 2000)

- Particularly for young children, we can no longer think of mental health and development as separate but rather intertwined.
  - The co-morbidity between mental health and child development is well established.
Interventions with Children Exposed to Trauma

• The greatest source of danger and unpredictability for an infant or young child is the absence of a caregiver who reliably and responsively protects and nurtures the child (Cicchetti and Lynch, 1995).

• A primary goal in working with traumatized children is to support and strengthen the relationship between a child and his or her caregiver as a vehicle for
  • restoring the child's sense of safety, attachment, and appropriate affect, and
  • improving the child's cognitive, behavioral, and social functioning. (Lieberman, 2005)
Relationships are Key

- Infants and young children develop in the context of relationships:

“We know that what happens in the early years either sets the stage for sturdy or fragile existence. Children’s development depends on the quality and reliability of their relationships”

—Shonkoff, Harvard Center on the Developing Child
Serve and Return Video

Video 2:

https://developingchild.harvard.edu/resources/three-core-concepts-in-early-development/

Direct youtube link to video:

https://www.youtube.com/watch?v=m_5u8-QSh6A
**Relationship Based Focused**

- “There is no such thing as a baby, only a baby and someone” (Winnecott, 1971)
- In order to treat young children, you must treat the relationship
- Treatment for young children must aim to strengthen key adult-child relationships, ensure the well-being of parents and other caregivers and strengthen their ability to provide critical supports for young children’s social-emotional well-being and growth.
Clinician Skills and Practices
Assessment of the Parent-Child Relationship

In assessing the parent-child dyad, need to recognize that stresses can stem from characteristics of the child, characteristics of the parent or the interaction between both

• Child can exhibit different temperaments and development (a parent may experience a child as difficult to soothe, different sensory profiles, developmental challenges or delays)

• A parent may be depressed or have their own history of inadequate or abusive parenting or their own history of trauma which interferes with their ability to respond to their child’s need

The ability to adapt and respond to each other is the basis of a mutually satisfactory relationship.
Assessment of the Parent Child Relationship Maternal Mental Health

• The caregiver’s ability to be responsive to the needs and cues of the child may be impacted by maternal depression, mental illness, substance abuse or cognitive delays.

• For example, some ways maternal depression can influence parenting practices
  • Compromise mother’s judgment on supervising health and safety issues
  • Less likely to be affectionate or talk, play or interact with their children which impacts the development of a positive mother-infant attachment

• 10 to 20% of mothers experience postpartum depression, Depression is treatable
Still Face Video

https://www.youtube.com/watch?time_continue=9&v=apzXGEbZht0
Critical to any assessment of the parent child relationship is the quality of attachment. The capacity of the caregiver to be sensitive to the child’s cues and respond empathically to emotional signals provides the foundation for the child’s secure and healthy development. (Ainsworth, 1969)
Supporting the Growth of the Parent Child Relationship: Secure Attachment

Some key strategies in working with the parent and child are helping the parent:

- To understand the child’s cues and increase the caregiver’s sensitivity and responsiveness to the child’s signals specifically regarding their moving away to explore the environment and returning to the parent for comfort and support.
- To increase their ability to reflect on their own and the child’s behavior, thoughts and feelings regarding their attachment-caregiving interaction and help them to establish more effective caregiving patterns.
- To establish a secure base for the parent in the therapeutic alliance, parallel process
- Effective interventions focus on the caregiver and are based on the strengths and challenges of each parent child dyad.

(Circle of Security, 2013)
Circle of Security

CIRCLE OF SECURITY
PARENT ATTENDING TO THE CHILD’S NEEDS

I need you to...
- Watch over me
- Delight in me
- Help me
- Enjoy with me

Support My Exploration

Welcome My Coming To You

Always: be BIGGER, STRONGER, WISER, and KIND.
Whenever possible: follow my child’s need.
Whenever necessary: take charge.

Secure Base
- Protect me
- Comfort me
- Delight in me
- Organize my feelings

Safe Haven
Ghosts in the Nursery

Fraiberg and her colleagues (1975) introduced the metaphor "ghosts in the nursery" to describe the ways in which parents, by reenacting with their small children scenes from the parents’ own unremembered early relational experiences of helplessness and fear, transmit child maltreatment from one generation to the next.

(Fraiberg, Adelson and Shapiro, 1975)

Parents unconsciously repeat their own early relationships that may affect their current caregiving patterns. Trauma can be transmitted from generation to generation.
Angels in the Nursery

• Conversely, the metaphor of angels in the nursery refers to the positive caregiving relationships in the parent’s past where they felt safe, accepted and loved which can be drawn upon when the child becomes a parent to help interrupt the cycle of maltreatment.

• Uncovering angels as well as exorcising ghosts in the lives of traumatized parents can be growth producing forces in the work of psychotherapy

(Lieberman, Van Horn, Harris, 2005)
Assessment of the Parent Child Relationship Goodness of Fit

- Consideration should be given to the match/mismatch between a child’s individual characteristics such as temperament and developmental functioning and the characteristics of the caregiving environment.

- Problem behaviors may reflect a mismatch between the child and caregiving environment, developmentally inappropriate caregiver expectations or limitations of the caregiver to meet the child’s needs (Seifer, 2000)
Effective Treatment Strategies

- Support dyadic treatment with evidence-based or research informed models
- Support evidence-based parenting programs that promote parenting skills needed to strengthen the parent-child relationship and the child’s social-emotional functioning.
Evidence Based Practices

Child Parent Psychotherapy (CPP) is a dyadic model for children age 0-5 who have experienced

- traumatic events and/or
- mental health, attachment and/or behavioral problems
- Based on attachment theory

Parent-child interaction therapy (PCIT) is a behavior-based, family-oriented therapy designed to help improve the parent-child relationship through interaction.

- In this modality, child-directed interaction helps facilitate the development of effective parenting techniques and reductions in behavior issues
- This approach is often effective for children who are at risk, who have experienced abuse, and/or who have conduct issues or other behavioral concerns.
Evidence Based Practices

- **Circle of Security** a parent education and psychotherapy intervention was designed to shift problematic or 'at risk' patterns of attachment–caregiving interactions to a more appropriate developmental pathway. Based on attachment theory and building a secure base for children.

- **The Triple P-Positive Parenting Program® (Triple P)** is a multi-tiered system of evidence-based education and support for parents and caregivers of children ages 0-12. Triple P interventions increase parents' ability to deal with a full range of behavior problems.

- **Attachment and Biobehavioral Catch-up (ABC)** is a 10-session home visiting program developed to enhance parental sensitivity. ABC has been shown effective in enhancing parental sensitivity, and enhancing children’s attachment security and regulatory capabilities.
Summary

- Early relationships and experiences set the stage for building a sturdy foundation for a child’s mental health.
- The quality and consistency of early relationships impact on the ability of young children to learn, on their sensory processing, on their ability to regulate themselves and on their ability to form relationships.
- To support young children, services must be tailored to the unique needs of children birth to age 5 years and be relationship based.
- Treatment and Care Management must aim to strengthen key adult-child relationships, ensure the well-being of parents and other caregivers and their ability to provide critical supports for young children’s social-emotional well-being and growth.
New York State Infant Mental Health Endorsement

- The NYS-AIMH Infant Mental Health Endorsement® is a credentialing system that supports and recognizes the knowledge and ability of professionals who work with or on behalf of infants and young children up to age five and their families that ensures that professionals working with infants and young children, provide relationship-based, family-centered, developmentally appropriate, culturally competent services that are consistent and meet a standard of care that is evidence based.

- Fosters the creation of an integrated cross-disciplinary system focusing on prevention, building resilience, early identification of social-emotional problems and trauma related behaviors, and treatment.
Verifies that a professional has attained a level of education, participated in specialized in-service training, worked with guidance from mentors or supervisors and acquired knowledge to promote delivery of high quality relationship focused services.
Resources

TTAC: NYC Early Childhood Mental Health Training and Technical Assistance Center

http://www.ttacny.org/page/training-technical-assistance/
Resources

• Center on the Developing Child at Harvard University: https://developingchild.harvard.edu

• ZERO TO THREE: https://www.zerotothree.org

• New York State Association for Infant Mental Health: www.nysaimh.org

• New York Zero-to-Three Network: nyztt.org
EBP Resources

- Child-Parent Psychotherapy: [childparentpsychotherapy.com](http://childparentpsychotherapy.com)
- Triple P: [https://www.triplep.net](https://www.triplep.net)
- PCIT: [www.pcit.org](http://www.pcit.org)
- Circle of Security International: [https://www.circleofsecurityinternational.com](https://www.circleofsecurityinternational.com)
- Attachment and Biobehavioral Catch-up: [www.abcintervention.org](http://www.abcintervention.org)
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