

TTAC

NYC Early Childhood
Mental Health
Training and Technical Assistance Center



THE 2024 TWO VOLUME WAIMH HANDBOOK OF INFANT AND EARLY CHILDHOOD MENTAL HEALTH

Presented by
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Who We Are

The New York City Early Childhood Mental Health Training and Technical Assistance Center (TTAC), is funded by the NYC Department of Health and Mental Hygiene (DOHMH).

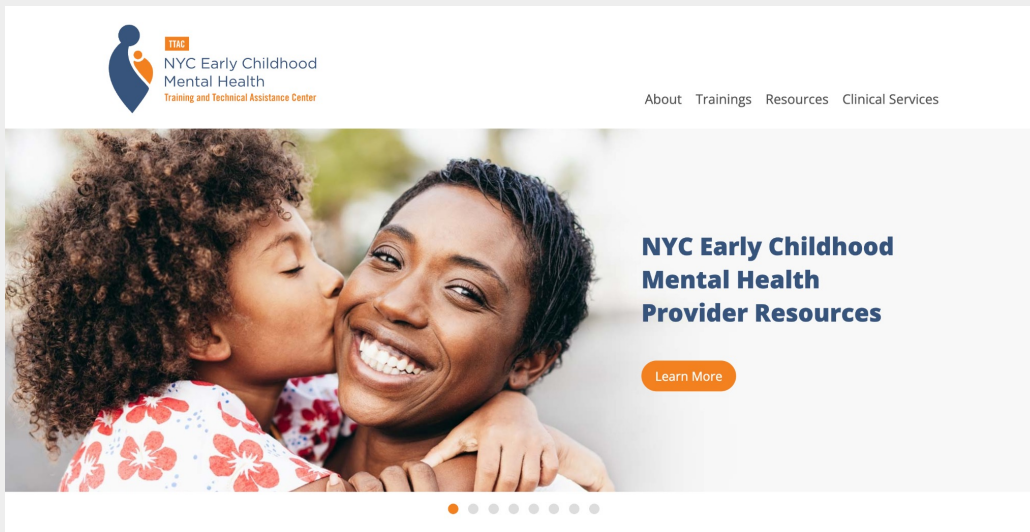
TTAC is a partnership between the New York Center for Child Development (NYCCD) and the McSilver Institute for Poverty Policy and Research

- **New York Center for Child Development** has been a major provider of early childhood mental health services in New York with expertise in informing policy and supporting the field of Early Childhood Mental Health through training and direct practice
- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and Managed Care Technical Assistance Centers (CTAC & MCTAC), Peer TAC, and the Center for Workforce Excellence (CWE). These TA centers offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers across NYS.

TTAC is tasked with building capacity and competencies of mental health professionals and early childhood professionals in family serving systems to identify and address the social-emotional needs of young children and their families.



Updated TTAC Website



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A Selection of Features:

- Seamlessly filter, toggle and search through upcoming and archived content, trainings and resources
- View videos, slides, and presenter information on the same training page
- Contact the TTAC team by clicking on Ask TTAC and filling out our Contact Us form
- And more!

Have questions or need assistance? Please contact us at ttac.info@nyu.edu and we'll be happy to assist you



World Association of Infant and Early Childhood Mental Health Handbook (WAIMH)


**WAIMH Handbook of Infant and Early Childhood Mental Health
Biopsychosocial Factors, Volume One**

<https://link.springer.com/book/10.1007/978-3-031-48627-2>

**WAIMH Handbook of Infant and Early Childhood Mental Health
Cultural Context, Prevention, Intervention, and Treatment, Volume Two**

<https://link.springer.com/book/10.1007/978-3-031-48631-9>



A photograph showing the spines of several books, with some text visible on the pages. The books are arranged vertically, and the image is partially cut off on the right side.

THE 2024 TWO VOLUME WAIMH HANDBOOK OF INFANT AND EARLY CHILDHOOD MENTAL HEALTH

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WAIMH Handbook of Infant and Early Childhood Mental Health

Cultural Context, Prevention, Intervention, and
Treatment, Volume Two

 Springer

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WAIMH Handbook of Infant and Early Childhood Mental Health

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LESSONS FROM THE TWO VOLUME WAIMH HANDBOOK

Foreword

- Volume I of the WAIMH Handbook is rich, exciting, and hopeful. This volume provides a sobering account of what we have learned about infant and early childhood developmental processes as well as the neurobiological underpinnings of human early development and the interconnections with parenting and caregiving families and social structures.



Foreword for Volume 1

Campbell Paul, Ph.D.(Australia)

History of the Infant and Early Childhood Mental Health field –

Publication of the WAIMH two volume Handbook in 2024 marks about 40 years after the publication of “Frontiers of Infant Psychiatry” published in 1980 following the first World Congress on Infant Psychiatry.


The first section of the 2024 WAIMH Handbook of Infant and Early Childhood Mental Health takes the reader on an important “journey” through the inner world, the bio-developmental world, the relationship world, and the broader social world of infants and very young children




A key theme throughout this volume is the importance of understanding infancy and early childhood in the context of the community where the infant, young child, and family live

The Importance of Understanding Diverse Experiences of Young Children


It is important to recognize that much published research and descriptions about children across infant and early childhood development has come from Western developed countries that does not often include cultural and socioeconomic differences.



In the 2024 two volume WAIMH Handbook, an effort was made to include chapters from around the world reflecting individual differences across countries and cultures



Campbell Paul also emphasizes the importance of real and genuine opportunities for play in the development of the infant self



The Foreword concludes that infant and early childhood mental health has come a long way from the early work of John Bowlby and the many WAIPAD (World Association for Infant Mental Health and Allied Disciplines) pioneers helping us learn about infants in family relationships



The Effects of Trauma on Infants and Young Children

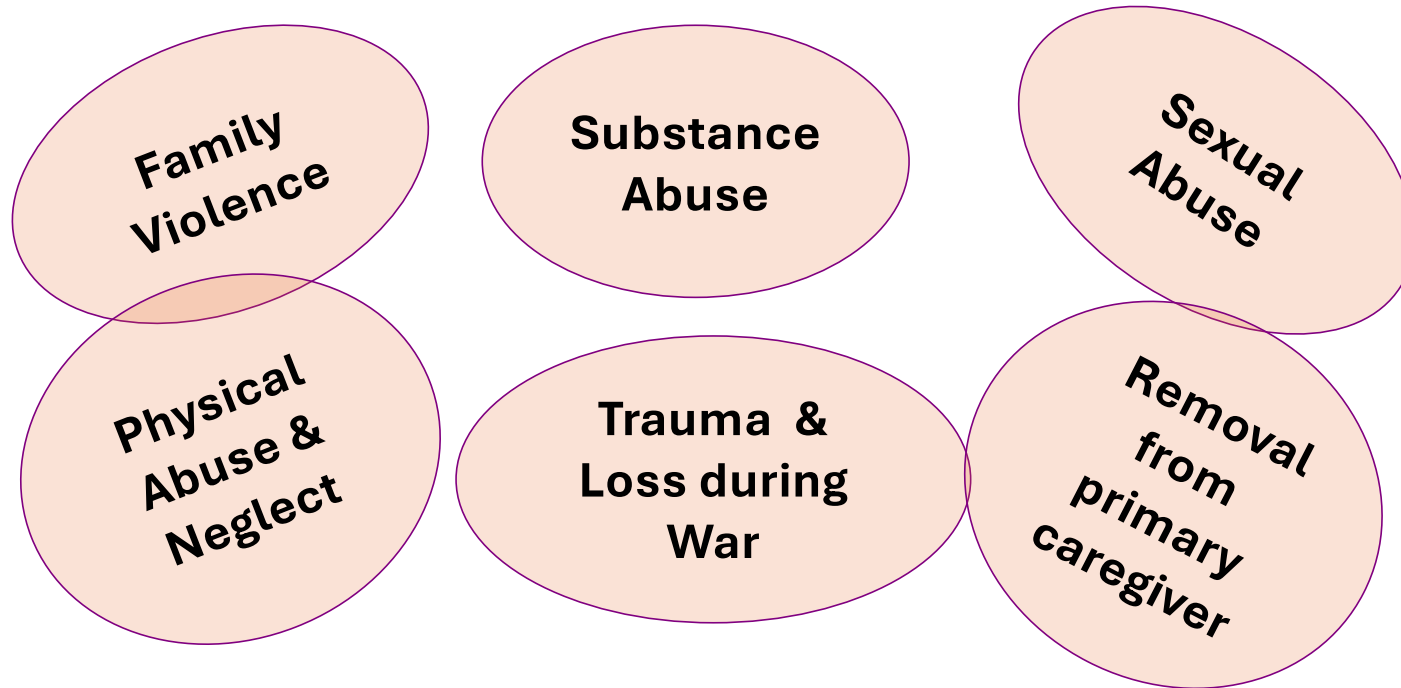
Ways to Support Resilience

What Is Trauma?

An exceptional experience in which powerful and dangerous stimuli overwhelm the infant and young child's capacity to regulate emotions



Types of Exposure to Trauma for Young Children



How Do Young Children Experience Trauma?

Loss of trust
in adults

Uncertainty
and new fears

Emotional
instability

Behavior
Changes

Returning to
earlier
behaviors

Posttraumatic
Stress
symptoms

Trauma Derails the Major Developmental Tasks of Early Childhood

Attachment – social development

Self-regulation – emotional development

Problem solving – cognitive development

Can contribute to:

- developmental delays
- emotional and behavioral dysregulation
- difficulties in forming attachments in childhood and later life

- Infants as young as 3 months of age may show traumatic stress reactions following direct exposure to trauma
- Data on 1700 children across 25 sites of the National Child Traumatic Stress Network
 - Children averaged exposure to 3 trauma types
 - Average age of onset: 5 years

(Cooke, Blaustein, Van der Kolk, 2003)

Positive Stress



Short, stressful events like meeting new people or starting the first day of school are healthy for brain development. They prepare the brain and body for stressful situations later in life.

Tolerable Stress



Tragic, unavoidable events like a natural disaster or losing a loved one aren't good for us. But if supportive caregivers are around to buffer the stress response, these events won't do lasting damage to the brain and body.

Toxic Stress



Ongoing, repeated exposure to abuse or neglect is bad for brain development. If no supportive adults are present to help buffer the stress response, stress hormones will damage developing structures in the child's brain. The result is an increased vulnerability to lifelong physical and mental health problems, including addiction.

How can adults support children in times of trauma and loss?



Consistent ***Routines*** maintain the sense of trust and control when children notice that things feel different.



Using the child's language and concrete answers that are developmentally appropriate, encourage the child to process not only feelings but the sense of change also.

Protective Factors following Trauma and Loss

The most important protective factor is a committed available adult capable of sensitive, responsive, reliable caregiving and emotional support

Providing clear, direct developmentally appropriate explanations

Creating a climate that gives permission to feel

Maintaining schedules, routines and rituals of daily life for security and trust

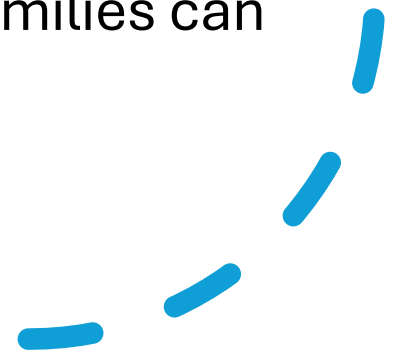
Foreword for Volume Two: The Rights of Infants

- Volume 2 provides an overview of the varying and diverse cultural contexts of parenting infants and young children
- Different perspectives are presented on: Mental health, Assessment, and Treatment for infants and young children in their families
- Diverse cultural perspectives contribute to and support the growing trans-disciplinary evidence base that informs the protective and long-term health benefits of early mental health interventions
- There is also an emerging cross-cutting, global human rights approach to early child development and interventions



INFANTS' RIGHTS
DECLARATION:
Its Relevance to Infant
Mental Health
Miri Keren, Israel,
Maree Foley,
Switzerland, Kai van
Klitzing, Germany

- Volume Two of the WAIMH Handbook of Infant and early childhood mental health contributes to the provision of relevant and timely cultural context, assessment, and treatment information that is essential for assuring and improving the conditions within which the rights of infant and those of their caregiving families can be activated.



INFANTS' RIGHTS DECLARATION:

The 7 “absolute” rights

1. The Infant by reason of his/her physical and mental immaturity and absolute dependence needs **special** safeguards and care, including appropriate legal protection.
2. **Caregiving relationships that are sensitive and responsive to infant needs are critical to human brain development** and thereby constitute a basic right of infancy. The Infant therefore has the right to have his/her **most important primary caregiver** relationships **recognized and understood**, with the **continuity of attachment valued and protected**-- especially in circumstances of parental separation and loss.




A large orange shape on the left side of the slide, consisting of a vertical rectangle on the left and a quarter-circle on the right.

INFANTS' RIGHTS DECLARATION:

The 7 “absolute” rights

This implies giving attention **to unique ways that infants express themselves** and educating mothers, fathers, caregivers and professionals in their recognition of relationship-based attachment behaviors.

3. The Infant is to be considered as a vital member of his/her family, registered as a citizen, and having the right for identity from the moment of birth with equal value for life regardless of gender or any individual characteristics (malformations, disabilities, etc...)

A blue dashed line in the bottom right corner, consisting of four curved segments that form a partial arc.

INFANTS' RIGHTS DECLARATION:

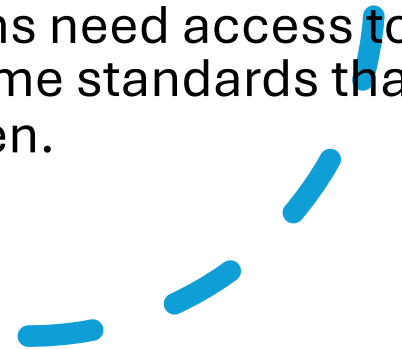
The 7 “absolute” rights

The Infant has the right to be given nurturing that includes love, physical and emotional safety, adequate nutrition and sleep, in order to promote normal development.

5. The Infant has the right to be protected from neglect, physical, sexual and emotional abuse, including infant trafficking.

6. The Infant has the right to have access to professional help whenever exposed directly or indirectly to traumatic events.


7. Infants with life-limiting conditions need access to palliative services, based on the same standards that stand in the society for older children.



INFANTS' RIGHTS DECLARATION:

The 7 “absolute” rights,
regardless of cultures
and countries

Our document with its 7 “absolute” rights and 10 Social and Health policy areas to be informed by these, is aimed at creating new priorities for health policy makers :

- **Priority on global education regarding the signs of disorder in infancy and toddlerhood.**
 - **Priority on enhancing the availability of treatment for infants and their caregivers.**
 - **Priority on developing reliable information regarding infant and toddler mental health in developing and war-torn countries.**
- 

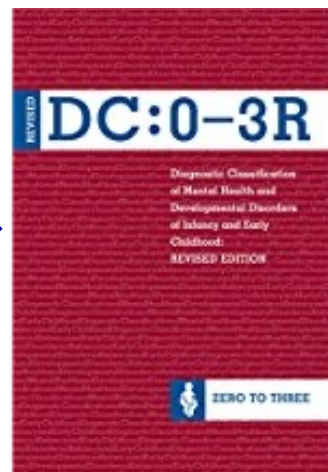
Diagnostic Classification of Early Psychopathology



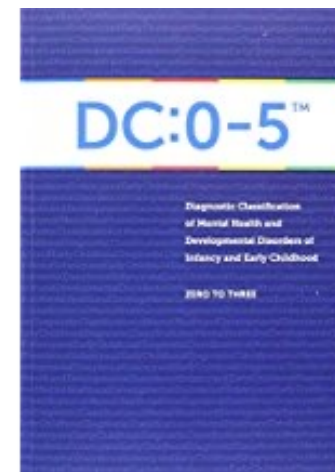
ZERO TO THREE



1994



2005



2016

Red Flag Emotional or Behavioral Patterns



ZERO TO THREE

Patterns that:

- are unusual for the infant/young child
- cause parents and others to see the infant/young child as “difficult”
- make satisfying interactions difficult
- are seen in multiple settings by a number of people
- persist
- cause distress or impairment to the infant/young child and family
- are outside of the wide range of age-appropriate or cultural norms

Parlakian and Seibel (2002)



Why Diagnose in Infancy and Early Childhood? Pros:



ZERO TO THREE

- To use shared language among professionals and families
- To guide treatment
- To provide service for families
- To determine the need for additional services
- To be able to link the infant's/young child's presentation to research that has focused on diagnoses to describe course and treatment approaches
- To seek authorization/reimbursement

Why Diagnose in Infancy and Early Childhood? Cons:



ZERO TO THREE

- Stigma
 - Stigma is best fought by providing knowledge
- Labeling
 - The child's behaviors already labels him, often wrongly
- Misdiagnosing
 - Encourage periodic re-visiting of diagnoses
- Creating resistance in parents
 - Explain the benefits



Impairment for Every Disorder

Symptoms of the disorder, or caregiver accommodations in response to the symptoms, significantly impact the young infant's/young child's and/or family's functioning in one or more of the following ways:

1. Cause distress to the infant/young child;
2. Interfere with the infant's/young child's relationships;
3. Limit the infant's/young child's participation in developmentally expected activities or routines;
4. Limit the family's participation in everyday activities or routines; or
5. Limit the infant's/young child's ability to learn and develop new skills, or interfere with developmental progress.

Cultural Context of Parenting and Infant Mental Health

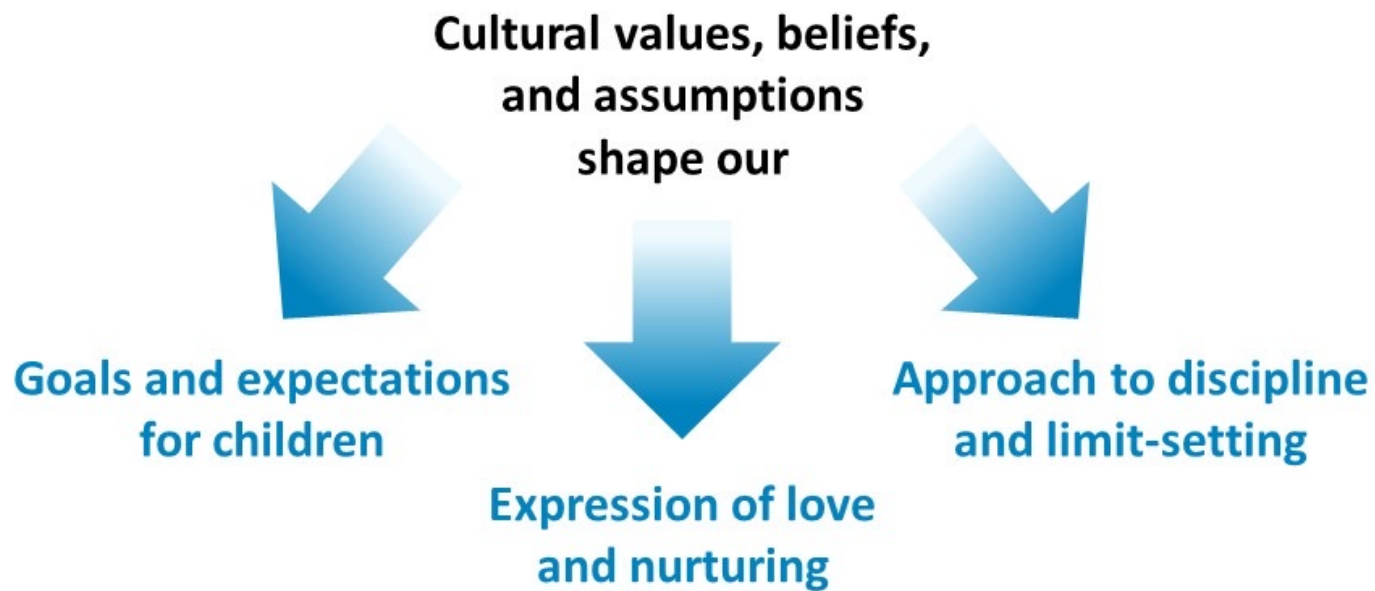
Our Culture Is Our Context



ZERO TO THREE



TO THREE



Parlakian & Day, 2004

Cultural Formulation for Use With Infants and Toddlers Table



ZERO TO THREE



TO THREE

- DC:0–5 emphasizes the importance of culture in clinical formulation.
- DC:0–5 is applicable to international audiences.
- The table is based on the expertise of Sarche et al. (in press).
- Cultural formulation is needed with infants/young children.
- Goal is to make culturally informed assessment.
- The table reflects that culture is mediated through the parenting relationship.

Different levels of stigmas among different groups in the Israeli society



ZERO TO THREE



Photo credit: Shutterstock.com

- For secular young Israelis, going to a psychiatrist and getting a diagnosis of depression or anxiety disorder, or even a personality disorder, is far less stigmatizing than for other groups, such as Ethiopian Jews, Orthodox Jews and Arabs.
- The latter tend not to ask for psychological/psychiatric help, and even less to be diagnosed. Clinicians themselves may prefer not to write a diagnosis.
- All the above is even stronger relating to very young children.



ZERO TO THREE

Examples of translational difficulties

- No specific word for “attachment” in Arabic
- No specific word for “caregiver” in Hebrew nor in Arabic
- No notion of “primary” caregiver in Ethiopian families, as the infant is raised by the family.



Photo credit: Shutterstock.com

Cultural Considerations in Diagnosing Infants/Young Children (continued)



ZERO TO THREE



TO THREE

- Culture must be carefully appraised when diagnosing an infant/young child
- Mainstream clinical attitudes and practices may not be shared by the family
 - Misinterpretation by clinician
 - Overlooking because of cultural relativism
- Active exploration of parents' perceptions and explanations of the problem



ZERO TO THREE

Back to the illustrative case: Differential diagnosis

- In the light of the child's background and the developmental testing, it was clear that Ignes suffers from significant developmental delays for which the diagnosis of global developmental delay disorder was given. The results of the CARS indicated that Ignes' symptoms were not consistent with ASD criteria and the home video was also very helpful at ruling out the diagnosis of Early Atypical Autistic Spectrum Disorder as well as ruling out a mood disorder such as depressive disorder of early childhood.
- Though Ignes did not show symptoms in the context of the relationship with her mother, there was a suspected lack of environmental stimulation (i.e. play and talk) , though mother was warm and caring. Ignes demonstrated a secure attachment with her mother. Father's role was consistent with orthodox parameters for parental roles



DC 0-5 diagnoses

- **Axis I:** Inhibition to Novelty Disorder
- Global Developmental Delay
- **Axis II:** Mother-child relationship Level 3 (compromised to disturbed relationship)

The mother-child relationship shows that while there are some adaptive qualities, there is a risk of the child's persistent level of distress, functional impairment and risk for subsequent problems due largely to the lack of environmental stimulation, emotional availability on the part of mother to child, and poor maternal reflective capacity. Father-child relationship is also scored at level 3, as it seems almost inexistant. Father does not demonstrate developmentally appropriate expectations for his daughter, nor is open to reflection. During the triadic interaction, Ignes never turned to her father to reference him or seek comfort or protection.

- **Axis III:** Good health, developmental delays in all domains
- **Axis IV:** Poverty, mental health issues in siblings, lack of family support ,
- **Axis V:** Does not meet developmentally expected levels for all domains of development(emotional, relational, language-social communication, cognitive, movement and physical).



ZERO TO THREE

From multi-axial diagnoses to treatment plan

- The treatment plan was in accordance with the diagnostic summary: Mother came every week for a year with Ignes for an hour of **dyadic interactional guidance**. Impressive improvement was achieved through this intervention and **in coordination with other early intervention therapies**, such as speech therapy and occupational therapy. Ignes gradually began to look at the clinician, then to whisper to her mother, then to talk loudly with her mother and finally with the clinician also. Her functioning at the childcare program improved in parallel.
- Mother summarized the process as saying: “I did not know how much it is important to talk and to play with my children, it makes such a difference!”.
- Ideally, father should also be involved in the therapeutic process. Still, from the cultural point of view, the lack of fathers’ involvement in their children’s education during the first years of life is quite a norm among Orthodox families.
- **Ignes remained with a core vulnerability for social anxiety but the change in the parent-child relationship brought a huge improvement in functioning**

To Understand the
Cultural Context,
articles were requested
from Infant Mental
Health Clinicians and
Researchers from
Around the World

- **Development of Infant Mental Health in Hong Kong Special Administration Region** by Joyce Wing Si Mok, Francis Lai-yin Ip and Anna Wai Fun Cheng
- **Developing Culturally-sound Infant Mental Health Practice for the South African Context** by Nicki Dawson, Anusha Lachman, Juane Voges, and Astrid Berg,
- **Reviving the Inner Nurturing Capacities of Families in the Unpredictable World in Japan** by Hisako Watanabe
- **Parenting and Infant Mental Health in European Countries** by Kaija Puura and Reija Latva
- **Developing Culturally-sound Infant Mental Health Practice for the South African Context** by Nicki Dawson, Anusha Lachman, Juane Voges, and Astrid Berg,
- **Parenting and Infant Mental Health in South America** by Clara Raznosczyk Schejtman, Marina Altmann de Litvan, Vanina Heurin, Maria Pia Vernengo, and Constanzo Dulalde
- **Parenting in the Middle East: A Cross-Cultural Longitudinal Perspective** by Miri Keren, Laila Warwar, and Ghassan Abdullah
- **Parenting and Infant Mental Health in Global Perspective: Exploring Standards for Virtual Intervention Designs** by Niels Peter Rygaard

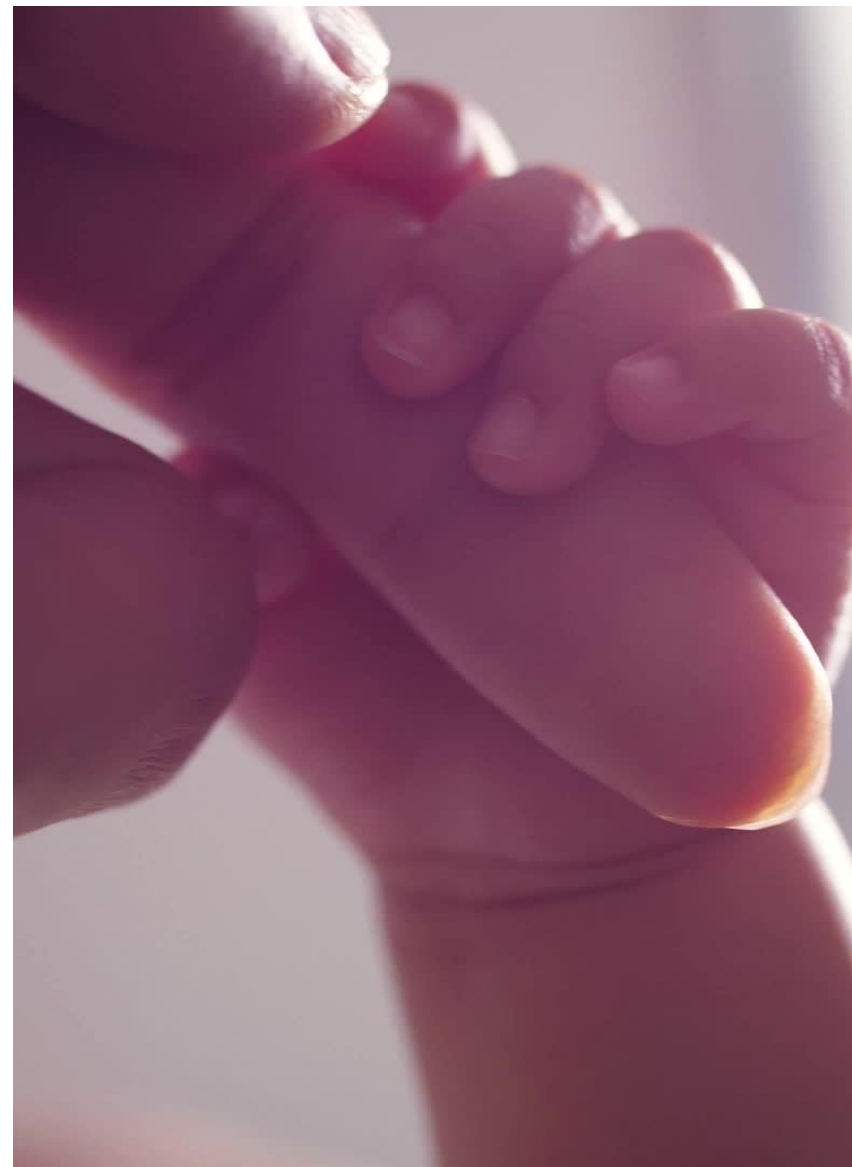
MOVING FORWARD

- While we have learned much in the past two decades since the first WAIMH Handbook was published, the 2024 volumes represent steps in our knowledge and not an end to our growth!
- We are hopeful that these volumes will provoke discussion across disciplines and across national, regional, and cross-cultural boundaries to understand more about infant and early childhood development, mental health, and ways to support infants, young children and families.
- Considerations must include addressing inequities including some of the difficult issues that infants and young children are facing around the world.



The International Lens on Infant and Early Childhood Mental Health Interventions:

- Infant and early childhood interventions in **WEIRD** contexts typically aim to improve the parent-infant relationship –child social and emotional development,
- In Low and Middle Income Countries (**LMICS**), there is a need to enhance the capacity of caregivers with limited resources to better understand and respond to the multiple needs of their infants and young children. The benefits are not only for individual children but also communities and countries.



Looking beyond
the **WEIRD**
WORLD
(Western
Educated
Industrialized
Rich and
Democratic)

- Infant and early childhood interventions in WEIRD contexts typically aim to improve the parent-infant relationship as a way of enhancing child social and emotional development. In non-WEIRD contexts such as those found in LMICs (Low and Middle Income Countries), this is not enough. Infant and early childhood social emotional development in these contexts is less researched but appears affected by all aspects of caregiving and integrated with all domains of development. Child survival and thriving depend on educating, supporting and enhancing the capacity of caregivers with limited resources to better understand and respond to the multiple needs of their infants. When investments are made in these interventions, development benefits result not just for individual children, but also communities and countries

Discussion about Directions for the Future

- We need to be aware of the theoretical, clinical, and ethical Challenges for Infant Mental Health in our Changing and Turmoiled World.....