

TTAC

Perinatal and Early Childhood
Mental Health Network

Training and Technical Assistance Center



Understanding Adult Mental Health In Early Childhood Systems: Implications for Parents, Children and Families

Part 1: Adult Mental Health

Presenter: Jim Rodriguez, LCSW, PhD

Who We Are

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

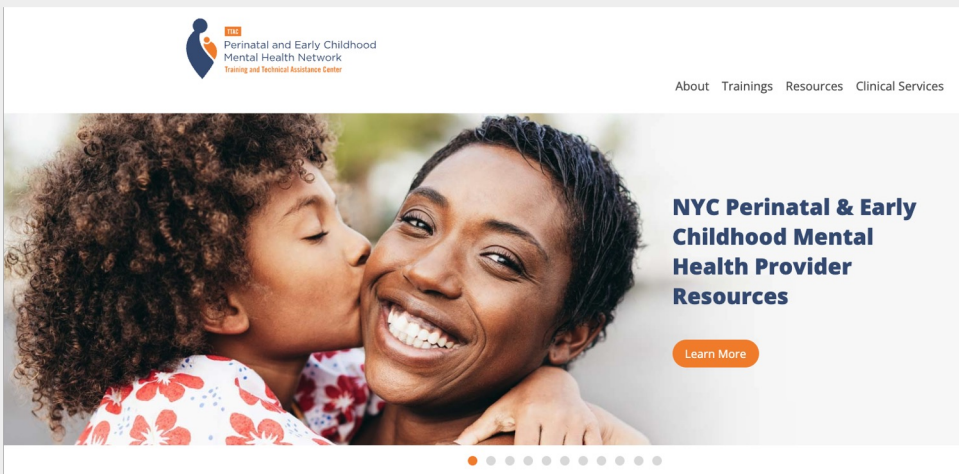
TTAC is a partnership between the New York Center for Child Development (NYCCD) and the McSilver Institute for Poverty Policy and Research.

- **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), 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.



Visit the TTAC Website



Explore all the provider resources at ttacny.org

A Variety of Features:

- View upcoming and archived content, trainings, and resources on the **Trainings page**.
 - Access videos, slides, and presenter information
- Contact the TTAC team by clicking on **Ask TTAC** and filling out our **Contact Us form**
- And more!

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Background and Introduction of the 2-Part Series

Part 1: Understanding Adult Mental Health Challenges

Part 2: Supporting Families Impacted by Mental Health Challenges



Learning Objectives

By the end of this session, participants will:

- Understand how adult mental health develops (biopsychosocial/trauma lens)
- Recognize key features of severe mental illness and personality patterns
- Understand how caregiver mental health impacts young children
- Identify pathways of intergenerational transmission
- Describe key resilience factors in families



Why This Matters

- Early childhood = rapid brain development
- Relationships are the primary context for development
- Caregiver well-being directly impacts child well-being
- Supporting parents = supporting children

Shifting Lens



Child Focus

What's wrong with this child/parent?



Family-system Focus

What's happening in the caregiving environment?

Children exist in relationships, but systems often operate in silos.

The Still Face Experiment



Our Family Guides

Maria and Lucas

Maria: Single, 32-year-old mother

- Maria has a history of trauma and recent mood instability
- Referred for concerns about Lucas' behavior in daycare
- Difficulty engaging with services

Lucas (3 y.o): tantrums and difficulties with transitions

- Hits peers and daycare
- Clingy at drop off
- Difficulty calming when upset

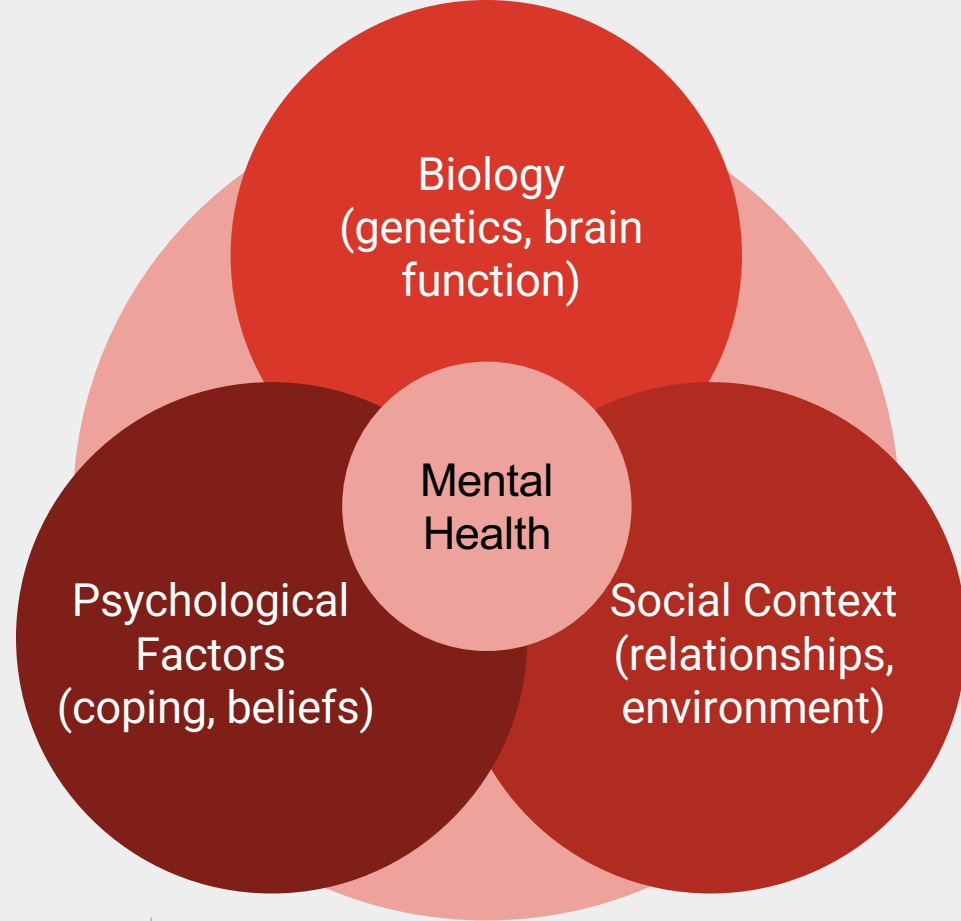


Initial Reactions: What are your initial impressions of the family?

Part 1: Foundations

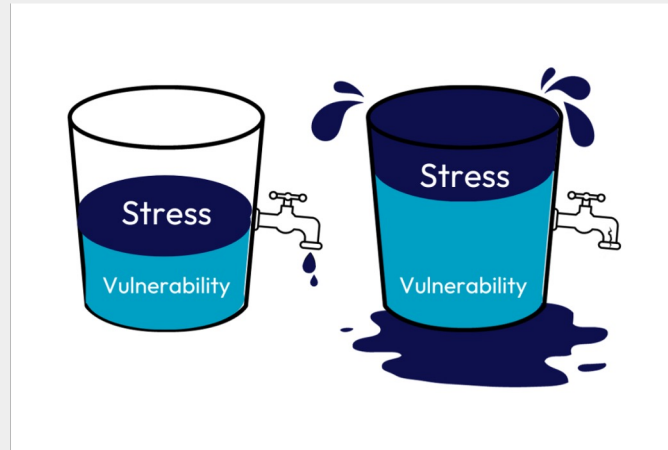


What Shapes Mental Health?



Stress-Vulnerability Model

Biological vulnerability + Life stressors = Mental health outcomes



The Role of Trauma

- Alters stress response systems
- Impacts emotional regulation
- Shapes relationships and trust
- Influences identity and coping

“Traumatic events overwhelm the ordinary systems of care that give people a sense of **control**, **connection**, and **meaning**.”

- Judith Herman (1992)

Trauma and Parenting

Trauma may impact:

- Emotional availability
- Reactivity
- Interpretation of child behavior
- Capacity for co-regulation



Structural Context Matter

- Poverty
- Racism and discrimination
- Immigration stress
- Housing instability

What Factors Might be Shaping Maria's MH

Biological

- possible mood disorder
- sleep disruption
- stress physiology

Psychological

- trauma history
- shame
- fear
- attachment experiences

Social

- financial stress
- isolation
- single parenting
- mistrust of systems

Part 2: Severe Mental Illness and Personality Patterns



What Do We Mean by Severe Mental Illness

- Significant functional impairment
- Often chronic or episodic
- May include psychosis or severe mood disruption

Examples

- Schizophrenia
- Personality disorders
- Bipolar disorder

Parenting with SMI

- SMI can affect parenting through symptoms, stress, stigma and lack of support
- Vulnerability increases with: Periods of instability, Difficulty with routines, Emotional unpredictability
- Many parent with SMI remain involved, invested and motivated

SMI ≠ inability to parent



Personality Patterns (Not Labels)

- Focus on enduring and relational emotional patterns
- Consider trauma, attachment, and context
 - Emotional intensity
 - Fear of abandonment
 - Interpersonal conflict
 - Difficulty with trust
- Avoid overpathologizing
- Keep neurodiversity in mind

Maria

- Maria describes:
 - difficulty trusting providers
 - feeling judged by systems
 - fear that “they’re going to take my son”
 - history of unstable relationships
- How this *may* show up in “the work”
 - Rapid shifts in engagement
 - High conflict or withdrawal
 - Sensitivity to perceived rejection and blame
 - Difficulty with boundaries

Part 3: Intergenerational Impact



How Mental Health Impacts Children

- Attachment disruptions
- Emotional regulation difficulties
- Increased stress exposure
- Modeling of coping patterns

Mechanisms of Transmission

- Parent-child interactions
- Family stress environment
- Learned behaviors and patterns of communication
- Biological sensitivity to stress

Maria



Maria recalls:

- “My mom used to yell all the time... I don’t want to be like that”

But finds herself reacting similarly under stress

What might Maria and Lucas be experiencing? Use different lenses.

- Emotional lens
- Attachment lens
- Regulation lens

Resilience and Recovery



Risk ≠ Destiny



Resilience Research

- Early resilience research showed wide variation in outcomes under adversity
- Werner's Kauai study identified protective factors in high-risk children
- Masten: resilience is “ordinary magic”
- Protective systems matter more than superhero narratives

RESILIENCE...

Definition: The dynamic developmental process of adapting well despite the context of trauma, severe adversity, tragedy, threats or chronic stress.

RESILIENCE IS...

- Common
- Teachable and learnable
- **Promoted with others**
- Varied by domain
- Changing over time
- Multi-level (i.e., biological, familial, communal, societal)

RESILIENCE IS NOT:

- An individual trait
- Fixed/Permanent
- A shield



New York State
**Trauma-Informed Network
& Resource Center**



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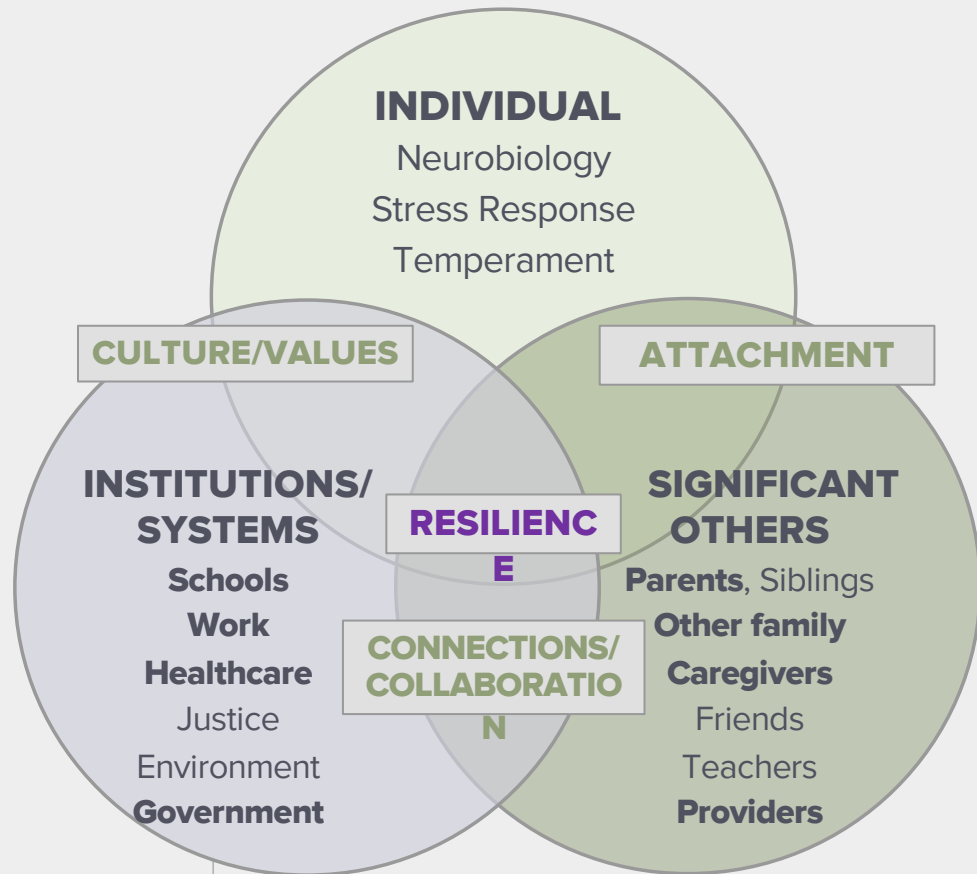
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RESILIENCE:

A Very
Common
Capacity to
Adapt and Grow
in the Face of
Adversity



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Adult Resilience and Recovery

- **Social connectedness**
- **Access to care**
- **Meaning and purpose**
- **Peer and community support**

Returning to Our Guides: Risk and Protective Factors

Risk Factors

- Trauma history
- Mood instability
- Isolation
- Financial Stress

Protective Factors

- Attachment bonds
- Supportive family
- Motivation
- Help-seeking behavior

Closing Reflection:
How might your understanding of Maria
change the way you engage with her?



Key Takeaways

- Adult mental health is shaped by multiple interacting factors
- SMI and personality patterns affect—but do not define—parenting
- Children are impacted through relationships and environments
- Resilience is common and can be supported