



TTAC

Perinatal and Early Childhood Mental Health Network

Training and Technical Assistance Center

Uniting IMH and PM: Alignment and Integration: It's not for babies anymore!

Presented by Dr. Corso and Dr. Horen

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

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!

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

Explore all the provider resources at ttacny.org



About Trainings Resources Clinical Services

**NYC Perinatal & Early
Childhood Mental
Health Provider
Resources**

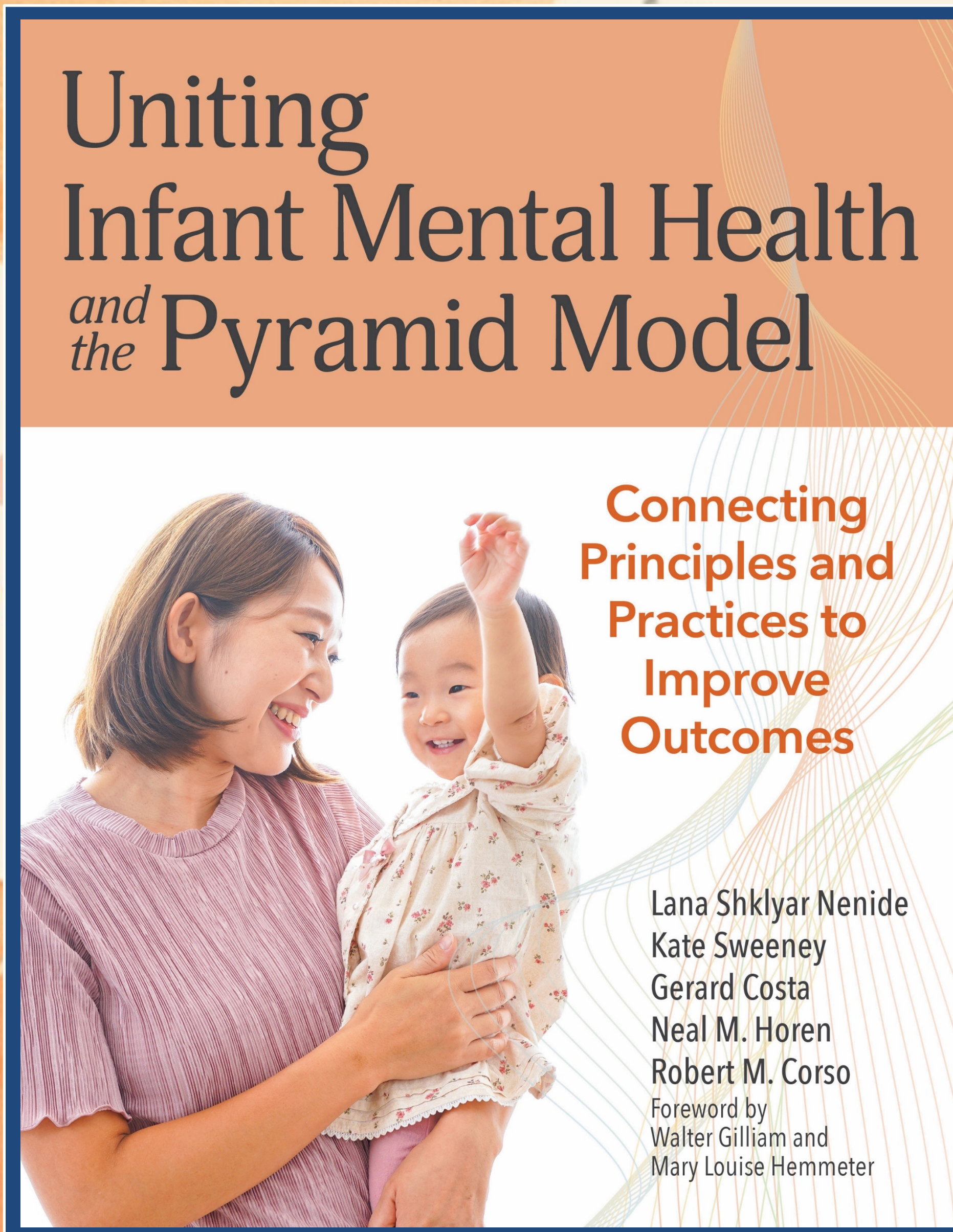
Learn More



TTAC
Perinatal and Early Childhood
Mental Health Network
Training and Technical Assistance Center



McSILVER INSTITUTE
FOR POVERTY POLICY AND RESEARCH
NEW YORK UNIVERSITY



Uniting IMH and PM: Alignment and Integration: It's not for babies anymore!

July 7, 2026

Welcome and Introductions



Neal M. Horen, Ph.D.
Director of Infant and Early Childhood
Development and Early Relational Health
Thrive Center
Georgetown University



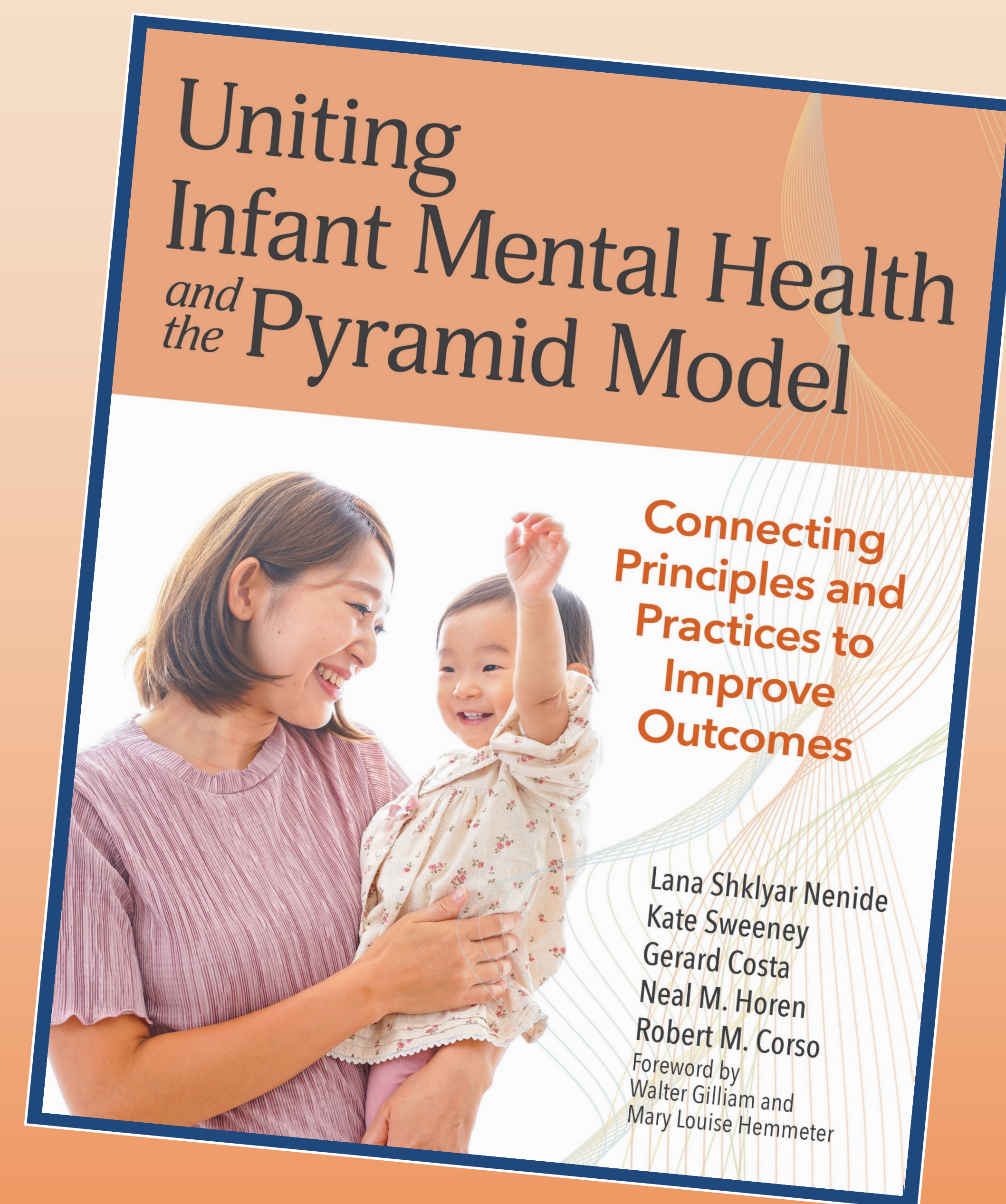
Rob Corso, Ph.D.
Executive Director
Pyramid Model Consortium

Plan for Today

- Myths and Misconceptions-Why this book?
- Infant Mental Health
- Theoretical Foundations
- Fields of Practice
- Foundations of the Pyramid Model Framework
- Alignment and Integration
- Book Structure/Set Up for Webinar 2
- Q and A

Myths and Misconceptions: Why this book?

- The term Infant and Early Childhood Mental Health
- IECMH as an EBP
- Pyramid Model is too Behavioral
- IMH and the Pyramid Model are not synergistic



Infant Mental Health

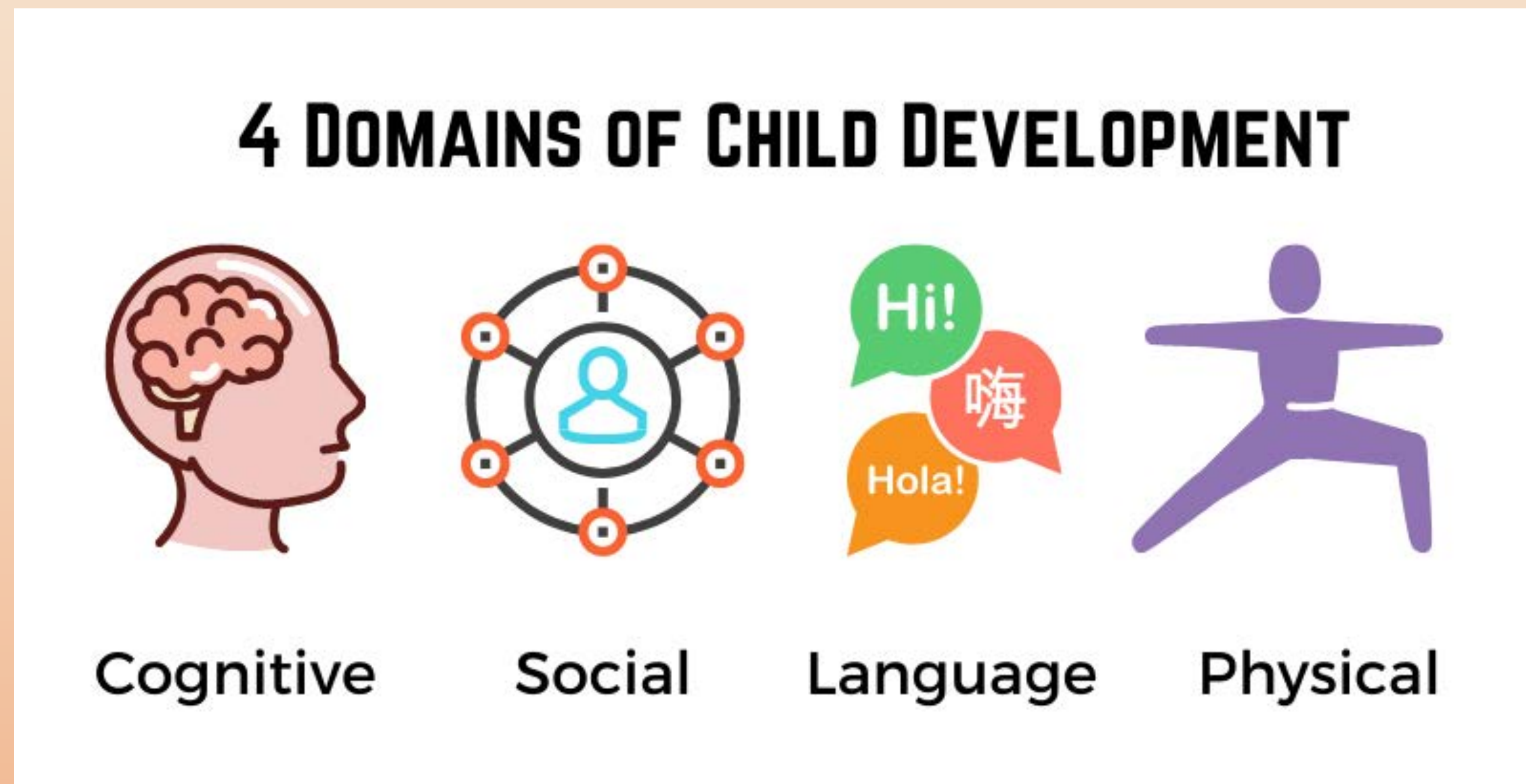
- Theoretical
- Attachment Theory
- Ecological/Systems
- Transactional Model
- Fields of Practice

Background of IECMH

In the last 50+ years,
many fields and
theories contributed
to the development of
IECMH as a field



4 Domains of Child Development



- Physical: motor development, nutrition, sleep, oral health
- Cognitive: brain development, literacy, school readiness
- Communication: social communication, language acquisition and development
- Social-emotional: attachment, emotion regulation, social skills
- MENTAL HEALTH

Children's Mental Health Needs



Mental health = social-emotional development

Defining Infant Early Childhood Mental Health (IECMH)

A young child's capacity to:

- Experience, regulate, and express *emotions*
- Form close and secure *relationships*
- Explore the environment and *learn*

All within the context of the caregiving environment, including family, community, and cultural expectations.

Defining Infant Early Childhood Mental Health (IECMH)

Systems Definition of IECMH

The full *continuum* of supports and services (promotion, prevention, and treatment) necessary to:

- promote healthy development
- prevent mental health problems
- treat mental health disorders



What Influences Development?

NATURE

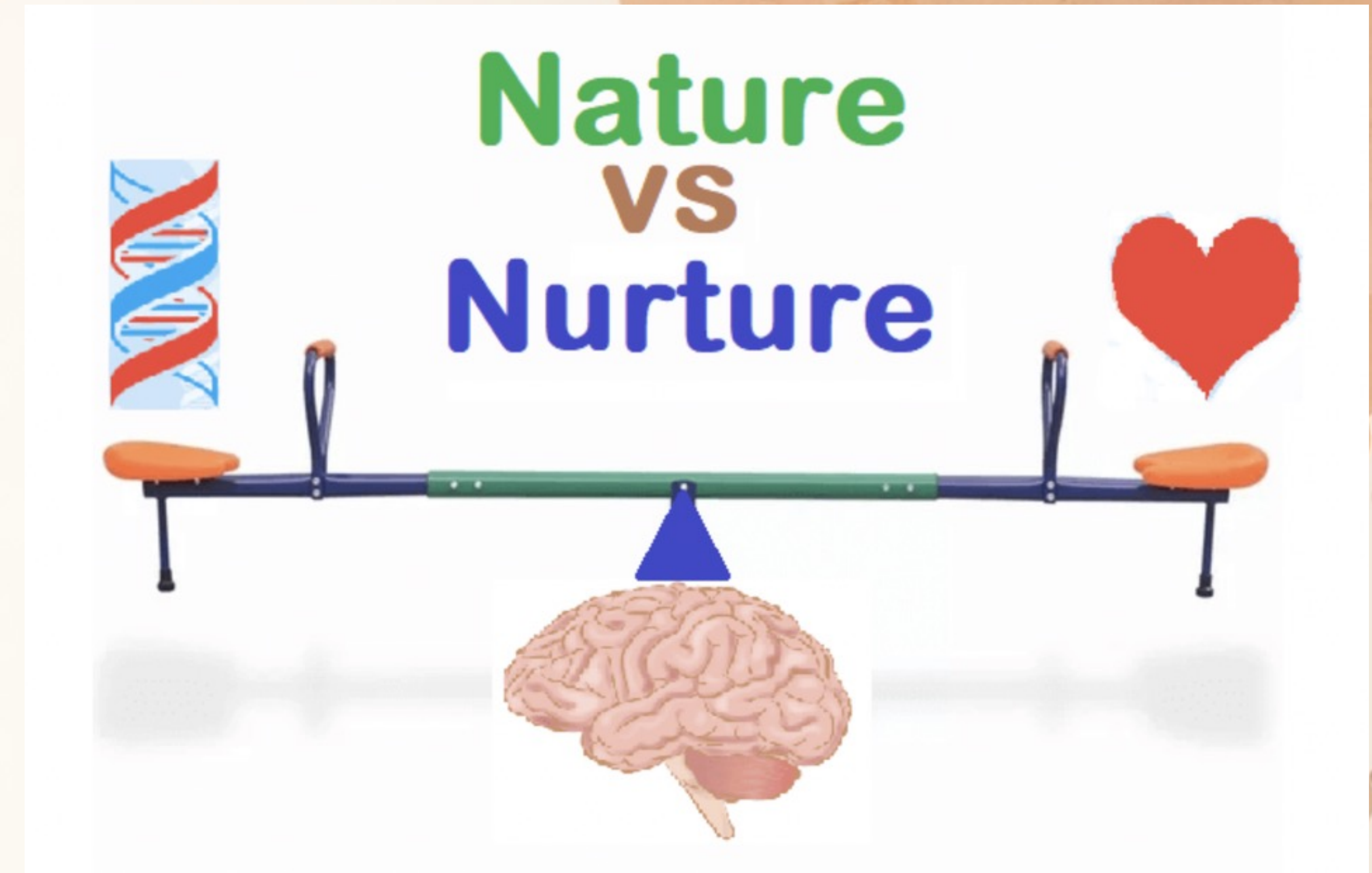
Biology genes, personality, temperament

NURTURE

Environment experience, relationships

Interaction between nature *and* nurture!

Environment (experiences & relationships) *changes our genes!*



Importance of Experiences



What is the Process of Brain Development?

Essential Caregiver Responsibilities

Secure Attachment

Parenting/caregiving that is:



Sensitive

Consistent

Warm

Essential Caregiver Responsibilities

Emotional Regulation



Mentalization
(reflective functioning)



Emotional Regulation

LIMITED regulation ➡ CO-regulation ➡ SELF-regulation

Typical, healthy development

Reactivity decreases ↓

Regulation increases ↑

Children's Mental Health Needs



Quality caregiver **interactions**

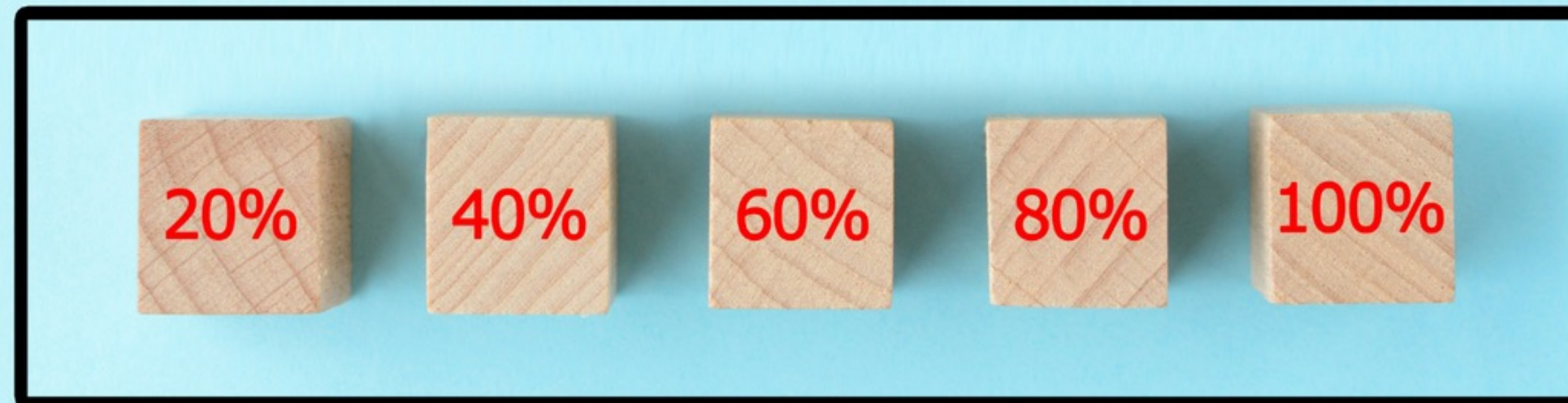
Responsive teach children
their needs & preferences
matter

Consistent teach children
they can trust others

Nurturing care teach
children that relationships
with others should feel
comforting and joyful

Supporting Mental Health

NEW SKILL



Loading is completed!!

Interaction

Coaching

Repetition

Consistency

Practice

Time

Developmental Tasks of Infancy and Early Childhood



Basic **tasks** or “**jobs**” infants and young children need to **master** in each stage of their development to achieve **normal development** and **learn life skills** at the appropriate times



“All children need support around their mental health, not just those who have had traumatic or difficult experiences.”

– Kadija Johnston

(Past Director of the Infant-Parent Program at UCSF (University of California, San Francisco))



Caregiver Best Practices

- ✓ Monitor and celebrate developmental milestones
- ✓ Identify possible developmental delays & concerns *early*
- ✓ Support positive parenting strategies

Mental Health & Well-Being

Child mental health & well-being

REQUIRES

Parental mental health & well-being



Babies Need What We Need

Sensitive, empathic, communicative, emotional partners



What Children Need

“Every child needs at least one adult who is irrationally crazy about him or her.”

- Bronfenbrenner



Promoting & Supporting Caregiver Mental Health

- Recognize prevalence of mental health concerns
- Understand intergenerational transmission of attachment, trauma, addiction
- Support mother-father relationship
- Connect caregivers with support network
- Build self-efficacy
- Encourage caregiver self-care



Connection = Healing

“...when we can heal ourselves, we heal our ancestors,
our grandmothers, our grandfathers, and our children.
When we heal ourselves, we heal Mother Earth.”

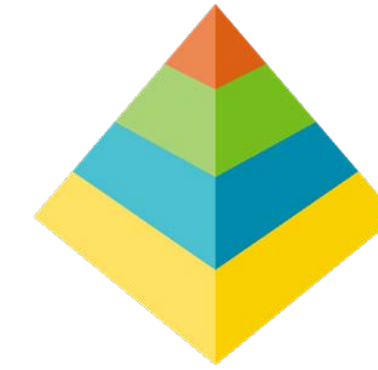
- Indigenous Grandmother Dr. Rita Pitka Blumenstein



Pyramid Model for Promoting Social and Emotional Competence in Infants and Young Children

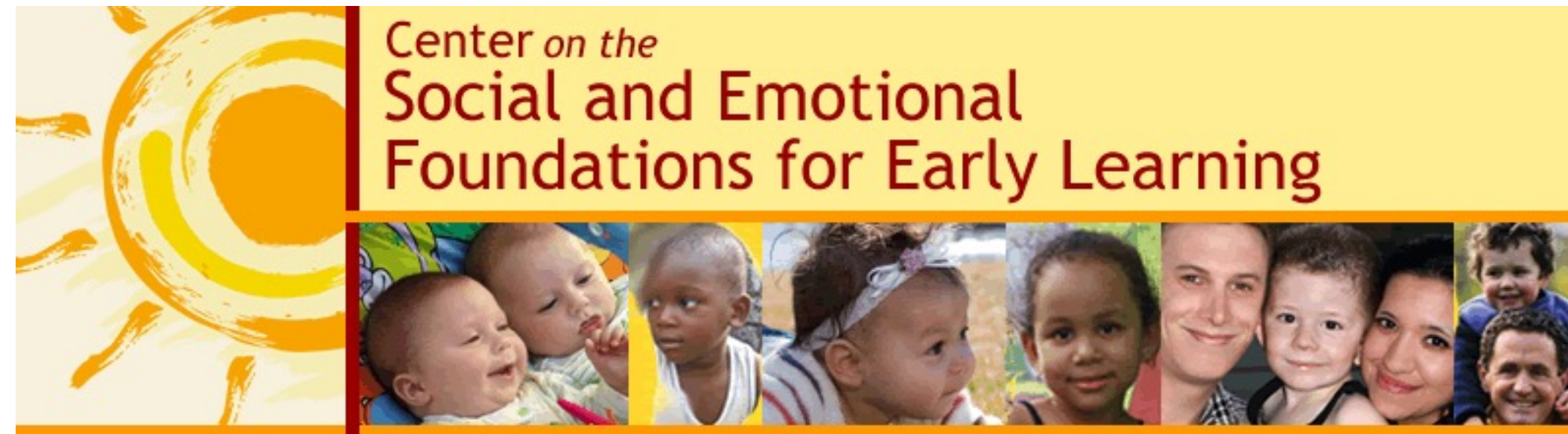


History and Connections



**THE
PYRAMID MODEL
CONSORTIUM**

Supporting Early Childhood PBIS



Center on the
Social and Emotional
Foundations for Early Learning

2001-2012

2014 - Present

2008- 2013

2017 - 2027



Technical Assistance Center
on Social Emotional Intervention
for Young Children



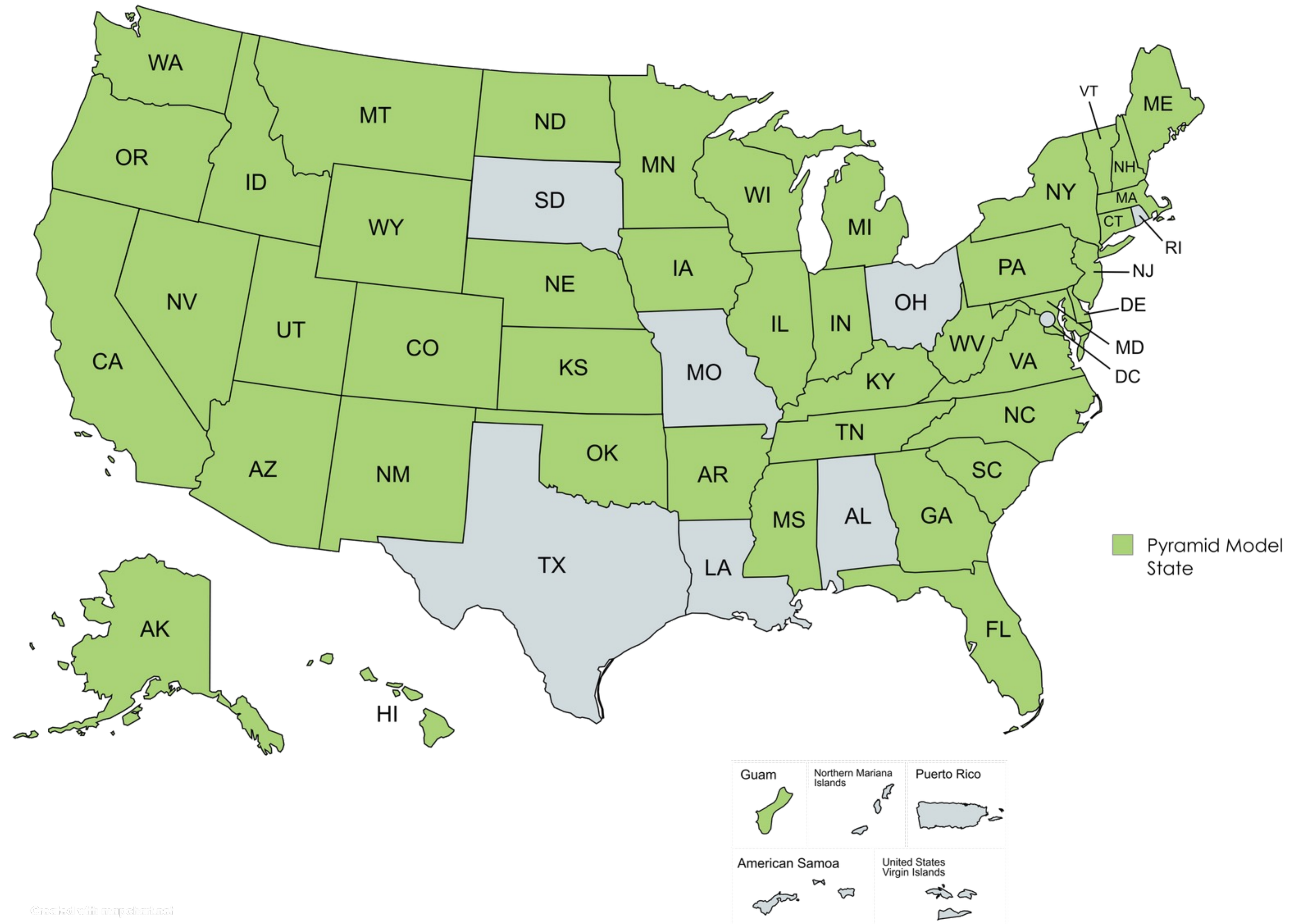
National Center for
**Pyramid Model
INNOVATIONS**

Training Reach

- Over 5 million teachers/providers
- 100,000+ trainers
- 35,000 coaches



Pyramid Model State Leadership Teams



4 Essential Structures

State Leadership Team

Professional Development
Network of Program
Implementation Coaches

Implementation Sites

Data



Tracking Pyramid Model work Across the Globe

Argentina

Australia

Belize

Bhutan

Burundi

Canada

Chile

China

Colombia

Costa Rica

Dominican Republic

Ecuador

Finland

Gambia

Ghana

Greece

Guatemala

India

Iceland

Ireland

Israel

Jamaica

Japan

Jordan

Kazakhstan

Malaysia

Mexico

Nepal

New Zealand

Philippines

Samoa

Saudi Arabia

Scotland

Singapore

South Africa

South Korea

Spain

Taiwan

Thailand

Trinidad & Tobago

Turkey

Uganda

United Kingdom

United States

Venezuela

Vietnam



THE PYRAMID MODEL CONSORTIUM

Supporting Early Childhood PBIS

Goal of the Pyramid Model

Ensure each and every child has the support, experiences, relationships, opportunities, guidance, and instruction to thrive in their social-emotional development and learning



Children with Disabilities



- All children with disabilities should be taught in high-quality, inclusive settings.
- Children with disabilities in inclusive settings demonstrate stronger social-emotional skills than children in separate classrooms.
- The inclusion of children with disabilities benefits all children including those without disabilities

Our “Must Haves”



Prevention Focus



Trauma-Informed



A Caring Community



Anti-Biased Practice



Commitment to
Equity, Inclusion,
and Belonging



Data-Informed

Prevention Focused

- Prevention through relationships, engaging environments, and effective supports for social-emotional competence
- Adopting a posture of support for each child, family, and staff
- Assuming young children will engage in behaviors that are challenging and being ready to support them



Importance of a Caring Community

- Building meaningful relationships with children, families, and staff
- Honoring, valuing, and embracing the cultural ways of being of all children, families, and staff
- Addressing challenging behavior through a lens of support
- Modeling for children how we treat others





Commitment to Equity, Inclusion, and Belonging

- Adopting a program-wide philosophy that all children belong here and can be successful
- Committing to providing the supports each child and family needs to be successful
- Developing policies that prevent the use of exclusionary disciplinary practices
- Collaborating with related services, mental health professionals, and community agencies to ensure children and families have the supports they need

Trauma-Informed

- Staff receive training to understand how trauma might affect children and families
- Use trauma informed principles universally
- Focus on resilience in interactions with children and families
 - Positive and nurturing relationships
 - Safety and predictability
 - Assist children in regulating emotions
 - Consider how trauma might impact behavior and our responses to behavior



Anti-Biased Practice

- Being proactive about ending all forms of bias and discrimination
- Making a commitment programmatically to advance equity
- Focus on building relationships with children and families to identify how to design our program and best support each and every family:
 - “ ‘Everyone is welcome’ is drastically different from ‘We built this with you in mind’ ”
 - Terence Lester
- Committing to brave and clarifying conversations



Data-Informed

- Pyramid Model is a framework of evidence-based practices
- We use data to:
 - Help make decisions about professional development
 - Plan interventions for children
 - Measure implementation and outcomes
 - Monitor equity in both implementation and outcomes
 - Monitor bias in responses to challenging behavior



The background is a light cream color, decorated with various watercolor-style splatters and washes. Large, soft-edged circles in shades of orange and red are scattered across the frame. Interspersed among these are smaller, darker splatters in deep blue and navy. The overall effect is artistic and textured, resembling a hand-painted or ink-splattered surface.

Alignment and Integration

What is IECMHC (cont.)

Consultation is a preventative intervention that teams a mental health professional with early childhood professionals to improve the social, emotional, and behavioral health of children.

The primary role of the Consultant is to build the capacity (ability) of adults to strengthen and support young children's growth, development and well-being.



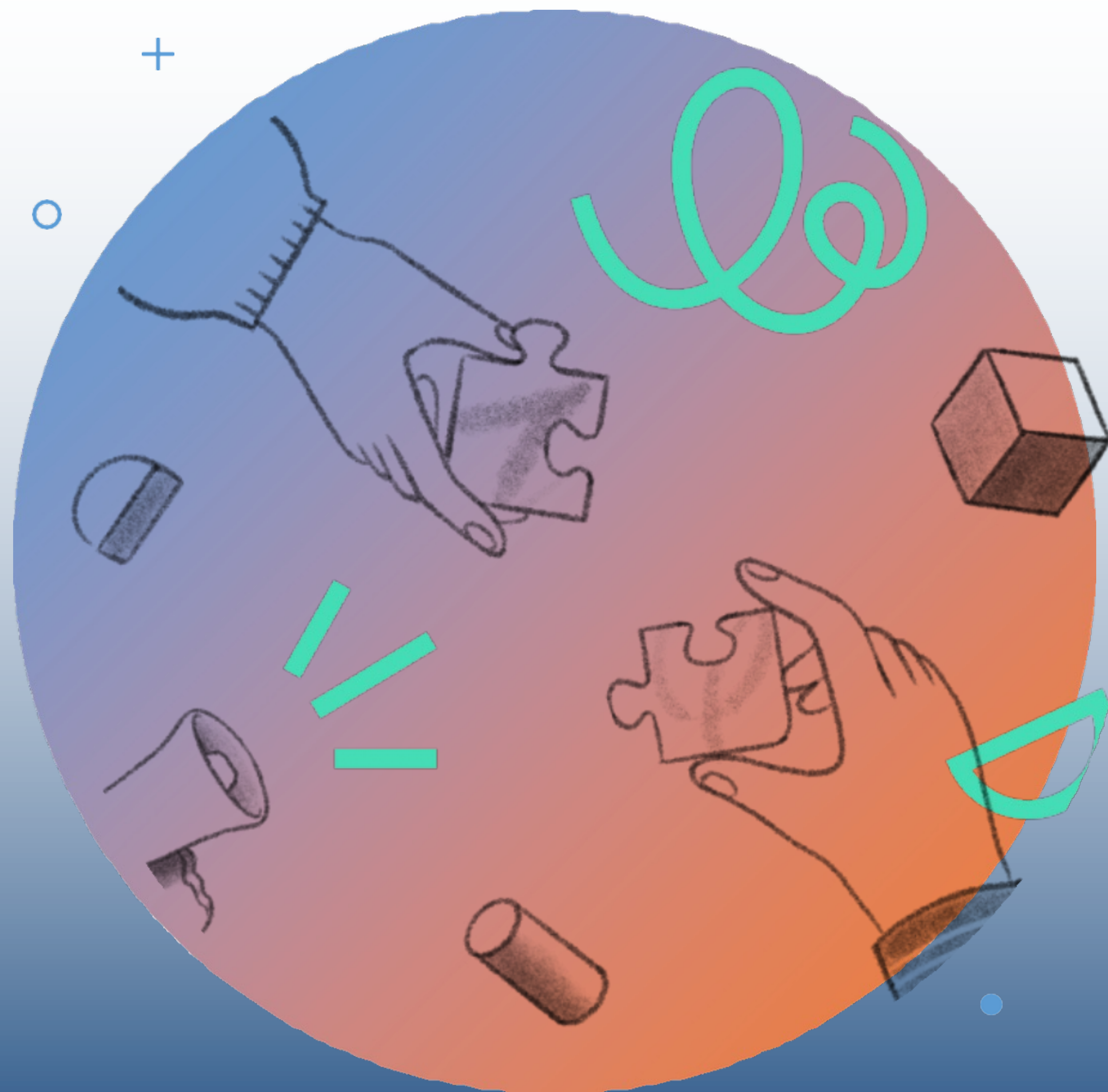
Who provides IECMHC?

The Consultant is a masters-prepared, licensed or licensed eligible professional, with specialized IMH infant knowledge and expertise

The Consultant does not provide therapy to children and families, but rather works in partnership with the adults caring for the child



The Consultant partners with other professionals and parents to increase their capacity to understand the powerful influence of the relationships and interactions on young children's social-emotional well-being and development.



WHY SHOULD WE WORK TO
INTEGRATE THESE TWO
MODELS?

Why are we here?

Core Assumptions for Successful Integration

Consultation is a prevention strategy

- Consultants can be helpful at every tier of the Pyramid Model

Consultation is not therapy

Consultant and Coach: Role distinction

- What do infant and early childhood mental health consultants do?
- What do coaches do?
- What could they do together?

Infant Mental Health Consultation is NOT therapy



Focus on adults - building their capacities, skills, strategies to support children and other adults in their program

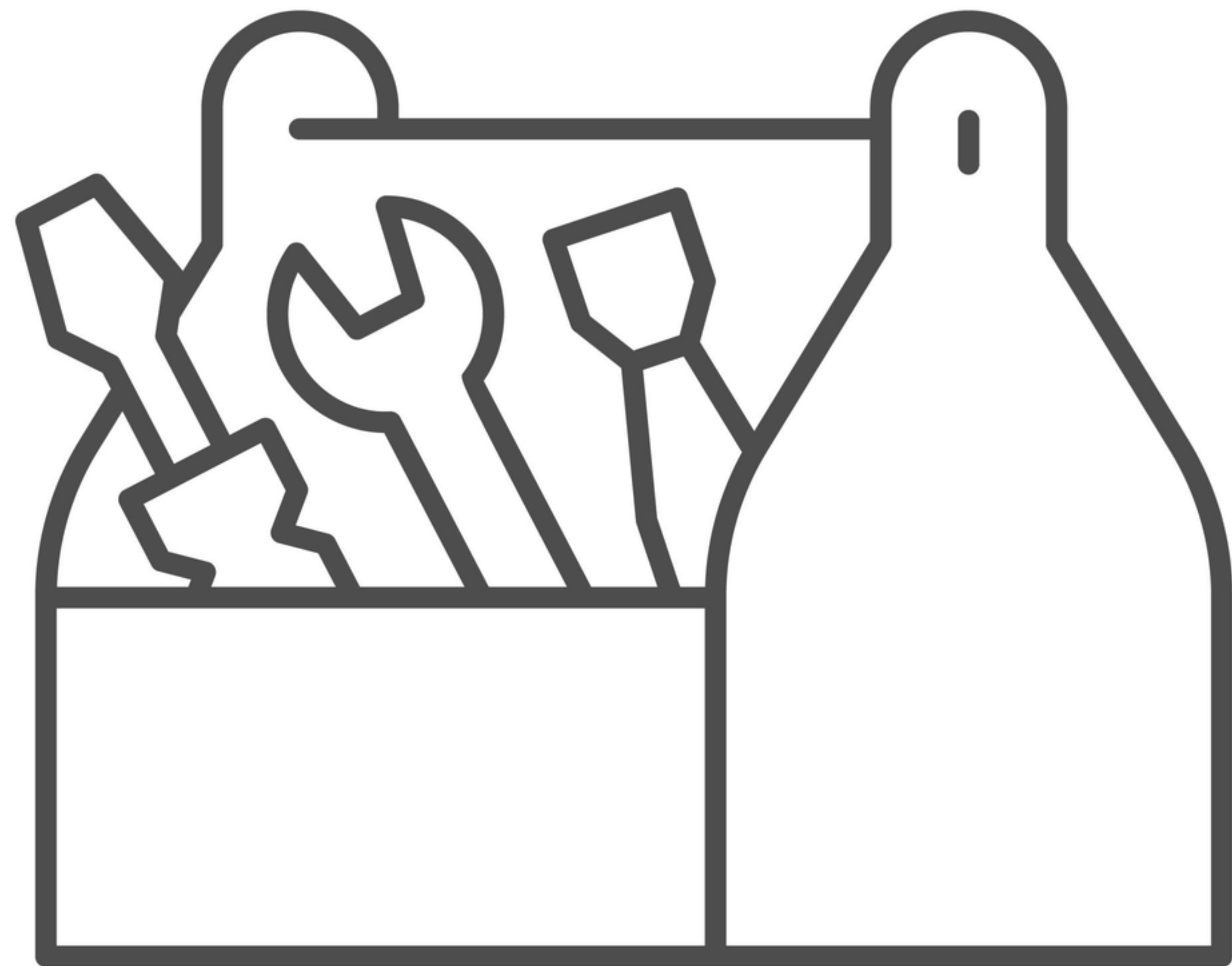


Consultation is not a “pull-out” model; it is a “push-in” model

What do IECMH Consultants do?



- Consultants create a holding space to offer reflective stance - so important within this current climate
- Consultants support observations
- Bring in IMH perspective
- Join with another professional (EC educator, Head Start teacher, EC coach, program administrator, early intervention provider, home visitor) to acknowledge, validate, process, and make sense out of challenging, puzzling situations/experiences
- Consultant as the connector



Role distinction

- What about other helpers in the program?
- How do we work to remove misconceptions around hierarchy
 - Consultant as a partner – collaborating with ECE workforce to walk with them through the work, rather than “deliver answers”
 - Consultants are not just “better coaches”

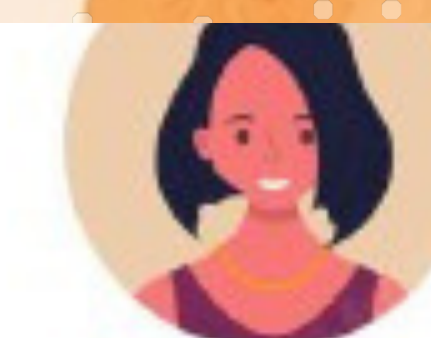
Coordination Across the Service Array

Clarifying roles and Responsibilities



CCRC Coach

CCRC Coach works with program/classroom on environment and developmentally appropriate practices, infusing general PM practices around environment and universal practices.



PM Implementation Coach

Referral made to PM Implementation Coach to initiate program-wide commitment to training, coaching and implementation of Pyramid Model practices, including a leadership team with an annual work plan and goals.

Note: Referrals can be for same program and either occur at the same time or consecutively.

IECMHC & PM Coach Integration *Opportunities for sharing and/or internally referring classrooms*



IECMH Consultant

IECMH Consultant works with program/classroom on a given case (individual and/or classroom-wide) and has addressed the given concerns using a PM framework and fidelity tools, but there are remaining needs with respect to the environment and/or curriculum regarding embedding social emotional practices and supports, and the program has expressed interest in committing to program-wide Pyramid Model practices.



PM Implementation Coach

Referral made to PM Implementation Coach to engage with program to support the infusion of PM practices, including staff-wide training, the development of a PM Leadership team, and the completion of a BOQ to initiate a work plan to make progress towards implementation. This support also includes individualized coaching of classroom educators, followed up by coaching and observations to support application of recommendations.

Note: Referrals can be for same program and either the same time or consecutively.

PM Coach & IECMH Consultant Integration *Opportunities for sharing and/or internally referring classrooms*



State example: Wisconsin

Mental Health Consultants are master-prepared licensed or license-eligible mental health professionals with expertise in infant and early childhood mental health

Child/Family

- Support parent or caregiver's emotional well-being and mental health
 - Classroom/child observation, screening, assessment

Classroom:

- Co-developing plans and strategies
- Supporting family engagement

Program:

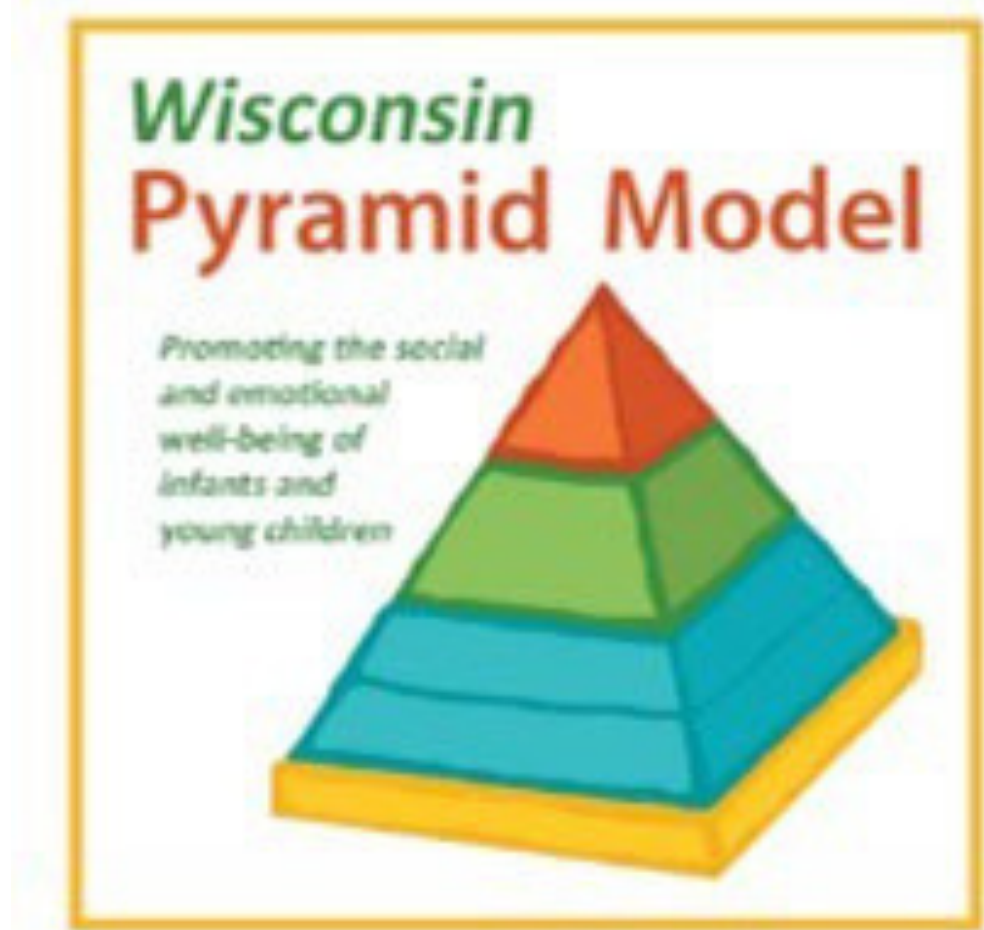
- Reflective Consultation and Leadership support
- Support policy and programmatic changes/developments

Community

- Outreach and engagement related to IMH, IECMHC, other related topics
- Linking families, groups, and organizations



Your partner in infant & early childhood mental health consultation



Pyramid Model Coaches are early childhood professionals with significant training in the evidence-based practices promoted by the Pyramid Model

- Practice-based coaching
- TPOT/TPITOS
- Data-based decision-making support
- Team facilitation
- Functional Behavior Assessment
- Family engagement support

IECMH Consultant and PM Coach: examples of collaboration



Facilitate training together

- PM Individualized Interventions training is lead by a mental health consultant and PM coach in WI

PM coach facilitates the program leadership team and consultant serves as one of the team members

PM coach leads the development of the FBA plan and consultant provides support

What are other examples of successful collaboration?

When do we enter consultation?

When do we engage an infant and early childhood mental health consultant?

Consultation is a prevention strategy

- Don't just call in Consultant @ the top of the Pyramid

1. A consultant recommends Program-wide implementation
2. A teacher/coach requests support from a consultant around a climate at the program
3. A coach feels stuck/disconnected/ineffective in supporting program-wide implementation
4. A coach feels disengagement for a teacher who was previously engaged and connected
5. A consultant is requested by a coach/teacher who are concerned about an individual child who is very withdrawn

What are we missing?

Our case study

Meet Melissa, the Pyramid Coach

Ms. Kelly and Ms. Nadia - the teachers

& Emily, IECMH consultant





Melissa has been working at the Little Learners Child Care Center for the past 18 months as a coach supporting Pyramid Model program-wide implementation.

She particularly enjoys being in the toddler classroom observing and supporting Ms. Kelly and Ms. Nadia, due to their excellent rapport as co-teachers and fun and nurturing classroom environment that they have created.

Melissa is conducting mid-year TPITOS assessments, so is in the program on a more regular basis. As she carefully observes Ms. Kelly and Ms. Nadia's classroom, she can't help but feel a knot in her stomach.

Upon reflection, she is noticing that the classroom feels different. Ms. Kelly's tone and interactions with both children and Ms. Nadia feel more tense and rigid.

During teaching time and classroom routines Melissa is sensing less patience (more irritation) by the children's request or questions.

She is noticing less conversation between the co-teachers and withdrawn eye contact from Ms. Kelly to Ms. Nadia.



Group Reflection

- What comes up for you as you are meeting and learning about the classroom dynamics?
- What do you believe happens next?



Parting thoughts...

Everyone deserves care and support -
no one is above needing safe and
reflective space

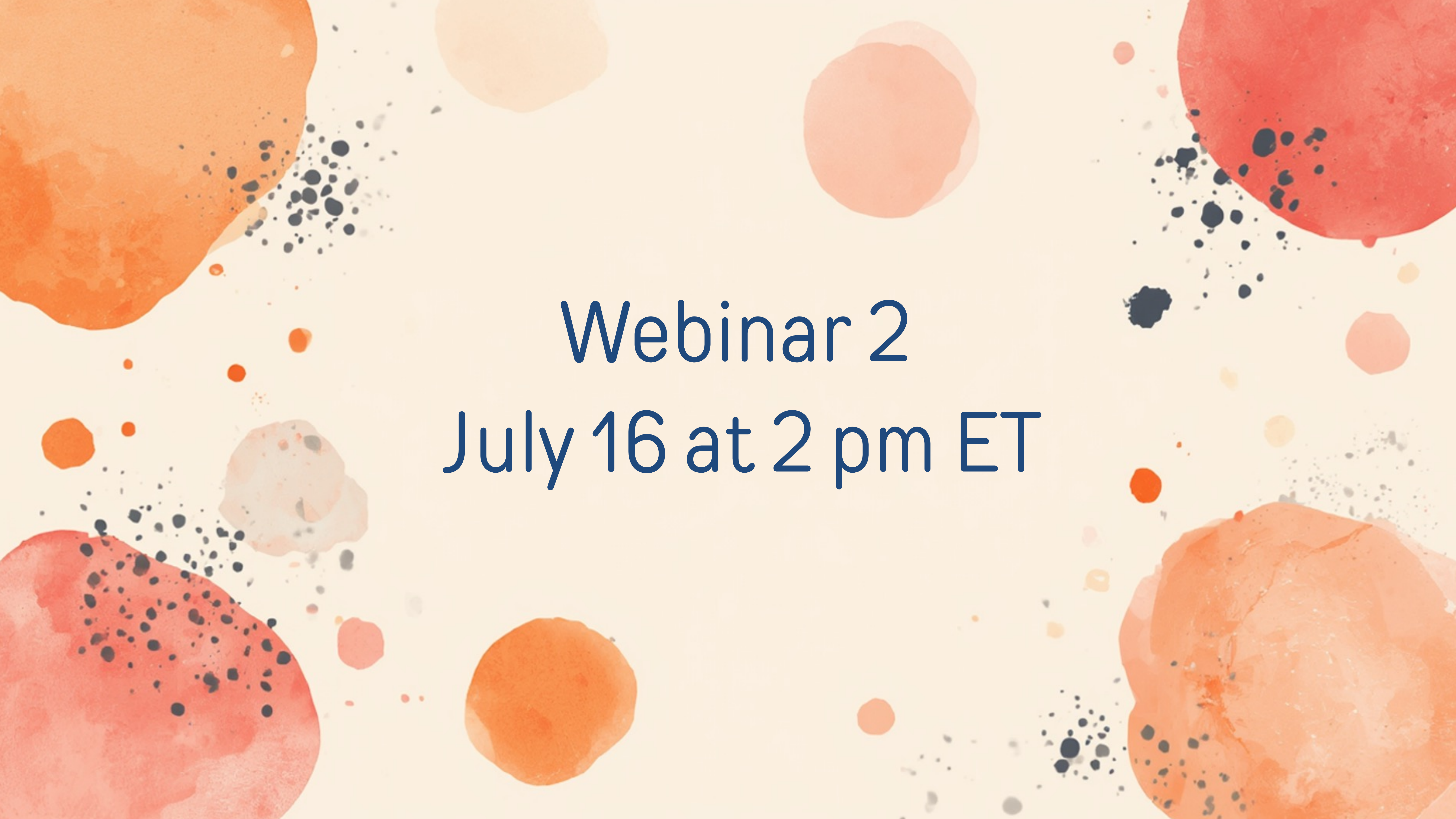
- The work with other humans
(particularly little ones) is emotional,
hard

“No one should do hard things alone”
- Jeree Pawl

- Successful collaboration is not the
same as duplication of effort
- It's not about the
model/framework competition or
position hierarchy - both bring
support, strategies, resources for
ultimate wellbeing of babies and
young children

Book Structure

- Section 1: Setting the Stage
- Section 2: Reflective Practitioner
- Section 3: Family, Community and Culture
- Section 4: Putting it into Action



Webinar 2

July 16 at 2 pm ET