THE INFANT MENTAL HEALTH WORKFORCE:

Key to Promoting the Healthy Social and Emotional Development of Children

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IMPACT

March 2015

Ideas and Information to Promote the Health of Connecticut's Children

IMPACT is a publication of the Child Health and Development Institute of Connecticut.

CHDI

ACKNOWLEDGEMENTS
The authors gratefully acknowledge the Connecticut Association for Infant Mental Health (CT-AIMH) and staff from the Child Health and Development Institute for their partnership in creating this publication. Specifically, we thank them for their research, constructive input, insightful edits and commitment to infant and early childhood mental health:

Connecticut Association for Infant Mental Health:
- Margaret Holmberg, PhD, IMH-E® (IV), President
- Heidi Maderia, MS, IMH-E® (I), Executive Director

CT-AIMH Professional Development Advisory Committee:
- Lois M. Davis, PhD, IMH-E® (IV), Developmental Educator, LEARN
- Anne Giordano, MA, IMH-E® (IV), Early Childhood Consultant, EDUCATION CONNECTION
- Darcy Lowell, MD, IMH-E® (IV), Director, Child First, Section Chief, Bridgeport Hospital
- Susan Vater, EdM, Consultant, Early Childhood Clinical and Social Policy Planning and Development
- Grace Whitney, PhD, MPA, IMH-E® (IV), Director, Connecticut Head Start State Collaboration Office, Connecticut Office of Early Childhood

Child Health and Development Institute of Connecticut, Inc.:
- Lisa Honigfeld, PhD, Vice President for Health Initiatives
- Julie Tacinelli, Vice President for Communications

We also thank Cindy Langer for her assistance with the final publication process.

The authors also wish to thank the Connecticut Office of Early Childhood (OEC) for their financial and programmatic support for the development and printing of this report. The OEC was established in 2013 to coordinate and improve the various early childhood programs and components in the state to create a cohesive high quality early childhood system. Their mission is to support all young children in their development by ensuring that early childhood policy, funding and services strengthen the critical role families, providers, educators and communities play in a child's life.

Connecticut Office of
Early Childhood

About the Child Health and Development Institute of Connecticut:

The Child Health and Development Institute of Connecticut (CHDI), a subsidiary of the Children's Fund of Connecticut, is a not-for-profit organization established to promote and maximize the healthy physical, behavioral, emotional, cognitive and social development of children throughout Connecticut. CHDI works to ensure that children in Connecticut, particularly those who are disadvantaged, will have access to and make use of a comprehensive, effective, community-based health and mental health care system.

For additional copies of this report, call 860.679.1519 or visit www.chdi.org. Mendez, M., Simpson, T., Alter, A., Meyers, J., The Infant Mental Health Workforce: Key to Promoting the Healthy Social and Emotional Development of Children. Farmington, CT: Child Health and Development Institute of Connecticut. 2015.

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INTRODUCTION

One of the most important influences on a young child's growth and development is his or her relationship with a caring and nurturing adult beginning at birth. This relationship is the basis for an infant's ability to form a secure attachment that sets the stage for lifelong cognitive, social, emotional and health outcomes. Many children are exposed to a range of stresses early in life due to the circumstances into which they were born, their environment, or to genetic or congenital developmental impairments. But a loving caregiver goes a long way towards buffering the effects of those stressors, building resiliency to cope with or overcome the impact. Abusive or neglectful parenting/caregiving in the earliest years can have the opposite result and compromise the young child's growth and development.

The field of infant mental health is a defined area of knowledge about early relationships and their effects on child development and life outcomes. Knowledge on how to best promote social-emotional development and resiliency is progressing quickly, both in terms of science and best practices. Professionals from a range of disciplines who care for and provide services to young children comprise the infant mental health workforce. With the right knowledge, skills, and values, these professionals are in a position to work with families to promote healthy social-emotional development, to help families identify concerns early and to make connections to intervention services when necessary. These actions are critically important as early intervention can minimize the risk of poor developmental outcomes later in life.

The infant and toddler mental health workforce is inclusive of far more than mental health professionals. It encompasses all those who care for or nurture infants and toddlers including: early care and education providers, home visitors, child health providers, early interventionists, related service therapists (speech/language, physical and occupational therapists), as well as mental health clinicians. Many states, including Connecticut, are taking steps to ensure that those working with infants and toddlers and their families are well-trained to promote optimal mental health and address behavioral health concerns.

This publication defines infant mental health and highlights the workforce competencies across disciplines needed to support families so they can assure their children get off to a healthy start. It goes on to describe critical components of a competent infant and toddler mental health workforce, provides national examples of successful workforce development approaches, and concludes with recommendations for strengthening the capacity of Connecticut's infant and early childhood mental health workforce.

An infant's secure attachment to his or her parent is regarded as the "seminal event in a person's emotional development – the primary source of a child's security, self-esteem, self control and social skills..."

WHAT IS INFANT MENTAL HEALTH?

Infant mental health is a unique field of practice that focuses on supporting infants and toddlers and their primary caregiver(s) to ensure optimal social and emotional development. Through secure attachments with caregivers, infants and toddlers come to experience and regulate emotions and explore and learn in their environment, all within the context of their individual family and cultural experiences.[1] The quality of these early first relationships has a powerful effect on babies.

The factors that play a key role in determining an infant's mental health within the context of these early relationships are: the developing brain, the importance of attachment, the effects of trauma, the influence of toxic stress and protective factors that serve as buffers to adverse life situations.

The Developing Brain and Infant Mental Health

The vast amount of brain research concerning infants indicates that a large percentage of brain growth occurs within the first few years of life.[2,3] The caregiver-child relationship is fundamental to shaping brain development, specifically through the interaction patterns between the caregiver and child. This relationship pattern has been referred to as a "dance" or the "serve and return".[4] When infants and toddlers "serve" interactions or initiate responses with their adult caregivers through babbling, facial expressions and gestures, and even crying, and adult caregivers "return" responses that are warm, responsive and nurturing, the child experiences optimal development of the brain that becomes the foundation for all later learning. When those interaction patterns are deficient, when the "serve and return" is disrupted by the caregiver's inability to respond in supportive ways, children can experience deficits in brain development and their ability to cope with stress. When this relationship is positive, it builds a secure attachment between the caregiver and the infant.

The Importance of Attachment

An infant's secure attachment to his or her parent is regarded as the "seminal event in a person's emotional development–the primary source of a child's security, self-esteem, self-control and social skills. Through this one incredibly intimate relationship, a baby learns how to identify his or her own feelings and how to read them in others."[5] The conditions for secure parent/infant attachment include:[6,7]

- Accurate perception of infant cues
- Sensitive and appropriate response to infant cues
- Acceptance of infant's behavior and feelings
- Physical and psychological accessibility when infant is in distress or when exploring
- Responses to infant that are consistent and predictable
- Display of affection and pleasure

We now know that infants and toddlers are especially susceptible to the negative impacts of trauma due to the developing structure of the brain in the first three years of life.

The Effects of Trauma on Early Relationships

Young children may experience multiple traumas, grief or loss at the beginning of their lives. The impact of trauma on infant and toddler development has been well documented. We know that when very young children are exposed to trauma there are significant negative consequences for growth and development. Young children who are exposed to trauma and violence are more likely to have developmental delays, exhibit aggressive behaviors and have learning problems into their school-age years when their caregivers are physically and/or emotionally unavailable to help them cope with that trauma.[8] Many adults believe that infants and toddlers are simply "too young to understand" trauma. They believe that young children have no capacity to remember trauma in its context and therefore are not at risk when they are exposed to trauma. We now know that infants and toddlers are especially susceptible to the negative impacts of trauma due to the developing structure of the brain in the first three years of life.[9]

If a child does not have the powerful buffering effect of a positive relationship with a caregiver, the trauma may be carried forward into adulthood and have adverse effects on his or her physical and emotional well-being as documented through the Adverse Childhood Experiences (ACE) study, which reveals staggering proof of the health, social, and economic risks that result from childhood trauma.[10]

ACE Study: Linking childhood trauma to long-term health problems

As a response to the ACE study, the Centers for Disease Control and Prevention have identified the promotion of safe, stable and nurturing relationships as a key strategy for the public health approach to poor health outcomes and critical to preventing child maltreatment. When children are exposed to adverse environmental challenges, such as violence, poverty, toxic stress and substance abuse, it is the presence of safe, stable and nurturing relationships that can "buffer" the brain in ways that mitigate the exposure. From the perspective of public health, these safe, stable and nurturing relationships can have significant impact on an individual's abilities and health-related lifestyle trajectories.[11]

The Role of Toxic Stress in Infant Development

In 2012, the American Academy of Pediatrics (AAP) issued a policy brief that called attention to the significance of children's early experiences and "toxic stress."[12] Toxic stress occurs when a child experiences strong, frequent and/or prolonged adversity without the buffering of adequate adult support. Infants respond to toxic stress by producing a stress hormone called cortisol. Sustained or frequent action of the cortisol hormone kills brain cells, reduces the number of cell connections, impairs thinking and creates anxious behavior.[13] If untreated, these symptoms may lead to mental

Family-based Risk Factors for Increased Toxic Stress

- Extreme poverty
- Domestic and community violence
- Abuse and neglect
- Homelessness
- Substance abuse
- Incarceration
- Maternal depression
- Lack of basic needs–food, clothing
- Isolation and lack of social supports

health problems for infants and toddlers that may manifest in physical symptoms (poor weight gain or slow growth), delayed development, inconsolable crying, sleep problems, aggressive or impulsive behavior and paralyzing fears. Over time, if untreated, these symptoms accumulate in young children and can seriously affect their ability to learn and function.[14]

Children are disproportionately at risk for social and emotional concerns when they are growing up in households confronted with environmental stressors such as: conditions of extreme poverty including homelessness; exposure to traumatic events that may include abuse, neglect, domestic or community violence; early separation from parents through parental incarceration or placement in foster care; and/or parent mental illness. Children who are born with developmental disabilities or neurodevelopmental concerns also are more vulnerable. (The prevalence and consequences for young children's mental wellness associated with postpartum mood and anxiety disorders are discussed in a recent CHDI publication: *Addressing Maternal Mental Health in the Pediatric Medical Home*.[15])

Table 1 presents some data on Connecticut's most vulnerable children.

Table 1. Connecticut's Children Most at Risk for Developing Social and Emotional Difficulties

Poverty	79,089 children under age 6 live in low-income households, with African-American and Hispanic children disproportionately affected.[16]
Children Affected by Family Violence	# of Family Violence Victims (2011)[17] Ages 0-1 years: 155 victims Ages 2-5 years: 216 victims
Abuse or Neglect	3,077 children under age 4 had substantiated cases of abuse or neglect (2012).[18]
Homelessness	DSS Funded Emergency Shelter Population, (3rd Quarter 2013)[19] Ages 0-2 years: 261 children Ages 3-5 years: 177 children
Developmental Disabilities or Delays	Birth to Three programs, fiscal year 2014: 5,034 (63% of referrals) infants and toddlers were eligible due to a developmental delay or disability. A total of 9,686 children were served throughout Connecticut.[20]

"Science clearly demonstrates that, in situations where toxic stress is likely, intervening as early as possible is critical to achieving the best outcomes."

– Center on the Developing Child

Protective Factors as Buffers

Secure attachments for infants and toddlers with their caregivers can serve as a buffer to toxic stress and can mitigate the negative consequences often associated with young children's exposure to trauma, poverty, violence and other risk factors.[21] As noted by the Center on the Developing Child at Harvard, "Science clearly demonstrates that, in situations where toxic stress is likely, intervening as early as possible is critical to achieving the best outcomes."[22] The opportunities to intervene so that children develop resiliency in the face of adverse life situations are highlighted by the Center for the Study of Social Policy's Strengthening Families™ initiative, which puts forth the following protective factors as optimal outcomes for family interventions:[23]

- parental resilience
- family social connections
- ability to access concrete support in times of need
- parental knowledge of parenting and child development
- social and emotional competence of children

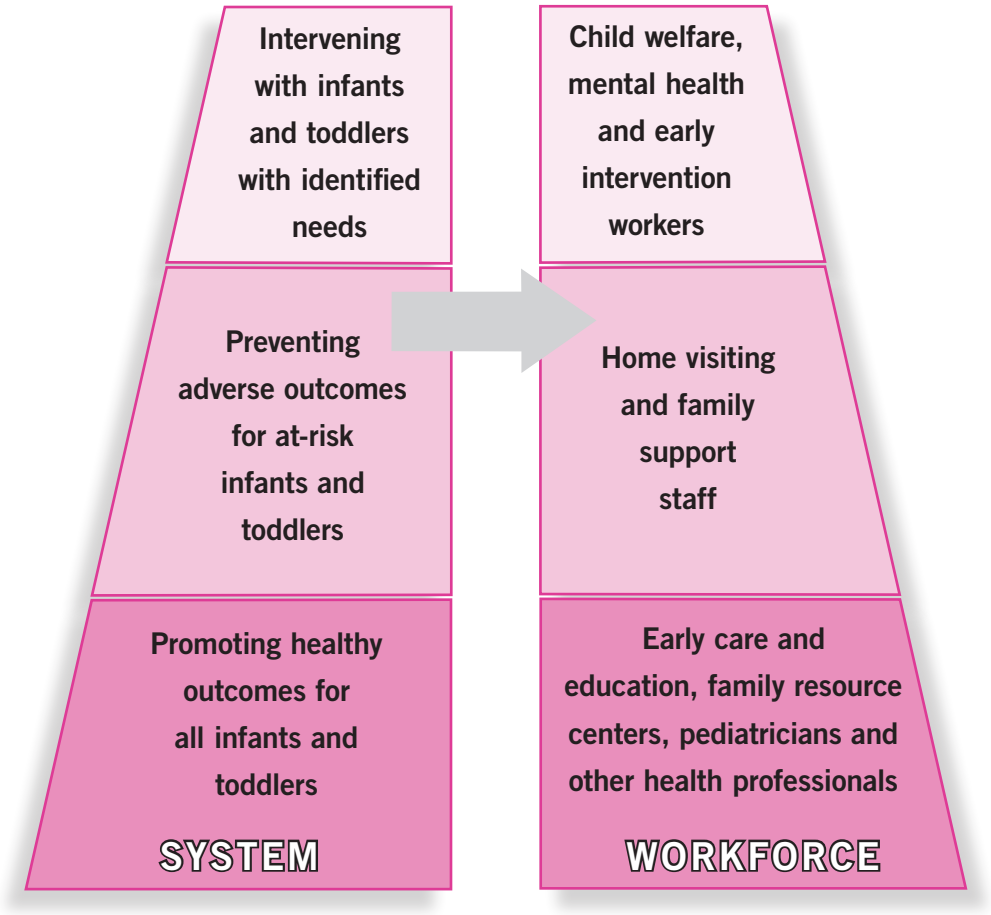
Additionally, the Centers for Disease Control and Prevention (CDC) framework, "Essentials for Childhood" uses a collective impact approach to help communities increase safe, stable, and nurturing relationships between caregivers and infants.[24] The CDC framework focuses on the broader environment in which families live, work and raise their children. "Essentials for Childhood" also stresses the role that public policy plays in supporting opportunities for promoting socio-emotional development in very young children.

Professionals who work with infants and families are in a unique position to help families build these stable, nurturing relationships and serve as a buffer to the effects of toxic stress. The CDC framework and the Strengthening Families™ initiative emphasize the need for strong policy that supports training and development of an infant mental health workforce to ensure positive lifelong outcomes for children.

WHO COMPRISES THE INFANT MENTAL HEALTH WORKFORCE?

Infant Mental Health is, by its very nature, an interdisciplinary field involving all those who serve or care for infants and toddlers and their families. Very young children in the course of their daily lives come in touch with many professionals in various settings. Those children at higher risk may receive services from specialized professionals across several social services sectors. All of these practitioners are part of the infant mental health workforce and will benefit from having skills and knowledge to promote social and emotional development and an understanding that they are part of a larger system that, when working in a coordinated manner, can better support children and their families.

Comprehensive Early Childhood Mental Health System



The diagram above illustrates the comprehensive system needed to address the mental health of infants and toddlers including: promoting positive social and emotional development for all children; identifying and intervening early for those at risk; and treating those with more complex disorders, along with the workforce necessary to provide this full array of services and supports. A comprehensive early childhood system recognizes all of these opportunities to build early relationships and resiliency, identify needs early, connect families to helpful services and provide family-centered therapeutic care.

A list of programs that are building and engaging an infant mental health workforce in Connecticut can be found in the Appendix.

Meyers suggests three groups of caregivers comprise the infant and toddler mental health workforce, each of whom play an important role in building a comprehensive infant and toddler mental health system that supports optimal development:[25]

1) Direct caregivers who are in a position to strengthen the social-emotional development of young children including parents, other caregivers and early care and education providers.

2) Professionals who may not be specialists in mental health but can promote social-emotional development and identify early warning signs for mental health problems and delays including: primary health care providers (pediatricians, family physicians, pediatric nurse practitioners), child welfare staff, home visitors, early intervention staff who support families to help their children develop and learn (Birth to Three in Connecticut), and occupational, physical and speech/language therapists.

3) Clinically trained professionals who work with young children diagnosed with emotional or mental health issues, including child psychiatrists, child psychologists, clinical social workers, marriage and family therapists and psychiatric nurse practitioners.

Infant mental health competencies refer to the set of values, knowledge and skills necessary for work with young children and their families.

THE KEY COMPETENCIES OF THE INFANT MENTAL HEALTH WORKFORCE

Infant mental health competencies refer to the set of values, knowledge and skills necessary for work with young children and their families. These values, knowledge and skills lead to doing the right thing, at the right time, for the right reason.[25,26]

Regardless of their professional disciplines, levels of education or settings in which they work, the infant mental health workforce needs to be highly skilled or trained in a core set of topics that include the following:

- the primary importance of responsive and stable caregiving relationships (attachment, separation, loss, trauma and grief)
- the science of early development with special attention to neurological implications
- the practical as well as the emotional needs of culturally diverse families
- how to identify and access resources to address the complex needs of challenged families
- the power of reflective practices and parallel process
- the interdisciplinary nature of the work and the need to collaborate

Establishment of minimum competency benchmarks, with broadly accessible opportunities for training and for reflecting on this emotionally charged work, creates realistic career pathways for professionals to achieve competency in the field of infant mental health. In a 2014 publication for ZERO TO THREE, Korfmacher describes four reasons for an infant mental health competency system:[27]

- to provide guidelines for higher education course work
- to enhance the professional credibility of those who do this very difficult work
- to ensure parents and program leaders that they have engaged a qualified workforce
- to support the reimbursement of infant mental health work

For over a decade the Michigan Association for Infant Mental Health (MI-AIMH) has been a leader in specifying the professional competencies for this specialty and offering professional endorsement emphasizing culturally sensitive, relationship-based practice with infants, toddlers, and their families. In this work, the basic premise has been that any effort committed to professional competency in infant mental health recognizes the interdisciplinary, cross-sector nature of the work. Infant mental health workforce competency means that professionals at every level, ranging from family child care providers or home visitors, to licensed child health care and mental health care providers, to policy makers, and researchers, have a specialized knowledge

base and skill set that allow them to work with very young children and their families from a developmental and relationship-based perspective. These competencies and the related endorsement, formally known as the *Competency Guidelines for Endorsement in Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®*, are now available in 18 states with other states and countries in the process of adopting their use.

In 2009, the Connecticut Association for Infant Mental Health (CT-AIMH) purchased the license for these competencies from MI-AIMH, trained an initial cohort of infant mental health workers to serve as mentors in the development of the workforce in Connecticut, and has since provided training and support to providers who wish to seek this professional endorsement.

The Endorsement® does not constitute a license in Connecticut; rather it is intended to encourage, recognize and document the development of infant and family professionals within an organized system of culturally sensitive, relationship-based, infant mental health learning and work experiences. The Endorsement® promotes best practice and guides professional development in the infant/family field and provides a standard for workforce competence and excellence. Endorsement® is offered at four levels described on the following page, reflecting the different needs and areas of expertise relative to the levels of practice. Although the competencies are similar for each level, the training to meet those competencies must be consistent with the level of endorsement; that is, the training is increasingly advanced for endorsement at higher levels.

THE INFANT MENTAL HEALTH LEVELS OF ENDORSEMENT®

LEVEL I **Infant Family Associate**	Caregivers who are in a position to strengthen the social-emotional development of young children; including, but not limited to: Early Care and Education providers; Early Head Start providers; Birth to Three early intervention assistants/associates; home visitors and doulas. Must have two years of infant and early childhood-related paid work experience or Associate's Degree or Child Development Associate Credential™ (CDA).
LEVEL II **Infant Family Specialist**	Professionals and practitioners whose work experience comes from providing services with a primary focus on the social-emotional needs of infants and toddlers with attention to the relationships surrounding the infant/toddler. This includes: primary health care providers (pediatricians, family physicians, pediatric nurse practitioners), child welfare staff, home visitors, early intervention staff (Birth to Three), occupational and physical therapists and speech pathologists. Must have a minimum of two years paid post-Bachelor's professional work experience providing services that promote infant mental health.
LEVEL III **Infant Mental Health Specialist**	Professionals whose role includes intervention or treatment of the infant/toddlers' primary caregiving relationship including: child psychiatrists, child psychologists, clinical social workers, marriage and family therapists, early intervention specialist, mental health clinicians and consultants, and psychiatric nurse practitioners. Must have two years, post-graduate, supervised work experience providing culturally sensitive, relationship-focused infant mental health services. Infant mental health services will include concrete assistance, advocacy, emotional support, developmental guidance, early relationship assessment, and parent-infant/very young child relationship-based therapies and practices.
LEVEL IV **Infant Mental Health Mentor**	Professionals who meet requirements in any of the following three categories: **Clinical:** Meets specialized work experience criteria as specified at Level 3 plus three years post-graduate experience providing infant mental health reflective supervision/ consultation and other leadership activities at the regional or state level. **Policy:** Three years post-graduate experience as a leader in policy and/or program administration related to the infant/family field. **Research/Faculty:** Three years post-graduate experience as a leader in university-level teaching and/or published research related to the infant/family field.

As of February 2015, 26 professionals in Connecticut have met the requirements for the eight areas of expertise outlined in Table 2 and have earned Endorsement® at one of the four levels shown in the previous chart. Twenty-seven more are in the process of submitting their portfolios and earning the Endorsement®.

Table 2: The Infant Mental Health Professional Competencies

Area of Expertise:	As Demonstrated by:
Theoretical foundations	A working knowledge of important theoretical foundations such as attachment, relationship-based practice, family systems, pregnancy and early parenthood, separation, loss and related mental health disorders.
Law, regulation and agency policy	An understanding of the implications of laws and regulations as they relate to young children, families, programs and other service providers.
Systems expertise	An understanding of the human service delivery system, its particular impact on infants, toddlers and families, and the ability to navigate those systems in order to assist families with connecting to community resources.
Direct service skills	Being well-versed in observation and listening skills, screening and assessment, responding with empathy, treatment planning, evidence-based interventions, life-skills, advocacy and safety.
Working with others	The ability to build and maintain relationships as the foundation of working in the infant mental health field along with mentoring others, collaboration and conflict resolution.
Communicating	Active listening, speaking effectively, and writing clearly.
Critical thinking	The ability to analyze information, exercise sound judgment, maintain perspective, understand group process, and demonstrate good planning and organizational skills.
Reflection	Contemplation, curiosity and self-awareness as critical to the ability to process the emotional content of the work, understand the power of parallel process, and use supervision as an integral component of their professional development.

Reflective supervision/consultation allows practitioners to work through complex feelings about their work and what triggers those feelings so that they can better attend to the needs of families and understand that the provider brings their own emotions to each situation.

The process of becoming Endorsed® in Connecticut:

1. Become a member of the CT-Infant Mental Health Association (online membership available at CT-AIMH.org)

2. Inquire with the Endorsement® Coordinator (ctaimh@yale.edu) or use the "Getting Started" self-study to review the eight competency areas (CT-AIMH.org)

3. Decide which level of Endorsement® suits your needs, abilities, and experiences

4. Complete and submit pre-application using the online Endorsement® Application System –EASy, and pay a small application fee (through CT-AIMH.org or https://easy.mi-aimh.org/ctaimh)

5. Once application is accepted, complete online portfolio with the help of an advisor

6. Submit portfolio for review with the Endorsement® fee

7. Take Endorsement® Exam (only for Levels III and IV Endorsement®)

8. After successful review and passing exam (Levels III & IV only), Endorsement® can be awarded

Reflective Supervision/ Consultation: Essential for Effective Infant Mental Health Practice

Reflective supervision/consultation is a core competency of the Infant Mental Health Endorsement® and a best practice standard for all infant mental health professionals. Reflective consultation/supervision is a requirement for Endorsement® at levels II (24 hours of supervision) and levels III-IV (50 hours).

Reflective supervision/consultation is distinct from administrative supervision and clinical supervision because it encompasses all of the relationships that exist when providing services to young children and their families. These relationships are important, including the relationships between practitioner and supervisor, between practitioner and parent, and between parent and infant/toddler. This parallel process is critical to understand because each of these relationships affects the other. The infant mental health field recognizes that the work to promote early relationships can be very difficult amidst the challenge that many families face. Reflective supervision/consultation allows practitioners to work through complex feelings about their work and what triggers those feelings so that they can better attend to the needs of families and understand that the provider brings their own emotions to each situation.[28] Providers who engage regularly in this process of self-reflection

with another are more successful in helping create and sustain transformative change for children and families.[29]

A recent publication by Watson and others describes the history and increasing use of reflective consultation/supervision.[30] They outline the beginning research to define the five essential elements of the reflective experience and the descriptive evidence of its value. These elements form the framework for the Reflective Interaction Observation Scale (RIOS) being developed to define the reflective consultation/supervision experience. The essential elements that comprise a reflective consultation/supervision experience are:

- Understanding the story (the participant shares the story of his/her case for understanding by the facilitator)
- Evidence of the parallel process (acknowledging how relationships matter at every level)
- Keeping the baby in mind (amid all the challenges families face, being sure the focus always goes back to the baby and his/her needs)
- Professional use of self (intentional decision about how to use one's personal experiences in establishing and maintaining a relationship)
- Developing working alliance (the respectful, collaborative relationship between the participant and the facilitator)

In Connecticut, reflective supervision/consultation is offered to people in programs across multiple sectors such as: Early Head Start, Birth to Three, Nurturing Families Network (NFN) and the Department of Children and Families (DCF). Small groups of 3-6 people meet for two hours each month over the course of a year, and the groups are facilitated by IMH Endorsed® Clinicians.

A Connecticut Program Administrator's Work Enhanced Through Reflective Supervision/ Consultation

As a director of a Part C early intervention program, Susan had used a problem-solving approach in working with families, believing her role was to solve the issue at hand for the family. After participating in a monthly reflective consultation group, Susan was helped to explore multiple perspectives and be more curious than directive. "I don't tell parents what to do now. Reflective consultation has given me the opportunity to step back from the immediate experience to sort through my thoughts and feelings about what I am doing and saying when interacting with a child, parent, family, or staff member. I have learned to listen before looking for solutions. It also provides a safe environment in which to share and reflect with the support and insight of my peers and improves my ability to support challenging families with complex needs."

The League of States is a national coalition of 19 state infant mental health associations from across the country coming together to promote infant mental health principles and practices.

A National Movement to Address Infant Mental Health

The League of States is a national coalition consisting of 19 state infant mental health associations from across the country. The first League of States Annual Retreat convened in 2008 with nine states (Arizona, Connecticut, Florida, Kansas, Michigan, Minnesota, New Mexico, Oklahoma and Texas) in attendance. As the organization grows, it is evolving into a new structure named the Alliance for the Advancement for Infant Mental Health. This Alliance will carry out the national and international activity of promoting infant mental health principles and practice with one focus on developing the work force through the *Endorsement in Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®*.

Connecticut's efforts to develop its infant mental health workforce can be informed by the accomplishments of the other states:

- **Alaska:** The University of Alaska's Master's Degree program in Early Childhood Special Education will include Reflective Consultation/Supervision in its practicum experiences for students.
- **Arizona:** Arizona State University offers a Master of Advanced Study in Infant Family Practice and graduates 20 students each year. Using Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funds, Arizona Department of Health contracted with IMH Endorsed® professionals to provide training and reflective consultation/ supervision to 40 home visitors.
- **Colorado:** Competency Guidelines have been integrated into workforce development plans including infant mental health competency training and reflective supervision as an integral part of Colorado's LAUNCH grant application. Colorado's Office of Early Childhood created a position for an Early Childhood Mental Health Director.
- **Indiana:** The State's Departments of Health and Child Services are collaborating to provide training for child care workers, child protection workers and early intervention workers on toxic stress and its effects on children in the first three years.
- **Michigan:** Medicaid requires all providers of community mental health, infant mental health and home-based services in Michigan to earn IMH endorsement as Infant Family Specialists (Level II) or Infant Mental Health Specialists (Level III) in order for programs to receive reimbursement.

- **Minnesota:** The Minnesota Association for Infant Mental Health is represented on multiple statewide initiatives geared towards cross-sector training and collaboration in the areas of child welfare and early education, as well as a task force with representation from the University of Minnesota to develop pre-service multi-disciplinary core curriculum in infant/early childhood mental health for higher education curricula.
- **New Jersey:** The New Jersey Association for Infant Mental Health trained first-responders and direct service providers in trauma-informed approaches with young children and families in the aftermath of Hurricane Sandy. These efforts and their outcomes will be published in a ZERO TO THREE Journal Special Issue dedicated to trauma and its impact on young children and families.
- **Texas:** The Texas Association for Infant Mental Health received a contract from Health and Human Services to provide IMH training to all 33 Home Visiting sites in Texas (those funded through the Maternal, Infant and Early Childhood Home Visiting federal grant).
- **Virginia:** State Early Childhood Mental Health Coordinator position funded by Early Intervention, Department of Education and Project SEED (Social-Emotional Education and Development).
- **Wisconsin:** The University of Wisconsin Post-Graduate Infant, Early Childhood and Family Mental Health Certificate has been developed in alignment with the IMH competencies. The program offers a year-long training including reflective experiences.

Impressive in all these endeavors is the high potential of cross-sector training to unify the systems of care wherein workers are committed to the infant mental health competencies in principle and in practice.

In Connecticut, most pre-professional education and training programs for the infant mental health workforce are lacking in courses related to infant/toddler mental health and early childhood development.

EDUCATING AND TRAINING PROFESSIONALS IN INFANT MENTAL HEALTH

Pre-professional Education

Pre-professional training programs can improve workforce readiness to address infant and toddler mental health. Unfortunately, the critical importance of relationships in infancy, and the life-long consequences of early neglect and trauma are absent from most professional preparation programs in colleges and universities, at both the undergraduate and graduate levels. Responsive caregiving and stable, secure relationships deserve more than fleeting mention in a single lecture in Child Development 101. Topics such as family systems theory, cultural diversity, the impact of poverty and trauma, as well as community resource networks, need to be taught in greater depth. Research affirms that attention to this kind of professional and paraprofessional preparation correlates well with workforce retention, which then correlates well with higher quality services and care for infants and toddlers.[31]

Core courses of study for training in infant mental health have been identified by Weatherston and Paradis as follows:[32]

- Infant Toddler Development to include pregnancy, infancy, early childhood, and parenthood (typical and atypical development) with a focus on relationships in multiple domains and multiple dimensions
- Observation skills paying attention to effective listening, screening and assessment
- Family studies with emphasis on culture, structure, strengths, and needs
- Infant mental health and parent mental health
- Relationships that include supervised internships with opportunities for relationships with infants and families to understand and to support them
- Reflective Consultation/Supervision in group or individual sessions to support the understanding and practice of reflective self-functioning for parents and practitioners

In Connecticut, most psychology, social work, nursing, pre-med, speech pathology, education and other human services or allied health professional preparation programs are lacking in courses related to infant/toddler mental health and early

childhood development. Notable exceptions to this include the University of Connecticut's Human Development and Family Studies and Psychology Programs and Yale University Child Study Center's post-graduate fellowships for social workers, psychologists, and psychiatrists. These programs offer interdisciplinary infant/toddler mental health specific courses and training and serve as models for other schools.

Professional Training

This section highlights some of the promising programs, collaborations, and training in Connecticut that focus on infant and toddler mental health workforce development.

CT-AIMH PARTNERSHIPS

As in other states, CT-AIMH is partnering with a number of initiatives that focus on training the infant mental health workforce. Work is underway to formalize a collaboration with the Connecticut Pyramid Model, an initiative to coordinate the approach to social/emotional development of young children. A competent infant mental health workforce has been included within other collaborative efforts in Connecticut (e.g., the Peer Learning Collaborative on Social-Emotional Development through the Campaign for Grade-Level Reading, the Safe Babies initiative in New Haven, and the Workforce Development Academy of the Department of Children and Families).

CT-AIMH has a Professional Advisory Committee that has met regularly since 2008 and includes representatives from a broad sector of programs and agencies working with the infant and toddler mental health workforce in Connecticut. The Advisory group provides a "big picture" perspective and a specific work plan for promoting the Competencies and Endorsement® in Connecticut. Through the Advisory group, CT-AIMH has led the effort to coordinate the competencies with other professional infant mental health recognitions and/or trainings such as: CT Parent as Teachers, Child First, Birth to Three (Infant Toddler Family Specialist (ITFS) credential) and Charter Oak State College (Certificate for Infant Toddler Care). The Competencies were used by the Connecticut Office of Early Childhood (OEC) to inform the "Connecticut Core Knowledge and Competency Framework for Teachers." Persons who have completed these other professional recognitions meet many of the infant mental health competencies and thus have fewer training gaps to fill when submitting their portfolios for Endorsement®.

"I have changed the way I observed toddlers and infants during home visits with clients as well as when I'm supervising their weekly visits with their biological parents. My observation is more enriched and I feel the babies' and toddlers' cues are more obvious and apparent to me now."

– Infant Mental Health Training Series participant

Collaboration with the Department of Children and Families (DCF) and Head Start

In 2012-13, DCF, the Head Start State Collaborative Office, now part of the Office for Early Childhood, and CT-AIMH collaborated in the development of an inter-professional model of in-service education to strengthen early childhood/child welfare partnerships in the state. The work was funded through an Early Childhood Child Welfare Grant from the Administration for Children and Families, Children's Bureau. The Infant Mental Health (IMH) Training Series was designed to create a shared knowledge base for staff, to promote a unified approach for working with families with complex needs and to enhance working relationships among staff from the various disciplines. The IMH Training Series, developed by CT-AIMH, consisted of eight full training days. The content of the training series was aligned with the Competency Guidelines for Endorsement®. A total of 69 child welfare staff participated in the IMH training series from two different DCF regions (Harford/Manchester and New Britain/Meriden). In 2014, with resources from the Casey Family Programs, CT-AIMH completed training in two more DCF Regions (Danbury/Waterbury/Torrington and Bridgeport/Norwalk/Stamford), with 80 child welfare staff

enrolled. Both front-line child welfare staff and supervisors and community partners received training that focused on Understanding Infant/Toddlers and Their Families and the Challenges of Unresolved Loss and Trauma.

In addition to the IMH Training Series, in 2012 a smaller cohort of DCF, Head Start/Early Head Start and Birth to Three staff participated in monthly reflective supervision for one year. Reflective supervision/consultation offers staff the opportunity for shared exploration of the parallel processes among relationships, including between supervisor and worker, between worker and parent and between parent and infant/toddler. Reflective supervision creates an opportunity to understand how each of these relationships impacts the others. Also, staff has the opportunity to share their own feelings around their work and to manage the

CT-AIMH has adapted an infant and toddler mental health training curriculum to reach child care providers, home visitors and family resource center staff who work with infants and toddlers across Connecticut.

emotional triggers that emerge in the context of their work. In 2015, this training series and reflective consultation will be repeated in the Middletown/Willimantic/Norwich and the New Haven/Milford regions.

Most recently CT-AIMH is developing a series of trainings for home visitors and child care providers in the New Haven area as prescribed in the new Elm City LAUNCH Grant through the Department of Children and Families. CT-AIMH will also coordinate training for clinicians in Child Parent Psychotherapy and will support Endorsement® for persons at Levels 1 and 2.

OFFICE OF EARLY CHILDHOOD PARTNERSHIP

As called for in Public Act 13-178, a broad piece of legislation that addressed children's mental health in Connecticut, the Office of Early Childhood, in partnership with CHDI, CT-AIMH and Eastern Connecticut University, is supporting training in infant mental health for early childhood and child health care professionals.

Infant and Toddler Mental Health Training Series

CT-AIMH has adapted a curriculum for child care providers from the Texas Association for Infant Mental Health for its eight-part relationship-based training series to reach child care providers, home visitors and family resource center staff who work with infants and toddlers across different communities in Connecticut. The training covers topics such as: attachment, brain development, temperament, separation, sensory integration, families, play, environments and reflection. Important in this training is the practice of having the same presenter for each topic in order to build an important relationship with the participants such that they can transfer to their work with families and colleagues.

Training for Pediatric Providers

Educating Practices In the Community (EPIC) is CHDI's training initiative to inform pediatricians and their staff about critical children's health issues. EPIC uses academic detailing, an evidence-based approach to changing practice through onsite visits that include the entire practice team in learning about practice changes that improve care.[33] Two new EPIC modules have been developed and are being delivered across Connecticut. The training modules address: "Social and Emotional Health and Development in Infants" and "Postpartum Mood and Anxiety

CHDI's KidsMentalHealthInfo.com website is being updated to include online training resources and videos specific to infant and early childhood mental health and maternal mental health for early care and education professionals and health care providers.

Disorders." As part of these two new EPIC modules, pediatricians can receive maintenance of certification credit from the American Board of Pediatrics for implementing practice changes to promote socio-emotional development, identify families at risk and connect families to helpful community services.

Web-based Training for Early Care and Education Providers and Pediatric Providers

CHDI's KidsMentalHealthInfo.com website is being updated to include online training resources and videos specific to infant and early childhood mental health and maternal mental health for early care and education professionals and health care providers. CHDI is working in collaboration with Eastern Connecticut State University's Center for Early Childhood Education to produce videos that will focus on infant and toddler mental health issues. In addition, KidsMentalHealthInfo.com will include infant mental health and postpartum mood and anxiety disorders training (similar to EPIC modules), and completion of the module along with pre/post-tests may be tied to Continuing Medical Education (CME) credits for pediatric providers.

Connecticut Birth to Three

The Connecticut Birth to Three System in the Connecticut Department of Developmental Disabilities (DDS) is leading the way in Connecticut to recognize the importance of a trained workforce and is committed to having every program have at least one infant mental health endorsed professional on staff. The program is supporting professional development opportunities in infant mental health and reflective supervision through a partnership with CT-AIMH and in-service training in social-emotional development, in supporting resiliency and self-regulation, and in working with families with challenges. The Birth to Three System provides infant mental health training through its partnership with the State Education Resource Center and CT-AIMH.

Child First Training

Child First, a national, evidence-based, early childhood home-based intervention, uses the Learning Collaborative methodology for training of affiliate agencies new to Child First, as well as new staff at existing agencies. This is a 12-month process which brings together the Clinical Director, Clinical Supervisors, Mental Health/Developmental Clinicians, Care Coordinators, and a "Senior Leader" from each affiliate agency. The first part is a Clinical Director/Supervisor Training program, which covers the essentials of reflective supervision and implementation of the Child First model. This is followed by the Learning Collaborative which is a blended model of online learning modules and in-person Learning Sessions. Training topics include basic model components, early relationships, attachment theory, assessment, normative child and caregiver development, executive functioning, therapeutic play, relationship-based psychodynamic approaches in infant and child-parent psychotherapy, autism,

maternal depression, domestic violence, substance abuse, engagement of multi-risk families, therapeutic use of video, and mental health consultation in early education settings, among many others. All Child First affiliate sites also receive weekly reflective consultation, facilitated by the State Clinical Director (or senior clinical consultants). All Clinical Directors and Clinicians also undergo a rigorous, 18-month long trauma-informed Child-Parent Psychotherapy (CPP) training.

Nurturing Families Network

The Nurturing Families Network (NFN) is an evidence-based statewide home visiting system of continuous care designed to promote positive parenting and reduce the incidences of child abuse and neglect. Nurturing Families Network employs a comprehensive training and professional development plan for all staff to work effectively in their role, enhance their skills and knowledge and address the complexity of issues affecting program participants.

Program staff participate in NFN orientation training that explores the philosophy, practice and procedures that are at the core of NFN. This is followed by the Parents as Teachers training which focuses on: child development and covers neuroscience research on early brain development and learning, sequences of early childhood development, effective instructional visits, facilitation of parent-child interaction and establishing connections to community resources. The Family Development Credential for

Family Workers (FDC) is a comprehensive skill building training that addresses communication, self-care, diversity and strength-based assessment from a human service approach.

The Family Support Services division of the Office of Early Childhood, which houses NFN, is a Touchpoint site and a member of the Brazelton Touchpoints Network. The Touchpoints Approach is a way of thinking about development in early childhood with a focus on social-emotional development. The Touchpoints Approach uses the concept that all development happens within the context of relationships and is based on the idea that you cannot truly enhance a child's ability to reach their potential without supporting and enhancing the emotional and relational functioning of the family. Through Touchpoints training, program staff develop skills and strategies to support the parent-child relationship through interpreting the "meaning making" of parents and children, anticipatory guidance of parental themes and child development, and reflective practice.

RECOMMENDATIONS

We offer the following recommendations designed to build on existing efforts across Connecticut to develop a competent workforce that can meet the needs of infants, toddlers and their families so that children may grow and develop to their full potential.

1. Create a system that ensures all professionals working with infants, toddlers and their families have core knowledge of infant and early childhood mental health and family systems. Because the first 1,000 days of life are such a critical period for growth and development, it is imperative that professionals have the knowledge base necessary to meet the needs of this distinct population. An effective system would require the infant and toddler workforce to be endorsed in the infant mental health competencies. This requires public/private partnerships to build the infrastructure, develop policy, provide funding and leadership to ensure that the workforce from all sectors that serve infants, toddlers and their families are trained in "The Culturally Sensitive, Relationship-focused Practice Promoting Infant Mental Health Competencies®."

2. Encourage institutions of higher education to include pre-service and in-service professional development that ensures professionals across all sectors who choose to work with infants, toddlers and their families have common core knowledge of infant and early childhood mental health and family systems. Degree programs on all levels, undergraduate and graduate, should offer elective coursework to build working knowledge of the importance of first relationships and attachment as the cornerstone for understanding and promoting healthy infant/toddler development. The effort to enhance higher education in this area should include: early care and education programs, human service and development programs, psychology programs, counseling, social work programs, pediatric and nurse practitioner training and graduate degree programs that prepare students for clinical work in the field.

3. Ensure that all State and/or Public Agencies serving the most vulnerable young children and their families have infant/early childhood mental health specialists in every region to serve as a guide and resource around issues with very young children. The infant/early childhood specialist would be available to provide developmental context and expertise to front line staff in child welfare, early intervention, and early care and education settings. Infant/early childhood specialists should have demonstrated competencies in infant mental health so that they are able to help front line staff assess the emotional development of very young children and identify supports that can be put in place to help families create nurturing environments that promote their children's development. A great example of this model is the "Adolescent Specialists" that the Department of Children and Families (DCF) has consulting with staff on adolescent issues, or

Increasing efforts to develop a highly skilled workforce with the necessary abilities to fully meet the need across systems for all children and families, but especially the most vulnerable, is a great investment in the future of our children.

the early childhood mental health consultants in the Early Childhood Consultation Partnership funded by DCF and administered by Advanced Behavioral Health.

4. Increase support and training for reflective supervision/consultation as a key ingredient for effective work in the infant-family field. Reflective supervision/consultation allows professionals to explore assessments and treatment formulations in reflective ways that allow for creative thinking and dialogue. As with all fields of practice, professionals need time for furthering their own learning and time to heal from the vicarious trauma that they experience in the field when working with complex and vulnerable families. Funding for training on experiencing and conducting reflective supervision/consultation, as well as paid time off, is needed to assure that these opportunities are available to state and community agency staff working in infant mental health.

5. Recognize and strengthen CT-AIMH's continued participation in the emerging national Alliance for Advancing Infant Mental Health wherein Connecticut already plays a leadership role, and in which Connecticut will be recognized as a founding partner. Continued participation in this rapidly evolving national endeavor will ensure that Connecticut will be at the forefront of emerging strategies to meet the challenges in the field of Infant Mental Health. States across the country are developing innovative trainings, public-private partnerships, and funding streams to ensure that the mental health needs of their youngest and most vulnerable population are not overlooked. Connecticut can benefit from further national engagement to learn about best practice models being developed and tested in other states. Of particular interest to Connecticut is the Alliance plan to expand the Endorsement® to cover those working with 4 and 5 year old children. The national organization, ZERO TO THREE, will be an active partner with the Alliance to develop national training opportunities for the mental health workforce.

CONCLUSION

Connecticut has begun to make progress in building a comprehensive early childhood mental health system that includes a competent infant mental health workforce. Increasing efforts to develop a highly skilled workforce with the necessary abilities to fully meet the need across systems for all children and families, but especially the most vulnerable, is a great investment in the future of our children. This will enhance Connecticut's commitment to our youngest children and assure they are ready to successfully meet life's challenges.

REFERENCES

[1] Osofsky, J. & Thomas, K. (2012). *What is infant mental health?* Washington DC: Zero to Three. (33,)p. 9.

[2] Gilmore, J.H., Lin. W., Prasatwa, M.W., et al. (2007) Regional gray matter growth, sexual dimorphism, and cerebral asymmetry in the neonatal brain. Journal of Neuroscience. 27(6):1255-1260.

[3] Nowakowski, RS. (2006). Stable neuron numbers from cradle to grave. Proceedings of the National Academy of Sciences of the United States of America. 103(33):12219-12220.

[4] Center on the Developing Child, Harvard University, In Brief "*The Science of Neglect*." Retrieved from: http://developingchild.harvard.edu/index.php/resources/multimedia/videos/inbrief_series/inbrief_science_of_ecd/

[5] Eliot, L. (1999). What's Going on in There? How the brain and mind develop in the first five years of life. New York: Bantam Books.

[6] Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York: Basic Books.

[7] Cohen, N.J, Muir, E., Lojksek, M., Muir, R., Parker, C.J., Barwick, M.B., & Brown, M. (1999). Watch, Wait, and Wonder: Testing the effectiveness of a new approach to mother-infant psychotherapy. *Infant Mental Health Journal*, 20, 429-451.

[8] Scheeringa, M. & Gaensbauer, T. (2000). Posttraumatic stress disorder. In C. Zeanah, Jr. (Ed.), Handbook of infant mental health, (2nd ed.), (pp 369-379). New York: Guilford Press.

[9] National Clearinghouse on Child Abuse and Neglect Information. (2011). *Understanding the effects of maltreatment on early brain development. Washington*, D.C.: Author.

[10] Anda, R.F. with the CDC; and Felitti, V.J. with Kaiser Permanente. ACE study Retrieved from: http://www.cdc.gov/violenceprevention/acestudy/

[11] Mercy, J.A., Saul, J. (2009). Creating a Healthier Future Through Early Interventions for Children. JAMA. 301(21):2262-2264. doi:10.1001/jama.2009.803.

[12] Garner, A.S., Shonkoff, J.P., Siegel, B.S., Dobbins, M.I., Earls, M.F., McGuinn, L., & Wood, D.L. (2012). Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science Into Lifelong Health. *Pediatrics*, 129 (1), 224-231.

[13] Lake, A. & Chan, M., (2014). Putting science into practice for early child development, www.thelancet.com., Published online September 20, 2014, http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61680-9/fulltext

[14] ZERO TO THREE "Making it Happen, Overcoming Barriers to Providing Infant-Early Childhood Mental Health Retrieved From: http://www.zerotothree.org/public-policy/federal-policy/early-child-mental-health-final-singles.pdf

[15] Ward-Zimmerman, B. & Vendetti, J. (2014). Addressing maternal mental health in the pediatric medical home. Farmington, CT: Child Health and Development Institute. http://www.chdi.org/index.php/publications/reports/impact-reports/addressing-maternal-mental-health-pediatric-medical-home

[16] National Center for Children in Poverty, Connecticut Early Childhood Profile. Retrieved from: http://www.nccp.org/profiles/pdf/profile_early_childhood_CT.pdf

[17] State of Connecticut Department of Public Safety Division of State Police Crimes Analysis Unit. 2011. Family Violence Detailed Report 2011. Retrieved from: http://www.dpsdata.ct.gov/dps/ucr/data/2011/2011%20Family%20Violence%20Detailed%20Report.pdf

[18] Kids Count Data Center a project of the Annie E Casey Foundation. Retrieved from: http://datacenter.kidscount.org/data/tables/6225-children-who-are-confirmed-by-child-protective-services-as-victims-of-maltreatment-by-age-group?loc=8&loct=2#detailed/2/8/false/868,867,133,38,35/62,2594,2595,113,36/12945,12944

[19] Connecticut Office of Early Childhood. (2014). Connecticut Home Visiting Plan for Families with Young Children, Source states data from: Connecticut Coalition to End Homelessness.

[20] Connecticut Birth to Three System FY 2014 Annual Data Report

[21] National Scientific Council on the Developing Child. (2005/2014). *Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper 3*. Updated Edition. Retrieved from: http://developingchild.harvard.edu/index.php/resources/reports_and_working_papers/working_papers/wp3/

[22] Center on the Developing Child, Harvard University, In Brief *"The Science of Early Childhood Development."* Retrieved from: http://developingchild.harvard.edu/index.php/resources/briefs/inbrief_series/inbrief_the_science_of_ecd/

[23] The Protective Factors Framework. The Center for the Study of Social Policy. Retrieved from: http://www.cssp.org/reform/strengthening-families/basic-one-pagers/Strengthening-Families-Protective-Factors.pdf

[24] The Center for the Study of Social Policy, "Essentials for Childhood and Strengthening Families .™" Retrieved from: http://www.cssp.org/reform/strengtheningfamilies/2014/EfC-SF.pdf

[25] Meyers, J. (2007). Developing the Workforce for an Infant and Early Childhood Mental Health System of Care. In D. Perry, R. Kaufmann, & J. Knitzer (Eds.). *Social & Emotional Health in Early Childhood* (pp. 97-120). Baltimore: Paul H. Brookes.

[26] Meyers, J., Kaufman, M., & Goldman, S. (1999). Promising practices: Training strategies for serving children with serious emotional disturbance and their families in a system of care. *Systems of Care: Promising Practices in Children's Mental Health, 1998 Series, Volume V.* Washington, D.C.: Center for Effective Collaboration and Practice, American Institutes for Research.

[27] Korfmacher, J. (2014). Infant, Toddler, and Early Childhood Mental Health Competencies: A Comparison of Systems. Zero To Three. Retrieved from: http://www.zerotothree.org/public-policy/pdf/infant-mental-health-report.pdf

[28] Minnesota Association for Children's Mental Health, Infant and Early Childhood Division, Reflective Supervision Guidelines. Retrieved from: http://www.macmh.org/infant-early-childhood-division/guidelines-reflective-supervision/

[29] ZERO TO THREE. (2011). Three Building Blocks of Reflective Supervision. Washington, D.C. Retrieved from: http://www.zerotothree.org/about-us/areas-of-expertise/reflective-practice-program-development/three-building-blocks-of-reflective-supervision.html

[30] Watson, C., Gatti, S.N., Cox, M., Harrison, M. and Hennes, J. (2014) Reflective Supervision and Its Impact on Early childhood Intervention (Chapter 1). in Advances in Early Education and Day Care, Vol 18: Early Childhood and Special Education EDs: NWoka, E. and Sutterby, J. A. Emerald Group Publishing Limited. Howard House, Wagen Lane, Bingley BD16 1WA.UK.

[31] ZERO TO THREE (2010). Toward A Bright Future For Our Youngest Children, Retrieved From: http://main.zerotothree.org/site/DocServer/Professional_Development_FINAL_for_WEB.pdf?docID=12021

[32] Weatherston, D. and Paradis, N. (2011). Defining Professional Competency in the Infant Mental Health Field. Zero To Three. Vol 32, #1, pp 37 - 43.

[33] Honigfeld, L., Chandhok, L, Morales, M. (2011). Using Academic Detailing to Change Child Health Service Delivery in Connecticut: CHDI's EPIC Program. Farmington, CT: Child Health and Development Institute of Connecticut.

Appendix: Worksites for the Connecticut Infant Mental Health Workforce

Program/Model	Description
Focus on Families and Promoting the Infant/Parent/Caregiver Dyad	
Child First	Child First is an intensive, early childhood, evidence-based, home visiting intervention that works with a community's most vulnerable young children and their families. The goal is to identify children at the earliest possible time to decrease emotional and behavioral problems, developmental and learning problems, and abuse and neglect. It is a two-generation intervention that strengthens the parent-child relationship and attachment. Teams include a master's level mental health/developmental clinician and a bachelor's level care coordinator.
Connecticut Parents as Teachers	Parents as Teachers (PAT) is a voluntary family education and support program which works with families prenatally to kindergarten entry. The program is based on the beliefs that parents are their children's first and most influential teachers and that the early years lay the foundation for children's success in school and in life. PAT provides the information, support and encouragement for parents to help their children develop optimally during the crucial early years of life.
Family-Based Recovery	An in-home parent-child attachment program for parents of children under three years of age who are currently abusing substances. They use an evidence-based infant mental health approach to help parents better understand and attend to their child's physical, developmental and emotional needs.
Early Head Start and Head Start	Head Start is a federally funded program that provides comprehensive services to support the mental, social, and emotional development of children from birth to age five. Using income criteria, Early Head Start serves pregnant women, infants and toddlers in their homes. It helps families care for infants and toddlers through early, continuous, intensive and comprehensive services.
Minding the Baby	Minding the Baby is an intensive evidence-based home visiting program for first-time young mothers and their families living in New Haven. This program brings together a home visiting team including a pediatric nurse practitioner and a licensed clinical social worker to promote positive health, mental health, life course, and attachment outcomes in babies, mothers, and their families by helping mothers attune to and understand what their baby is thinking.
Nurse-Family Partnership	A community health program that serves low-income, pregnant women with their first child, to help them achieve healthier pregnancies and births, stronger child development and provide their babies with the best possible start in life, by pairing them with a maternal and child health nurse home visitor.
Nurturing Families Network	The program provides screening and assessment, group support and intensive home visiting for new parents who are at high risk for child abuse and neglect. The program focuses on nurturing parenting, child development, and health and community resources. Available through some 33 community agencies and birthing hospitals throughout Connecticut, the network offers home visiting services, access to parents support groups and community assistance.
Triple P: Positive Parenting Program	Triple P is a parenting program focused on child development, assertive parenting, building positive relationships with children, and parent self-care. It has been proven to prevent child maltreatment and out of home placement. Triple P is appropriate for anyone interested in improving his or her parenting skills. Some parents may be more appropriate for one-on-one Triple P while others may benefit more from the group program. Various individuals have been trained to offer different levels of PPP services.
Early Childhood Systems Approaches	
Early Childhood Consultation Partnership (ECCP)	The Early Childhood Consultation Partnership is a statewide program managed by Advanced Behavioral Health (ABH®) and funded by the Department of Children and Families. There are 20 master's-level Early Childhood Mental Health Consultants who are subcontracted by ABH® through 10 non-profit behavioral health care agencies throughout the state. The programs offer child/family, classroom, and child care center-based consultation to support the social and emotional health of young children.
Elm City Project LAUNCH	The Elm City Project is a recently awarded federally funded project through SAMHSA's Project LAUNCH, administered by DCF with a focus in New Haven. The project is designed to promote the wellness of young children from birth to 8 years by addressing the physical, social, emotional, cognitive and behavioral aspects of their development. A major objective of this grant is to strengthen and enhance the partnership between physical health and mental health systems at the federal, state and local levels.
Family Resource Centers	Connecticut Family Resource Centers promote comprehensive, integrated, community-based systems of family support and child development services. Family Resource Centers provide access, within a community, to a broad continuum of early childhood and family support services, which foster the optimal development of children and families. They offer parent education and training; family support; preschool and school-age child care; teen pregnancy prevention (positive youth development services); families in training and Parents as Teachers home visiting; resources and referrals; and family day care provider training. There are 72 Family Resource Centers throughout Connecticut.
Early Childhood Systems Approaches	
Promising Starts Project	Promising Starts is in its last year of a 5-year SAMSHA grant through Project LAUNCH that was awarded to Wheeler Clinic. The initiative was designed to promote child wellness for young children, by enhancing and expanding the services and systems serving young children and their families in New Britain. The project uses a public health approach to promote child wellness with efforts that focus on promotion, prevention, and early intervention. It uses the Child First evidence-based model and Circle of Security.
National Models and Approaches Used in Connecticut	
Center on the Social Emotional Foundations for Early Learning (CSEFEL) and the Pyramid Model for Supporting Social Emotional Competence in Infants and Toddlers	CSEFEL is focused on promoting the social emotional development and school readiness of young children birth to age 5. CSEFEL is a national resource center funded by the Office of Head Start and Child Care Bureau for disseminating research and evidence-based practices to early childhood programs across the country. The Pyramid Model is a relationship-based model that focuses on evidence-based practices that are implemented in a systems change way. The model offers user-friendly training materials, videos, and print resources which are available to help early care, health and education providers implement this model.
Circle of Security	The Circle of Security is a relationship-based early intervention program designed to enhance attachment security between parents and children. The Connecticut Department of Children and Families (DCF) promotes this model through parenting groups across Connecticut.
CT Peer Learning Pilot on Social-Emotional Development, Campaign for Grade Level Read	Funded and organized by the William Caspar Graustein Memorial Fund through their Discovery Initiative, the primary goal of the Social-Emotional Development Peer Learning pilot is to deepen awareness of the relationship between social-emotional development and grade-level reading success, and identify opportunities for integrating supports for children's social-emotional development into communities' efforts to promote school readiness and school attendance.
Safe Babies Court Teams	The Safe Babies Court Teams Project in New Haven and Milford, developed by ZERO TO THREE, is an evidence-based community engagement and systems change initiative focused on improving how the courts, child welfare agencies, and related child-serving organizations work together, share information, and expedite services for young children in the child welfare system. The Safe Babies Court Teams provide training on attachment and promotion of early relationships.
Strengthening Families	DCF uses the Strengthening Families model to train staff. This model is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs and communities in building five protective factors: parental resilience; social connections; knowledge of parenting and child development; concrete support in times of need; social and emotional competence of children. The program was revised to include children under 3 years old when the training was brought to Connecticut.
Yale University Child Study Center-International Training School for Infancy and Early Years (ITSIEY)	ITSIEY is a unique international collaboration between the Anna Freud Centre, The Tavistock and Portman NHS Foundation Trust and Yale University Child Study Center, to open an International Training School for Infancy and Early Years (ITSIEY). The three organizations are internationally acclaimed contributors to the clinical, academic and research knowledge and skills of practitioners in the field of infants' and young children's mental health. ITSIEY draws on the expertise of these Centers of Excellence to set evidenced, expert-agreed standards of knowledge and skills that the broad range of professionals and practitioners need in order to work competently with infants, young children and their families.

Target Group	Reach
Children Prenatal-6 and their families	At least one Child First Site in each of the 15 DCF areas across the State of CT for a total of 17
Children Prenatal-5	Statewide
Children Birth-2 and their families	Statewide
Children 0-5 and their families	Statewide
First time Young Mothers ages 14-25, and their families	New Haven
Children Prenatal-2 and their families	New London
Children Prenatal-5 and their families	Statewide
Children Birth-18 and their parents	Statewide
Birth-5	Statewide
Children Birth-8 and their families	New Haven
Prenatal-school age	Statewide
Children Birth-8 and their families	Greater New Britain
Children Birth-5	Initiative of Head Start Collaboration Office, Birth to Three System, and Early Childhood Special Education
Children Birth-3	Statewide
	Included nine Discovery Communities (Bridgeport, Colchester, Danbury, Enfield, Norwalk, Torrington, W. Hartford, Winchester, Vernon)
Birth-3 and their families	New Haven, Milford (Des Moines, Iowa, Hattiesburg, Mississippi, Little Rock, Arkansas, Omaha, Nebraska)
	Statewide
Children Prenatal-3	International/New Haven

IMPACT

IMPACT Online

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