HOME-BASED SERVICES IN INFANT AND EARLY CHILDHOOD MENTAL HEALTH

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For my two special angels on earth, Harper and Caiden, who have given me two very special hands to hold.
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Introduction

I often say I am blessed to have such a passion for the work that I do. The work of infant and early childhood mental health offers practitioners opportunities for intervention at the time that it is most valuable, in the beginning, when the developmental forces and relationship foundation is beginning. In my work as an infant and early childhood mental health therapist, I have experienced the challenge of how to meet the needs of young children and their caregivers within the community mental health system. It has been my experience that this system supports the array of services that are identified within the Fraiberg Intervention Model (Fraiberg, 1977). Over the past twenty-five years, I have continually been challenged with the need to apply this model of intervention in a way that reflects the continuing research and development in the field of infant and early childhood mental health. While the model outlines a framework, it is the task of the practitioner to stay abreast of research findings and the development of evidence-based practices to enhance the application of the model. Additionally, the skills that are required in assisting young children and their families are continually developed through experiences in both service provision and reflective supervision. This text seeks to assist practitioners in linking research with clinical practice in a way that enhances service provision. Much of the text is based on my experiences and what I have learned from the caregivers and young children with whom I have had the honor of working. After years of working with families, I have been able to identify skills, strategies, and treatment components that have proven to be helpful in meeting needs related to infant and early childhood mental health conditions.

The field of infant and early childhood mental health is one that is rich in history, strong in the use of theory to inform practice, and continually developing through the work of researchers. Part 1, “Foundations of Practice in Infant and Early Childhood Mental Health,” seeks to demonstrate the rich history and foundation from which the field has evolved. From the time that Edward John Mostyn Bowlby, Anna Freud, Dorothy Burlingham, Donald Winnicott, and others began attending to the grief reactions that were so apparent in young children separated from their caregivers, the field began to emerge (Bowlby, 1951; Freud & Burlingham, 1944; Winnicott, 1957). Chapter 1 begins with a tribute to the development of infant mental health through the work of Selma Fraiberg and the early pioneers in the field. Chapter 2 continues with respect for the importance of understanding the developmental milestones associated with typical development. This understanding is of critical importance to the work of infant and early childhood mental health practice, as it offers practitioners a point of reference. The mental health challenges in infants, toddlers, and preschoolers are identified in Chapter 3, with distinctions regarding the ways symptoms are manifested in children between the ages of 0 and 5 years. This chapter gives attention to the special way in which mental health challenges are appropriately diagnosed in young children through the use of the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, revised edition (DC:0-3R; Zero to Three, 2005). Although this text was written prior to publication of the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5; American Psychiatric Association, 2013), the DC:0-3R is still considered the best guideline for categorizing mental health challenges in young children in a way that can guide clinical practice. There continues to be a need for more research to best understand diagnoses in young children. Many states encourage a Diagnostic and Statistical Manual of
Mental Disorders diagnosis as well as a DC:0-3R diagnosis. Documents categorizing how these two classification systems relate to one another have been published by many infant mental health associations. Although, the changes from Diagnostic and Statistical Manual of Mental Disorders, fourth edition, text revision (American Psychiatric Association, 2000) to DSM-5 related to children are not significant, there will need to be updates to the current documents that discuss the two classification systems. Chapter 4 discusses the important ways in which caregivers’ developmental progressions align with the developmental trajectories for children. This chapter offers information that is needed to support caregivers in the various stages of development for both them and their children.

Part 2, “Aligning With Families in the Assessment and Treatment of Infants, Toddlers, and Preschoolers,” discusses assessment and intervention in infant and early childhood mental health practice. Many caregivers of young children are overwhelmed with the notion that their children may have special needs. Even more difficult for caregivers is the concern that their caregiving may be ineffective. Chapter 5 addresses how these issues often make engagement with families somewhat challenging. It discusses how although the experience of being offered services can be tinged with feelings of worry, there are distinct strategies that practitioners can utilize to fully engage families under these circumstances. Although, engagement is often thought about primarily at the onset of services, it is a needed skill for practitioners throughout service provision. Finally, this chapter addresses the important topic of trauma-informed care, which addresses how awareness of the prevalence of trauma experiences in caregivers and their children should be used to guide how services are offered. Chapter 6 introduces relationship-based assessments, which are the core of infant and early childhood mental health services that always guide the development and implementation of treatment plans. This chapter offers a comprehensive overview of how individual children, caregivers, and relationships are assessed. The special circumstances that are important to consider when completing relationship-based assessments are outlined and expanded upon. Additionally, several formalized screening and assessment tools are described and recommended. Strategies that can enhance the likelihood of strong assessments, which capture the true needs of the caregivers and children, are described in this chapter as well. The chapter ends with an emphasis on the importance of how assessment results are shared with the caregivers, as this only strengthens the emerging relationship between practitioners and caregivers, which increases the likelihood that services will be effective. Chapter 7 addresses the importance of determining the unique needs and strengths of caregivers. When practitioners have an understanding of how the current and past circumstances affect caregivers’ potentials, this can significantly impact the effectiveness of services. This knowledge guides the work and the way in which developmental guidance is offered to caregivers. The chapter outlines specific interview strategies and points of observation that will identify themes and areas of concern in terms of strengths and needs that should be addressed.

Part 3, “Clinical Strategies in Infant and Early Childhood Mental Health,” is comprehensive in addressing the many types of mental health challenges and ways in which the Fraiberg Intervention Model (Fraiberg, 1977) can be applied to a variety of circumstances. Chapter 8 addresses the needs of preschoolers with attention deficit hyperactivity disorder. It outlines the information that caregivers, both primary and secondary, must be aware of in order to impact children to function at their potentials. The topics of behavioral management, addressing environmental conditions, and implementing strategies will inform practitioners how to empower caregivers to better manage their children’s needs. Additionally, strategies for assisting children in understanding how to
manage their needs and challenges are discussed. As most practitioners are aware, traumatic experiences impacting the functioning and developmental progression of children are all too common. Chapter 9 addresses the pertinent issues to consider when assisting caregivers who are caring for children impacted by trauma. It also describes the special interventions needed to assist caregivers who have also been traumatized, either in their own childhoods or in the present. Important ways to support caregivers in addressing the impact of trauma to both the children and ultimately the relationships are outlined and described in detail. Chapter 10 addresses the topic of regulatory challenges that are often the primary reasons why caregivers request help for their children. This important chapter describes how regulatory issues present in infants, toddlers, and preschoolers, and how the intervention strategies differ according to the ages of the children. As a most important way to help children is to empower their caregivers to better meet the children’s needs, this chapter assists practitioners in how to help caregivers regulate in the face of very dysregulated children. Chapter 11 describes the importance of understanding and addressing the topic of temperament. If caregivers better understand “who” their children are from a temperament perspective, it can only enhance their abilities to modify their interactions in ways that are more in sync with their children. This chapter can be of significant benefit for practitioners, as awareness of temperament issues is helpful to all children and caregivers, regardless of their levels of functioning. Chapter 12 addresses an area in which many practitioners feel ill prepared: treating young children with mood disorders. This sensitive topic is often overwhelming for caregivers, as a sense of blame and inadequacy often overwhelms them. The chapter describes the important service components to arm caregivers with effective strategies at improving their children’s levels of functioning. Paying careful attention to cultural impacts is described as an important strategy in this chapter, and ways that this may be demonstrated are highlighted. Chapter 13 moves into a discussion of sensory processing issues. This chapter highlights the importance of recognizing the way in which sensory processing concerns manifest in infants, toddlers, and preschoolers, and how interventions tailored to children can be of significant benefit. Behavioral issues that are the result of sensory processing issues are often presented to practitioners by caregivers. This chapter helps practitioners consider this important source of behavioral issues so that interventions are crafted in ways that address the specialized sensory processing needs of the children. Chapter 14 offers practitioners an overview of the treatment components that are needed when attempting to impact child-caregiver relationships. This chapter has relevance for all caregiver-child dyads but is focused on addressing attachment disturbances that are emerging in young children. The chapter focuses on specific strategies needed for practitioners to outline plans that are appreciative of caregiver dynamics that are impacting their relationships with their children. As this work can often evoke strong emotional responses in the practitioners, the chapter offers recommendations for the practitioners in meeting their own needs for reflective supervision and nourishing their capacities to be therapeutic. Chapter 15 addresses issues in caregivers that can be of special concern. Often practitioners feel stretched to meet the needs of caregivers with such issues as teen pregnancy, substance abuse, mental health challenges, and intellectual challenges. This chapter identifies important concepts and strategies in working with each of these populations of caregivers to better serve them in these circumstances.

Part 4, “Special Practices in Infant and Early Childhood Mental Health,” addresses the many special practices in the field of infant and early childhood mental health that are of specific importance. Chapter 16 is devoted to the discussion of reflective supervision, which is a necessary practice in a field that serves to support practitioners.
to best meet the needs of families. This practice is critical in the work and one that all should strive to fully embrace and respect. Chapter 17 recognizes the many evidence-supported and evidence-based practices that have emerged in the field. With the focus on using practices that have been researched and proven to be effective, this chapter can be of help to programs determining which practices to consider. Chapter 18 highlights the way in which services should appreciate the importance of cultural influences on both practitioners and families. This is one of the core principles related to practice. Chapter 19 discusses the practice of child care consultation, as many practitioners will be given the opportunity to assist children in the many early care environments around the country. Chapter 20 identifies the importance of having a solid understanding of the special needs of young children in the child welfare system. This ever-growing population is in strong need of services as well as practitioners who are prepared to meet the challenges of serving needy families and appreciating the impact of foster parents in the lives of children. Finally, Chapter 21 identifies the basic principles associated with early childhood systems of care. This important practice embraces the notion of family-driven, youth-guided, culturally competent, and community-based care when meeting the needs of children and establishing coordinated service delivery systems.

It is my hope that this text will support the growth and development of the readers who seek to learn about or enhance their knowledge regarding infant and early childhood mental health practice. For those of you who are new to the field, I hope that this text encourages you to join with the many practitioners who have made this their life’s work. For those of you who I am honored to be working with, it is my hope that this text reminds you of your importance to the families you serve.

—Stacey M. Cornett

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