

# Reflections on Infant Mental Health at the Zero to Three National Training Institute: Albuquerque, New Mexico

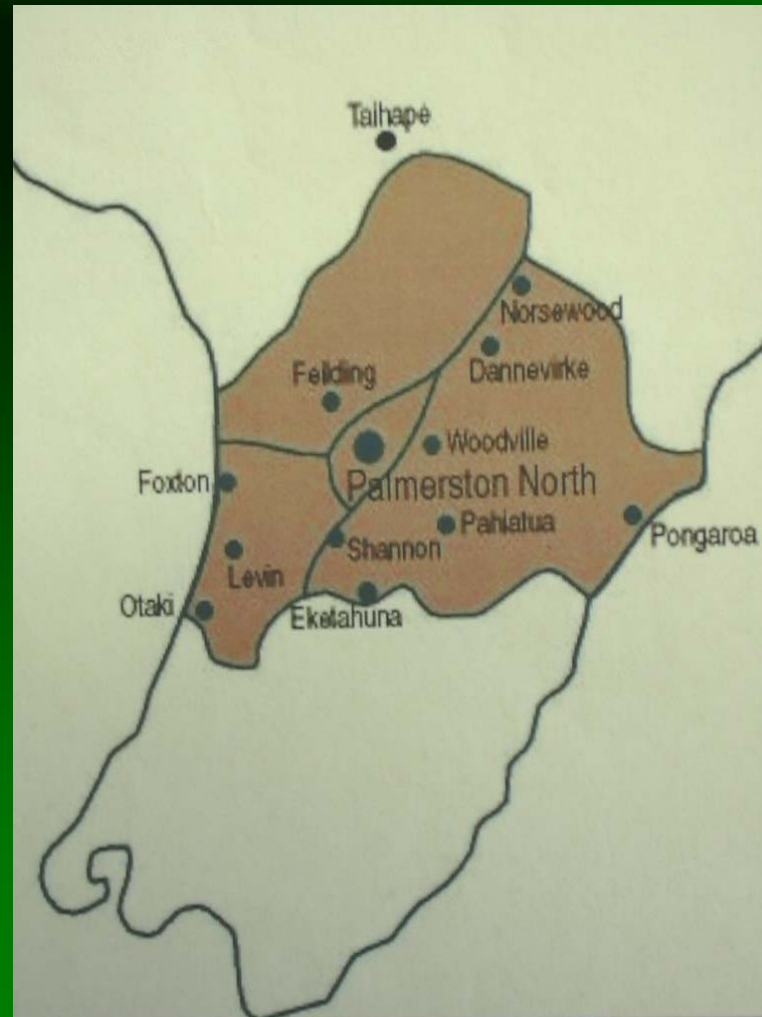
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# Mid Central Health Service Context

Covering Tararua, Manawatu and Horowhenua regions.



# Weakness and Threats

(to the establishment of an effective infant/child mental health service )

- A lack of vision for the mental/emotional health needs of our infant population
  - Training deficits across all major disciplines within our service with respect to conceptualising and working effectively with infant mental health difficulties
  - Scarcity of infant specific health disciplines (Occupational Therapy, Developmental Psychology, Child Psychotherapy)
  - Adolescent Mental Health needs continually being prioritised
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A nonprofit multidisciplinary organization that advances their mission by informing, educating and supporting adults who influence the lives of infants and toddlers.

## **Mission**

To support the healthy development and well-being of infants, toddlers and their families.

## **Strategy**

Raise awareness and inform *families*  
Build prepare and inspire *professionals*  
Advance policies and build *systems*

# Zero to Three 21<sup>st</sup> NTI

## “Sharing a vision for babies and families”

Responsive relationships with consistent primary caregivers help build positive attachments that support healthy social-emotional development. These relationships form the foundation of mental health for infants, toddlers and preschoolers.

Zero to Three website, 2007

“Babies and young children thrive when they are cared for by adults that are “crazy” about them!”

Bronfenbrenner,

1976

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*Building a Family Friendly Service Infrastructure*

*What Babies Teach Us : The transdisciplinary practice of infant mental health & early intervention*

*Sensory Integration and Self Regulation: Creating goodness of fit for infants and their environments*

*Engaging Parents with Cognitive/Learning Difficulties in their Children's Development through an Infant Mental Health Approach*

*What Are We Missing? Identifying Social Emotional Behaviours in Paediatric Well Child Visits*

*Head, Hands and Heart: How You Can Help Children in Adversity*

*Child-Parent Psychotherapy with Culturally Diverse Families*

*The Bucharest Early Intervention Project*

*Applying Attachment Theory in Early Childhood Practice: Promoting First Relationships*

*Voices of Immigrant Mothers: Experiences of Latina Participants in a Home*

*Children's Play: Reflections of Culture and Roots of Literacy*

*How Permanent is Permanent Placement for Substance-Exposed Infants?*

*Best Practice Recommendations from the New Mexico Infant Mental Health Needs Assessment*

*Responding to Young Children of Incarcerated Parents*

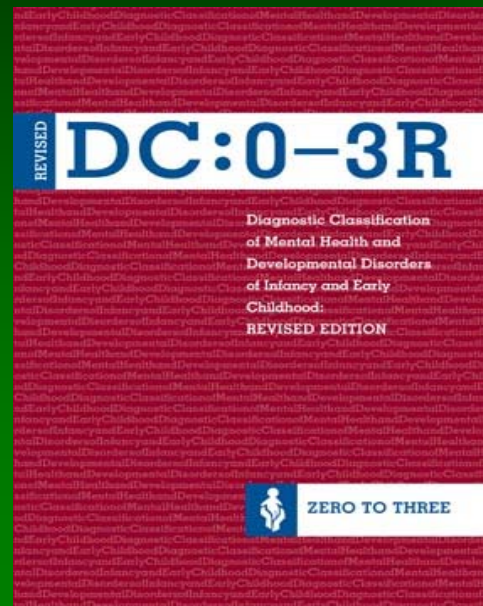
*How we overcame our Graduate School training and became Infant Mental Health Professionals*

*Minding the baby: The enhancement of Reflective Functioning in a Nursing Mental Health Home Visiting Programme*

*Outcome Measurement for a Family Centred Early Intervention Programme*

# Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: DC:0-3®

- A first ever attempt to address the need for a systematic developmentally based approach to the classification of mental health difficulties through the first four years of life.
- Designed to complement but not replace the then existing frameworks ICD-9 / DSMIII-R



# DC:0-3® at a glance

– A five axis system:

Axis I – Primary Diagnosis

Axis II- Relationship Disorder Classification

Axis III- Medical and Developmental Disorders and Conditions

Axis IV- Psychosocial Stressors

Axis V- Functional Emotional Level



# Themes & Lesson's Learned

- Involve families from planning implementation and evaluation of services
  - Where possible delivering services alongside existing infant/child health and early education systems
  - Infant Mental Health 'walking around'
  - The critical importance of conceptualising infants' and toddlers appropriately – cultural, relational purposeful beings
  - Moving beyond multidisciplinary to interdisciplinary models of service provision.
  - In the care of developing ego's there is no place for 'EGO'
  - Service systems need to parallel emotionally healthy, reflective, secure relational environments being worked towards for our infants.
  - The importance of practice based evidence.
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# Revisiting our GAPS: Vision

A vision is only as effective when it becomes something shared

Ideally will be based on our highest regard for infants and toddlers as persons (albeit immature developing persons) who deserve nothing other than the best in terms of quality service provision.



# Revisiting our GAPS: Training

- Workforce development and planning become more focused about what an effective infant mental health service looks like at national local and regional levels.
  - Competencies required for the field include attributes such as wisdom, humility, relational value base, being able to observe and listen carefully, reflective & therapeutic capacity to hold, contain & metabolise painful states for infants and families.
  - Attracting, supporting and promoting the value of infant friendly disciplines (eg/ Occupational therapy, Developmental Psychology, Child Psychotherapy)
  - Zero to Three are more than willing to share with New Zealand should we wish to initiate dialogue with them.
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# To check out at home...

– [www.zerotothree.org](http://www.zerotothree.org)

– Inexpensive online training opportunity !!!  
*Keys to Interactive Parenting Scale (KIPS)*

[www.comfortconsults.com](http://www.comfortconsults.com)

– Infant Toddler Social & Emotional  
Assessment (ITSEA) & Brief ... (BITSEA)

[www.harcourt-au.com](http://www.harcourt-au.com)

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