

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

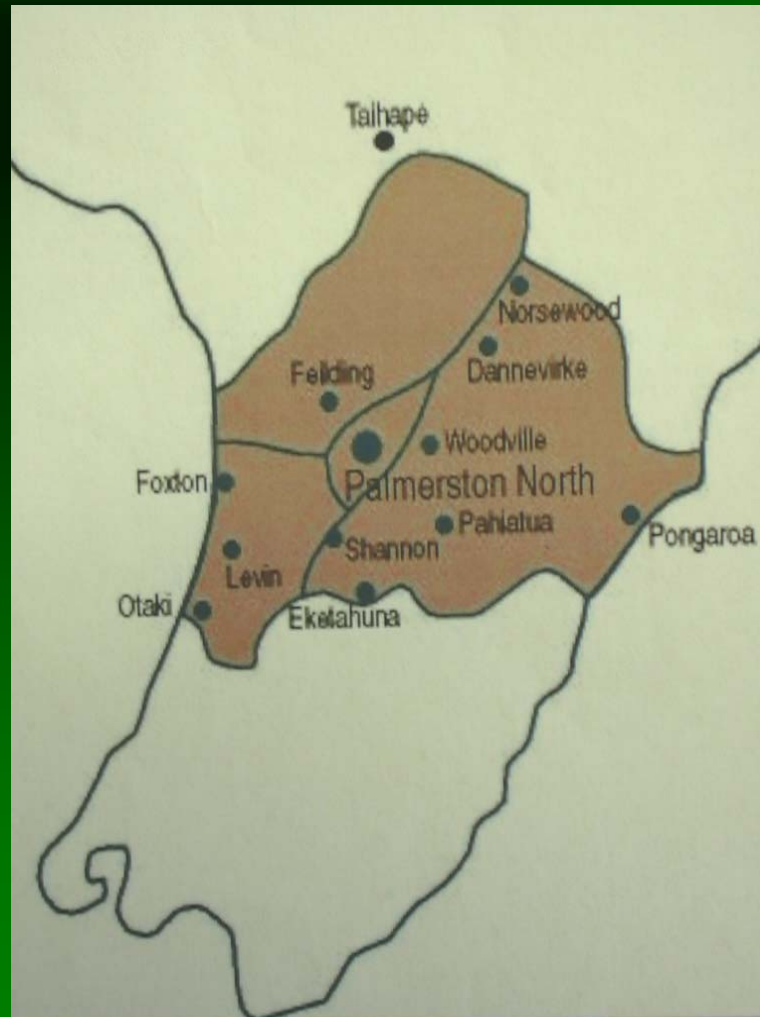
Nov 30th –Dec 3rd 2006

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Mid Central Health Service Boundaries

The service is provided throughout 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*

21st Conference Theme: “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

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

NTI Themes & Lesson's Learned

- Involve families from planning, implementation and evaluation of services
 - In the care of developing ego's there is no place for 'EGO'
 - Where possible deliver services alongside existing infant/child health and early education systems that may assist with screening
 - Accessiblilty -Infant Mental Health 'walking around'
 - Conceptualising infants' and toddlers appropriately – cultural, relational, purposeful beings
 - Moving beyond multidisciplinary to interdisciplinary models of service provision.
 - 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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Problems with using 'Infant' and 'Mental (ill) Health' in the same sentence in New Zealand

- It's not a NZ /Pacific thing
 - You get a “Tui” billboard response
*ie/ “Babies can develop mental health problems”:
(Yeah right...)*
 - Clashes with an idealised fantasy about infancy and toddler hood
 - Painful and anxiety provoking to tolerate the idea let alone the reality of babies and toddlers in serious emotional distress
 - Lack of exposure to relevant clinical tools and practices to conceptualise & work through infant presentations
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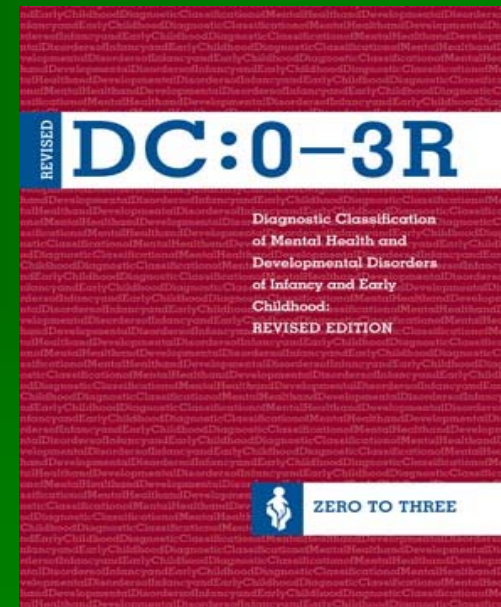
FACT:
You can't diagnose a baby
(You may diagnose a disorder)

A useful diagnostic system for infants would have to take into account:

- The rapid social-emotional development of the earliest years
 - The quality of a young child's primary relationships;
 - Individual differences among infants and toddlers, including health and developmental concerns; and
 - The impact of the larger care giving environment – including culture, social supports and psychosocial stressors –on very young children's mental health
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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. First edition published in 1994 and revised in October 2006.
- Designed to complement but not replace the then existing frameworks ICD-9 / DSMIII-R
- The product of a multidisciplinary task force established in 1987 by Zero to Three and organisation representing interdisciplinary leadership in the field of infant development and mental health.



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



Revisiting our GAPS: Training:

“Focusing on the crisis of the moment we forget about the developmental opportunities of the future...” (M Durie; 2007)

- Workforce development and planning become focused about what an effective infant mental health service looks like at national regional and local 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.
 - Training opportunities for our existing CAMHS workforce
 - 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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Revisiting our GAPS: Vision : How are we looking?

The capacity to care, to be wise guardians of the future, to empower members of the whanau, plan ahead in are characteristics of a functional whanau (Durie:2007)

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

Unresolved infant mental health problems are apparent across all age groups already... we choose to deal with them later in the life of the child

Focusing on the crisis in our face we overlook the crisis at our feet

A sound and growing practice evidence base exists

A sound economic argument exists

Early intervention has always made sense...

What would it take to make Infant Mental Health a service priority?

*Te Pae Hauora O Ruahine, O Tararua
Ara te huinga o nga korero
Hei whakapiki I te hauora mo te iwi e
To iwi, tona iwi,taku iwi e*



Because babies can't wait...



To check out at home...

– www.zerotothree.org

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

www.comfortconsults.com

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

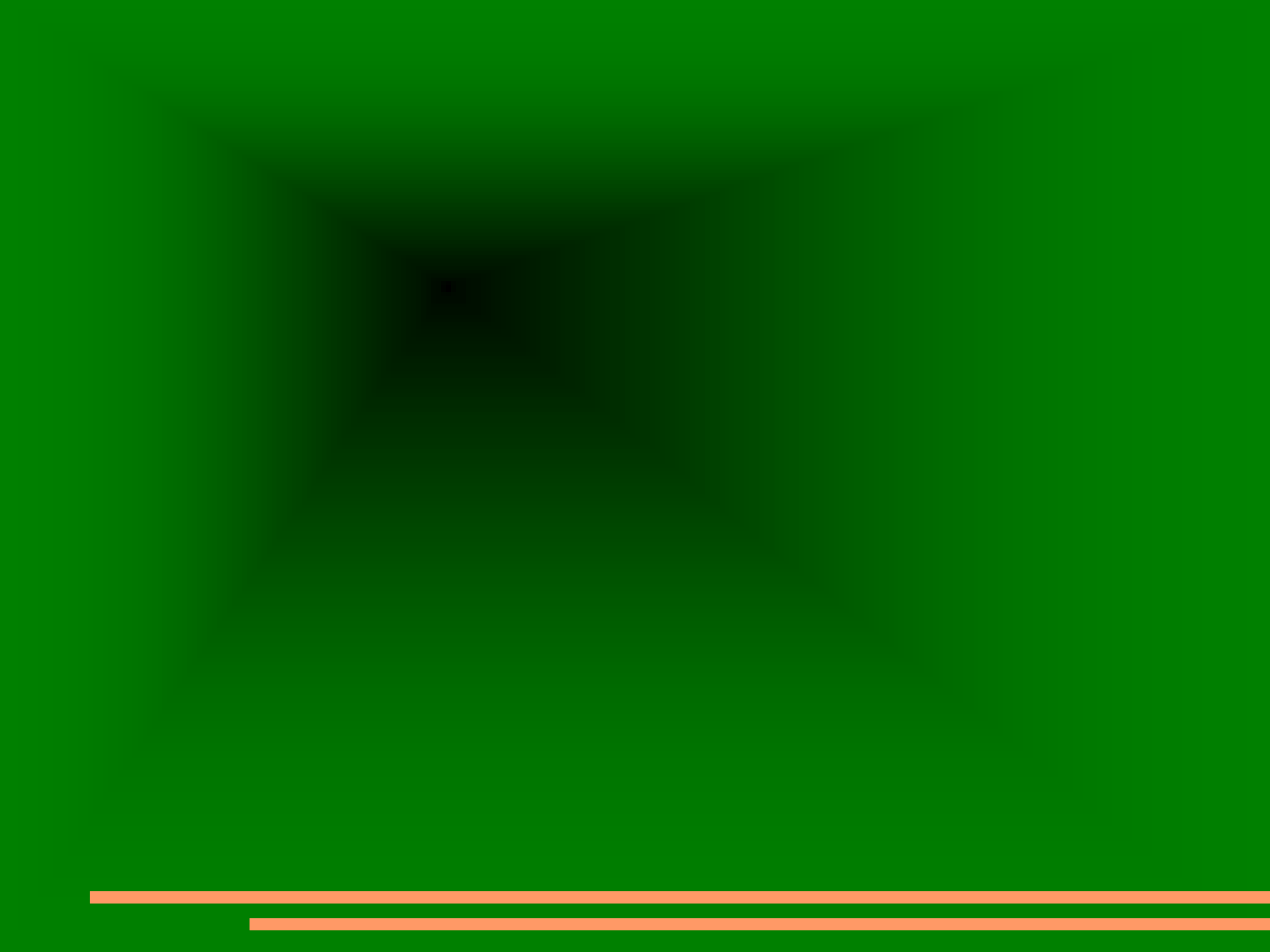
www.harcourt-au.com

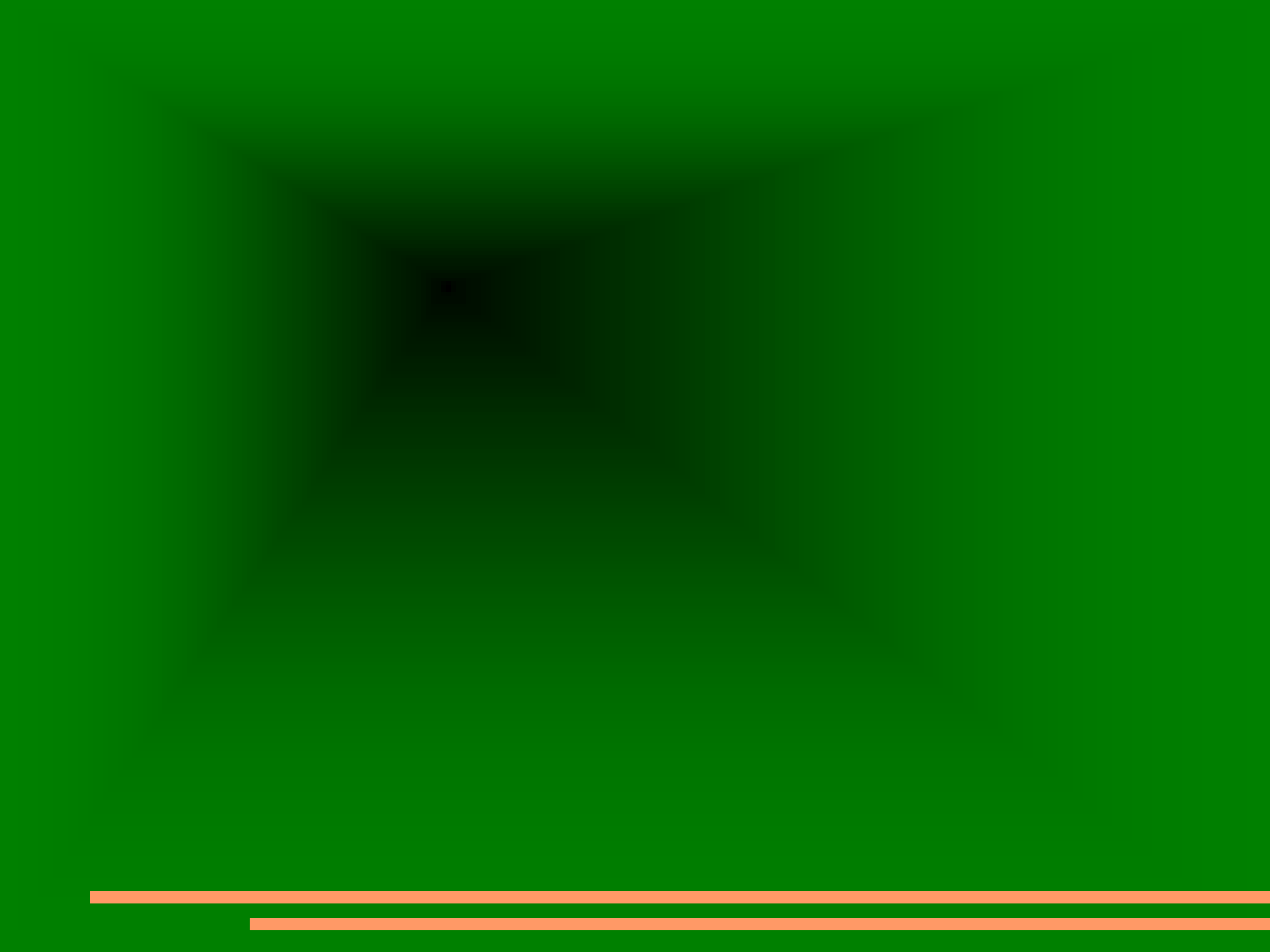
***Minding the relationships means:
tolerating the tension
& simultaneously attending***

Self (in development) & Symptoms
Infant & Carer
Stance & Strategies

Being *Doing*







About Diagnosing...

(continued)

“DSM-IV adopts... a descriptive approach that attempted to be neutral with respect to theories of etiology.”

“The specific diagnostic criteria included in DSM-IV are meant to serve as guidelines to be informed by clinical judgement and are not meant to be used in cookbook fashion.”

Excerpts from the introduction to the Diagnostic and Statistical Manual of Mental Disorders (DSM IV)

About Diagnosing...

(from the people who wrote the book on it)

“The need for a classification of mental disorders has been clear throughout the history of medicine but there has been little agreement on which disorders should be included and the optimal method for their organisation”

“Mental Disorder... unfortunately implies a distinction between mental disorders and physical disorders that is a reductionistic anachronism of mind/body dualism... compelling literature documents that there is much physical in mental disorders and much mental in physical disorders... the term persists in the DSM-IV because we have not found an appropriate substitute.”

Excerpts from the introduction to the Diagnostic and Statistical Manual of Mental Disorders (DSM IV)

Axis I –Primary Diagnosis

100 - Posttraumatic Stress Disorder

150 - Deprivation Maltreatment Disorder

200 - Disorders of Affect

300 - Adjustment Disorder

400 - Regulation Disorders of Sensory Processing

500 - Sleep Behaviour Disorders

600 - Feeding Behaviour Disorders

700 - Disorders of Relating and Communicating

800 - Other Disorders

Axis II- Relationship Disorder Classification

- Two tools used to determine Relationship Classifications:
 - Parent-Infant Relationship Global Assessment Scale (PIR-GAS)
 - Relationship Problems Checklist (RPCL)