



AiMHHI

Association for Infant Mental Health Hawai'i

# Introduction to Infant Mental Health- *Who Knew?*

PROJECT ECHO-June 8, 2021

Bridget Carranza, M.A.

Lee Lacerdo, LCSW, IMH-E®



Association for Infant Mental Health Hawai'i

# QUESTIONS

1. Infant Mental Health *as a premise* includes concepts that...
  - a) babies don't remember anything until they are about 3 years old.
  - b) first relationships have an immense influence on brain development, future relationships and long-term mental health outcomes.
  - c) parents are the only influence on their children's development.
  
2. Good IMH *as a practice* always involves...
  - a) "Holding the baby in mind."
  - b) understanding parallel process and professional use of self.
  - c) considering multiple, complex risk factors.
  - d) All of the above
  
3. What do IMH practitioners *specifically* participate in?
  - a) Child development psychoeducation
  - b) Regular, relationship-based reflective supervision
  - c) Group discussions & Trainings





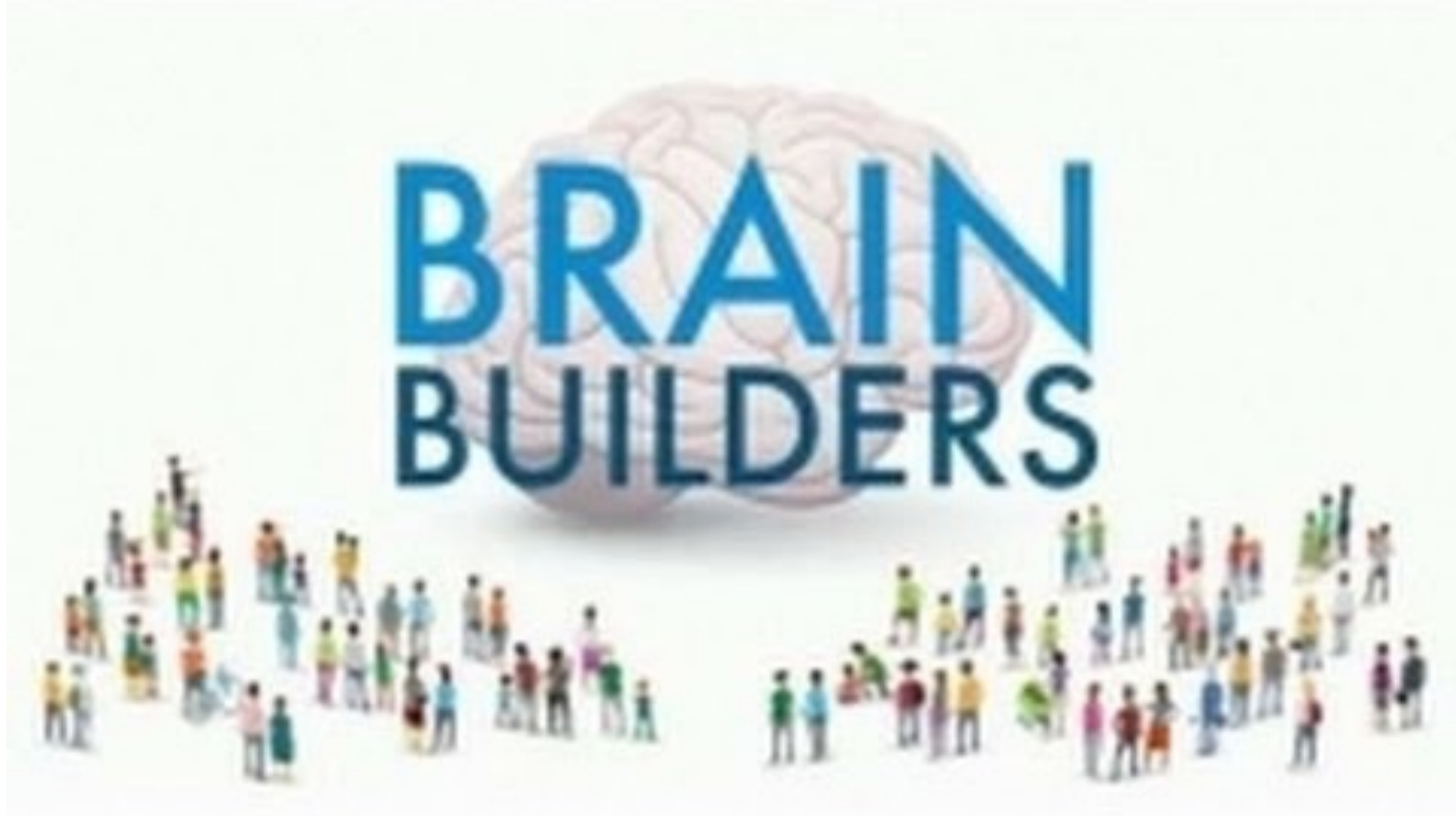
What it's like in the beginning...

## BABY SKILLS:

- Suck
- Swallow
- Breathe
- CRY!



Association for Infant Mental Health Hawai'i



# Responsive CAREGIVING

- CRY and RESPOND (*A REPETITIVE EXPERIENCE*)
  - I am safe
  - I am cared for
  - I am important
  - I can depend on people (TRUST)
  - I can explore...and learn...and GROW...

# C.A.R.E.S

- **CONSISTENT:** *instills trust/ supports a sense of self-worth*
- **AVAILABLE:** *prioritizes/ manages own stress appropriately*
- **RESPONSIVE:** *provides safety/ nurtures*
- **EMOTIVE:** *emotionally available/ offers range*
- **SENSITIVE:** *understands growth/ accepts changes*



# Barriers to Healthy Attachment and Early Brain Development





# Barriers to Healthy Attachment and Early Brain Development

## AT-RISK CAREGIVERS:

- Low Stress Tolerance/Lack of Coping Skills & Support
- Maladaptive Patterns & Cyclical and Extreme Thinking
- Unrealistic Expectations, Lack of Developmental Understanding and Misinformation

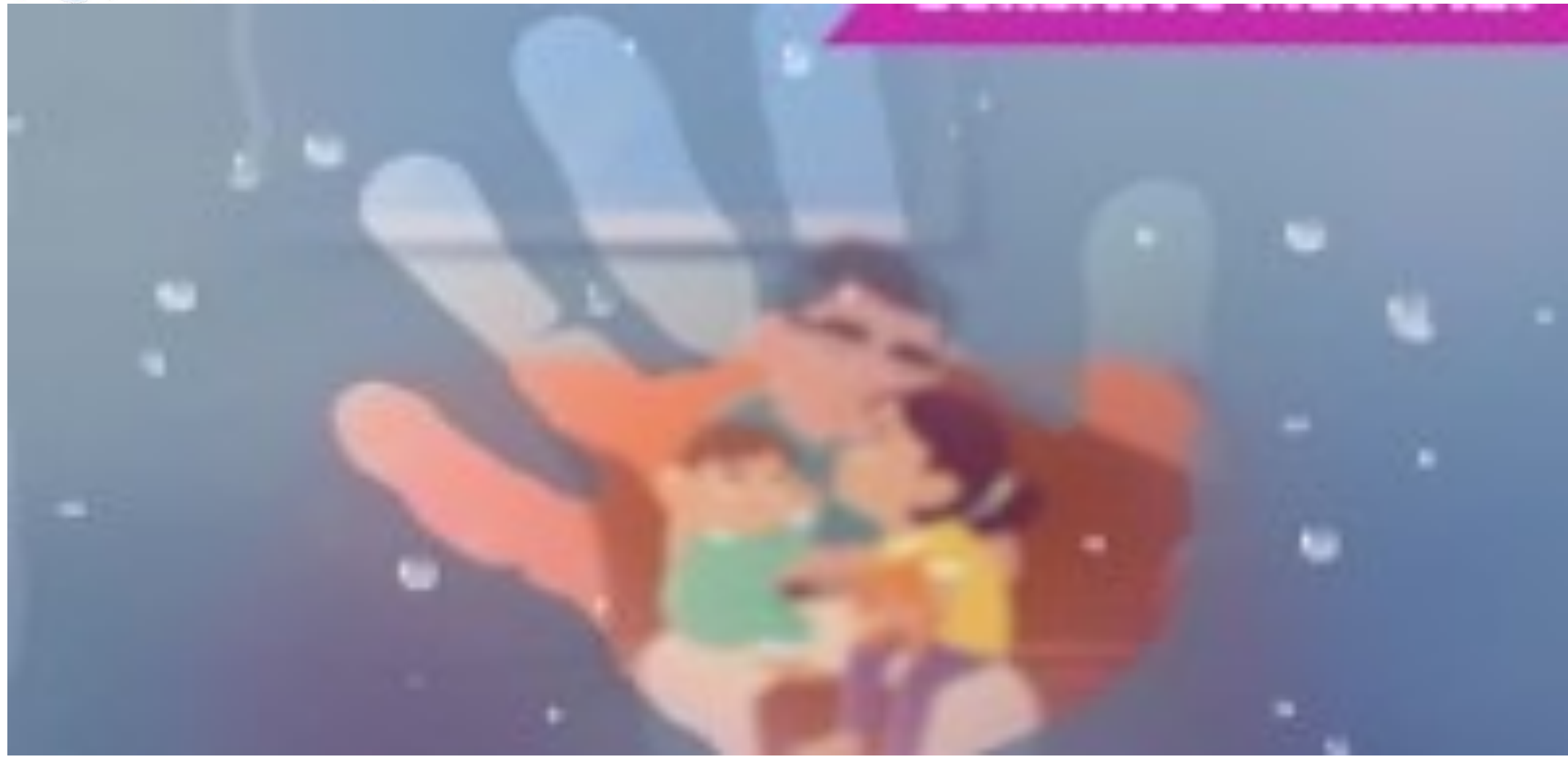


# Barriers to Healthy Attachment and Early Brain Development

## TRAUMA:

- Infants and toddlers are impacted by traumatic events
- They won't just “forget about it”
- Trigger warning for next slide/video





# Debrief of Video

- General comments?
- How did the parents' fight impact the baby and the baby's foundation? What if this type of fight occurred on a regular basis?
- If service providers came to this home, would the baby's mental health be assessed?
- What is Infant Mental Health?

# What is Infant Mental Health?

“Infant mental health’ refers to how well a child develops socially and emotionally from birth to three.”

<https://www.zerotothree.org/espanol/infant-and-early-childhood-mental-health>





## Why is Infant Mental Health So Important?

It is essential to ensure that first relationships are trusting and caring, since early relationships provide an important foundation for later development in all areas. Support to strengthen early relationships can make a huge difference in the child's developing sense of self, emotional life, school-readiness, and lifelong ability to form healthy relationships. Infant and early childhood mental health reflects both the social and emotional capacities and the primary relationships in children from birth through age five.

<https://aimhhi.org>



Association for Infant Mental Health Hawai'i

## The Practice of Infant Mental Health

The practice of Infant Mental Health (IMH) is interdisciplinary; one that includes any field that surrounds the caregiving, decision making, and system support of an infant or very young child. These fields can include: Early Intervention, Early Care and Education, Pediatric and Specialized Medicine, Child Welfare Services, Family Strengthening, Parenting Education, Social Work, Therapy, Consultation, Policy, Advocacy, Research and many more.



IMH works from a place of  
*relationship-based practice.*

Just as a healthy “first relationship”  
is vital to an infant’s healthy brain  
development, healthy relationships  
are foundational to ALL quality  
considerations in supporting  
infants and young children.



“Provide services to families  
with  
**MULTIPLE, COMPLEX  
RISK FACTORS.**”

-KEY RESPONSIBILITY

for IMH-Endorsement as an Infant Family Specialist

# WHAT WE SHOULD BE GOOD AT IF WE WORK WITH BABIES?

- MENTAL HEALTH AND FAMILY SYSTEMS
  - Identifying Risk
- PSYCHO-EDUCATION (and research!)
  - Child Development Information (get GOOD at PLAIN language, use LAYMAN's term)
- BRIEF INTERVENTIONS & PARENTING SUPPORT (*if nothing else*)
  - Normalizing and Empathetic Joining
- CARE COORDINATION, SYSTEMS, POLICY and ADVOCACY!
  - **WORKING TOGETHER!!!**



happy  
healthy  
parents  
*make*  
happy  
healthy  
children.

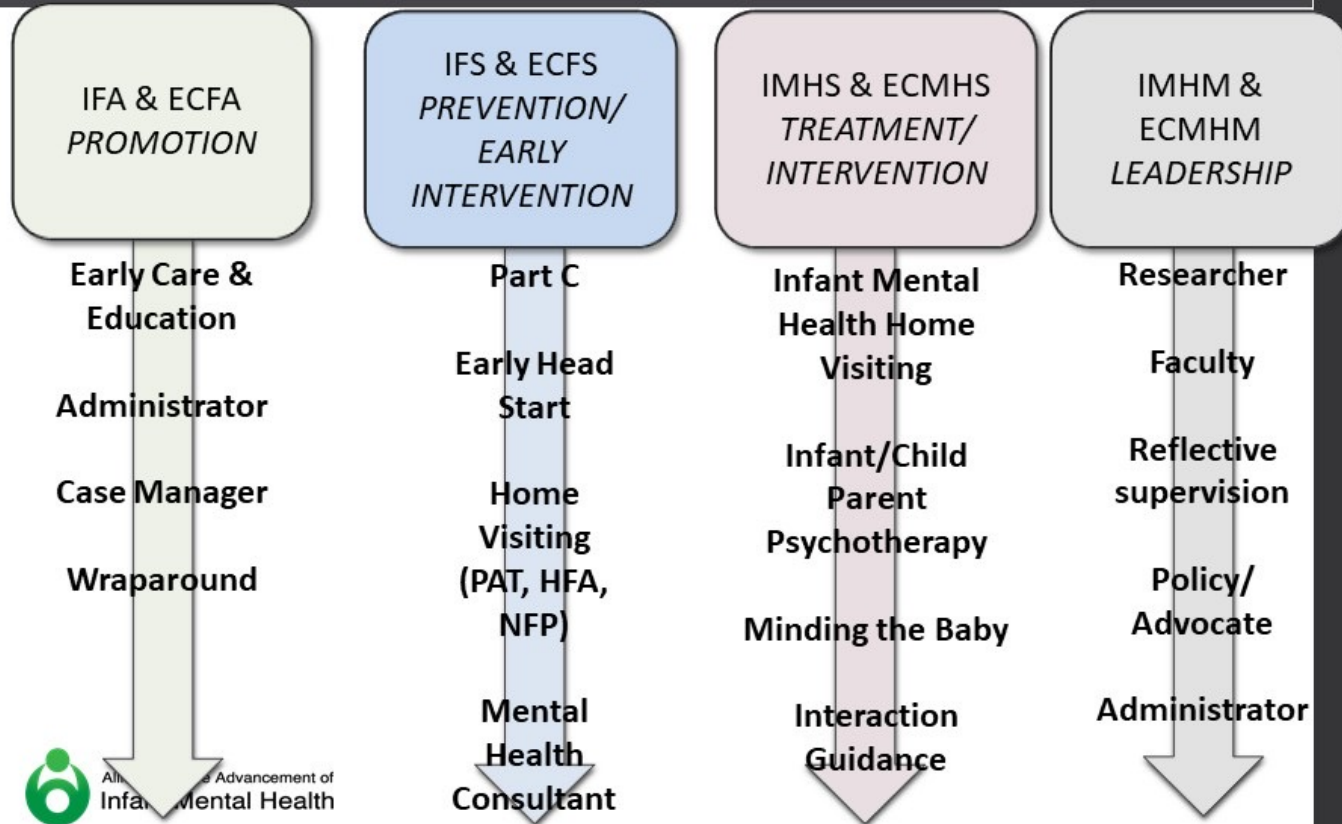
*-Dr. Miriam Stoppard*



Just because you work in a childcare center, doesn't mean you know about IMH. It takes specialized training. Early childhood development is knowing IMH.

Ex. If the baby in the 2<sup>nd</sup> video was 10 months old and not crawling someone who is not trained in IMH might be may want to refer the baby to PT to address the lack of crawling but someone with an IMH background will want to look at the relationship between baby & parent to see if that needs intervention.

# Endorsement<sup>®</sup>: 4 Career Pathways



Promoting optimal relationships prenatal to six



Association for Infant Mental Health Hawai'i

**Thoughts,  
feelings, questions  
and curiosities...**

Remember there is a huge range for **HEALTHY** and “**GOOD ENOUGH**” parenting...let's be **KIND** to one another.





Association for Infant Mental Health Hawai'i

# QUESTIONS

1. Infant Mental Health *as a premise* includes concepts that...
  - a) babies don't remember anything until they are about 3 years old.
  - b) first relationships have an immense influence on brain development, future relationships and long-term mental health outcomes.
  - c) parents are the only influence on their children's development.
  
2. Good IMH *as a practice* always involves...
  - a) "Holding the baby in mind."
  - b) understanding parallel process and professional use of self.
  - c) considering multiple, complex risk factors.
  - d) All of the above
  
3. What do IMH practitioners *specifically* participate in?
  - a) Child development psychoeducation
  - b) Regular, relationship-based reflective supervision
  - c) Group discussions & Trainings