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*Expanding Infant & Early Childhood  
Mental Health Principles & Practices:  
Exploring What's Possible*



April 29, 2015

# Morning Session Overview

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- **9:00-9:20 Welcome**
  - Tonya Glantz, Child Welfare Institute/RIC
  - Leanne Barrett, RI KIDS COUNT
- **9:20-10:50 Keynote**
  - Debbie Weatherston, MI-AIMH
- **10:50-11 Break**
- **11-11:50 Panel Discussion**
  - Margaret Holmberg, CT-AIMH
  - Kaitlin Mulcahy, NJ-AIMH
  - Kathy Mulrooney, Zero to Three
- **11:50-12:00 Wrap Up and Feedback**



**CHILD  
WELFARE  
INSTITUTE**



RI SOC Expansion Implementation Cooperative Agreement



Paul V. Sherlock Center on Disabilities



**Bradley Hospital**  
*A Lifespan Partner*



**Children's  
FRIEND**



## Planning Committee

Leanne Barrett	RI KIDS COUNT
Joseph Carr	RI DCYF
Lynn DeMerchant	RIAIMH/Sherlock Center
Susan Dickstein	RIAIMH/Bradley Hospital/Brown
Tonya Glantz	Child Welfare Institute/RIC
Stephanie Renzi	RI DCYF
Cathy Pitassi	Child Welfare Institute/RIC

# Mission Statement



The mission of the Rhode Island Association for Infant Mental Health (RIAiMH) is to foster the mental health and well being of pregnant women, young children (birth to five) and their families, by supporting the emerging discipline of infant mental health in Rhode Island. We will foster a community of mutual support, resource sharing and collaboration for our interdisciplinary membership and those who work with and care for pregnant women, young children and their families.

To achieve this mission, RIAiMH will promote and conduct activities that support:

- 1. An educational agenda focused on translating infant mental health principles into practice.
- 2. A public policy agenda focused on advocating for resources and informed practices within governmental and regulatory institutions to further the social and emotional well being of young children

[www.riaimh.org](http://www.riaimh.org)

# Infants & Toddlers in Rhode Island: RI KIDS COUNT

Expanding Infant & Early Childhood Mental  
Health Principles & Practices Conference  
Rhode Island College  
April 29, 2015

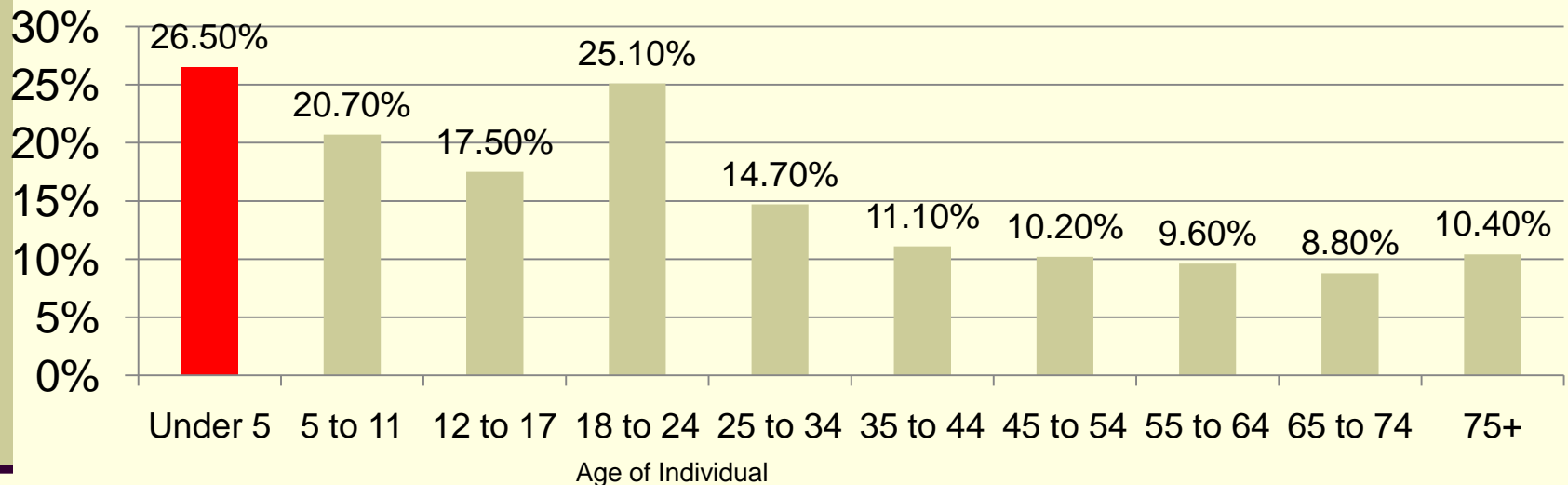
# Infants & Toddlers - Key Data

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- 10,400 babies born in 2014 (47% born to a single mother)
- 39% of births were result of an unintended pregnancy
- 10% of mothers are diagnosed with depression during pregnancy (14% reporting frequent postpartum depression)
- 95% of children have health insurance
- 75% of new mothers initiate breastfeeding
- 82% of children ages 19-35 months are fully immunized
- 65% of eligible families participate in WIC (25,398)

# Infants & Toddlers Are Most Likely to Live in Poverty

**Percent of Population Living Below Poverty Threshold,  
Rhode Island, 2011-2013**



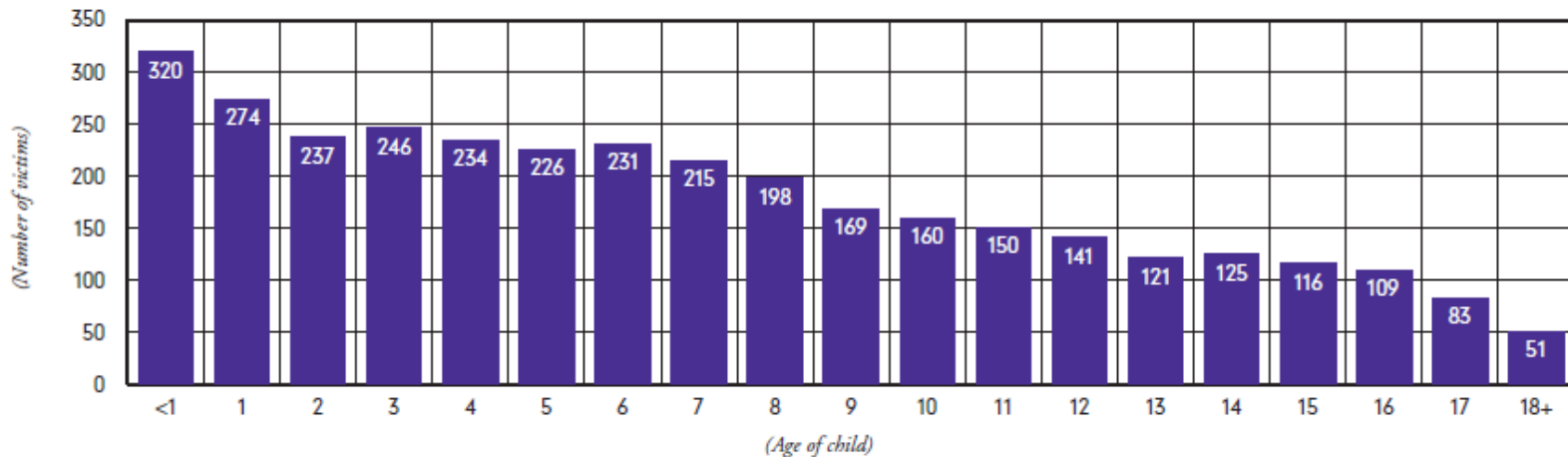
Across the U.S., children under age 3 are nearly three times likely as adults 65 and older to live in poverty.

Across the U.S., children under age 3 are more likely to live in poor and low-income families than older children (3 to 17)



# Infants & Toddlers Are Most Likely to Experience Child Maltreatment

CHILD ABUSE AND NEGLECT BY AGE OF VICTIM, RHODE ISLAND, 2014



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2014. Data represent an unduplicated count of child victims. The number of victims is higher than the number of indicated investigations. One indicated investigation can involve more than one child victim.

# Infants & Toddlers – Key Data

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- 2,847 approved claims for paid family leave to bond with a new child
- 6% of infants and toddlers are enrolled in Early Intervention (2,184)
- 696 families receiving evidence-based home visiting services
- 539 infants, toddlers and pregnant women enrolled in Early Head Start
- 2,159 infants and toddlers receiving a child care subsidy

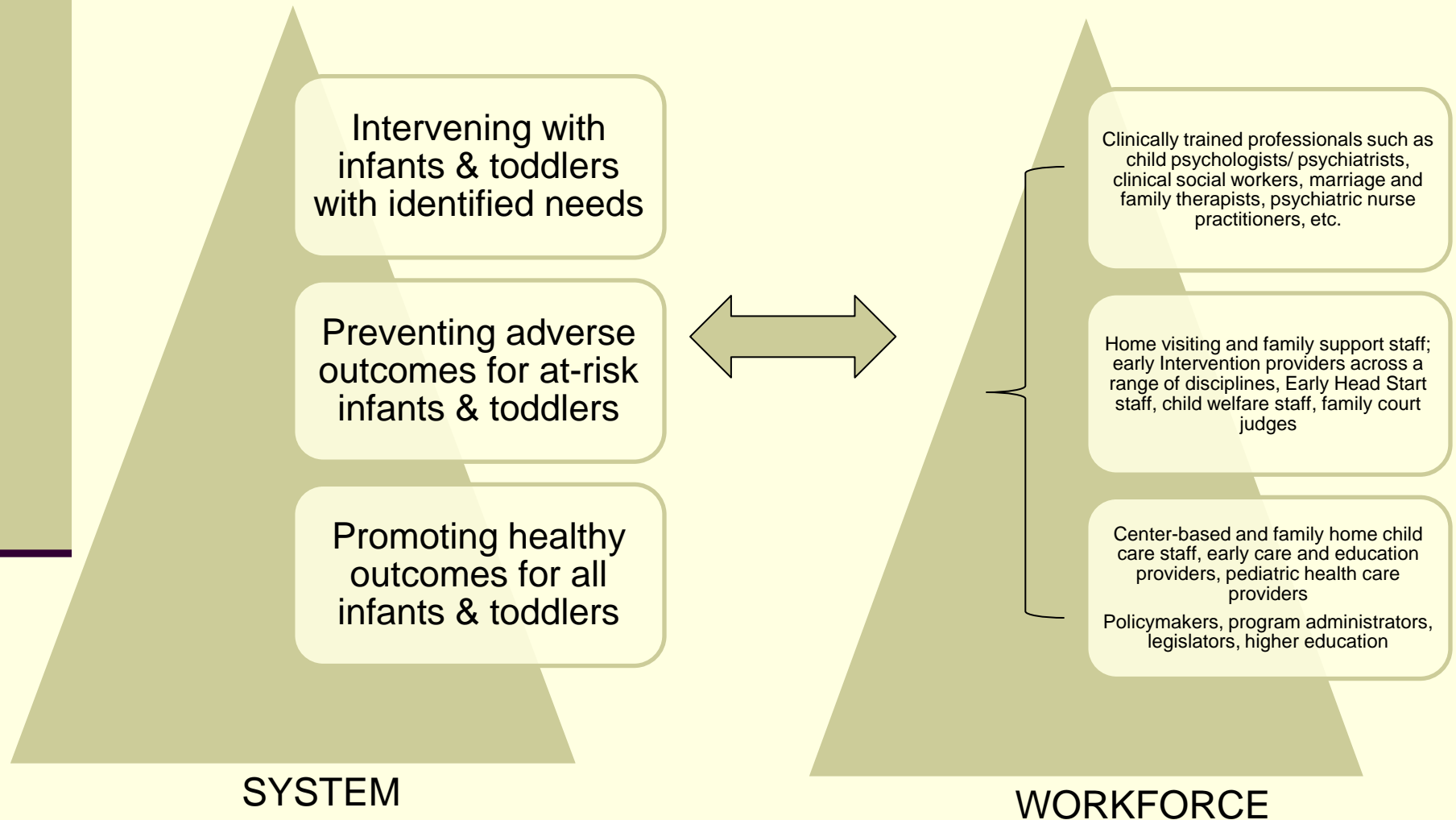
# Policy Priorities

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- Improve **economic security** of families with infants and toddlers
- Improve access to **high-quality early learning and development** programs for infants and toddlers
- Improve **mental health and well-being** of infants and toddlers and their families
- Expand access to evidence-based **parenting and family support** programs

# Comprehensive Early Childhood Mental Health System

(adapted from Child Health and Development Institute of CT, March 2015)



# Objectives

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- Review core principles and practices related to infant & early childhood mental health
- Discuss national efforts to increase awareness about infant/early childhood mental health as well as the needs of the professional workforce who serve infants, young children and their families
- Consider exploration of a framework of knowledge, skills, and reflective practice experiences for the infant/early childhood mental health workforce in RI.



**When we try to consider *a baby* by itself we find that it is bound fast by a thousand invisible cords that cannot be broken, to everything in the universe.**

Adapted from John Muir (1838-1914), *Naturalist and Conservationist*

# KEYNOTE SPEAKER

Deborah J. Weatherston, PhD, IMHE® IV

Executive Director,  
Michigan Association for Infant Mental Health

Founding Partner,  
National Alliance for the Advancement of Infant  
Mental Health

Editor,  
WAIMH Perspectives in Infant Mental Health

# PANELISTS

Margaret C. Holmberg, Ph.D. IMHE® IV  
President, CT Association for Infant Mental Health

Kaitlin Mulcahy, M.A., LPC, IMH-E® IV-Clinical Mentor  
Endorsement Coordinator, NJ Association for Infant Mental Health  
Associate Director, Center for Autism and Early Childhood Mental Health  
College of Education and Human Services, Montclair State University

Kathleen Mulrooney, MA, LPC, ACS, IMH-E® IV-Clinical Mentor  
Project LAUNCH Resource Specialist, National Resource Center on Mental  
Health Promotion and Youth Violence Prevention  
Assistant Director of I/ECMH Strategy, ZERO TO THREE:  
National Center for Infants, Toddlers, and Families



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*Leveraging a Framework for Early  
Childhood Competency Guidelines and  
Endorsement: Exploring Next Steps*



**RIAiMH**

Rhode Island Association for Infant Mental Health

April 29, 2015

# Afternoon Session Overview

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- 12:30-1 Lunch and Networking
- 1:00-1:30 I/ECMH-E® Overview (DW)
- 1:30-2:50 Discussion/Exploration
- 2:50-3 Wrap Up

# Initial Steps: Successful Start (2010 strategic plan revisions-social emotional workgroup)

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- All early childhood service providers have the capacity and skills to support the optimal social-emotional health of young children and their families and primary caregivers
- Implement a system to develop and monitor competencies for multi-disciplinary professionals... Specifically, adopt the MI-AIMH competency guidelines and endorsement process to create a framework of knowledge, skills, and reflective practice experiences for the early childhood workforce.
- ...Provide a pathway for workforce development, require high quality systematic trainings, and generate a foundation for the establishment of recognized qualifications.

# Initial Steps: Professional Development

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- RI DOH contracted with Bradley (ARRA funds, 2010) to develop IMH training for child care providers
- **Foundations for Infant/Toddler Social Emotional Health and Development: Provider Modules.** 16 computer based learning (CBL) modules in 3 sections:
  - 1) Infant/Toddler Development
  - 2) Key Relationships for Infant/Toddler Development
  - 3) Supporting Infant/Toddler Development: Approaches to Celebrating and Individualizing Care.
- Approved by RIDE's Center for Early Learning Professionals
- Approved for professional CEUs in nursing and social work
- Endorsed by Zero to Three

# Initial Steps: DCYF support (2013-2014)

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- Purchase license to use I/ECMH-CGs
  - Collaborated with RIDE and RIDOH to consider alignment with developing WKC
- Foundations for IMH
  - Access to course for 200 staff
  - Augmented with full day IMH training (5 sessions)
- 40 DCYF-identified staff supported to attend RIAIMH conference, “Early Brain and Child Development: Making Connections” with Neil Boris. Addressed key knowledge/practice competencies in the areas of early brain development, toxic stress, and evidence-based home visiting programs.

# Initial Steps: League of States

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- RIAIMH participated in LOS for last 4 years
- RIAIMH became founding partner of the Alliance for the Advancement of Infant Mental Health
- 2 IMH-E® Level IV Clinical Mentors in RI!

# I/ECMH Professional Competencies®

<b>Area of Expertise:</b>	<b>As Demonstrated by:</b>
<b>Theoretical Foundations</b>	Working knowledge of important theoretical foundations
<b>Law, Regulation, &amp; Agency Policy</b>	Understanding of implications of laws and regulations
<b>Systems Expertise</b>	Understanding of human service delivery system, impact on infants, young children and families, ability to navigate those relevant systems
<b>Direct Service Skills</b>	Observation and listening; screening and assessment; responding with empathy; treatment planning; advocacy, etc.
<b>Working with Others</b>	Ability to build and maintain relationships as the foundation of working in the field, as well as mentoring, collaborating and resolving conflict
<b>Communicating</b>	Active listening, speaking effectively, writing clearly
<b>Critical Thinking</b>	Analyze information, exercise sound judgment, maintain perspective, etc.
<b>Reflection</b>	Contemplation, curiosity, and self-awareness critical to process the emotional content of the work; understand the power of parallel process; effective use of supervision

# I/ECMH Levels of Endorsement®

## Infant Mental Health Levels of Endorsement

### Level I: Infant Family Associate

Caregivers who are in a position to strengthen the social-emotional development of infants/young children  
(2 years experience/AA or CDA)

### Level II: Infant Family Specialist

Providers who have primary focus on social-emotional needs of infants/young children with attention to the child's relationships (2 years post BA providing services that promote I/ECMH)

### Level III: Infant Mental Health Specialist

Providers whose role includes intervention or treatment of the child's primary caregiving relationships (2 years post grad supervised work providing culturally sensitive relationship focused I/ECMH services)

### Level IV: Infant Mental Health Mentor

Clinical/Policy/Research or Faculty