

Infant and Early Childhood Mental Health: Relational Foundations for Lifelong Health

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LEARNING OBJECTIVES

Overview: The AAP Council on Early Childhood (COEC) would like to sponsor a live learning event for COEC membership at large to launch the AAP Infant and Early Childhood Mental Health: Relational Foundations for Lifelong Health PediaLink that will go live on Tuesday, November 14, 2023 on pedialink.aap.org.

Learning Objective:

Understand and apply infant and early childhood mental health and relational health principles and strategies to clinical care and systems.



IECMH PEDIA LINK KICKOFF WEBINAR

NOVEMBER 8, 2023

START TIME: 10:00 AM END TIME: 11:00 AM CST

ATTENDEES: PRIOR TO THE START OF THE ACTIVITY, PLEASE REVIEW THE BELOW INFORMATION TO ENSURE SUCCESSFUL PARTICIPATION IN THIS LIVE INTERNET ACTIVITY

ACTIVITY LOCATION: ZOOM

[HTTPS://US06WEB.ZOOM.US/J/81738595767?PWD=OGZ5INyHT5IDeRAZi1LKRLYDOiCdMK.1](https://us06web.zoom.us/j/81738595767?pwd=OGZ5InYHT5IDeRAZi1LKRLYDOiCdMK.1)



Accreditation and Designation Statements

The American Academy of Pediatrics (AAP) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

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This activity is acceptable for a maximum of 1.00 AAP credits. These credits can be applied toward the AAP CME/CPD Award available to Fellows and Candidate Members of the American Academy of Pediatrics.

PAs may claim a maximum of 1.00 Category 1 credits for completing this activity. NCCPA accepts *AMA PRA Category 1 Credit*[™] from organizations accredited by ACCME or a recognized state medical society.

This program is accredited for 1.00 NAPNAP CE contact hours of which 0 contain pharmacology (Rx), (0 related to psychopharmacology) (0 related to controlled substances), content per the National Association of Pediatric Nurse Practitioners (NAPNAP) Continuing Education Guidelines.

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PRESENTERS



Marian F. Earls, MD, MTS, FAAP



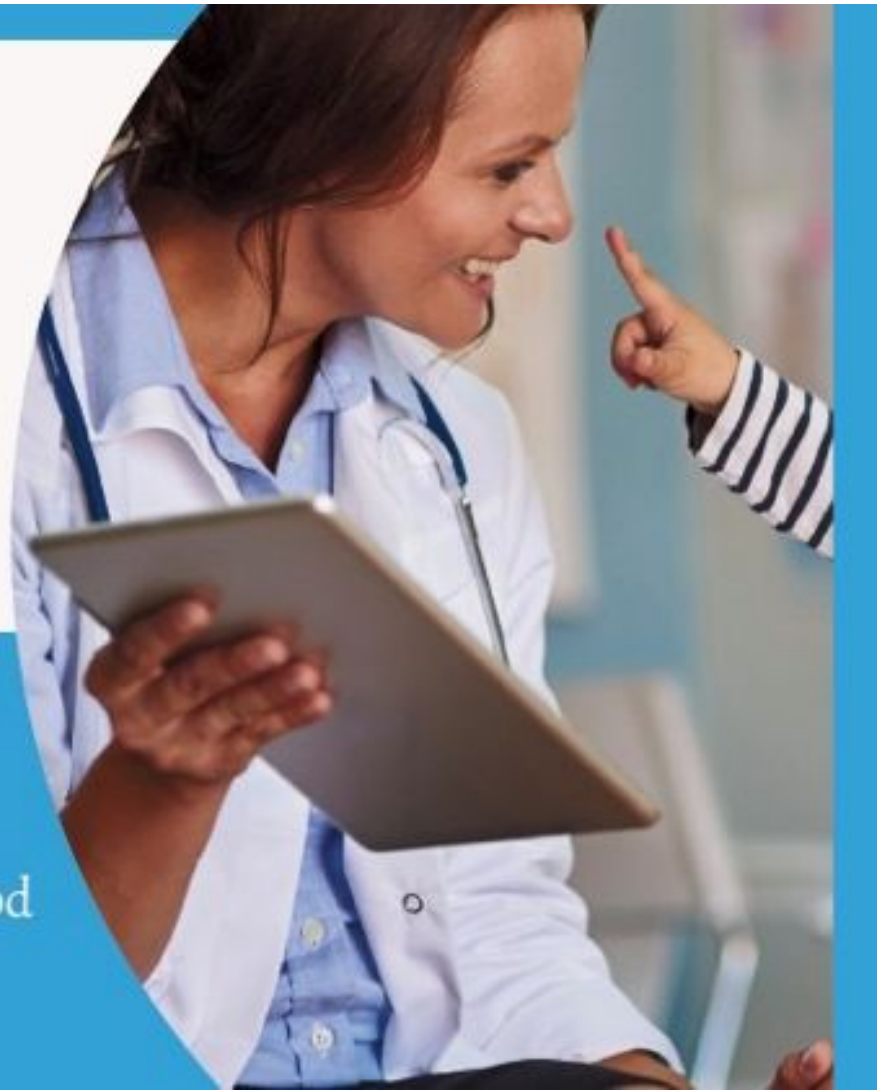
David W. Willis, MD, FAAP

The foundation for lifelong health and well-being is centered around **Early Relational Health (ERH)** with safe, stable and nurturing relationships that give rise to **Infant and Early Childhood Mental Health (IECMH)**.



Infant and Early Childhood Mental Health: Relational Foundations for Lifelong Health

Learn and apply a relational health framework to promote and intervene to support healthy infant and early childhood mental development.



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INFANT AND EARLY CHILDHOOD MENTAL HEALTH: RELATIONAL FOUNDATIONS FOR LIFELONG HEALTH

- 1) Introduction to Infant and Early Childhood Mental Health
- 2) Attuned Interactions
- 3) Promoting and Preventing Risks to Social-Emotional Development
- 4) Intervening When A Developmental Concern is Identified
- 5) Building an Infant and Early Childhood Mental Health-Informed Practice



MODULE 1: INTRODUCTION TO INFANT AND EARLY CHILDHOOD MENTAL HEALTH: RELATIONAL FOUNDATIONS FOR LIFELONG HEALTH

“THE BIG PICTURE”

IECMH Principles

- Process Matters
- Multicultural Context

Relationship Matters

- Behavior Has Meaning
- Attachment
- Social Drivers of Health
- Protective Factors and Early Relational Health

Communication and Application Tools

- FAN
- Common Factors, HELP



ADDRESSING FACTORS THAT INFLUENCE HEALTHY MENTAL & EMOTIONAL DEVELOPMENT

- Family/Environment Risks and Protective Factors
 - Social Drivers of Health
 - Caregiver Well-being & Mental Health
- Social-Emotional Development
 - Promotion
 - Prevention
 - Intervention



EARLY RELATIONAL HEALTH



- The capacity to develop and sustain Safe, Stable, and Nurturing Relationships (SSNRs), which in turn prevent the extreme or prolonged activation of the body's stress response systems (toxic stress)
- SSNRs not only buffer childhood adversity when it occurs but also promote the capacities needed to be resilient in the future
- Strengths-based approach, recognizes the evidence of the impact of Positive Childhood Experiences (PCEs)

1. Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health. Andrew Garner, MD, PhD, FAAP; Michael Yogman, MD, FAAP Committee on Psychosocial Aspects of Child and Family Health., Section on Developmental and Behavioral Pediatrics, Council on Early Childhood.

2. Bethell C, Jones J, Gombojav N, Linkenbach J, Sege R. Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels. JAMA Pediatric. 2019:e193007.

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Foundational early relationships shape the well-being of both the child and the caregiver

The **two-way nature** of early relationships affects two-generational health and well-being in the moment and long term. When we focus on this foundation and support the contexts around these relationships, **children and their caregivers thrive**—now and into the future.



POSITIVE CHILDHOOD EXPERIENCES (PCEs)

- PCEs score included 7 items asking respondents to report how often or how much as a child they:
 - (1) felt able to talk to their family about feelings;
 - (2) felt their family stood by them during difficult times;
 - (3) enjoyed participating in community traditions;
 - (4) felt a sense of belonging in high school (not including those who did not attend school or were home schooled);
 - (5) felt supported by friends;
 - (6) had at least 2 nonparent adults who took genuine interest in them; and
 - (7) felt safe and protected by an adult in their home.



POSITIVE CHILDHOOD EXPERIENCES (PCEs)

- “Study results demonstrate that PCEs show a dose-response association with adult mental and relational health, analogous to the cumulative effects of multiple ACEs. Findings suggest that PCEs may have lifelong consequences for mental and relational health despite co-occurring adversities such as ACEs.”
- “Assessing and proactively promoting PCEs may reduce adult mental and relational health problems, even in the concurrent presence of ACEs”

From Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample
JAMA Pediatr. 2019;173(11):e193007. doi:10.1001/jamapediatrics.2019.3007

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RELATIONAL FOUNDATIONS FOR LIFELONG HEALTH

Public Health Level	Types of Prevention	Approaches to Toxic Stress	Examples	Approaches to Relational Health
3	Tertiary	<u>Indicated treatments</u> for toxic stress related diagnoses (e.g, anxiety depression, PTSD)	ABC PCIT CPP TF-CBT	<u>Repair</u> strained or compromised relationships
2	Secondary	<u>Targeted interventions</u> for those at higher risk for toxic stress responses	Parent/Child ACEs SDoH BStC	<u>Identify and address</u> potential barriers to SSNRs
1	Primary	<u>Universal preventions</u> for all	Positive parenting ROR Play Consistent messaging	<u>Promote</u> SSNRs by building 2-generational skills



MODULE 2

ATTUNED INTERACTIONS

“THE BIG PICTURE”

Mindful
Self-Regulation

Relationship
Observation

FAN Interaction
Tool



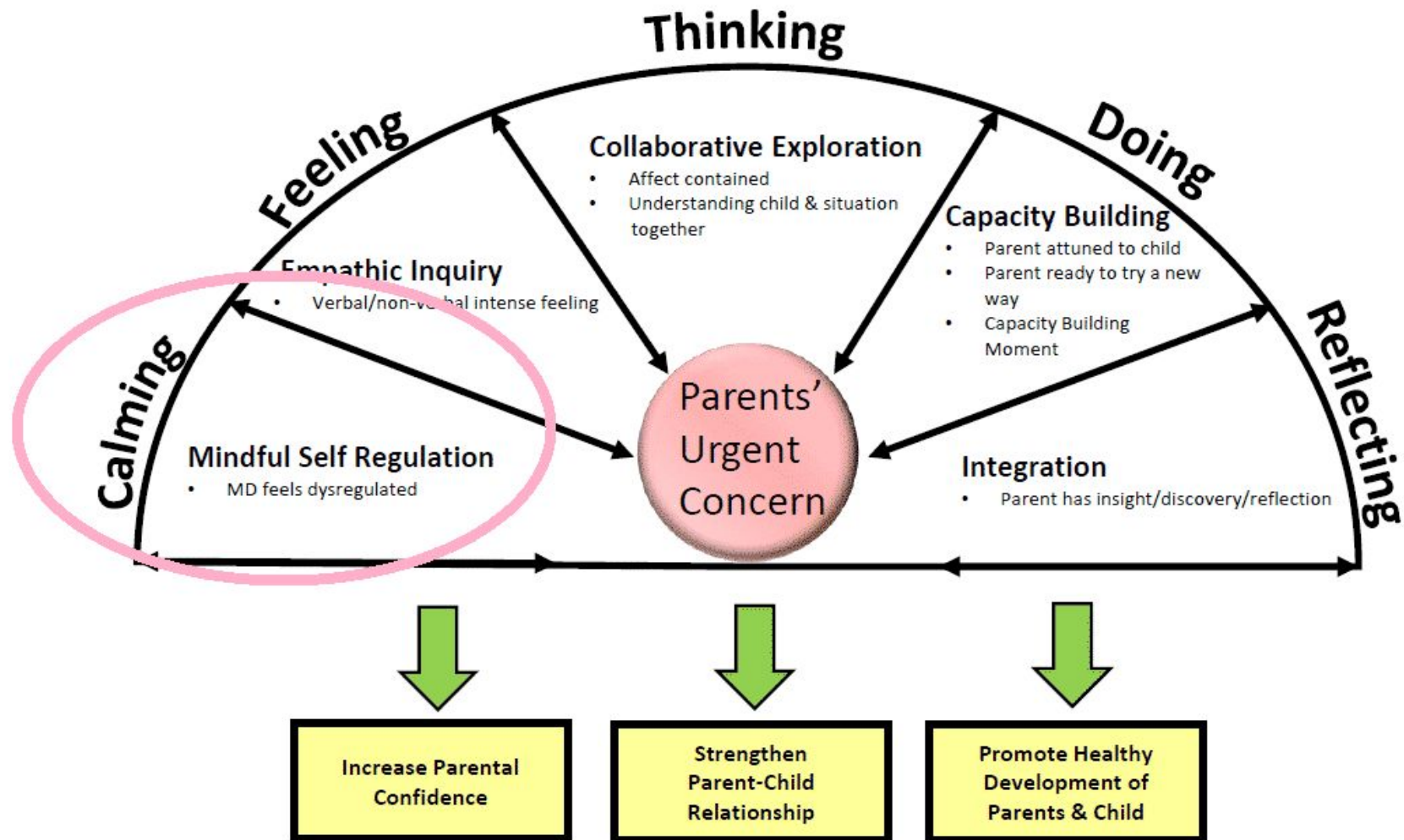
“How you are is as important
as what you do.”

Jeree H. Pawl 1930-2021



FAN Family Communication Tool

Facilitating Attuned Interactions



ARC of Engagement

End of history taking period
(before physical)

*"I just want to check in with you.
Are we getting to what is most on
your mind today?"*

During history taking period

*"What has it been like for you
to take care of your
child?"*

At the end

*"What was most important for you
from our time today?"*

Before entering room

*"How am I?
Who are we to each other? What am I
expecting? What do I need to do to
be fully present?"*

After the contact

*Reflect: How I am now?
"What was it like to be in
relationship with me? What do I
need to do to be present for what
comes next?"*

MODULE 3: PROMOTING AND PREVENTING RISKS TO SOCIAL-EMOTIONAL DEVELOPMENT

“THE BIG PICTURE”

Social-Emotional Development

- Promotion and Prevention
- Assessment and Partnership
- Intervention and Support
- Referral/Linkage and Care Coordination

Common Concern Examples

- Regulation
- Executive Function
- Feeding
- Sleep
- Perinatal Mood Disorders



**Every encounter is an opportunity for a brief
intervention.**

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Strengthening Families and Protective Factors Framework

- Parental resilience
- Social Connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Social and emotional competence of children
- (Culture)

Promotion of Protective Factors in Practice

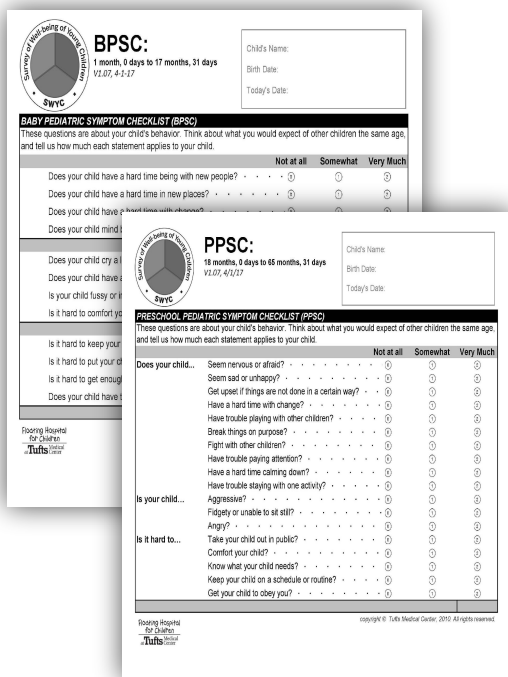
Examples:

Reach Out and Read

Video Interaction Project



Administering Infant and Early Childhood Social-Emotional Screening Tools



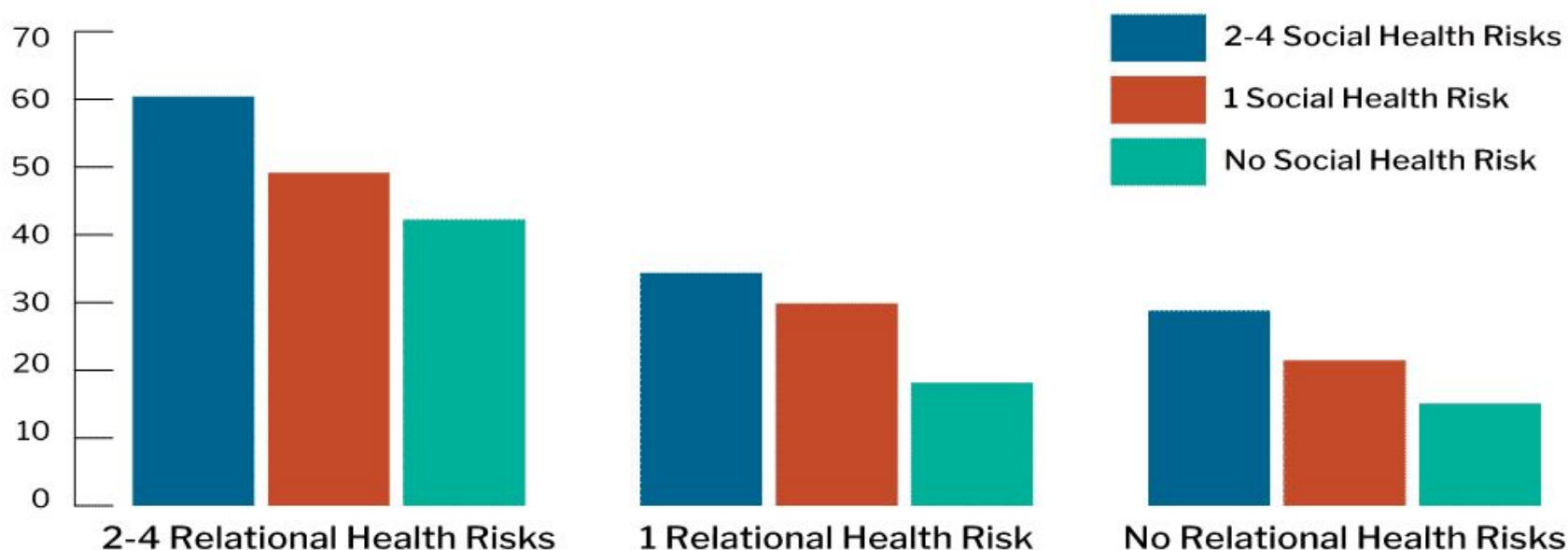
Screening Tool	Ages	Domains/Subscales
Ages and Stages Questionnaire-Social-Emotional-2 (ASQ-SE-2)	3-65 months	<ul style="list-style-type: none"> Affect Self regulation Adaptive functioning Autonomy Compliance Communication Interaction with people
Baby Pediatric Symptom Checklist (BPSC) <i>(part of the Survey of Child Well-being)</i>	2-15 months	<ul style="list-style-type: none"> Inflexibility Irritability Routines
Preschool Pediatric Symptom Checklist (PPSC) <i>(part of the Survey of Child Well-being)</i>	18-60 months	<ul style="list-style-type: none"> Externalizing Internalizing Attention Parenting challenges
Brief Infant Toddler Social Emotional Assessment (BITSEA)	12-36 months	<ul style="list-style-type: none"> Relationships Attachment

KEY PRINCIPLES OF SCREENING

- Screening has an important role in promotion and prevention, as well as for intervention
- Utilize validated screening tools/questions
- Family engagement
 - Communication with families regarding the “why” of screening is essential
 - Engage families with screening as conversation, and as partners in care
 - Engage the parent/caregiver as an expert on their child
- Screened, now what?
 - Always have a conversation about results and incorporate in primary care intervention
 - Make effective referrals/linkages, prioritizing a warm handoff
 - Close the loop



Mental-Emotional and Behavioral Conditions Among Children 3-17, by Relational and Social Health Risks



Bethell et al. Social and Relational Health Risks and Common Mental Health Problems Among US Children. *Child Adolesc Psychiatric Clin N Am.* 2022;31: 45-70. <https://doi.org/10.1016/j.chc.2021.08.001>

PROMOTING AND PREVENTING RISKS TO SOCIAL-EMOTIONAL DEVELOPMENT

How do relational risks show up in your clinic?



MODULE 4: INTERVENING WHEN A DEVELOPMENTAL CONCERN IS IDENTIFIED

“THE BIG PICTURE”

Social-Emotional Development Examples

- Separation Anxiety
- Attachment and Perinatal Depression
- Preschool Behavior

DC 0-5 and Therapy Intervention Referral Resources



INTERVENING WHEN A DEVELOPMENTAL CONCERN IS IDENTIFIED

Principles:

- Engaging with caregivers as partners
- Commitment to support
- Shared plan development
- Understand the power of brief primary care intervention



SKILLS TO ENGAGE THE CHILD AND FAMILY: THE “COMMON FACTORS” APPROACH

HELP build a therapeutic alliance:

- H = Hope
- E = Empathy
- L² = Language, Loyalty
- P³ = Permission, Partnership, Plan

Source: Wissow LS, Gadowski A, *et al.* Improving Child and Parent Mental Health in Primary Care: A Cluster-Randomized Trial of Communication Skills Training. *Pediatrics*. 2008;121(2): 266-275



WHAT'S UNIQUE ABOUT AGES 0-5 YEARS-OLD DIAGNOSIS AND INTERVENTION?



- Infants and young children are very unlikely to meet criteria for a DSM V diagnosis
- DC: 0-5 (Diagnostic Classification, 0-5) has diagnostic description/criteria appropriate for this age group
- Therapeutic interventions are necessarily dyadic



EVIDENCE-BASED THERAPIES/INTERVENTIONS FOR INFANTS AND YOUNG CHILDREN

- Child Parent Psychotherapy (CPP), 0-5
- Child First, 0-6
- Circle of Security (COS), 0-5
- Attachment Biobehavioral Catch-up (ABC), 0-5
- Parent-child Interaction Therapy (PCIT), 3-7
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), 3-18
- Parenting programs (i.e., Incredible Years, Strengthening Families, Triple P)
- Home visiting programs (i.e., NFP, Healthy Families America)



MODULE 5: BUILDING AN INFANT AND EARLY CHILDHOOD MENTAL HEALTH-INFORMED PRACTICE

“THE BIG PICTURE”

IECMH in an
Office Setting

Family
Leaders

Community
Outreach



SUPPORTING CHILD AND FAMILY FLOURISHING IS A TEAM SPORT

Pediatricians don't do this by themselves but in collaboration with others that support families.



High Performing Medical Homes to Advance Early Relational Health

Redesigned Well-Child Visits

- Holistic **team-based care**
- Comprehensive **well-child visits** based on Bright Futures and EPSDT
- Family-centered, **strengths-based, relational**, holistic approaches
- **Recommended screening** for development, social-emotional development, perinatal depression, and social drivers of health
- **Reach Out And Read** as universal promotion

Relational Care Coordination

- **Routine** care coordination as part of medical home
- **Intensive care coordination** for more complex medical conditions or social risks
- **Relational care coordination staff** (e.g., community health workers, peer navigators)
- More **effective responses, completed referrals, and linkages** to community

Other Services and Enhance Supports

- **Integrated programs in primary care** to promote ERH and development (e.g., DULCE, HealthySteps, and VIP)
- Integrated mental health
- Families engaged as advisors and partners
- **Referrals and/or linkages** to other services (e.g., home visiting, early intervention, dental care, early care and education, parent-child mental health therapy, nutrition programs)

Adapted from: Willis DW, Paradis N, Johnson K. The paradigm shift to early relational health: A network movement. *Zero to Three*. 2022;42(4):22-30.
Johnson K, Bruner C. *A Sourcebook on Medicaid's Role in Early Childhood: Advancing high performing medical homes and improving lifelong health*. Child and Family Policy Center. 2018.
https://www.inckmarks.org/docs/pdfs_for_Medicaid_and_EPSDT_page/SourcebookMEDICAIDYOUNGCHILDRENALL.pdf



FAMILY ADVISORS CAN ADVANCE EQUITABLE HEALTH CARE



Engagement of families is necessary through all stages of healthcare to provide children the best possible care that equitably addresses their wellbeing and health.

THE RELATIONAL HEALTH WORKFORCE

IECMH Consultants

Relational Care

Coordinators

Family Developmental
Specialists

Family Service Workers

Community Health
Workers

Home Visitors

Family Coaches

Promotores

Community Based Doulas

Family Navigators



IMPORTANT LINKAGES FOR THE MEDICAL HOME: EARLY CHILDHOOD

- Part C and Part B – Early Intervention
- Early Head Start/Head Start
- Child Care Health Consultants
- Lactation Specialists
- Parent Educators
- Family Support Groups
- Mentoring and Home Visitation
 - Parents as Teachers Program
 - Healthy Families America Program
- Nurse Family Partnership
- Community Infant & Early Childhood Mental Health Clinicians
- Infant Mental Health Association (state-level)
- Postpartum Support International



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Infant and Early Childhood
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About Early Relational
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