Critical Reflections on a Changing World of Infant Mental Health

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Annual Meeting
Western Australia Association for Infant Mental Health

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Subiaco, Western Australia
Cultural Context of Infancy

Fathers and Infants

Evidence-Based Practices

Translational Issues: Research to Practice and Policy

Reaching the Hard to Reach

Diagnostic Approaches to Infancy and Early Childhood
A. CULTURAL CONTEXT OF INFANCY

INFANT MENTAL HEALTH AND THE RAPIDLY DEVELOPING MULTI-CULTURAL SOCIETIES OF THE 21ST CENTURY. ARE WE PREPARED?
Oversees Born Resident Population 28.2%. High Compared to OCED Countries

<table>
<thead>
<tr>
<th>Rank</th>
<th>Country</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>United Kingdom</td>
<td>1,207,050</td>
</tr>
<tr>
<td>2</td>
<td>New Zealand</td>
<td>611,380</td>
</tr>
<tr>
<td>3</td>
<td>Peoples Republic of China</td>
<td>481,820</td>
</tr>
<tr>
<td>4</td>
<td>India</td>
<td>432,690</td>
</tr>
<tr>
<td>5</td>
<td>Philippines</td>
<td>236,400</td>
</tr>
<tr>
<td>6</td>
<td>Vietnam</td>
<td>230,170</td>
</tr>
<tr>
<td>7</td>
<td>Italy</td>
<td>198,230</td>
</tr>
<tr>
<td>8</td>
<td>South Africa</td>
<td>178,680</td>
</tr>
<tr>
<td>9</td>
<td>Malaysia</td>
<td>156,460</td>
</tr>
<tr>
<td>10</td>
<td>Germany</td>
<td>125,800</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>United States</td>
<td>102,730</td>
</tr>
</tbody>
</table>
### Cautions: Projected population of Australia in 2041 & 2061

<table>
<thead>
<tr>
<th>Birth/woman</th>
<th>Migration</th>
<th>Projected Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2041</td>
</tr>
<tr>
<td>2.0</td>
<td>280,000</td>
<td>48.2</td>
</tr>
<tr>
<td>1.8</td>
<td>240,000</td>
<td>41.5</td>
</tr>
<tr>
<td>1.6</td>
<td>200,000</td>
<td>36.8</td>
</tr>
</tbody>
</table>
What will this look like in 2041, 2061?
Five Faces of Oppression (Young, 2010)

1. Exploitation
2. Powerlessness
3. Marginalization
4. Cultural Imperialism
5. Violence

Suggitt, A. (Chippewa), Andres, D. C.& Barnes-Najor, J. V. The dynamics of power and privilege in early childhood research and evaluation partnerships.
Part I: https://www.dropbox.com/s/u9akwlnsoud506i/PP%20in%20R%20-%20FINAL.pptx?dl=0

Andrews, D. C., Suggitt, A. (Chippewa), Barnes-Najor, J. V. The dynamics of power and privilege in research partnerships.
Part II: https://www.dropbox.com/s/57k5wm8cc1c8bfq/PP%20in%20R%20-%20Part%202%20.pptx?dl=0
# Forms of Racism

<table>
<thead>
<tr>
<th>Form</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>The behavior of individual members of a particular racial/ethnic group that is intended to have a differential and/or harmful effect on members of another racial/ethnic group.</td>
</tr>
<tr>
<td>Institutional</td>
<td>Policies of the dominant racial/ethnic institutions and behavior of individuals who control these institutions and implement policies that are intended to have a differential and/or harmful effect on minority race/ethnic groups.</td>
</tr>
<tr>
<td>Structural</td>
<td>Policies of the dominant racial/ethnic institutions and the behavior of the individuals who implement these policies and control these institutions, which are race/ethnic neutral in intent but end up having a differential and/or harmful effect on minority race/ethnic groups. Involves behavior that is race and gender neutral in intent. Intent is the main distinction between institutional and structural discrimination.</td>
</tr>
<tr>
<td>Internalized</td>
<td>A member of a stereotyped racial group internalizes the negative stereotypical messages about his/her own group to some degree.</td>
</tr>
</tbody>
</table>


Andrews, D. C., Suggitt, A. (Chippewa), Barnes-Najor, J. V. The dynamics of power and privilege in research partnerships. Part II: [https://www.dropbox.com/s/57k5wm8cc1c8bfq/PP%20in%20R%20-%20Part%202%20.pptx?dl=0](https://www.dropbox.com/s/57k5wm8cc1c8bfq/PP%20in%20R%20-%20Part%202%20.pptx?dl=0)
Microaggression

“brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color.”

## MicroAggressions

<table>
<thead>
<tr>
<th>Theme</th>
<th>Microaggression</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Ascription of Intelligence</em></td>
<td>“You are a credit to your race.”</td>
<td>People of color are generally not as intelligent as whites. It is unusual for someone of your race to be intelligent.</td>
</tr>
<tr>
<td></td>
<td>“You are so articulate.”</td>
<td></td>
</tr>
<tr>
<td>Denial of individual racism</td>
<td>“I’m not a racist. I have several Black friends.”</td>
<td>I am immune to races because I have friends of color.</td>
</tr>
<tr>
<td></td>
<td>“As a woman, I know what you go through as a racial minority.”</td>
<td>Your racial oppression is no different than my gender oppression.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“I can’t be a racist. I’m like you.”</td>
</tr>
<tr>
<td><em>Environmental</em></td>
<td>A college or university with buildings that are all named after White heterosexual upper class males.</td>
<td>“You don’t belong. You won’t succeed here. There is only so far you can go. You are an outsider/You don’t exist. People of color don’t value education. People of color are deviant.</td>
</tr>
</tbody>
</table>


Andrews, D. C., Suggitt, A. (Chippewa), Barnes-Najor, J. V. The dynamics of power and privilege in research partnerships. Part II: https://www.dropbox.com/s/57k5wm8cc1c8bfq/PP%20in%20R%20-%20Part%202%20.pptx?dl=0

POLICIES THAT INSTITUTIONS IMPLEMENT:

+ Boarding schools
+ Segregation within education, health, housing, criminal justice (the societal policies within these institutions have historically been and are often still exclusionary and inhibiting)

Andrews, D. C., Suggitt, A. (Chippewa), Barnes-Najor, J. V. The dynamics of power and privilege in research partnerships. Part II: https://www.dropbox.com/s/57k5wm8cc1c8bfq/PP%20in%20R%20-%20Part%202.pptx?dl=0
TOWARD A FRAMEWORK OF EQUITY

EQUALITY

EQUITY
Things to Know about Cultural Learning

Cultural understanding occurs by age 5

New cultural patterns are learned easier by young children than by others

Values are determined by culture of origin

Understanding cultural of origin interferes with understanding of a second culture

Old habits are not changed easily

# Contrasting Beliefs, Values, and Practices

<table>
<thead>
<tr>
<th>Anglo-European</th>
<th>Other Cultures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal control over the environment</td>
<td>Fate</td>
</tr>
<tr>
<td>Change</td>
<td>Tradition</td>
</tr>
<tr>
<td>Time dominates</td>
<td>Human interaction dominates</td>
</tr>
<tr>
<td>Human equality/equity</td>
<td>Hierarchy/rank/status</td>
</tr>
<tr>
<td>Individualism/privacy</td>
<td>Group welfare</td>
</tr>
<tr>
<td>Self-help</td>
<td>Birthright inheritance</td>
</tr>
<tr>
<td>Competition</td>
<td>Cooperation</td>
</tr>
<tr>
<td>Future orientation</td>
<td>Past orientation</td>
</tr>
<tr>
<td>Action/goal/work orientation</td>
<td>“being” orientation</td>
</tr>
<tr>
<td>Informality</td>
<td>Formality</td>
</tr>
<tr>
<td>Directness/openness/honesty</td>
<td>Indirectness/ritual/”face”</td>
</tr>
<tr>
<td>Practicality/efficiency</td>
<td>Idealism/theory</td>
</tr>
<tr>
<td>Materialism</td>
<td>Spiritualism/detachment</td>
</tr>
</tbody>
</table>

# Cultural Self Awareness for Home Visitors: Language and Communication Style

<table>
<thead>
<tr>
<th>Cultural Communication</th>
<th>Exemplars</th>
<th>Communication Style</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Asian</td>
<td>English, Bi-Lingual, Other</td>
</tr>
<tr>
<td></td>
<td>American Indian</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Arabic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Latino</td>
<td></td>
</tr>
<tr>
<td></td>
<td>African American</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Italian, Slavic</td>
<td></td>
</tr>
<tr>
<td>High Context</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anglo European</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swiss</td>
<td></td>
<td></td>
</tr>
<tr>
<td>German</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scandinavian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low Context</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

High Context Family

Low Context Home Visitor

Proximity and Touching
Eye Contact and Facial Expressions
Body Language
Gestures
Gender Roles

High Context Family
Cultural Self Awareness for Home Visitors: Family Structure and Childrearing Practices

- Family Composition
- Primary Caregivers
- Childrearing Practices
- Family Sleeping Patterns
- Family’s Response to Disobedience and Aggression
- Family’s Response to Crying Infant
- Family Perception of Child’s Disability
- Family’s Perception of Health and Healing
- Family’s Perception of Help-Seeking and Intervention
- Family’s Response to “Infant Mental Health” Issues

B. FATHERS AND INFANTS

ARE INFANT MENTAL HEALTH CONCEPTS MOTHER-CENTRIC? HOW TO RETORE FATHERHOOD TO A VALUED POSITION IN FAMILY LIFE?

Photos: Gustav Vigeland Sculpture Park, Oslo Norway 2009

MOTHERS TEACH BABIES ABOUT INNER CONTROL (Yogman, 1982).

FATHERS DO ROUGH AND TUMBLE, ESPECIALLY WITH BOYS (Fitzgerald, 1977; Power, 1981).

FATHERS ADD A PLAY DIMENSION, AN AROUSAL DIMENSION AND TEACH BABIES HOW TO GET BACK IN CONTROL (Yogman, 1982).

The Ecology of Father-Child Relationships: An Expanded Model

Risk Factors for Infants and Young Children

- Poverty
- Low birth weight
- Single parents
- Absent fathers
- Substance abusing mothers/fathers
- Transience
- Child abuse and neglect

- Lack of quality child care
- Low wage jobs for parents
- Unemployed parents
- Lack of access to health and medical care
- Low parent education levels
- Poor nutrition
- Lack of contact with dominant primary language
Fathers Who are High in Antisocial Behavior:

- Have children who perform more poorly on measures of emotion regulation and receptive vocabulary/verbal ability.
- Report more family conflict, parental distress, and poor father-child relationships

- Fitzgerald, McKelvey, Montañez, & Schiffman (2003)
MLS: Children’s Risky Behavior: Preschool to Kindergarten

Self regulatory dysfunction
Difficult temperament
Attachment (relationship) disorders
Internalizing/externalizing behavior problems
Parent-child relationship disturbances
Schemas for alcohol use and alcohol linked behavior
Poor value structure
Cognitive deficiencies
High risk peer network

Fitzgerald, Puttler, Mun & Zucker, 2000
Father Absence and Child Outcomes

Cognitive Development
Poor school achievement
Lower scores on intelligence tests
Lower grade point averages
Trouble with mathematical and puzzle tasks
Difficulties paying attention
Higher likelihood of being expelled, drop out
Lower higher education attainment

Social, Emotional & Moral Development
Poor moral development
Difficulty delaying gratification
More impulsivity
A weaker sense of right and wrong
Social and emotional maladjustment
Conduct and anxiety disorders

Developmental Psychopathology
Suicide
Deviant peer group selections
High rates of aggression, bullying, and antisocial behavior
Higher rates of physical and sexual abuse
Higher rates of involvement with the criminal justice system
Higher rates of alcohol and other drug problems
Earlier onset of sexual intercourse, smoking, AUD
Higher probability of possessing weapons

Photos: Gustav Vigeland Sculpture Park, Oslo Norway 2009
Resilience Factors and Child Development
Factors Highly Related to Early Developmental Success

1. Ongoing nurturing relationships with the same adults
2. Physical protection, safety, and regulation of daily routine
3. Experiences responsive to individual differences in such characteristics as temperament
4. Developmentally appropriate practices related to perceptual-motor, cognitive and social stimulation
5. Limit-setting (discipline), structure (rules and routines), and expectations (for positive outcomes)
6. Stable, supportive communities (violence free) and culture (American and, as appropriate, family origin): a sense of rootedness and connectedness
Father Involvement: Activation Relationship Theory, Shifting the Focus to what Fathers Do.

- **Play:** teach children how to handle their physical and emotional behavior in vigorous play

- **Encouraging Risk:** to take on challenges, independence, uncertainty

- **Protection:** from predators and poor peer relations

- **Discipline:** authority approach to discipline, rather than reasoning approach

Evidence clearly indicates that fathers independently have positive influences on child development in the areas of

Behavior Regulation (esp. with boys)
Emotion Regulation (esp. with girls)
Stronger attachment relationships
Social Competence
  more stress tolerance
  better internal locus of control
Social Maturity
  more likely to take initiative, use self-direction, less impulsivity

# Daniel Stern: Self and Intersubjectivity

<table>
<thead>
<tr>
<th>Components of Self</th>
<th>Organizational period</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergent Self</td>
<td>birth-2 months</td>
<td>Lewis &amp; Brooks-Gunn categories of self</td>
</tr>
<tr>
<td>Core Self</td>
<td>2-6 months</td>
<td>emergence of Intersubjective relatedness</td>
</tr>
<tr>
<td>Subjective Self</td>
<td>7-15 months</td>
<td>emergence of intersubjective self</td>
</tr>
<tr>
<td>Verbal Self</td>
<td>15 Months</td>
<td></td>
</tr>
</tbody>
</table>

**Intersubjective Relatedness:**

- **inter-attentionality:** sharing attention or joint attention

- **inter-affectivity:** social referencing, affective experience enters intersubjectivity:

  - **Affect attunement:** “performance of behaviors that express the quality of feeling of a shared affective state without imitating the exact behavioral expression of the inner state.

- **inter-intentionality:** mutual sharing of intentions and motives

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Homo Sapiens and Symbolic Meaning

“Human beings are creatures who are evolved to critically rely upon sharing symbolic meanings to live in their world, and such symbolic meanings, ‘depend upon the human capacity to internalize language and use its systems of signs…such a social meaning readiness is a product of our evolutionary past’ (Bruner, 1990).” (p. 271)

An emergent question is therefore: might the genders construct rather different stories, originating from a sexually selected, evolved neuronal template, and consequently, might the earliest expression of such narratives be represented in the first free play activities? (p.271).

Internal Working Models and Neuroimaging

"neuro-imaging studies reveal that mental models rely on the same brain sites that subserve perception (e.g., vision, audition, touch), action (e.g., movement) proprioception (balance), and interoception (e.g., visceral, emotional, and cognitive states). "*

Goethe’s Faust and Homunculus

Embodied Simulation Theory

Proposes that the ability to understand others’ intentional behavior has its origins in sensory-motor processing (imitation, mirror neurons) which is then scaffolded into more complex social-cognitive mental abilities and become embodied via experience.

- Sensory-motor, neuro-biological networks: Mirror neurons, imitation
- Organization of self-other differentiation
- Attachment and the emergence of cognitive representational memory
- Emergence of language and conversational meaning making

Mental Representations: Priming Set Points for Developmental Outcomes

C. EVIDENCE-BASED PRACTICE

EVERYONE KNOWS THAT INFANT MENTAL HEALTH INTERVENTIONS ARE EFFECTIVE, BUT WHERE IS THE EVIDENCE?
State regulations & benchmarks

P.A. No. 291-Voluntary Home Visiting Programs require additional evaluation with measurement of impact on key benchmarks in order to sustain eligibility for state-funded reimbursement for services.
Study 1: \(~300-400\) families

Study 2: \(~80\) families
7 counties, 12 sites

**Wayne**
- Hegira Programs, Inc.
- Development Centers
- Starfish Family Services
- The Guidance Center
- The Children's Center

**Jackson/Hillsdale**
- Highfields, Inc.
- Integro, LLC

**Midland**
- Central Michigan CMH

**Oakland**
- Oakland County Easter Seals

**St. Clair**
- St. Clair CMH

**Genesee**
- Genesee Health System
- Genesee County Easter Seals
Study 1 "mile wide, inch deep"

WHAT?

Quarterly assessments of 5 measures

- eDECA (development)
- PHQ-9 (depression)
- PSI-SF (parenting stress)
- ASQ (development)
- Demographic Profile

WHO?

All families with children ages 0-36 months engaged in IMH services enrolled during study period

WHERE?

Detroit-Wayne
Study 1 Overview

Time 1
- Demographics
- EDECA
- PHQ-9
- PSI-SF
- ASQ *

Time 2
- Demographics
- EDECA
- PHQ-9
- PSI-SF

Time 3
- Demographics
- EDECA
- PHQ-9
- PSI-SF

Time 4
- Demographics
- EDECA
- PHQ-9
- PSI-SF

Time 5
- Demographics
- EDECA
- PHQ-9
- PSI-SF

Time 6
- Demographics
- EDECA
- PHQ-9
- PSI-SF

Time 7
- Demographics
- EDECA
- PHQ-9
- PSI-SF

Time 8
- Demographics
- EDECA
- PHQ-9
- PSI-SF
Study 2 "mile deep, inch wide"

**WHAT?**

Many assessments collected on families and clinicians at the start of IMH services, 3, 6, 9, 12 months in, and bi-weekly.

**WHO?**

New families enrolling in IMH services with children ages 0-24 months during study period

**WHERE?**

12 sites in 7 counties across Michigan
HomVEE Benchmark Domains + 1

- Maternal Health
- Child Health
- Positive Parenting
- Linkages & Referrals
- Reductions in Child Maltreatment
- Family Economics & Self-Sufficiency
- Child Development & School Readiness
- Reductions in Juvenile Delinquency & Family Violence & Crime
- Therapist / Therapy / Reflective Supervision
## Collecting Video & Audio

<table>
<thead>
<tr>
<th>Measure</th>
<th>Bi-weekly months 1-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mind Mindedness Speech Sample (Clinician Collected)</td>
<td>x</td>
</tr>
<tr>
<td>Free Play Video Observation (Clinician Collected)</td>
<td>x</td>
</tr>
<tr>
<td>Strategy</td>
<td>Tasks</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Building an Alliance</td>
<td>• Visits regularly in the home&lt;br&gt;• Provides telephone support&lt;br&gt;• Observes, listens, accepts and nurtures&lt;br&gt;• Provides stable, consistent relationship&lt;br&gt;• Identifies and meets material needs</td>
</tr>
<tr>
<td>Meeting Material Needs</td>
<td>• Facilitates access to community agencies&lt;br&gt;• Provides transportation to services&lt;br&gt;• Discusses safety issues&lt;br&gt;• Uses material needs to teach problem solving</td>
</tr>
<tr>
<td>Emotional Support</td>
<td>• Observes, listens, feels and responds&lt;br&gt;• Identifies and reinforces feelings&lt;br&gt;• Sets limits for behavior&lt;br&gt;• Establishes expectation for change</td>
</tr>
<tr>
<td>Developmental Guidance</td>
<td>Provides information about infant/toddler growth and development&lt;br&gt;• Uses formal assessment to show infant/toddler's capacities and next steps&lt;br&gt;• Shares literature if appropriate&lt;br&gt;Encourages parents to interact positively with infant/toddler&lt;br&gt;• Encourages observation and interaction&lt;br&gt;• Speaks for infant/toddler&lt;br&gt;• Models, reinforces or shapes appropriate interaction&lt;br&gt;• Provides toys and books</td>
</tr>
<tr>
<td>Infant-Parent Psychotherapy</td>
<td>Observes patterns of interaction&lt;br&gt;Defines issues of clinical concern&lt;br&gt;Assists parent to&lt;br&gt;• Identify feelings and put them into words&lt;br&gt;• Understand reactions, defenses and coping strategies&lt;br&gt;• Find words to understand, grieve, forgive and heal&lt;br&gt;• Develop new, healthier patterns of interaction</td>
</tr>
<tr>
<td>Developing Social Support and Life Coping Skills</td>
<td>Helps parent to&lt;br&gt;• Resolve conflicts with family members&lt;br&gt;• Understand need for social support and obligations involved&lt;br&gt;• Identify possible friends, community groups and services&lt;br&gt;• Use anticipatory role play to rehearse use of social supports&lt;br&gt;Models and teaches problem-solving and decision-making&lt;br&gt;Encourages parent to plan for next birth, school completion or employment&lt;br&gt;Supports parent in using new skills</td>
</tr>
</tbody>
</table>

*Core Components*

*Weatherston & Tableman*
Study 2 – The Caregivers

- Depression
  - 49% reach clinical cutoff
  - 13% suicidal thoughts

- Domestic Violence
  - 22% screen positive

- Parenting Stress
  - 51% reach clinical cutoff

- ACE Score
  - 5 out of 10

- PTSD
  - 40% reach clinical cutoff

Much variation – scores ranged from lowest to highest possible scores.
Research Advisory Board

MITRE

Michigan Infant Toddler Research Exchange

EMU

Ann Stacks

EMU

Alissa Huth-Bocks

Wayne State

Holly Brophy-Herb Hiram Fitzgerald Laurie Van Egeren

Michigan State University

Larissa Niec

CMU

Paul Spicer
D. REACHING THE HARD TO REACH

WILL WE CHANGE RELATIONSHIPS ONE DYAD OR TRIAD AT A TIME (ROUGHLY 2 BILLION DYADS OUT THERE), OR DO WE NEED MORE COMPREHENSIVE WAYS TO ENGAGE COMMUNITIES WITH INFANT MENTAL HEALTH CONCEPTS AND PRACTICES.
Building Community Assets to Sustain Positive Change: Modeling and Tracking Community Change Over Time from a Systems Perspective

Adapted from: Robert Brown and Celeste Sturdevant Reed (2001) © Michigan State University, University Outreach and Engagement
## Spectrum of Outcomes

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>INITIAL OUTCOMES</th>
<th>INTERMEDIATE OUTCOMES</th>
<th>LONG-TERM OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Skills, Values, Attitudes, Beliefs, Opinions</td>
<td>Understanding, Emotions, Self-expression, Spiritual Awareness</td>
<td>Individual practice and behavior, Spiritual practice</td>
</tr>
<tr>
<td>Group or Family</td>
<td>Shared Group/Family: culture, norms, values, beliefs, morals, ethics, world views, Mutual understanding, Mutual agreement</td>
<td>Group/Family relationships, Group/Family practices, Group/Family interaction</td>
<td>Status, Condition</td>
</tr>
<tr>
<td>Agency</td>
<td>Shared agency culture, norms, values, beliefs, morals, ethics, world views, Mutual understanding, Mutual agreement</td>
<td>Inter-departmental relationships, Agency management practices, Service delivery practices</td>
<td>Status, Condition, Agency structures/system and its governance</td>
</tr>
<tr>
<td>Delivery System or Neighborhood</td>
<td>Shared system culture, norms, values, beliefs, morals, ethics, world views, Mutual understanding, Mutual agreement</td>
<td>System member relationships, System member interaction, System practices</td>
<td>Status, Condition</td>
</tr>
<tr>
<td>Community</td>
<td>Shared community social norms, culture, values, beliefs, morals, ethics, world views, Community interests, Mutual understanding, Mutual agreement</td>
<td>Relationships among groups, neighborhoods, Civic action, Community dialogue</td>
<td>Status and condition: social, economic, environmental, Community structures/infrastructure, Community governance structure, laws</td>
</tr>
</tbody>
</table>
MODEL: Community-Education Systems Approach: Developing a community collaborative model
Power of We Consortium
The PWC Focus Areas

1. Intellectual & Social Development
2. Physical & Mental Health
3. Environmental Resources
4. Dynamic, Diverse, Vibrant Economy
5. Community Safety
6. Sense of Community Cohesion
The PWC Network: Focus Area 1

Intellectual & Social Development

- Data Committee Indicators:
  - School Readiness
  - Student Performance
  - High School Graduation
  - Education Beyond High School
  - Teen Pregnancy
  - Juvenile Delinquency & Crime
  - Youth Development
The PWC Network: Focus Area 1
Intellectual & Social Development
The PWC Network Organizational Cultures

**Clan:** cultures are family-like, focus on mentoring, nurturing, and doings things together.

**Adhocracy:** cultures loose structures that are dynamic and entrepreneurial, focus on risk-taking, innovation, and doing things first.

**Market:** cultures are results oriented, with a focus on competition, achievement, and getting the job done.

**Hierarchy:** cultures are structured and controlled, focus on efficiency, stability, and doing things right.

Organizational Cultural Assessment Instrument (Cameron & Quinn, 2010).

Characteristics of Corporate Culture

dominant characteristics
organizational leadership
management of employees
organization glue
strategic emphases
criteria of success
Red (Clan), Purple (Hierarchical), Blue (Adhocacy), Green (Market). Size if square reflects number of relationships. #103,41,24 are founding partners; 3, 26,20 are community-based, neighbourhood-based organizations).
Constance Lillis’ Neuro-relational Framework


*Frontline staff from multiple sectors (executive, relevance, sensory, & regulatory).
Constance Lillis’ community neuro-relational intervention network

E. Translational Issues: Research to Practice and Policy

Researchers and practitioners are not sufficient to influence public policy about the important of infancy and early childhood for normative human development. Why should we care about policy issues?
Striking income inequality results in

disconnection

disadvantage

impaired cognitive and emotional development

limited social skills

social dysfunction

psychological distress

reduced performance

increased cost to society

preventable morbidity

and early demise
Differentiating stress from distress

**POSITIVE**
Brief increases in heart rate, mild elevations in stress hormone levels.

**TOLERABLE**
Serious, temporary stress responses, buffered by supportive relationships.

**TOXIC**
Prolonged activation of stress response systems in the absence of protective relationships.

Williams, H.S. (2016). The role of the primary care paediatrician in promoting social health through direct care, community involvement and advocacy. Pediatric Grand Rounds, Oct. 27. Sparrow Hospital, Lansing, MI
Toxic Stress Affects Brain Development in Children


Williams, H.S. (2016). The role of the primary care paediatrician in promoting social health through direct care, community involvement and advocacy. Pediatric Grand Rounds, Oct. 27. Sparrow Hospital, Lansing, MI
Much of the most significant development of the gray matter occurs in the first five years of life

Williams, H.S. (2016). The role of the primary care paediatrician in promoting social health through direct care, community involvement and advocacy. Pediatric Grand Rounds, Oct. 27. Sparrow Hospital, Lansing, MI
The quantity of gray matter in a child’s cerebral cortex at age three is directly related to the socioeconomic stratum in which he or she grows up. The higher the stratum, the greater the amount of gray matter.
Gray matter growth in early life is directly related to socioeconomic status


For confirmation of epigenetic explanation for findings, need to consider repeating study with twins separated at birth though assembling large enough $n$ may be a challenge
What are the connections among toxic stress, neocortical and limbic system development, and health outcomes?

Williams, H.S. (2016). The role of the primary care paediatrician in promoting social health through direct care, community involvement and advocacy. Pediatric Grand Rounds, Oct. 27. Sparrow Hospital, Lansing, MI
Potential effects if risk factors left unmitigated and toxic stress results

Williams, H.S. (2016). The role of the primary care paediatrician in promoting social health through direct care, community involvement and advocacy. Pediatric Grand Rounds, Oct. 27. Sparrow Hospital, Lansing, MI
Table 1: National Center for Children in Poverty. Ten Recommendations for Policymakers for Enhancing Social-Emotional Development of Very Young Children.

1. **Promote quality child care settings** that support social-emotional development and the mental health of young children.

2. **Prevent severe emotional and behavioral problems** among young children by using child or family risk-factors to determine service/supports eligibility and access.

3. Address the **lack of trained providers** in health, mental health and early care and education settings.

4. Require the use of standardized tools when screening young children and their parents.

5. Implement the use of **DC-O3R as a tool** for reimbursement for screening and services for Medicaid and other third-party payers.

6. Support and fund the use of developmentally (and culturally) appropriate screening and assessment of very young children.

7. Require and fund the consistent and appropriate application of **effective intervention strategies** for young children and their families.

8. Establish and put into practice **policies to identify parents with mental illness** who have young children, and provide parenting supports and treatment as needed.

9. Ensure that home visiting programs can address the needs of children and their families with social-emotional and behavioral problems.

10. Create mechanisms, including through Medicaid, to support development and reimbursement for onsite mental health consultation in early care and learning settings.

F. DIAGNOSTIC APPROACHES TO INFANCY AND EARLY CHILDHOOD

REALLY? SERIOUSLY? PSYCHIATRIC DIAGNOSES FOR INFANTS AND TODDLERS?

WHAT DO WE GAIN BY IDENTIFYING SOCIAL-EMOTIONAL PROBLEMS DURING INFANCY AND EARLY CHILDHOOD? DO WE NEED TO LABEL THEM?
Purpose of DC:0–3R

Intended to:

- Focus on the first 3 years
- Provide a developmentally sensitive diagnostic tool for infants/young children
- Consider the impact of relationships
- Consider problems/behaviors not captured by other classification systems
- Complement other systems (e.g., DSM, ICD)
Framework for Creating the Diagnostic Classification: DC:0–5

- Empirically derived
  - weight given to those disorders with more research
- Clinically meaningful
  - value practitioner input
The Balancing Act

Identify children with a clinically impairing disorder to increase chance of access to evidence-based treatments.

Avoid pathologizing children, demonstrating normal variations of typical development.
Global Changes in Revision DC:0–5

The new edition (DC:0–5):

- Includes disorders occurring in children from birth through 5 years old
- Captures new findings relevant to diagnoses in young children
- Addresses lingering concerns about DC:0–3 and DC:0–3R
- Maintains a multiaxial classification system
- Is comprehensive and not reliant on other nosologies
- Includes a number of disorders not previously included in DC:0–3R
- Defines and specifies symptoms in children less than 1 year old whenever possible
Key Changes to DC:0–5: Axis I: Clinical Disorders

- Examples of New Disorders:
  - Relationship Specific Disorder of Infancy/Early Childhood
  - Early Atypical Autism Spectrum Disorder (EAASD)
  - Disorder of Dysregulated Anger and Aggression of Early Childhood (DDAA)
  - Developmental Coordination Disorder
The Relational Nature of Infant Mental Health

Infants and toddlers exist within a network of relationships in the family and community guided by values and beliefs of the culture. The quality of relationships within the network and between each person and the baby influences his or her development.

Lieberman, 2007
Key Changes to DC:0–5: Axis II: Relational Context

- Broader view of relationship context
  - Relationship, not individual, that is rated
  - Contributions on the part of the infant/young child as well as the parent/caregiver are considered

- Two distinct dimensions rated
  - Caregiving Relationship
  - Caregiving Environment
Key Changes to DC:0–5: Axes III, IV, and V

- **Axis III: Physical Health Conditions and Considerations**
  - focuses on the physical health context of the child’s clinical presentation

- **Axis IV: Psychosocial Stressors**
  - revised and reorganized (with international perspective)

- **Axis V: Developmental Competence**
  - includes expanded focus on the integration of all domains of infancy/early childhood development, including emotional, social-relational, language-social communication, cognitive, and motor and physical domains
What is a normal child like? Does he just eat and grow and smile sweetly? No, that is not what he is like. The normal child, if he has confidence in mother and father, pulls out all the stops. In the course of time, he tries out his power to disrupt, to destroy, to frighten, to wear down, to waste, to wangle, and to appropriate. . . . At the start he absolutely needs to live in a circle of love and strength (with consequent tolerance) if he is not to be too fearful of his own thoughts and of his imaginings to make progress in his emotional development."

—Winnicott, 1948
Red Flag Behaviors or Patterns

Behaviors that:

• are unusual for the infant/young child
• cause parents and others to see the infant/young child as “difficult”
• make satisfying interactions difficult
• are seen in multiple settings by a number of people
• persist
• cause distress or impairment to the infant/young child and family

Parlakian and Seibel (2002)
Multiple Modes of Assessment

- Interview with the primary caregiver(s)
- Interaction with/interview of the infant/young child
- Collection of collateral information
- Formal or unstructured observations
  - child
  - caregiver–child interactions
- Formal testing procedures
- Observation of clinician’s own subjective reactions/associations
# Developmental Milestones and Competency Ratings on “By 6 Months Old” Table

<table>
<thead>
<tr>
<th>Competency Domain</th>
<th>Milestone</th>
<th>Milestone Rating</th>
<th>Comments</th>
<th>CDR*</th>
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</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>Responds to affection with smiling, cooing, or settling.</td>
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<td></td>
<td>Demonstrates a range of emotions that includes happiness, excitement,</td>
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<td>sadness, fear, distress, disgust, anger, joy, interest and surprise.</td>
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<td>Expresses anger, frustration, or protest with distinct cries and facial</td>
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<td></td>
<td>expressions.</td>
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<tr>
<td></td>
<td>Recovers from distress when comforted by caregiver.</td>
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<tr>
<td>Social-Relational</td>
<td>Imitates some movements and facial expressions, (e.g., smiling or</td>
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<tr>
<td></td>
<td>frowning).</td>
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<td></td>
<td>Engages in socially reciprocal interactions (e.g., playing simple</td>
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<td></td>
<td>back-and-forth games).</td>
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<td></td>
<td>Seeks social engagement with vocalizations, emotional expressions, or</td>
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<td></td>
<td>physical contact.</td>
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<tr>
<td></td>
<td>Watches faces closely.</td>
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</table>
Why Diagnose in Infancy and Early Childhood?

- To use “shared language” among professionals and families
- To guide treatment
- To provide service for families
- To determine the need for additional services
- To be able to link the infant’s/young child’s presentation to research that has focused on diagnoses to describe course and treatment approaches
- To seek authorization/reimbursement
“Critical engagement reflects profound intentionality—to work with others in ways that are truly participative, critical, transformative, democratic, pluralistic, and systemic or holistic.”

“It involves making sense of and creating knowledge of the world we experience in a manner that evokes all of the elements of what Bohm (1992) refers to as our “thought system,” which includes thoughts and feelings.”

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