






WISCONSIN ALLIANCE FOR
INFANT MENTAL HEALTH
— Early Relationships Matter —

Series on Supporting Healthy Early
Brain Development
June 19th, 2014



The plan:

- **Relevant programs and initiatives currently in place in Wisconsin**
 - WI Alliance for Infant Mental Health
 - Pyramid Model
- **Policy initiatives implemented in other states that are intended to positively influence early brain development**
 - Continuity of Care

3

What Infant Mental Health is NOT:





F. Birchman / MSNBC.com

4

Infant Mental Health is a multi-disciplinary field


- It crosses all systems and disciplines

5

System of Care

- A continuum of comprehensive services focused on:
 - Promotion
 - Prevention/Early Intervention
 - Treatment




Infant and Early Childhood Mental Health

- “The developing capacity of the child from birth to five to:
 - Experience, regulate, and express emotion
 - Form close and secure interpersonal relationships
 - Explore the environment and learn

all in the context of family, community and cultural expectations for young children”

Adapted from a working definition developed by Zero to Three; National Center for Infants, Toddlers and Families—Infant Mental Health Task Force



“There is no such thing as a baby, there is a baby and someone else...”

—D.W. Winnicott



Why relationships are so important

- Relationships are the cornerstones, the foundation for child’s development
- “Through relationships, a child learns to construct not only a sense of self, but also of the reality of the world in which she lives”

• Stanley Greenspan, M.D.
Great Kids (2007)



Early Relationships Matter!

“Each achievement- language and learning, social development, the emergence of self-regulation- occurs in the context of close relationships with others.”

Neurons to Neighborhoods, National Academy of Science, 2000



Infant Mental Health (IMH)

- IMH involves the development of trust, self confidence, motivation, persistence, and self- control
- IMH is synonymous with healthy social and emotional development
- Develops through relationships with parents and other caregivers.
 - IMH is fostered through nurturing and supportive relationships.
- Teaches the child that she/he has an impact on her/his environment.



Why Care: Wisconsin Facts

- 212,019 infants and toddlers
- 41% of children under age 3 live in low income families
- 21% live in families in poverty
- 32% live with a single parent
- 55% have at least one risk factor known to increase the chance of poor health and developmental outcomes



Why Care: National data

- About 1 in 3 children enter kindergarten not knowing how to pay attention in class
- 42% of childcare programs have “expelled” infants or toddlers due to social or emotional problems
- More children expelled from pre-kindergarten settings than kindergarten through 12th grade combined



Why Care?

- Healthy social and emotional development is linked to success in school and beyond

“Across a range of studies, the emotional, social, and behavioral competence of young children—such as higher levels of self-control and lower levels of acting out—predict their academic performance in first grade, over and above their cognitive skills and family backgrounds”

Raver, C.C. & Knitzer, J. (2002)

- Healthy social and emotional development is a protective factor against child abuse and neglect



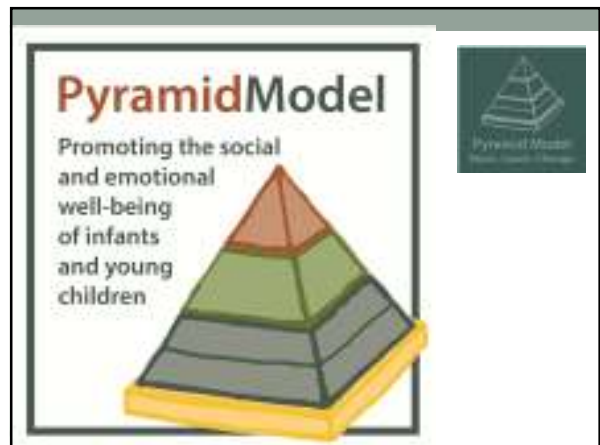
Wisconsin Alliance for Infant Mental Health (WI-AIMH)

Work through existing public and private structures to enhance people’s ability to support healthy social and emotional development through culturally competent & relationship-based practices



WI-AIMH

- Promote infant mental health through:
 - Building awareness
 - Developing professional capacity
 - Fostering partnerships and policies that support infants, young children and their families



Pyramid Model

- Evidence based prevention /intervention framework for ALL children
- Supports healthy social and emotional development
- Reduces challenging behaviors
- We can support caregivers/professionals (parents, teachers, home visitors, early interventionists) to be more aware of their own behaviors and dispositions
- We can provide caregivers/professionals with tools and practical strategies so that they can
 - teach children to manage their strong negative emotions
 - teach children be more empathetic, friendly and cooperative and ready for school

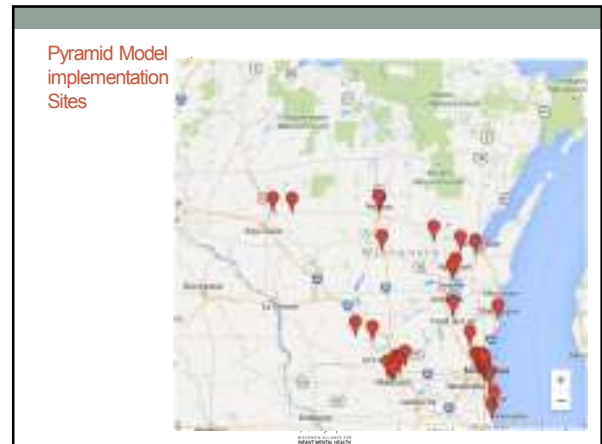


Pyramid Model is a cross systems initiative: training options

- Infant/Toddler Modules
- Preschool Modules
- 8-part training series
- Home Visiting/ Family Coaching Modules
- Parenting Modules:
 - PIWI: Parents Interacting with Infants
 - Positive Solutions for Families



TRAINING COMPONENTS	OUTCOMES % of Participants who Demonstrate Knowledge, Demonstrate New Skills in a Training Setting, and Use New Skills in the Classroom		
	Knowledge	Skill Demonstration	Use in the Classroom
Theory and Discussion	10%	5%	0%
...+Demonstration in Training	30%	20%	0%
...+ Practice & Feedback in Training	60%	60%	5%
...+ Coaching in Classroom	95%	95%	95%



Supporting Parents: Parents Interacting with Infants (PIWI) groups

- A way to support the natural competence parents have about their children
- A chance to join in with parents in providing developmentally supportive environments to expand parents' knowledge and understanding of their children

3 key goals

- increase parental competence
- Increase parental confidence
- Increase mutual enjoyment

Parents Interacting with Infants

- PIWI supports parent's capacity to engage in "serve and return" interactions that are so essential for proper brain development.

What do we need to continue this work?

- Time
- Coordination
- Coaching
- Focus
- Resources

POLICY INITIATIVES IMPLEMENTED IN OTHER STATES THAT ARE INTENDED TO POSITIVELY INFLUENCE EARLY BRAIN DEVELOPMENT

Continuity of Care

What is Continuity of Care?

• “The concept of continuity of care refers to the policy of assigning a primary infant care teacher to an infant at the time of enrollment in a child care program and continuing this relationship until the child is three years old or leaves the program.”

J, R, Lally & S. Signer

- Continuity of care is in line with research on the fundamental importance of stable, secure relationships that are vital in shaping brain development



Barriers to continuity of care

- Lack of understanding and support in implementing continuity of care
- Subsidy eligibility requirements
- Reimbursement rates for infant/toddler care



Other states:

- Indiana child care center licensing rules (adopted in 2003) require child care centers to make “reasonable effort to achieve continuity of care for infants and toddlers up to 30 months of age
- 10 states (Arkansas, Illinois, Louisiana, Michigan, Missouri, New Mexico, Nevada, South Carolina, South Dakota, and Wyoming) report paying a higher rate for infant care



Recommendations

- Educate parents and professionals about the importance of continuity of care (importance of stable, continuous relationships, particularly early in life)
- Adjust licensing/regulation rules to promote continuity of care for all children under the age of 3
- Increase length of authorization from 6 months (current) to at least 12 months
- Address and promote continuity of care in the YoungStar quality standards for child care programs



Early Relationships Matter!



Thank you!

Lana Nenide, MS, IMH-E® (IV)
Associate Director
WI Pyramid Model State Coordinator
<http://www.wiimh.org>
133 South Butler Street, Suite 340
Madison, WI 53703
Phone: 608-442-0360
E-mail: lnenide@wiimh.org

