NHCBH Workforce Development Network

Foundational Competencies in Children’s Behavioral Health

Early Childhood Mental Health
Mission

The NH Children’s Behavioral Health Workforce Development Network is to build a sustainable infrastructure for the professional development of the children’s behavioral health workforce based upon the core competencies and infused with the system of care core values and guiding principles.
NH Children’s Behavioral Health
Core Competencies

- System of Care Core Values and Principles
- 7 Key Domains
- Levels: Foundational, Intermediary, Advanced
Foundational Competency Modules

Early Childhood Mental health

Foundational Level
Early Childhood Mental Health

Ellyn Schreiber
LMHC, and ECFMHC, Advanced-RPC
Community Bridges
Importance of Early Childhood Experience

- Shapes the developing brain
- Early relationships define our “working model”
- Provide a safe-base to freely explore and learn
- Learn co-regulation
- Acquire the ability to calm ourselves
- Manage sensation and emotion
- Mitigates the negative impacts of stress and trauma
- Greatest protective factor against developing PTSD
Infant Mental Health

• Complex multi-disciplinary field
• Promoting protective factors
• Encompasses developmental, medical, relational, familial and societal issues
A working knowledge of
— neurodevelopment,
— child development,
— family systems,
— parent-child interaction, and
— an understanding of the impact of social issues and adult issues.
Prenatal Experiences Impacts Development

Positive influences
• Low stress
• Good health & nutrition,
• Supportive relationships
• Absence of toxic exposure

Negative Influences
• Exposure to toxic substances
• Chronic maternal stress
• Inadequate nutrition
In Infancy, it’s about Attachment

The first three years a child’s brain is developing at a rapid rate

- Sets the stage for a child’s expectations about the world around him
- Defines his working model for relationships
- Implications for cognitive, motor, social and communication development
- Mitigates the impact of trauma
... and supporting optimal brain development

- Basic brain structures are developed by about 25 weeks gestation
- Brain cells grow through a process called “neurogenesis”.
- Key processes are: Synaptogenesis, Pruning, and Myelination
- Repeated experience leads to the growth of dendrites, the reinforcing of some synapses, while lack of reinforcement prunes others
Neurons, Axons, Dendrites, and Synapses
Babies are wired to get the input they need for optimal brain development through typical interactions with a nurturing caregiver in a safe environment.
Three Core Concepts in Early Development

Serve & Return Interaction Shapes Brain Circuitry

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD
Center on the Developing Child | Harvard University
Pruning Impacts Development

• Pruning is a normal and necessary process.
• Pruning also occurs when typical experiences do not happen.
• Severe deprivation significantly impacts brain development, learning, language and social skills.
Early Experience Shapes the Brain

Early childhood experience has far reaching implications for
- later mental health,
- physical well-being,
- social and relational success

Chronic exposure to toxic stress negatively impacts brain development
The Impact of Trauma and Toxic Stress

• Stress can be described as Normal, Tolerable or Toxic
• An environment of fear or perceived threat to safety
• Lack of availability of an attachment figure, frequent disruption of the attachment relationship, or safety risks for the attachment figure can all be experienced as traumatic
• Experiencing toxic stress show structural and functional differences
Impact of Chronic Stress

• Impacts hormones in the brain
• Cortisol is known as the stress hormone
• Elevated and atypical cortisol levels
• Elevated cortisol acts as a toxic bath for the brain and body
• The state of “fight or flight” becomes a trait
• Interferes with learning, memory
• Significant implications for relationships and behavior
Life Long Impacts of Toxic Stress

The ACE Study (Adverse Childhood Experiences) demonstrated that the frequency of adverse experiences in childhood predicts serious health outcomes for later life (http://www.cdc.gov/ace/)
Adverse Experiences Pyramid

Early Death

Disease, Disability, and Social Problems

Adoption of Health-risk Behaviors

Social, Emotional, & Cognitive Impairment

Adverse Childhood Experiences

Conception

Whole Life Perspective

Death

Scientific Gaps

NH Children’s Behavioral Health Collaborative
Creating a unified system of care
Attachment

a deep and enduring emotional bond that connects one person to another across time and space

A Brief History
Attachment Theory

1950’s and through the 1970s
Anna Freud, Renee Spitz, Harry Harlow, John Bowlby and Mary Ainsworth, and Mary Main

• Need for comfort and nurturance is as primary as other basic drives
• Lack of a safe and nurturing attachment figure

1960’s
John Bowlby

• Research on attachment between infants and the primary caregiver
John Bowlby’s Work on Attachment

Four Observable Characteristics

• Proximity Maintenance
• Safe Haven
• Secure Base and
• Separation Distress

Three key propositions

1. Primary caregiver available to them
2. Confidence is forged during a critical period of development, during the early years
3. Children develop these expectations based on these experiences
Mary Ainsworth’s Work on Attachment

Now-famous "Strange Situation" Study observing children between the ages of 12 to 18 months old during a protocol in which attachment behaviors elicited

Four categories of behaviors are measured and observed:
1. separation anxiety
2. the infant’s willingness to explore
3. stranger anxiety and
4. reunion behavior

Defined three different types:
- secure attachment,
- ambivalent-insecure attachment, and
- avoidant-insecure attachment.
Later Attachment Work

1980’s disorganized-insecure attachment

• Attachment figure does not feel safe to the child, the child is conflicted and unable to use them for comfort

• Predictive of relationship issues and behavioral concerns

• Cultural differences in attachment styles
Attachment Styles, Strange Situation Protocol
Supporting Parent-Infant Relationships

Good attachment predicts better outcomes

• Understand themselves, their history and what they bring to the parenting role
• Understand the world through their child’s eyes
• Supporting patterns of interaction that strengthen attachment
Experience is NOT the Only Thing that Matters

Genetic predisposition
Complex interplay between “nature or nurture”
Important to Remember
Early Childhood Experience

• Many implications for later mental health
• Essential to gather a comprehensive history that includes:
  pregnancy and birth history,
  early medical concerns,
  early childhood development,
  attachment history,
  exposure to trauma, and
  quality of the primary care-giver infant relationship.
Early Childhood System of Care

- Early Supports and Services
- Preschool Special Education
- Division Children, Youth and Families
- Childcare
Early Childhood System of Care

- Home Visiting Programs
- Medical services
- Headstart
- Early Headstart
- Behavioral Health
State and National Resources

• State Resources:
  – NHAIMH www.nhaimh.org
  – www. Earlylearningnh.org
  – www.eeinnh.org

• National Resources:
  – Zero to Three: zerotothree.org
  – developingchild.harvard.edu
  – Child Trauma Academy: Childtraumacademy.org
  – National Childhood Traumatic Stress Network: nctsnet.org
  – Center for Social Emotional Development: csefel.vanderbilt.edu
Credits

Ellyn Schreiber, LMHC, and ECFMHC, Advanced-RPC
Email: eschreiber@communitybridgesnh.org

NH Association for Infant Mental Health
Community Bridges, Concord, NH
The Endowment for Health

Introduction by Deborah Davidson, NAMI NH
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