

## Let's Put this Puzzle Together! Collaboration between an Early Head Start and an Infant Mental Health Program

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## Workshop Objectives:

- Gain knowledge about infant mental health and learn to identify risk factors in young children and their primary caregivers.
- Develop a new perspective on the importance of inter-disciplinary collaboration in relation to serving young children in impoverished communities.
- Reflect on how you can contribute to make effective inter-disciplinary collaboration a reality in your own program.

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## What is Infant Mental Health?

- Capacity to experience, regulate, and express emotion.
- Ability to form close and secure interpersonal relationships.
- Capacity to explore the environment and learn.
- Synonymous with healthy social and emotional development.

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## What is Infant Mental Health in Practice?

- A strength-based multidisciplinary collaboration to support children in achieving optimal developmental potentials:
  - Physical Health
  - Developmental Issues
  - Family Functioning
  - Goodness of Fit in Caregiving Relationships

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## Why Early Intervention?

- Prevent children from developing severe problems later on in life, such as behavioral problems, mental illnesses, special education needs, or criminal violations.
- Improve the quality of life in the here and now.

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## Why Early Intervention?

- Take advantage of the plasticity of the brain in the first 5 years of life.
- Establish healthy attachment to support typical developmental progress.
- Alter unhealthy relationship patterns to break cycle of dysfunction.

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### Risk Factors in Children

- Premature birth (low birth weight)
- Neurological damages
- Physical disabilities
- Developmental delays
- Poor nutrition
- Drug or alcohol exposure
- Over-reactive nervous system

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### Risk Factors in Parents

- Parental mental health issues
- Chronic medical conditions
- Substance use
- Life stressors (i.e., financial burdens and marriage problems)
- Social isolation
- Preexisting dysfunctional parenting belief

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### Family/Community Risk Factors

- Domestic violence
- Poverty
- Community violence
- Immigration issues
- Homelessness
- Undesirable living arrangements
- Lack of community resources

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### Westside Infant-Family Network (WIN)

- A collaborative prevention and intervention program designed to promote healthy attachment between children (ages 0-3) and their families in impoverished West Los Angeles communities.
- WIN's 3 collaborating agencies: St. Joseph Center, Venice Family Clinic, and Westside Children's Center.

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### WIN's Mission

- To ensure that families with prenatal through three-year-olds receive culturally sensitive mental health care and community resources that they need to strengthen their families in order to achieve secure attachment with their children.

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### Service Components of WIN

- Clinical Services
  - Secure Attachment
  - Self-Regulation
  - Interpersonal relationships
- Case Management
  - Ameliorate immediate concerns regarding the family's basic needs
- Community Training
  - Increase awareness and knowledge of IMH

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### Service Components of WIN

- Clinical Services
  - Home-based
  - Weekly dyadic therapy
  - Collateral therapy session with parents/caregivers as needed
  - Culturally sensitive
  - Strength-oriented
  - Relationship-focused

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### Service Components of WIN

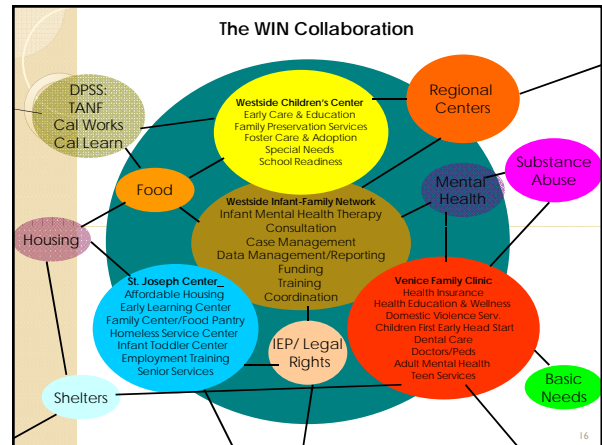
- Case Management
  - Cross-sector comprehensive support
  - In-home intensive service coordination
  - Advocacy
  - Administer screening tools
    - Ages and Stages Questionnaire 3
    - Ages and Stages Questionnaire: Social Emotional
    - Parenting Stress Index – Short Form

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### Service Components of WIN

- Community Training
  - A broad range of training topics that are relevant to the field of infant mental health
  - Between 30 – 40 hours of training each year
  - Promoting inter-disciplinary approach

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### Children First Early Head Start

- We are an Early Head Start program with a funded enrollment of 180.
- We serve expectant mothers and families with children aged 0-3.
- We are primarily Home-Based, but also offer Prenatal, Family Childcare, and Center-Based.
- Our grantee is Venice Family Clinic (VFC), a free health clinic based in Venice, CA.

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### Children First EHS Mission

- Our mission is to optimize the quality of life for infants, toddlers, and pregnant women by enriching relationships among families, communities, and staff through child development, education and parent empowerment. We promote a continuum of care including comprehensive health services, social services, and community referrals.

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## Our Relationship with WIN

- Venice Family Clinic was one of the original collaborating agencies for the Westside-Infant Family Network.
- WIN had identified infant mental health as a social service need among low-income families on the Westside.
- WIN also identified that families with young children have trouble accessing traditional modes of mental health (office visits).
- WIN began soliciting referrals from its partner agencies.

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## A Shared Case

- “Maria” was originally referred to EHS by a social worker during a well child visit because the doctor was concerned about mom.
- SW r/o major concerns, but was worried regarding mother’s social isolation and concerned that she may have postpartum depression.

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## “Maria” and Family

- Maria enrolled in Home-Based when she was 1 month old and we learned that:
- She was the only child in a 2-parent family.
- Mother stayed home and father worked full-time.
- Both parents were excited to have Maria but Mom was feeling overwhelmed.

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## EHS Home Visits

- Home Visitor found that there was little stimulation in the home and Maria slept many hours a day (more than typical for her age).
- When Maria was awake, she had limited affect.
- Mom struggled to interact with other parents at a social.
- Maria showed gross motor delays on the ASQ by 8 months old.

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## Introducing the Family to WIN

- Throughout this time, the Home Visitor had consulted with her supervisor, the MH Coordinator, and presented the case at Case Review.
- We knew that Maria and family needed more services, but we also knew that it would be challenging to convince mom.
- The MH Coordinator attended a social and talked to mom in person about WIN.
- Mother agreed because she was concerned that Maria rarely smiled.

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## WIN to the Rescue

- Mom was initially ambivalent about WIN and told her Home Visitor she didn’t feel she needed additional services.
- WIN therapist worked hard to build relationship and address mom’s concerns regarding child’s gross motor delays.
- Slowly, mother began admitting to therapist that she & husband may be overprotective of Maria.

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## WIN Treatment Objectives

- Fostering a healthy nurturing relationship between Maria and her mother.
- Increasing Maria's capacity to experience, regulate, and express emotions.
- Helping the mother to develop insight regarding how her affect might impact Maria's mood and behavior.
- Enhancing Maria's social emotional development.

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## The Process of Dyadic Therapy

- Maria and her mother received 12 months of WIN services.
- Key therapeutic interventions:
  - Child-centered floortime
  - Sensory activities
  - Modeling and prompting
  - Strength-based reflection
  - Exploration and normalization

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## A Successful Termination

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| <p><b>Maria:</b></p> <ul style="list-style-type: none"> <li>• Increased affect</li> <li>• Age-appropriate curiosity and social behaviors</li> <li>• Improved ability to self-regulate</li> <li>• Increased capacity to communicate and express ideas</li> </ul> | <p><b>Mother:</b></p> <ul style="list-style-type: none"> <li>• Increased affect</li> <li>• Socially and emotionally responsive</li> <li>• Improved ability to self-reflect</li> <li>• Increased insight in multiple areas of life</li> </ul> |
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## Elements of Effective Collaboration

- Shared goals between WIN and EHS but different specialties.
- Each agency understanding and appreciating those specialties.
- WIN's availability and accessibility to our families.
- Communication - being able to closely facilitate the referral and stay in contact during case.

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## Challenges in Collaboration

- Helping families understand the differences between our services.
- Avoiding splitting.
- Coordinating services (time) – case management, screenings, etc.
- Availability does not always match (EHS & WIN wait lists).
- Overlapping but different service areas.

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## Conclusion & Reflections

- What are existing resources in your program for IMH referrals / trainings / services?
- Are there multiple levels of support, for staff as well as families?
- Do you feel that existing IMH resources in your program are being fully utilized?

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