



Alliance for the Advancement of
Infant Mental Health

What About the Baby? Infant and Early Childhood Mental Health Workforce Development as a Part of the Solution to the Opioid and Substance Use Disorder Crises

The U.S. opioid epidemic is a multigenerational crisis that has lasting negative impacts on child development and family stability. The Alliance for the Advancement of Infant Mental Health (the Alliance) is a global organization made up of thousands of multidisciplinary professionals across all sectors of the infant and early childhood workforce. These professionals care deeply about infants, young children, and families and represent stakeholders in 29 US states as well as Australia and Ireland. We know that preventive actions, family-focused interventions, and collaborative policies that prioritize early identification and implementation of specialized services to address substance use disorders (SUDs) will be most effective when parent-infant/young child relationships are considered as part of the solution.

In the face of adversity, hope and healing will be found in positive, protective, and supportive relationships. **The parent-infant/young child relationship is the vehicle for repair that can break the cycle of substance use-substance abuse-rehabilitation and relapse.** Addressing the opioid epidemic using a relational health approach is critical to repairing the disrupted relationship that an infant or toddler has experienced when their parent/caregiver has succumbed to substance use and abuse. This work is the highly specialized service that an infant and early childhood mental health-informed (IECMH) professional provides. IECMH-informed service providers are trauma-informed and demonstrate expertise in keeping the focus on infants and young children, while already overburdened systems address the challenges of SUDs in parents and caregivers. An infant and early childhood mental health approach is especially important during this national crisis involving opioid addiction, overdoses, neonatal abstinence syndrome (NAS), and the resulting effects. Therefore, we must commit to identifying and securing funding for professional development and services that promote a two-generation, relationship-based, IECMH-informed approach.

Good Infant Mental Health Matters as Children's Early Experiences Impact Their Lifelong Outcomes

Each one of us has a shared investment in supporting the brain development of infants and young children, ensuring a foundation that supports a lifetime of learning and productive participation in society. By tending to the needs of a parent/caregiver with an SUD, the needs of the child, and the relationship between the parent/caregiver and the child, professionals can more effectively respond to the epidemic at hand. Such an approach would reduce harmful learning, behavioral, and health problems later in life. **When only the needs of parents/caregivers are addressed, opportunities are missed in meeting the needs of the infants and young children, who are particularly vulnerable as their parents' misuse substances in this devastating epidemic.**

There are many ways that IECMH-informed professionals can impact families affected by SUDs. Some examples of comprehensive intervention/treatment approaches that integrate principles of infant and early childhood mental health might include:

- Home visitors who support grandparents grieving the loss of an adult child who has overdosed while also caring for very young grandchildren who have survived this trauma.
- IECMH consultants who help early childhood educators better understand what infants who experienced neonatal abstinence syndrome might need in the childcare settings, for example, enhanced soothing strategies.
- Early childhood educators who identify children who are struggling as a result of substance exposure and connect families to community supports without judgment.
- Special education professionals who incorporate relationship-centered strategies through Individualized Education Plans that are implemented in classroom settings.
- Child welfare workers and family court judges who receive support to develop visitation schedules that are sensitive to infants'/young children's developmental stage and capacity, that are safe, and that are responsive to the infants'/young children's relationship needs.
- IECMH practitioners who provide services to parent-child dyads or families where the parent(s) are experiencing guilt and shame from their SUD and the consequent trauma that it caused. These practitioners may provide Infant-Parent Psychotherapy or Child-Parent Psychotherapy (two-generation approaches) that focuses on the development of secure parent-child attachment and the reduction of the intergenerational transmission of trauma, thereby reducing the risk of parents' relapse and the risk of SUDs for the next generation.
- IECMH practitioners who provide evidence-based, attachment-focused group parenting programs that help parents with SUDs understand how a secure attachment with their children should look and how their own histories of being parented impact their current parenting behaviors. Group participation also builds protective factors by fostering a sense of community, support, and social connectedness.

- Medical and early intervention professionals (such as neonatologists, pediatricians, advanced practice nurses, public health nurses, occupational therapists, speech and language pathologists, and physical therapists) who respond sensitively to the regulatory needs of newborns and young infants as well as support the parents to develop nurturing relationships from the start.
- Addiction treatment specialists who understand attachment and the effects of separation, trauma, grief, and loss on emerging attachment relationships between the parent and the infant/young child to better support treatment success.
- Reflective supervisors who provide a safe space in which practitioners can process their own feelings about harm done to infants or young children as a result of parents' SUDs, thereby preventing those biases or judgments from interfering with the provision of sensitive, compassionate services to families.

The root cause of the SUD “is probably the most dangerous thing in the household—whether that’s mom’s history of abuse or neglect or sexual assault or whatever it is. That thing will continue to come back and haunt that caregiver and the child-caregiver relationship for a very long time unless it’s addressed.”

*-Nadine Burke Harris, M.D., 2017
www.motherjones.org*

Ensuring that Our Workforce Is Infant/Early Childhood Mental Health-Informed

The Alliance firmly believes that professionals *from across all service sectors* who touch the lives of infants, young children, and families should have knowledge and skills in infant and early childhood mental health (IECMH). IECMH workforce development strategies can prepare professionals to identify and address trauma and Adverse Childhood Experiences (ACEs), which increase for children when their parents have SUDs. System partners and professionals who participate in promotion, prevention, intervention, and leadership are keys to building the capacity of our IECMH workforce because every individual in every system has a role in how IECMH looks within their sphere of influence. Workforce capacity building is recommended to include multi-systemic education about SUDs, including those involving opiates. Such education is critical when it comes to assessing safety planning and supporting the parent-child relationship across settings.

The Alliance is building and sustaining a reflective, skilled, culturally competent, and relationship-based workforce that supports infants, young children, and families so that all children begin their lives with warm, sensitive, stable, and responsive caregiving relationships. This workforce development is supported through the Endorsement[®] credential. The *Endorsement for Culturally Sensitive, Relationship-focused Practice Promoting Infant and Early Childhood Mental Health*[®] is utilized by 29 state infant mental health (IMH) associations across the U.S., supporting the use of uniform and nationally recognized competencies and standards to ensure that individuals engaged in multidisciplinary fields supporting infants, young children, and families are trained in the current science of child development, infant and early childhood mental health principles, and relationship-based practices. The *Competency Guidelines*[®] provide a professional development path for cross-sector professionals who support the health and wellness of infants and young children, including the support of family units where SUDs are present.

Our goal is for all professionals who touch the lives of families with infants and young children to ask, “What about the baby?” With this frame of reference in mind, these professionals will be best prepared to respond in ways that take into consideration the family relationship and mental health needs of infants and young children. Policy makers and community leaders also must ask the question, “What about the baby?” In response, we urge policy makers and community leaders to commit to the following:

- Partner with their respective state’s infant mental health association.
- Sponsor and promote training for the infant-family workforce that broadens the understanding of the effects of SUDs on infants, young children, and families.
- Sponsor and promote training for the medical and addiction treatment workforce to broaden the understanding of an IECMH-informed perspective.
- Sponsor reflective supervision/consultation opportunities for all segments of the workforce that touch the lives of infants, young children, and families.
- Identify and implement funding mechanisms for Medicaid or other funding sources to cover services that are IECMH-informed (e.g., early intervention, IECMH consultation, home visiting programs) and for IECMH treatment/interventions (e.g., Infant-Parent Psychotherapy, Child-Parent Psychotherapy, Circle of Security-Parenting).

REFERENCES AND RESOURCES

Infant and Early Childhood Mental Health Competencies

Michigan Association for Infant Mental Health. (rev. 2017). *Competency Guidelines for Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant and Early Childhood Mental Health*[®]. MI-AIMH: Southgate, MI.

Paradis, N, Eidson, F., & Weatherston, D. (2017). Building Competency for Providers in the Early Childhood Mental Health Field. *ZERO TO THREE Journal*, 37 (7).

ZERO TO THREE. (2017). Infant and Early Childhood Mental Health Competencies: A Briefing Paper. <https://www.zerotothree.org/resources/2116-infant-and-early-childhood-mental-health-competencies>

Reflective Supervision

Osofsky, J. & Weatherston, D. Guest Editors (2016). *Infant Mental Health Journal*, Advances in Reflective Supervision and Consultation: Pushing Boundaries and Integrating New Ideas into Training and Practice. 37(6).

Watson, C., Harrison, M., Hennes, J., & Harris, M. (2016). Revealing “the space between”: Creating an observation scale to understand infant mental health reflective supervision. *ZERO TO THREE Journal*, Measuring and Building Reflective Capacity, 37(2).

ZERO TO THREE Journal (2016). Special Issue: Measuring and Building Reflective Capacity, 37(2).

Substance Exposed Infants

Blyth, Stacy. (2017). Neonatal abstinence syndrome and infant mental health. *Australian Nursing and Midwifery Journal*, 4(6).

Lester, B., Tronick, E, et.al. (2002). The Maternal Lifestyle Study: Effects of Substance Exposure During Pregnancy on Neurodevelopmental Outcome in 1-Month-Old Infants. *Pediatrics*, 110(6).
<http://pediatrics.aappublications.org/content/pediatrics/110/6/1182.full.pdf>

Rutherford, H., Potenza, M., & Mayes, L. (2013). The neurobiology of addiction and attachment. In N. E. Suchman, M. Pajulo, & L. M. Mayes (Eds.) *Parenting and substance abuse*. (pp. 3-23). New York: Oxford University Press.

Spielman, E., Herriott, A., Paris, R., & Sommer, A. (2015). Building a model program for substance-exposed newborns and their families: From needs assessment to intervention, evaluation and consultation. *Zero to Three Journal*, 36(1), 47-56.

Suchman, N.E., Decoste, N., Ordway, M.R., & Bers, S. (2013). Mothering from the Inside Out: A mentalization-based individual therapy for mothers with substance use disorders. In N. E. Suchman, M. Pajulo, & L. M. Mayes (Eds.) *Parenting and substance abuse*. (pp. 407-433). New York: Oxford University Press

Relationship-Based Interventions

Pajulo, M., Suchman, N., Kalland, M., & Mayes, L. (2006). Enhancing the effectiveness of residential treatment for substance abusing pregnant and parenting women: Focus on maternal reflective functioning and mother-child relationship. *Infant Mental Health Journal*, 27(5), 448-465.

Renk, K., Boris, N. W., Kolomeyer, E., Lowell, A., Puff, J., Cunningham, A., Khan, M., & McSwiggan, M. (2016). The state of evidence-based parenting interventions for parents who are substance-involved. *Pediatric Research-Nature*, 79 (1): 177-183.

Suchman, N., Mayes, L., Conti, J., Slade, A., and Rounsaville, B. (2004). Rethinking parenting interventions for drug-dependent mothers: From behavior management to fostering emotional bonds. *Journal of Substance Abuse Treatment*, 27(3).

Suchman, N. and Pajulo, M. (2006). Parenting Interventions for Drug-Dependent Mothers and Their Young Children: The Case for an Attachment-Based Approach. *Family Relations*, 55(2).

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1847954/>

FOR MORE INFORMATION AND RELATED STATEMENTS:

The Alliance for the Advancement of Infant Mental Health[®]

- <https://www.allianceaimh.org>

American Academy of Pediatrics statement:

- <http://pediatrics.aappublications.org/content/early/2017/02/16/peds.2016-4070>

Children's Bureau/ACYF/ACF/HHS:

- Parental substance use and the child welfare system
<https://www.childwelfare.gov/pubPDFs/parentalsubabuse.pdf>

MIECHV:

- <https://thedaltondaleygroup.org/wp-content/uploads/2016/10/Updated-MIECHV-and-Opioid-Brief.pdf?x34865>

NASW statement:

- <https://www.socialworkers.org/News/News-Releases/ID/1603/NASW-supports-President-Trumps-declaration-of-opioid-epidemic-as-public-health-crisis>

National Perinatal Association statement:

- http://www.nationalperinatal.org/resources/Documents/Position%20Papers/2017_Perinatal%20Substance%20Use_NPA%20Position%20Statement.pdf

Office of Special Education:

- Topical Issue Brief: Intervention IDEAs for Infants, Toddlers, Children, and Youth Impacted by Opioids:
https://osepideasthatwork.org/sites/default/files/IDEAsIssBrief-Opioids-508_0.pdf

Pregnant & Parenting Women Tools for Treatment

- <http://atccppwtools.org>

SAMHSA:

- Supporting the Development of Young Children in American Indian and Alaska Native Communities Who Are Affected by Alcohol and Substance Exposure
- https://www.acf.hhs.gov/sites/default/files/eecd/tribal_statement_a_s_exposure_0.pdf
- Protecting Our Infants Act: Final Strategy
- https://www.samhsa.gov/sites/default/files/topics/specific_populations/final-strategy-protect-our-infants.pdf
- National Center on Substance Abuse and Child Welfare
- <https://ncsacw.samhsa.gov>
- Advancing the Care of Pregnant and Parenting Women with Opioid Use Disorder and their Infants
- http://files.www.cmhnetwork.org/news/Advancing_the_Care_of_Pregnant_and_Parenting_Women_with_Opioid_Use_Disorder_and_their_Infants_-_A_Foundation_for_Clinical_Guidance_-_pdf