

evolve

THERAPEUTIC SERVICES

A Family-Centred Recovery Orientated Practice Framework for Infant and Early Years Mental Health

Evolve Therapeutic Service State-wide Infant Mental Health Practice
Framework Contextualising Document

A family-centred recovery orientated practice framework for infant and early years mental health: Evolve Therapeutic Service (ETS) State-wide Infant Mental Health Practice Framework Contextualising Document

Published by the State of Queensland (Queensland Health), November 2017



This document is licensed under a Creative Commons Attribution 3.0 Australia licence. To view a copy of this licence, visit creativecommons.org/licenses/by/3.0/au

© State of Queensland (Queensland Health) 2017

You are free to copy, communicate and adapt the work, as long as you attribute the State of Queensland (Queensland Health).

For more information contact:

Evolve Therapeutic Services State-wide Program Management (Child and Youth Mental Health Service, Children's Health Queensland Hospital and Health Service), 289 Wardell St, Enoggera QLD 4051, Email: ETS-SW-ProgramManagement@health.qld.gov.au

Disclaimer:

The content presented in this publication is distributed by the Queensland Government as an information source only. The State of Queensland makes no statements, representations or warranties about the accuracy, completeness or reliability of any information contained in this publication. The State of Queensland disclaims all responsibility and all liability (including without limitation for liability in negligence) for all expenses, losses, damages and costs you might incur as a result of the information being inaccurate or incomplete in any way, and for any reason reliance was placed on such information.

Table of Contents

Table of Contents	3
Summary	4
Infant Mental Health	5
The Queensland Centre for Perinatal and Infant Mental Health (QCPIMH): A family-centred recovery orientated practice framework for infant and early years mental health	6
Building Family Capacity and Social Connectedness.....	7
Facilitating Regulation of Infant / Child Emotions and Behaviour	9
Growing Caregiver Understanding of Self, Others and Relationships.....	11
Enhancing the Caregiver – Infant / Child Relationship	13
Increasing Caregiver Knowledge	15
Enhancing Caregiver Parenting Skills.....	16
Optimising Developmental Outcomes.....	18
Supporting Caregiver Health and Mental Health	19
Glossary	20
References	21

Summary

A large body of evidence demonstrates pronounced adverse experiences in infancy, including repeated exposure to neglect, chronic stress, and abuse, can be harmful to an infant / young child's global development. It is recognised that evidence based infant mental health therapeutic input is required by skilled infant mental health clinicians, when responding to infants and young children with a compromised trauma history.

As of 30th June 2016, there were 1476 children under the age of 4 subject to short-term child protection orders and 441 children under the age of 4 subject to long-term child protection orders within Queensland.

Evolve Therapeutic Services (ETS) is funded by the Department of Communities, Child Safety and Disability Services (DCCSDS). ETS provides specialist intensive trauma-informed tertiary level mental health interventions for children and young people in out-of-home care with severe and complex mental health needs.

Within the 2016-2018 Service Agreement between DCCSDS and all ETS teams, DCCSDS included that provision of service "to children aged 0-4 years will be encouraged".

A Practice Framework for Infant Mental Health was recently developed by The Queensland Centre for Perinatal and Infant Mental Health (QCPIMH), CYMHS, Children's Health Queensland (CHQ) Hospital and Health Services. This framework requires contextualising into a tertiary Mental Health Child Protection context.

This document was developed to as a guiding resource to inform the practice framework for Infant mental health within a tertiary mental health child protection setting to enhance ETS workforce knowledge development and to enhance and inform ETS service provision when responding to infants and young children with a compromised trauma history.

Infant Mental Health

Infants are born primed for social engagement, with a set of attachment behaviours to elicit caregiving responses from primary attachment figures, to support their cognitive, social, emotional and physical development. Infant mental health (IMH) recognises the infant / young child as an individual who develops within the context of caregiving relationships, focusing on the wellbeing of infants, young children and their families / caregivers within a broader social context, to mitigate against risk and to support the infant / young child's global development via caregiving relationships.

An infant / young child within Evolve Therapeutic Services may reside with biological parents, foster carers, kinship carers or a combination of these. Understanding the uniqueness of each relationship for the infant and assessing the strengths and vulnerabilities of the infant, biological parents, foster carers and kinship carers can provide a more comprehensive understanding of the individual and collective needs to support the infant's attachment relationships and development potential.

An early and timely biopsychosocial assessment that is family-centred, relationship-focused, developmentally-informed, trauma informed and culturally sensitive explores:

For the infant:

- Their experience of caregiving relationships;
- Trauma history and characteristics;
- Developmental concerns; and
- Immediate and long term risk factors.

For the caregivers and families:

- Their experience of the infant;
- Caregiving sensitivities;
- Family history;
- Familial / carer relationships;
- Family / carer functioning; and
- Social and cultural connectedness.

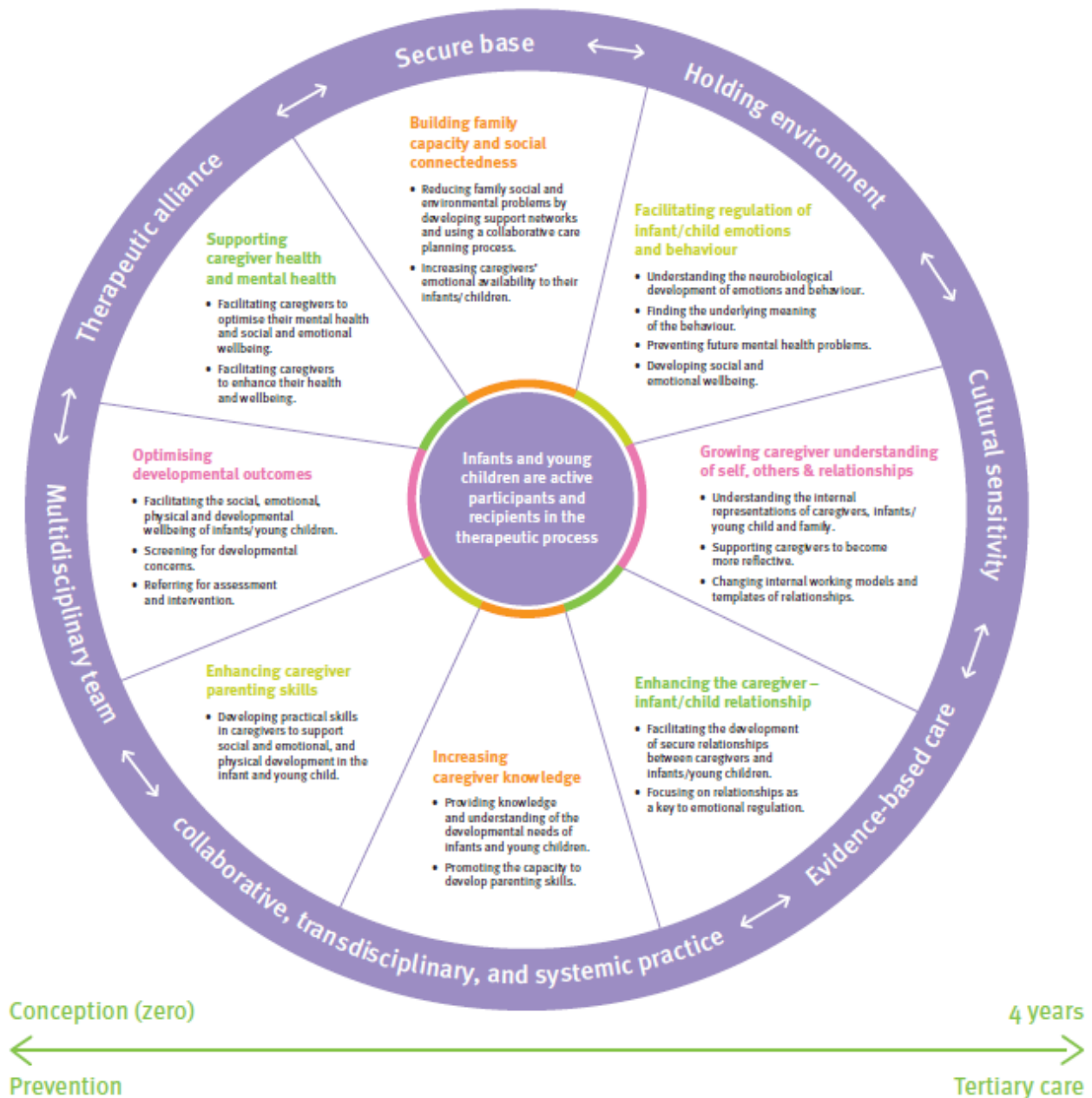
The assessment then provides the ETS Clinician with an opportunity to develop a shared understanding of current concerns experienced by the infant, caregivers and their families and identify support needs. Working together with caregivers, stakeholders and other support services can provide access to a range of comprehensive, integrated services for the infant, family and caregivers.

It is acknowledged that infants / young children within a child protection context might experience a number of added complexities that may further contribute to their experience of complex and developmental trauma. Given these complexities regular reviews with the Consultant Psychiatrist and presentations at the Multi-Disciplinary team (e.g., 4-6 weekly as 3 months is a long time in an infant's life) recommended. Assessment and therapeutic input assists to provide stability, predictability and safety for the infant, caregivers and families, to ensure and enhance placement stability, so that the infant can develop secure attachments and reach their full developmental potential.

Queensland Centre for Perinatal and Infant Mental Health

A family-centred recovery orientated practice framework for infant and early years mental health

Informed by biopsychosocial ecological and developmental theories of reflective, representational, and transactional infant mental health practice.

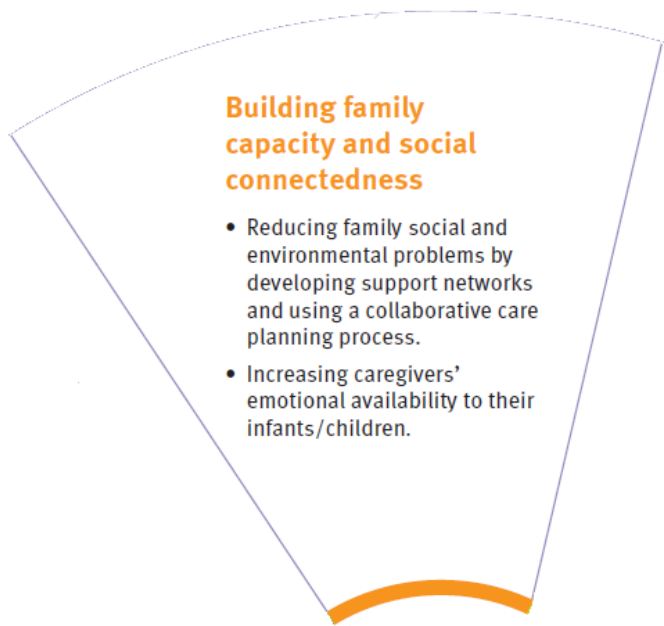


Supported by an understanding of and contribution to the evolving knowledge and evidence base in infant mental health through incorporating its application into clinical care; evaluating and researching the effectiveness of therapeutic interventions for infants, young children and their families; and sharing information and outcomes.



Developed by the Queensland Centre for Perinatal and Infant Mental Health (QCPIMH), Children's Health Queensland Hospital and Health Service, with the support of the National Perinatal Depression Initiative.
© Queensland Government February 2017





Building Family Capacity and Social Connectedness

Why?

The presence of psychosocial stressors can compromise a caregiver's capacity to effectively reflect on the infant / young child's behaviour and sensitively respond to their social and emotional needs. Being physically, emotionally, and psychologically available to an infant / young child becomes increasingly more difficult if the caregiver's own needs are not being met.

Exploring the types of stressors experienced by caregivers, both as a response to their caregiving roles and due to their social and environmental circumstances can assist in identifying the dynamic interpersonal factors that may be impacting on the caregiver's emotional availability

and in turn the infant / young child's attachment relationship.

The caregiver – infant / child relationship is also influenced by other relationships within the family and the broader, social, environmental and cultural systems. Collaborating with caregivers, families and stakeholders, to identify concerns, and increase community supports and social engagement can alleviate individual and family social and environmental problems, to reduce current or potential risk factors for the infant's well-being and global development.

What do I need to consider?

- Do the current psychosocial stressors pose any immediate or long term risks to the infant / young child's physical or emotional safety?
- What needs to be immediately addressed to ensure the infant / young child's current care and protective needs are being met?
- How does the caregiver understand the current stressors and impact on the:
 - Self?
 - Infant / young child?
 - Caregiver – infant / child relationship?
- What stressors have increased or commenced since the infant / young child was removed from biological parents and placed in out-of-home care?
- What would the caregiver find helpful in order to manage:
 - Self?
 - Infant / young child?
 - Life?
- How is the caregiver being supported to work / study / care for other children / meet care plans / access support and engage with services?
- What are my roles and responsibilities and how does this fit with the caregivers needs for support / referral?
 - Who is responsible to support the caregiver in being able to attend to their own mental health needs?
 - Who is responsible to support the caregiver in being able to attend playgroup with the caregiver and infant / young child?
 - Do I need to recontract my role?
 - How can the ETS team develop a strong collaborative partnership with local government and non-government agencies to provide the infant / young child, their families and caregivers access to the right services for improved client care and outcomes.

Consider what psychosocial stressors might be getting in the way of the caregiver being physically and emotionally available to their infant / young child for each of these:

- Biological parents: reduced parenting role; challenges associated with meeting care plans; loss of benefits, reduced income impacting on housing, transport, food and health care, own trauma history, substance use / misuse, relationship challenges etc.
- Foster Carer: loss of privacy, pressures from agencies, service burnout, unprepared to care for infant / young child with multiple challenges, own trauma history, impact of carer on their own biological children, understanding and acceptance of maintaining the infant / young child's connection to culture (especially for Aboriginal and TSI infants / young children).
- Kinship Carer: associated guilt, shame and grief around own child's inability to care for infant / young child; loss of independence / lifestyle; managing family reactions / family conflict and possible social isolation / exclusion, own trauma history, financial pressures.

Facilitating Regulation of Infant / Child Emotions and Behaviour

Facilitating regulation of infant/child emotions and behaviour

- Understanding the neurobiological development of emotions and behaviour.
- Finding the underlying meaning of the behaviour.
- Preventing future mental health problems.
- Developing social and emotional wellbeing.

Why?

Newborns are not able to self-regulate (i.e. feeding, sleeping, temperature, emotions) The neurobiological development of emotional and physical regulation is experience dependant and therefore reliant on caregiving relationships to externally support the infant's physiological needs for survival and psychological states for emotional well-being. When a caregiver is attuned to the infant's regulatory needs and responds appropriately, consistently and predictably the infant will become increasingly self-regulating.

It is recognised that all caregivers aim to do the best they can to care and provide for their infant / young child based on the current resources and

skills that are available to them. However, psychosocial stressors for the caregiver (e.g. domestic violence, substance abuse / misuse, mental health, poverty etc) can impact on their capacity to be attentive to the infant / young child's physical and psychological states, with prolonged exposure leading to insults in brain development via insensitive care, interpersonal abuse, neglect and trauma, and can result in difficulties with the infant / young child's regulation of emotions and behaviour. This in turn reduces the infant / child's capacity to accurately display their distress, seek comfort and protection from their caregiver and develop competencies in self-regulation, affecting later health, cognitive capacity, personality development and interpersonal relationships.

Whilst adverse experiences can affect the infant / child's regulation, reparative relational experiences with a sensitively attuned and responsive caregiver can mediate long term emotional and behavioural disturbances caused by early developmental trauma. Interventions to decrease psychosocial stressors and support parenting skills can help the caregiver see the infant / child's needs, understand the underlying meaning of the infant / young child's behaviour, educate caregivers about what infant / young children need for good mental health and wellbeing and enhance caregiving sensitivities and responsiveness to promote the infant's self-regulation.

What do I need to consider

- What is the caregiver's understanding of infant / young child's development and what can occur following adverse developmental experiences?
- What informs the caregivers understanding of what infant / young children need:
 - Professional values and beliefs?
 - Childhood experiences?
 - Experience of parenting their own children / foster children?
- Are the caregiver's expectations of the infant / young child's capabilities realistic? i.e. expectations that infant needs to calm themselves down, as the caregiver does not want to promote dependency.
- What is the caregiver's experience of being nurtured by their own parents / caregivers?
 - How does this affect their ability to be with their infant / young child?
 - Can they respond to the infant / young child's needs despite how difficult it is for the caregiver?
- How does the caregiver understand the underlying meaning of the infant / young child's behaviour?
 - Connection vs attention; does the caregiver interpret the infant / young child's behaviour as "manipulation" or as a way to seek comfort and reassurance through connecting with the caregiver?
 - Does the caregiver understand the impact of trauma on the infant's physiological arousal, stress states and associated miscues for support and connection?
- Can the caregiver reinterpret the infant / young child's behaviour?

- Are they able to take on new information and develop more nurturing alternative ways of responding?
- How does the caregiver attend to the infant's needs physically, emotionally, and relationally?
 - Does the caregiver's behaviour act to engage and accommodate the infant / young child's needs.

Consider how you might support the caregiver to 'be with' their infant / young child.

- Providing consistency and predictability of time and place can contain and hold a therapeutic space for the infant / young child, caregiver and clinician.

Psychologically holding and containing the caregivers experience and the caregiver – infant / young child's relationship, with a reassuring presence, can help the caregiver and the relationship remain emotionally regulated. Being with the caregiver in their emotional experience, helping them to feel connected and understood can help them begin to see the infant / young child's needs to provide contingent, appropriate and sensitive caregiving, and help organise their infant / young child's emotions.

Growing Caregiver Understanding of Self, Others and Relationships

Growing caregiver understanding of self, others & relationships

- Understanding the internal representations of caregivers, infants/ young child and family.
- Supporting caregivers to become more reflective.
- Changing internal working models and templates of relationships.

Why?

Research has demonstrated an association between the quality of attachment relationship and the reflective function abilities of both the caregiver and infant / young child. This reflective capacity known as reflective functioning requires caregivers to think about and understand the thoughts, feelings, intentions and behaviour of another and differentiate them from their own. Caregivers with high reflective functioning can think about how their behaviour and mental states impacts on the infant / young child and vice versa.

However, how caregivers perceive and respond to their infant / young child's thoughts feelings, intentions and behaviour is based on their own internal working models or internal representations of the self, their infant and

others, which, in part, is derived from the caregiver's earliest relational experiences. Likewise, the caregiver's response to their infant / young child's needs, based on their own experiences, will in turn impact upon the infant / young child's developing representations of self and others.

Therefore, the dynamic interplay of affective states and behaviour between caregivers and infant / young child shapes their experience of one another and future interactions. If the caregiver's internal representations adversely effect these transactions, exploring the caregiver's experience of the self and others to provide a more objective perspective can improve the caregiver's representations and therefore the infant / young child's relational experience and attachment relationship.

- ❖ A caregivers state of mind; how they interpret thoughts feelings and memories from childhood is the strongest predictor of an infant / young child's attachment with biological parents **and** foster carers.

What do I need to consider?

To understand caregiving sensitivities; the caregivers ability to see the infant / young child as a unique individual and who understands, accepts and values the infant / young child's needs and experiences, one must consider the following:

- What is the caregiver's experience of relationships and what they are capable of?
- Can the caregiver psychologically understand and separate their feelings and behaviour from the infant / young child's?
- How does the caregiver describe the child's personality?
- Can they see potential for this child?
- Are they open to change in the relationship?
- Can they accommodate new information about the infant / young child?
- What does the caregiver / care team want for this infant / young child?
- What would the caregiver like to do differently / do the same (based on own experiences of childhood / parenting)?
- Who supports the caregiver to their job of caring for this infant / young child?
- What messages does the caregiver receive about their role and responsibilities (family, foster agencies, Child Safety, biological parents)?
 - ***Infants / young children are dependent upon human interaction for growth and development. They deserve to feel wanted, loved and protected. This can only occur in the context of caregiving relationships. All caregivers need to provide infant's with good***

enough caregiving for infants / young children to develop secure attachments. If the caregiver does not have the necessary skills, knowledge or insight it is the clinician's role to advocate for and address these critical needs for both caregiver and infant / young child.

Then consider the following for each of these:

Biological parents:

- How does the removal of the infant impact on the biological parent's representations of the self as a parent, their infant and world view?
- What does this mean for the relationship now that the infant is not in their care?
- Who does the infant / young child remind the parent of and how does this impact on the parents' own internal working models?

Kinship carers:

- What does this new role represent for the kinship carers sense of self? i.e. grandparent / parent?
- What does this new relationship mean for the kinship carer relational experiences? i.e. can this relationship provide the kinship carer with new corrective caregiving experiences positively reworking internal representations of the self (bad, unworthy?) and others (rejecting?) and therefore offer the infant / young child an experience of feeling safe, loveable and worthy.

Foster carers:

- Who is the infant / young child in the mind of the foster carer, who may never have existed until now?
- What does it mean to be a foster carer?
- What did the foster carer imagine this role to be with this infant / young child?
- Were there fantasies about the infant / young child and the relationship?
- Was the foster care able to psychologically prepare for their arrival or was it very sudden?
- What is the foster carer's understating of reunification and how does this impact on their relationship with the infant / young child?
- How does the foster carer view their role in supporting family contact?
- Is the foster carer able to provide developmentally and culturally sensitive approach towards family contact?

Clinician:

- What is my own experience of relationships (professional, parent, infant) and how does this impact on my understanding of this relationship / Infant's etc?
- What life experiences contribute to my assumptions about what infant / young children need?
- Is there something in my past that prevents me from seeing the infant / young child? Seeing things in a new way?
- How can I challenge my assumptions to bring about new insights?
- How do I develop therapeutic alliance with a caregiver who may have caused emotional / physical harm to the infant / young child? What do I need to do for myself?
- Do I look forward to the visit or go in despair?
- For caregivers with disrupted attachment offering them an experience of a new relationship, within the therapeutic alliance, can create hope and bring about change and understanding of the self and others.

Infant / young child:

- What losses have been experienced by the infant and how does the caregiver understand this? i.e. how do they interpret the infant / young child's behaviour / intent / emotional life?
- What biological and physical indicators are present that signal that the infant is distressed / experiencing distress as a result of direct or indirect trauma?
- What is the infant's sense of agency? i.e. how responsive are they to their environment?
- How is the infant's voice being represented to the care team?
- What does the infant tell us about their relationship with caregivers?
 - What is the infant / young child doing?
 - How are they feeling?
 - If the infant could talk what would they say?
 - What does the caregiver do?
 - What am I seeing or not seeing?
 - How does the interaction make me feel?
 - What does this tell me about the relationship?

Enhancing the Caregiver – Infant / Child Relationship

Enhancing the caregiver – infant/child relationship

- Facilitating the development of secure relationships between caregivers and infants/young children.
- Focusing on relationships as a key to emotional regulation.

Why?

The infant / young child's early attachment relationships influences the structure and function of the brain, a sense of self and understanding about their world, social and relational functioning, as well as emotional and physiological regulation, that can impair or promote their ability to manage impulses and feelings.

Attachment relationships are reciprocal in nature, with bio-directional interactions occurring moment to moment, day to day. Attachment quality is organised by the strategies and behaviours used by caregiver –infant / young child during interactions. If a caregiver is responsive, caring and reliable the infant will use them as a 'safe base' from which to explore and

seek comfort and protection in times of distress (secure attachment). If the caregiver is unpredictable and inconsistent, it is likely that the infant will try to keep the caregiver close by exaggerating their emotional responses and inhibit exploratory behaviour (insecure-ambivalent). Conversely, if the caregiver is less responsive or emotionally withdrawn, to keep the caregiver close the infant may dampen their emotional responses and appear more independent (insecure-avoidant). Some infants / young children in foster care may display both insecure-ambivalent and insecure-avoidant behaviours, when a caregiver is a source of fear and the infant / young child has no organised strategies to access appropriate caregiving (disorganised attachment).

Secure relationships are the cornerstone to the infant's current well-being and future mental health and wellness. Infants / young children need caregivers who can respond contingently and appropriately to their signals for connection, nourishment, comfort and support, and provide opportunities to learn how to regulate their feelings within the context of a loving relationships. When both caregiver and infant / young child can experience enjoyment and satisfaction, in the relationship, the infant / young child learns that the world is safe, that others are caring and reliable and that the self is worthy of being loved, providing a sense of safety security and trust for a secure attachment. All together this teaches the infant / young child that they have some control of their world, and encourages them to explore their environment, relationships, and helps them to develop a sense of mastery.

What do I need to consider?

- What did the caregiver learn from their parents about exploring and comfort seeking?
- Is the caregiver able to reflect on their own childhood experiences that affect their current caregiving?
- Is the caregiver able to acknowledge their own limitations?
- What triggers might impact on the caregiver's capacity to support the infant / young child's needs to explore or be close?
- Can the caregiver engage emotionally to make meaning of the infant / young child's feelings and experiences without feeling overwhelmed or shut down?
- Does the infant / young child go to the caregiver for emotional exchanges?
- What do we want the infant to know / learn about the relationship ("you're here and I'm worth it!")?

Consider what the caregiving context, both past and present (i.e. trauma, multiple caregivers, multiple placements), means for the infant / young child's behaviour and attachment. For instance, externalising behaviour as an adaptive response to previous maladaptive caring conditions. Caregiver then responds in kind to infant / young child's aggression with anger, reinforcing to infant / young child that adults are frightening and infant / young child develops disrupted attachment to new caregiver, potentially jeopardising placement stability.

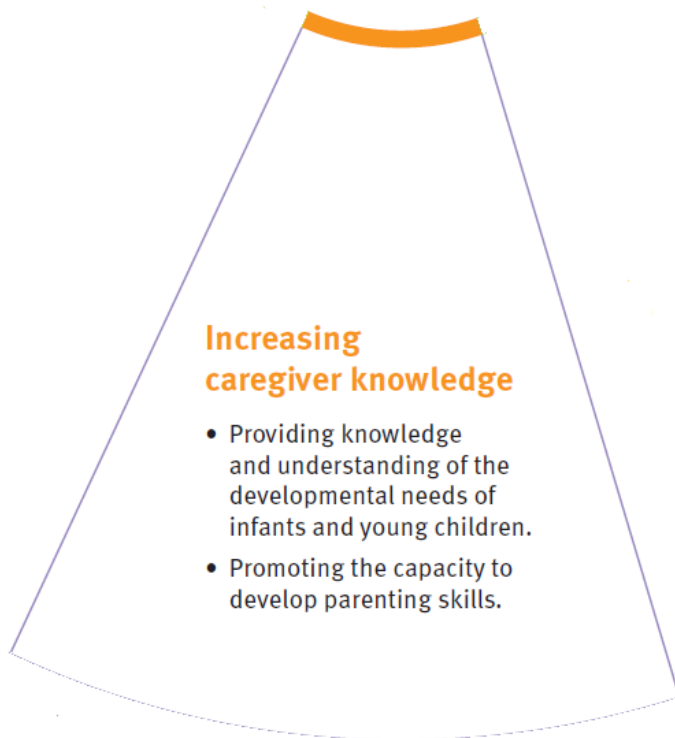
Having empathy for the caregivers experience of the infant / young child can help them to express negative reactions to the infant / young child and helps them find alternative ways to respond to the infant /young child's needs.

Remember...

- It is the clinician's role to keep the infants mental and physical state alive for the care system to ensure that there is a continued awareness of what nurturing the referred infant / young child needs to develop secure attachments.
- All caregivers try to provide the best care possible for their infant / young child at the time based on their capacity and the resources at their disposal.

Foster carers may have successfully raised their own children, yet the approaches and needs of traumatised infants are often challenging and require a different approach.

Increasing Caregiver Knowledge



Why

The intent of Infant Mental Health is to develop meaningful interactions between the caregiver and infant / young child to optimise pleasurable interactions and establishing a safe and secure relationship from which the infant / young child can safely explore and then return to the caregiver for comfort and reassurance.

How caregivers respond to their infant / young child is often a reflection of the way they were parented. Increasing caregiver knowledge about childhood development and developing greater skills in 'parenting' can enable caregivers to critically evaluate the impact of their own childhood experiences, on their development, and current parenting practices.

Helping caregivers understand what to expect and how to provide what their infant / young child needs during each developmental phase, helps caregivers to consider more effective ways of guiding and responding to their infant / young child. It is with this knowledge that caregivers can provide a physically and emotionally safe environment for the infant / young child to thrive and develop a sense of trust,

safety and confidence to explore and learn, within a nurturing, loving and secure relationship.

What do I need to consider?

- What is the most important thing the caregiver / care teams needs to know that can quickly enhance the infant / young child's well-being?
- What does the caregiver understand about:
 - Infant / young child's physical milestones (sitting, walking, talking)
 - Social and emotional competence to maintain positive social relationships
 - Self-regulatory skills (physiological and emotional)
- How does the care team understand the impact of multiple transitions, separations and reunions of the infant's development / well-being and what they need to develop secure relationships?
- What interventions are required to help the caregiver / care team to see the infant?
- How can the systems be supported to understand trauma and attachment?
 - Consider to role of the Professional Development Co-ordinator and Indigenous Program Co-ordinator to provide culturally appropriate learning and support programs for caregivers, providing the most up-to-date research and knowledge about child development needs and the impact of adverse childhood experiences.

Remember...

Infants / young children can't wait!

- How can I support the caregiver and care team to proactively support the infant / young child's needs in a responsive time frame?
- How do I work with the caregiver to find some relief for the infant / young child? Remember reciprocal interactions are based on infant and caregiver behaviour and affective states that contribute to their internal working models. Consider the caregiver's reflective functioning and current capacity for change when examining types of interventions
 - Do I start with changing their representations if they have poor reflective capacity? **or**
 - Do I address parenting skills; focusing on interactive behavioural strategies? This can enhance caregiving quality, to improve the infants experience and will have an impact on the infant / young child's behaviour and internal representations.

Enhancing Caregiver Parenting Skills

Enhancing caregiver parenting skills

- Developing practical skills in caregivers to support social and emotional, and physical development in the infant and young child.

Why?

Enhancing caregiver parenting skills aims to support the caregiver with more practical support in order to assist in the continued development of the infant / young child's social, emotional and physical development.

Whilst caregiving may be considered innate, knowing how to play, settle or communicate with an infant / young child may not be as natural for some as it for others.

Like their caregivers, infants come with their own set of characteristics and preferences. Caregivers may also have their own parental expectations and knowledge about what an infant / young child needs which is often based

on previous foster caring experiences, having raised their own children, and / or based on their own childhood experiences.

Each infant is an individual and each relationship is unique. Understanding the infants preferences and characteristics and how that fits with the caregiver's understanding, experience, expectations or parenting capacity may uncover areas that require further practical assistance i.e. sleep settling, routine, feeding issues, household assistance.

Providing psychoeducation and support can help strengthen parenting skills and assist caregivers to become more capable and competent. However, if the caregiver's needs are outside of the scope of ETS, consider what other support are available and offer advice / evidence to Child Safety for their consideration.

What do I need to consider?

- What are the caregiver's parenting behaviours?
 - Discipline?
 - Limit setting?
 - Supervision / monitoring?
 - Routine?
 - Is this influenced by cultural practices?
 - What is the caregiver's developmental expectations of the infant / young child?
- Can the caregiver adapt parenting skills for an infant / young child who has special needs (i.e. experienced complex trauma, developmental disabilities, behavioural difficulties, serious or chronic medical or premature infants).

When thinking about the specific parenting skills and actions, consider the following:

- Is the caregiver able to identify the infant's likes / dislikes? i.e. how the infant likes to be held, soothed when distressed?
- How does the caregiver communicate with the infant / young child?
 - Looking?
 - Positive affect / emotion?
 - Touch?
 - Verbalising?
 - Taking turns with conversation i.e. mimicking infant's sounds and adding new sounds.
- How does the caregiver play with the infant / young child?
 - Fun and creative?
 - Structured (too much, too little, just right)?
 - Who leads - caregiver or infant?

- Repetitive?
- Flexibility and variety?
- Intrusive?
- Right amount of stimulation (under or over)?
- Appear more like age mates?
- What supports are available for developing practical skills in caregivers to support social, emotional and physical development in the infant / young child?
 - Consider the role of the Indigenous Program Co-ordinators to provide culturally sensitive parenting skills support
 - Utilise specialist knowledge of ETS Clinicians and Professional Development Co-ordinators to provide specialist reflective parenting programs focused on building on carer's skills to care for infants / young children who have experienced complex trauma.

Optimising Developmental Outcomes

Optimising developmental outcomes

- Facilitating the social, emotional, physical and developmental wellbeing of infants/young children.
- Screening for developmental concerns.
- Referring for assessment and intervention.

Why

An infant / young child's development occurs within a biological, environmental and relational context. It is the interplay between these that has the potential to promote or impede the infant / young child's cognitive social, emotional and physical development.

The use of screening tools for developmental domains can identify additional social, emotional and physical needs that may require early intervention to support the infant / child's current and future development.

Referral for specialist support can provide intervention to promote the infant / child's developmental well-being and community participation, and improve current and future mental health outcomes. Additionally education and support

for caregiver's / families may decrease psychosocial stressors, improving family functioning, familial relationships and caregiving sensitivities.

What do I need to consider?

Infant's / young children develop at differing rates across a range of normal parameters. Difficulties need to be understood in a developmental context but some are the manifestation of normal developmental transitions: over time, with adequate support, they will resolve.

Therefore, as an ETS Clinician's it is important to understand what is considered developmentally appropriate, what is the infant / young child's developmental potential and what contributions developmental trauma may have to the infant / young child's physical milestone, social/emotional competence and self regulatory skills.

To understand the infant / young child's development please consider the following:

- What are the caregiver's concern's about the infant / young child's physical and social / emotional development?
 - What influences their concerns?
 - Are these concerns realistic?
- Do they understand the infant / young child's developmental maturity? i.e. Developmental level vs chronological age
 - Can the modify their expectations and responses? (capacity for change?)

Consider for both caregiver, care team and clinician:

- How do we understand the infant's development?
- Optimal development versus the impact of trauma on optimal development.
- What is our understanding of what infant's needs? Where does this come from?
- What other environmental / biological / relational factors are currently impact on the infant's presentation?
- Have other factors been explored? i.e. hearing test, child health / paediatric assessment
- What further education is required to understand this infant / young child?
- If concerns have been identified:
- Does the care team have available resources for specialised assessment and treatment?
 - Where should the infant / young child be referred?
 - Who is responsible for the referral?
 - Who is responsible for supporting the infant / caregivers / families during referral / assessment / intervention?

It is important for the ETS clinician to form strong collaborative partnerships with local, government and non-government agencies, such as child development services, paediatric departments and community child health.

Supporting Caregiver Health and Mental Health

Why?

Caregiver health and mental health have direct effects on the caregiver – infant / child relationship, family functioning and social interactions. If the caregiver's health and / or mental health is compromised it can diminish their capacity to engage in meaningful interactions with the infant and broader social systems.

It is important to engage with the caregiver, their family and stakeholders to explore current future health and or mental health issues impacting on the individual, infant and broader social systems to support the caregivers well-being and promote psychological resilience, through community engagement and participation.

Supporting caregiver health and mental health

- Facilitating caregivers to optimise their mental health and social and emotional wellbeing.
- Facilitating caregivers to enhance their health and wellbeing.

What do I need to consider?

- What are the concerns for the caregiver's current health and mental health and the impact on
 - Caregivers functioning?
 - Infant's well-being?
 - Ability to engage in meaningful interactions with the infant and broader social systems?
 - How is it understood in a cultural context?
- What are the origins of the current mental health concerns
 - Pre-existing
 - Re-occurring issue
 - Drug or alcohol related?
 - Associated with physical illness
- How does the caregiver / care system understand the problem?
- How does the caregiver / care system understand what needs to change?

Consider utilising the care system to develop a shared understanding of the problem and a joint approach to solving the issues with agreed upon actions utilising;

- Open and continuous communication regarding the outcome of the caregiver's health and mental health and its impact on the Infant's well-being
- Integrated cross community care and collaboration to encourage the caregivers participation in their health and mental health care planning and treatment.

Professional Development Co-ordinators to provide psychoeducation on the impact of caregiver health and mental health on their well-being and the well-being of their infant / young child to enhance community responsiveness and support to caregivers with health and mental health issues.

Glossary

Family	The word family within this document refers not only to the infant / young child's biological family; it refers to the foster carer's family, who are included in the infant / young child's care network and directly influence the infant young / child's experiences.
Infant / young child	The word infant / young child within this document refers to the client ranging from birth to 4 years.
Carergiver:	The word caregiver refers to biological parents, kinship carers and foster carers, who contribute to primary care responsibilities, for whom the infant / young child is dependent upon to ensure their survival.

References

- Centres of Disease Control and Prevention. (2016). *Adverse Childhood Experiences (ACEs)*. Retrieved from <https://www.cdc.gov/violenceprevention/acestudy/index.html>
- Dozier, M., Higley, E., Albus, K. & Nutter, A. (2002). Intervening with Foster Infant's Caregivers: Targeting Three Critical Needs. *Infant Mental Health Journal*, 23:5, 541-554.
- Mares, S., Newman, L., Warren, B. & Cornish, K. (2005). Assessing Risk in Infancy. In Mares, S., Newman, L., Warren, B. & Cornish K. *Clinical Skills in Infant Mental Health* (pp. 58-66). Victoria, AU: ACER Press.
- Marvin, R., Cooper, G., Hoffman, K. & Powell, B. (2002). The Circle of Security Project: Attachment-Based Intervention with Caregiver-Pre-School Child Dyads. *Attachment & Human Development*, 4:1, 107-124.
- Perry, B. & Hambrick, E. (2008). The Neurosequential Model of Therapeutics. Retrieved from http://childtrauma.org/wp-content/uploads/2013/08/NMT_Article_08.pdf
- Rhing, J. (2007). The Ambivalence of Looking: To See or Not to See. *Infant Observation*, 10:2, 221-227.
- Ribaudo, J. (2016). Restoring Safety: An Attachment Based Approach to Clinical Work with a Traumatized Toddler, *Infant Mental Health Journal*. 37:1, 80-92.
- Slade, A. (2005). Parental Reflective Functioning: an Introduction. *Attachment & Human Development*, 7:3, 269-281.
- Thomson-Salo F. & Campbell, P. (ed) (2013). *The Baby as Subject – Clinical Studies in Infant-Parent Therapy*. Great Britain, London: Karnac Books Ltd.
- Weatherston, D. J. (2000). The Infant Mental Health Specialist. *Zero to Three*, October/November, 3-10.
- World Health Organisation. (2004). *The Importance of Caregiver-Child Interactions for the Survival and Health Development of Young Children: A Review*. Retrieved from <http://apps.who.int/iris/bitstream/10665/42878/1/924159134X.pdf?ua=1&ua=1>
- Zeanah, C., Larrieu, J., Scott-Heller, S. & Valliere, J. (2009). Infant-Parent Relationship Assessment. In Zeanah, C. G. (Ed.). (2009). *Handbook of Infant Mental Health* (3rd ed) (pp. 222-235) . New York, NY: The Guildord Press.