



The Importance of Infant–Early Childhood Mental Health in Training and Technical Assistance

The Child Care and Development Fund (CCDF) Final Rule (CCDF, 2016) provides incentive and opportunity to enhance and expand statewide quality activities to support infant–early childhood mental health (I–ECMH).

What Does “Infant–Early Childhood Mental Health” Mean?

Zero to Three, a leading national organization that works to ensure the well-being of infants and toddlers, defines I–ECMH as follows:

The developing capacity of the child from birth to 5 years of age to form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; and explore the environment and learn—all in the context of family, community, and culture. (Zero to Three, 2016)

How Does the CCDF Final Rule Support Infant–Early Childhood Mental Health?

The CCDF Final Rule provides funds for quality enhancement and requires that infant and toddler care teachers receive ongoing professional development that does the following:

- ◆ Includes training on infants’ and toddlers’ social-emotional development (45 C.F.R. § 98.44(b)(1)(iii), 2016); and
- ◆ “Incorporates social-emotional behavior intervention models for children birth through school-age, which may include positive behavior intervention and support models including preventing and reducing expulsions and suspensions of preschool-aged and school-aged children” (45 C.F.R. § 98.44(b)(2)(iii), 2016).

The CCDF Final Rule also requires that States and Territories offer consumer and provider education that shares information regarding the State’s or Territory’s policies concerning children’s social, emotional, and behavioral health (e.g., positive behavioral support models and interventions, policies regarding suspension and expulsion) (45 C.F.R. § 98.33(b)(1)(v), 2016).

What Mental Health and Related Strategies Are Effective in Providing Support for Infants, Toddlers, and Their Families?

States and Territories can provide support for I–ECMH using multiple strategies, including those in this section.

Infant–Early Childhood Mental Health Consultation

Infant–early childhood mental health consultation is a valuable resource for supporting high-quality child care environments that promote infants’ and toddlers’ social-emotional and behavioral health. Through multi-level prevention and intervention strategies, I–ECMH consultants partner with families and infant and toddler caregivers to build relationships, foster an understanding of early childhood social-emotional development, identify children and families in need of support, and link families and infant and toddler caregivers to resources and support services (U.S. Department of Health and Human Services, 2015). Consultation in I–ECMH “has demonstrated impacts for improving children’s social skills, reducing challenging behaviors, preventing preschool suspensions



and expulsions, improving adult-child relationships, and reducing teacher stress, burnout, and turnover” (U.S. Department of Health and Human Services, 2015, p.1).

Promoting Relationship-Based Approaches to Care

Research supports the value of relationship-based care practices in infant and toddler care. A relationship-based approach embraces important components of high-quality infant and toddler care—sensitive and responsive primary caregiving and continuity of care (Sosinksy et al., 2016).

Promoting the Use of Reflective Practice

Reflective practice is another strategy that can help infant and toddler caregivers and staff become more aware of their own responses and interactions with infants and toddlers. This can support their ability to provide high-quality interactions and services to children and families. This practice is “the art of ‘stepping back’ to examine what one is observing and doing” (Emde, Mann, Bertacchi, 2001, p. 67). Through reflection, infant and toddler professionals can consider both their own and others’ thoughts, feelings, and observations (Fenichel, 1992; Shahmoon-Shanok, 2009), and explore how their beliefs, perceptions, and emotions impact their work. When caregivers are more in tune, they can be more responsive, which supports infant development. Over time and with ongoing support, infant and toddler professionals can develop this skill and integrate it into their practice with greater ease and consistency (Emde, Mann, Bertacchi, 2001). Reflective practice can also provide an opportunity for infant and toddler professionals to develop self-care strategies and find time to incorporate these strategies into their practice, which can help with job satisfaction and a willingness to stay in the field.

Developing State/Territory Infant–Early Childhood Mental Health Systems

The child care setting provides a unique opportunity to support infant and toddler mental health. For example, provide professional development that focuses on children’s social-emotional development, consultation with I–ECMH specialists, and the comprehensive services offered in Early Head Start–Child Care Partnerships. These topics can help caregivers to gain a better understanding of the developmental needs of each child. To enhance the quality of infant and toddler child care settings, States and Territories can implement practices and programs that address I–ECMH through promotion, prevention, and intervention. States and Territories have the opportunity to use I–ECMH systems to enhance the infant and toddler workforce’s capacity to support children’s social, emotional, and behavioral health needs and increase children’s readiness for school (Office of Child Care, 2016).

What CCDF Training and Technical Assistance Activities Support Infant–Early Childhood Mental Health?

The following are examples of technical assistance activities.

- ◆ Establish state entry-level credentials that include requirements for infant and toddler caregivers to demonstrate competencies in promoting children’s social-emotional development and behavioral health (Administration for Children and Families, 2015, 2016).
- ◆ Include I–ECMH as a suggested content area within state child care regulatory professional learning requirements.
- ◆ Collaborate with local higher education institutions to ensure that early education coursework and internships emphasize I–ECMH content (Administration for Children and Families, 2015, 2016).
- ◆ Leverage funding from federal, state, and private sources to develop and implement statewide I–ECMH consultation systems (Administration for Children and Families, 2015, 2016).
- ◆ Include I–ECMH child care consultation in CCDF Plans as a key strategy for promotion and prevention (Office of Child Care, 2016).



- ◆ Incorporate I–ECMH principles in state and territory core knowledge and competencies for the infant and toddler workforce (Office of Child Care, 2016).
- ◆ Develop career pathways for the infant and toddler workforce that include a progressive advancement of competencies in I–ECMH content (Administration for Children and Families, 2016).
- ◆ Offer quality-improvement incentives for programs that address I–ECMH child care consultation within the quality rating and improvement system or other quality improvement initiatives.

References

- Administration for Children and Families, U.S. Department of Health and Human Services. (2015, September 8). *State policies to promote social-emotional and behavioral health in young children in child care settings in partnership with families* (Information Memorandum CCDF-ACF-IM-2015-01). Retrieved from https://www.acf.hhs.gov/sites/default/files/occ/ccdf_acf_im_2015_01.pdf
- Administration for Children and Families, U.S. Department of Health and Human Services. (2016, November). *Policy statement on expulsion and suspension policies in early childhood settings*. Retrieved from https://www.acf.hhs.gov/sites/default/files/eecd/expulsion_suspension_final.pdf
- Child Care and Development Fund (CCDF) Program, 81 Fed. Reg. 67438 (September 30, 2016) (codified at 45 C.F.R. Part 98). Retrieved January 9, 2017, from <https://www.gpo.gov/fdsys/pkg/FR-2016-09-30/pdf/2016-22986.pdf>
- Emde, R. N., Mann, T. L., & Bertacchi, J. (2001). Organizational environments that support mental health. *Zero to Three*, 22(1), 67–69.
- Fenichel, E. (1992). Learning through supervision and mentorship to support the development of infants, toddlers, and their families. In E. Fenichel (Ed.), *Learning through supervision and mentorship to support the development of infants, toddlers, and their families: A source book* (pp. 9–17). Washington, DC: Zero to Three.
- Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. (2016, June). *Infant–early childhood mental health (I–ECMH): Building an interdisciplinary systems approach*. Retrieved from http://www.occ-cmc.org/Infant-Toddler/pdfs/Quality-Track-D-4_HO_IT-Early-Childhood-Mental-Health-Final.pdf
- Shahmoon-Shanok, R. (2009). What is reflective supervision? In S. Scott Heller & L. Gilkerson. (Eds.), *A practical guide to reflective supervision* (pp. 7–23). Washington, DC: Zero to Three.
- Sosinsky, L., Ruprecht, K., Horm, D., Kriener-Althen, K., Vogel, C., & Halle, T. (2016). *Including relationship-based care practices in infant-toddler care: Implications for practice and policy*. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from https://www.acf.hhs.gov/sites/default/files/opre/nitr_inquire_may_2016_070616_b508compliant.pdf
- U.S. Department of Health and Human Services. (2015). *Supporting early childhood mental health consultation*. Retrieved from https://www.acf.hhs.gov/sites/default/files/eecd/supporting_early_childhood_mental_health_consultation.pdf



Zero to Three. (2016, February). Infant–early childhood mental health [web page]. Retrieved January 10, 2017, from <https://www.zerotothree.org/resources/110-infant-early-childhood-mental-health>

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