



Center for Fatality Review & Prevention

# What Fatality Review Teams need to know about INFANT MENTAL HEALTH

November 9, 2021

Telling Each Story to Save Lives Nationally





# KEY FUNDING PARTNER

## FEDERAL ACKNOWLEDGEMENT

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# HOUSEKEEPING

Before we get started

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- This webinar is being recorded and will be available on the National Center's webpage (URL: [www.ncfrp.org](http://www.ncfrp.org)).
- Participants are muted. Use the question-and-answer box to ask questions.
- Due to the large number of participants, the speakers may be unable to answer all questions. Unanswered questions will be answered and posted with the recording.
- Contact the National Center (email: [info@ncfrp.org](mailto:info@ncfrp.org)) for any tech problems.







# EVALUATION

<https://www.surveymonkey.com/r/32BRMMX>

# Mary Emanuele

## RN, CDR, USPHS

Welcome and Introductions

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Acting Supervisory Lead

Data and Operations Team

Division of Healthy Start and Perinatal Services

Maternal and Child Health Bureau

Health Resources and Services Administration





## HRSA'S VISION FOR THE NATIONAL CENTER

# IMPROVING SYSTEMS OF CARE AND OUTCOMES FOR MOTHERS, INFANTS, CHILDREN, AND FAMILIES

Assist state and community programs in:

- Understanding how CDR and FIMR reviews can be used to address issues related to adverse maternal, infant, child, and adolescent outcomes
- Improving the quality and effectiveness of CDR/FIMR processes
- Increasing the availability and use of data to inform prevention efforts and for national dissemination



Describe Infant Mental Health



Explore the need for a referral to an Infant Mental Health provider



Learn of what services an Infant Mental Health Provider can offer families



Gain resources for children's emotional and social growth and development



**PRESENTATION GOALS**

# Sheryl Goldberg, LMSW, ACSW, IMH-E®

GUEST SPEAKER

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# What Fatality Review Teams Need to Know About Infant Mental Health

Sheryl Goldberg, LMSW, ACSW, IMH-E®  
Executive Director, Michigan Association for Infant Mental Health



# Thank you for asking!



# Agenda

What is Infant Mental Health

- Definitions

- IMH Principles – which apply to your roles

- Components of IMH

Access to services

- Concerns/observations

- Eligibility – variations & connectors

Opportunities

- Additional screening, policy, outreach

- Resources from MI-AIMH & the Alliance

Questions

# Definition of Infant Mental Health

Infant Mental Health is defined by the young child's capacity to:

- *Experience, regulate and express* emotions,
- Form *close and secure* relationships,
- *Explore* the environment and *learn*,
- All *within the context* of the caregiving environment, that includes family, community and cultural expectations for young children”





# Two generational approach

“There is no such thing as a baby, there is a baby and someone”

Donald Woods Winnicott



# Infant Mental Health Principles- #1

## Relationships Matter:

- \* *infant, dyad, triad*

- \* *family & community connections*

- \* *parents & professionals*

- \* *professionals with other professionals*

"How you are is as important as what you do"

Jeree Pawl

# Infant Mental Health Principles - #2

## Parallel Process

- \* Parents support infants
- \* Professionals support parents
  - \* Policies (and professionals) support professionals

AND each relationship impacts the others

# Infant Mental Health Principles - #3

## Holding the baby in mind

- \* Ultimately, the baby is why we are there!
- \* Infants feel grief, experience the pain of loss
  - \* They notice, but they need help to make sense and reassurance that they are not alone
  - \* They are active contributors to relationships



# Infant Mental Health Principles - #4

All parents want what is best for their children; we must assume positive intent

- \* Activate empathy
  - \* Look for strengths while supporting challenges
    - \* We are all impacted by our relationships, past and present
      - \* Be mindful of potential for bias

# Infant Mental Health Principles - #5

## Infant Rights

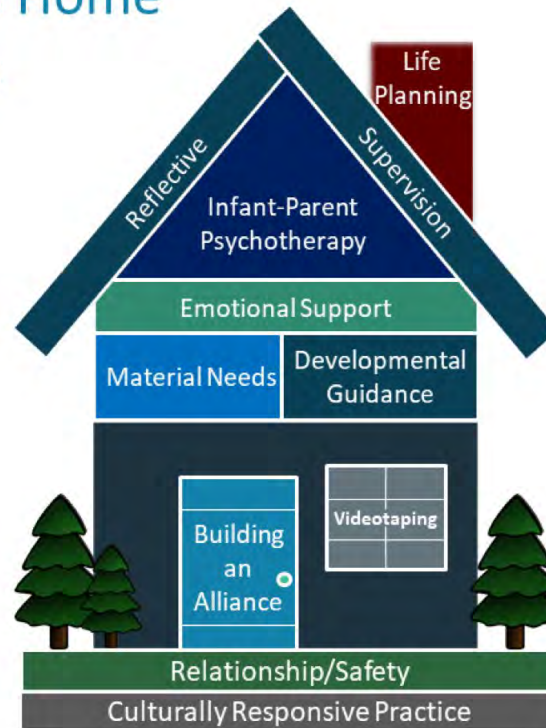
- \* Just as children are not small adults, infants are not small children and have unique needs



# Components of IMH treatment

## Infant Mental Health Home Visiting Components

- Culturally Responsive & Diversity-Informed Practice
- Building an Alliance
- Material Needs
- Developmental Guidance
- Emotional Support
- Infant-Parent Psychotherapy
- Life Course Planning
- Reflective Supervision
- Videotaping



This graphic was created for the Infant Mental Health Home Visiting as an Evidence-Based Practice training by the following authors: Katherine Rosenblum, Ph.D., Julie Ribaud, LMSW, Maria Muzik, M.D., M.S., Karen Smith, LMSW, Deborah Weatherston, Ph.D., and Betty Tableman, M.P.A. 2017 ©

# Infant-Parent Psychotherapy

- Observes and assesses patterns of interaction and meaning-making processes using formal and informal assessment tools
- Defines issues of clinical concern and develops diagnostic formulations to guide treatment plans created with caregiving adults
- Assists parents to:
  - Identify feelings and put them into words
  - Understand reactions, defenses, coping strategies
  - Find words to understand impact of past trauma & loss, grieve, forgive, heal
  - Develop new, healthier patterns of interaction impacting the development of the young child



# Building a Diversity-Informed, Culturally Responsive Alliance

- Visits regularly, most often in the home
- Provides support between visits by phone as appropriate
- Observes, listens, accepts and nurtures
- Provides stable, consistent relationship
- Identifies and meets material needs
- Actively and continually reflects upon one's own culture and its influences
- Seeks to learn about family culture, routines, traditions, influences and beliefs about children and parenting
- Is willing to be curious and open to learning about the family's experiences with 'helping' systems and racial inequities

# Providing for Material Needs, Problem-Solving & Social Supports

- Supporting the parent in ascertaining needs, identifying natural supports, making calls/contacts
- Warm hand-off in referral process
- Facilitating transportation to needed resources
- Teaching parent problem-solving strategies
- Assisting with applications of various kinds
- Advocacy with service systems when parent or baby voice is not being heard or considered

Addressing needs as they become known in practical ways is a concrete demonstration of caring about what is important to the family.

# Providing Emotional Support

- Listening and responding thoughtfully
- Identifying and reinforcing feelings
- Meeting parents' emotional needs so they can meet their infant's emotional needs
- Attending to (“holding”) both parent's and infant's feelings simultaneously
- Providing support during a crisis, significant loss or stressor

# Providing Developmental Guidance

- “Non-didactic” and individualized information about infant/toddler growth & development – about THIS baby and THIS relationship
- Uses formal assessment as an opportunity to look together at the infant/toddler’s capacities and anticipate next steps
- Encourages parents to observe & interact with infant/toddler
- Reinforces or shapes developmentally appropriate interactions
- May share materials (toys, books, literature) if appropriate and desired; often uses what is in the home

## Timing....

- too soon might be experienced as judgement
- + in the moment can be a powerful way to address misperceptions or unrealistic expectations



# Reflective Supervision/Consultation



# Who should be referred to IMH treatment programs?

## Surviving Children-birth-3+yrs of age

- \*new or persistent problems with sleeping
- \*regression to earlier behaviors that persists
- \*changes in mood that persist (sadness, anger, “spacy”, fear, etc)
- \*more easily distressed
- \*can’t explore as expected for age
- \*can’t interact as expected for age (or changes)
- \*endangers self or others
- \*can’t follow developmentally appropriate social norms
- \*excessive clinginess or separation distress not age expected
- \*more difficult to soothe

# Who should be referred to IMH treatment programs?

## Pregnant or parenting adults with children birth-3+ years

(In *addition* to screening for depression/anxiety/decompensation, either new or worsening of existing condition)

- \*Lack of prenatal care or preparation for expected baby
- \*Persistent preoccupation with loss (past or present) interfering with attachment to or nurturing of surviving children
- \*Persistent fear of loss of surviving children
- \*Inability to address or respond to care and support needs of children or lack of reliable supports to help care for surviving children
- \*Emergence or worsening of detrimental coping behaviors (e.g. substance abuse) or destabilization of caregiving family members' relationships

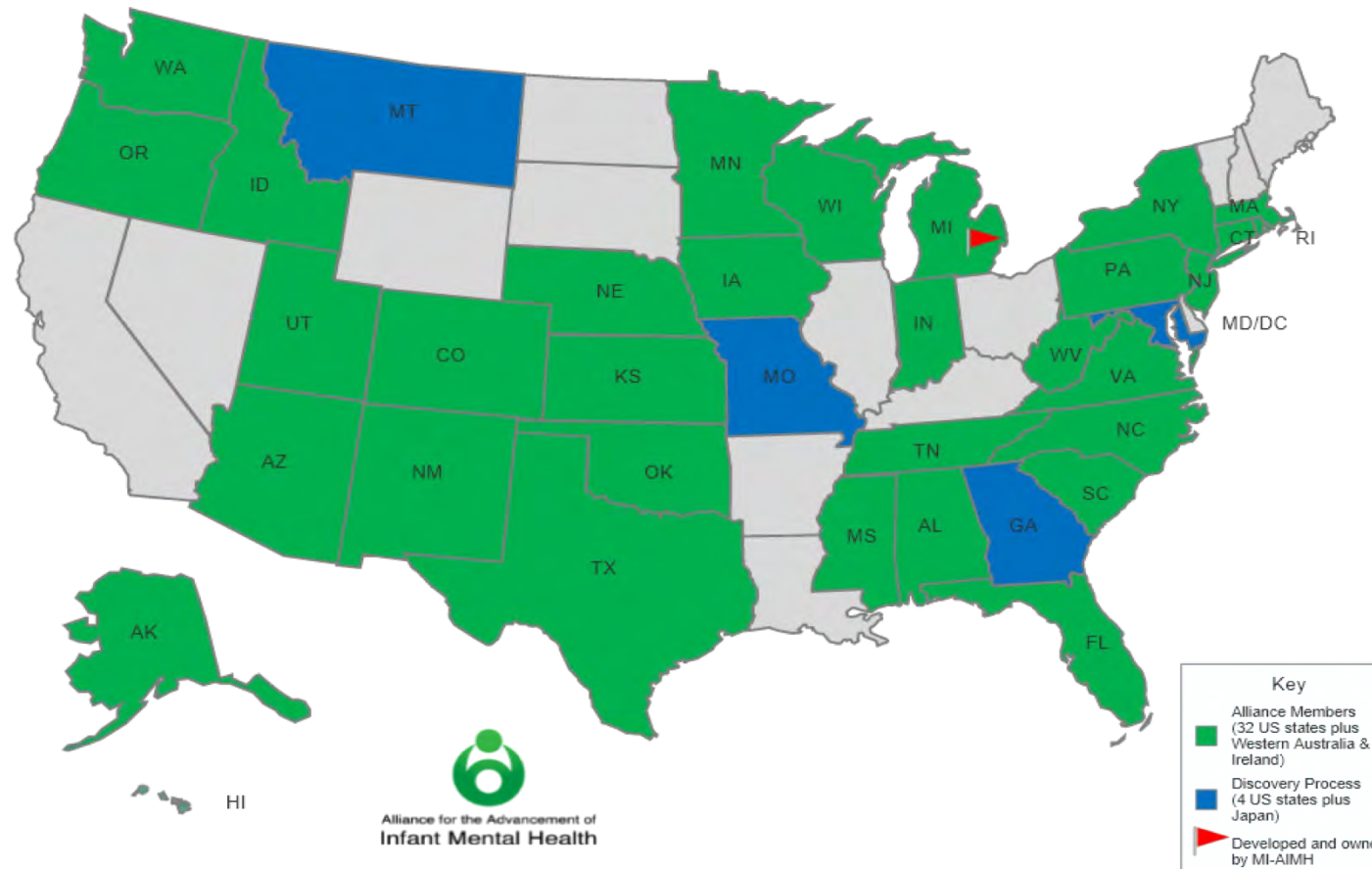
# Access Issues-Eligibility & Availability

- Medical Necessity & Preparing Families for Referral Processes
  - Discussion about what “they are telling you”
  - Insurance or lack thereof
  - Preparing families for referral conversations when warm handoff is not allowable (symptoms/concerns, specific service options)
- Availability of Infant Mental Health Treatment Varies with location
  - Do your research & use local networks
  - Public mental health system, private practitioners, clinics
  - Connecting with Infant Mental Health Endorsed professionals across service sectors

# Finding Endorsed IMH Professionals

- The Infant Mental Health Endorsement credential (IMH-E®) exists in 32 states. California, Illinois & Ohio have their own IMH credential with many similar requirements.

Alliance for the Advancement of Infant Mental Health





# Finding IMH Endorsed Professionals

- Infant Mental Health Associations can link you to Endorsed Professionals in various localities and programs within their states
- Use this link to find a particular Alliance affiliated Infant Mental Health Association  
<https://www.allianceaimh.org/members-of-the-alliance>.
- Although in different stages of development, each IMH association is connected to leadership at their state level, and in many localities. These partnerships are seen as essential to support the capacity to effectively promote infant and family mental health.
- Many IMH associations also have professionals with our Endorsement credential that spans wider age range (3-6 yrs/ECMH-E® or prg – 6yrs/IECMH-E®)

# Opportunities and Resources

- Partner with your state IMH association or your local early childhood networks and bereavement programs to integrate screening questions related to the mental health of surviving children
- Participate in networking with other fatality review teams to learn more about strategies to integrate mental health professionals onto teams
- Remember that if there isn't an IMH treatment program easily accessible for families that there may be Endorsed professionals in local home visiting programs that are receiving Reflective Supervision from Endorsed professionals and can include infant mental health informed practices into their work
- Search for IMH related training, supervision, Endorsed professionals and resources on IMH association websites

# Resources from MI-AIMH & the Alliance

- Educational publications for professionals
- Social-Emotional Development Wheels for Parents
- Conferences & other training
- Reflective Supervision
- Connections to Endorsed professionals & info about becoming Endorsed
- Partnerships in advocacy and outreach

Go to:

[www.mi-aimh.org](http://www.mi-aimh.org)

[www.allianceaimh.org](http://www.allianceaimh.org)

[sgoldberg@mi-aimh.org](mailto:sgoldberg@mi-aimh.org)

[nparadis@allianceaimh.org](mailto:nparadis@allianceaimh.org)

# Questions



# QUESTIONS

WHAT ADDITIONAL INFORMATION WOULD BE HELPFUL?



## USE THE QUESTION-AND-ANSWER BOX

The box is located at the bottom of the screen



## UNANSWERED QUESTIONS

All unanswered questions will be answered and posted on the National Center's website (URL: [www.ncfrp.org](http://www.ncfrp.org)).





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A dark silhouette of a person with long, flowing hair, positioned in the center of the frame. The person appears to be looking away from the camera, with their hair blowing in the wind. This silhouette serves as a background for the text and the button.

# THANK YOU FOR YOUR TIME!

[www.ncfrp.com](http://www.ncfrp.com)