



**Erikson
Institute**



IRVING HARRIS
FOUNDATION

**SPECIALIZED
PRACTICE
CURRICULAR
GUIDE *for***

**INFANT & EARLY
CHILDHOOD
MENTAL HEALTH**

2015 EPAS Curricular Guide Resource Series

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Resource Series**

Council on Social Work Education
Alexandria, Virginia

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Preface: Competency-based Education

In 2008 CSWE adopted a competency-based framework for its Educational Policy and Accreditation Standards (EPAS). This approach to learning is based on the demonstrated mastery of skills or competencies necessary in professional practice. Competency-based education is an outcome-oriented approach to curriculum design, the goal of which is to ensure that students can demonstrate both the application and integration of competencies in practice. Through the use of a curriculum that begins with the outcomes, expressed as the expected competencies, training programs can develop the substantive content, pedagogical style, and educational activities that provide the appropriate learning opportunities for their students to demonstrate competency (CSWE, 2015, p. 6).

CSWE defines social work competence as the ability to integrate and apply social work knowledge, values, and skills to practice situations in a purposeful, intentional, and professional manner to promote human and community well-being. The EPAS promotes a holistic view: The demonstration of competence is informed by shared knowledge, values, and skills, in addition to cognitive and affective processes that include the social worker's critical thinking, affective reactions, and exercise of judgment regarding unique practice situations. An individual's overall professional competence is therefore multi-dimensional, developmental, and dynamic, changing over time in relation to continuous learning (CSWE, 2015, p. 6).

SOCIAL WORK COMPETENCIES

The 2015 EPAS stipulates nine competencies for the social work profession (pp. 7–9). These competencies apply to both generalist and specialized practice. In the EPAS, each of the nine Social Work Competencies is followed by a paragraph that describes the dimensions (knowledge, values, skills, and cognitive and affective processes) that make up the competency at the generalist level of practice. This paragraph also informs the content that should be reflected in the generalist social work curriculum and describes the underlying processes that inform those behaviors. Under the paragraph descriptions in the EPAS competencies, the bullet points list a set of behaviors that integrate the dimensions of the competency and represent observable components of each competency in practice. The dimensions of the competency inform the behaviors.

FRAMEWORK FOR THE GUIDE

The CSWE Commission on Educational Policy (COEP) developed a framework for the development of curricular guides for areas of specialized practice. The task force followed these guidelines for creating infant early childhood mental health competencies and curricular resources:

- Identification of an area of specialized practice for a specific population, problem area, method of intervention, perspective, or approach to practice in social work (Educational Policy [EP] M2.1).
- Discussion of how the area of specialized practice builds on generalist practice as described in EP 2.0 (Accreditation Standard [AS] M2.1.1).
- Identification of the specialized knowledge, values, skills, cognitive and affective processes, and behaviors that extend and enhance the nine Social Work Competencies and prepare students for practice in the area of specialization identified (EP M2.1 and AS M2.1.3).
- Suggested curriculum content and resources (e.g., readings, multimedia and online resources, modules, assignments, experiential exercises, class and field activities) for each of the nine Social Work Competencies and any additional competencies identified. The

curriculum content and resources identified in this guide are not required by accreditation standards and are meant to serve as an optional guide to programs on how to conceptualize addressing infant and early childhood mental health with the nine Social Work Competencies identified in the 2015 EPAS.

- Identification of the competency dimensions (knowledge, values, skills, and cognitive and affective processes) associated with the course content for each competency.

This guide highlights infant and early childhood mental health content for social work curricula and can be used with generalist or specialized practice curricula. The guide provides resources for educators desiring to expand this content within their baccalaureate and master's programs and courses.

REFERENCE

Council on Social Work Education. (2015). Educational policy and accreditation standards. <https://www.cswe.org/getattachment/Accreditation/Standards-and-Policies/2015-EPAS/2015EPASandGlossary.pdf.aspx>

Introduction

The field of infant and early childhood mental health (IECMH) has its roots in social work. In 1975, social worker Selma Fraiberg published her seminal paper “Ghosts in the Nursery” (Fraiberg, Adelson, & Shapiro, 1975) outlining how unresolved issues from the parent’s past affect their relationships with their baby. From this theoretical foundation, a new two-generation, relationship-based approach was created to work with vulnerable parents and infants together (Shapiro, 2009). Today, the interdisciplinary field of IECMH encompasses pregnancy to age six and includes promotion, prevention, intervention, treatment and consultation services for children and their caregivers as well as research, policy, advocacy and systems change. The IECMH workforce is primarily social workers and social work education programs are not preparing social workers for this vital area of practice (Walsh et al, 2021). The purpose of this curriculum guide is to address the significant gap in the preparation of social workers and to locate IECMH once again at the heart of social work practice.

The early years of life are a foundational period for the establishment of healthy development and positive close relationships. Pre-birth to 5 years of age, in particular, is a sensitive period on which all subsequent development is built. Early brain development is experience dependent; the very architecture of the brain is shaped in the context of children’s environments, responses to caregiving relationships, cultures, and community contexts.

The field of IECMH is interdisciplinary, with the shared goal of healthy social-emotional development and robust early learning across all domains of functioning. Zero to Three describes IECMH as the developing capacity of children

from pre-birth to 5 to experience, regulate, and express emotions; form close relationships; and learn through exploration of the environment in the context of their culture and community. Support for IECMH requires a multifaceted, strengths-based approach to improving the quality of children's primary relationships, their social environments, and their communities, in addition to a focus on individual development. Adverse childhood experiences (ACEs) and other stressful or traumatic events, whether experienced directly or witnessed, can derail the positive trajectory of IECMH and have potentially lifelong effects.

Because infants and young children are not independent actors but are nested within important caregiving relationships, the well-being of their caregivers is also of critical importance to those working in the IECMH field. Factors that affect caregivers' abilities to responsively care for children, such as their own unresolved trauma or loss, pose a risk to children's development. Beyond the family system, generational poverty, systemic racism, and associated health disparities and other forms of structural oppression can affect caregiver and community well-being, contributing to children's cumulative early developmental risk.

Practitioners in IECMH recognize the impact of stressors at every level, from family relationships to broader social and historical factors, in their work with young children and families and approach all social work practice by integrating micro and macro perspectives.

PRINCIPLES OF HEALING IN IECMH

From its foundation as home-based work more than 60 years ago, IECMH has evolved into an interdisciplinary field that encompasses research, policy, and a continuum of services including promotion, prevention, intervention, and treatment. However, social workers are still the largest part of the IECMH workforce, and they play important roles in leadership, policy, and advocacy while continuing the vital work of helping families on a case-by-case basis.

At any level, IECMH interventions are relationship based and aimed at the caregiving system. This principle arises from attachment theory, which posits that young children are best understood in their relational context and that children's own characteristics can influence their parents' experiences of caregiving. Because of the complexity of relationships during early

development, IECMH interventions are by necessity collaborative. Social workers who specialize in IECMH must be able to balance the needs of multiple individuals from the same family system while working in partnership with other professionals from a variety of backgrounds. In evidence-based treatments (e.g., Child-Parent Psychotherapy, Mom Power, Circle of Security, Minding the Baby, Parent-Child Interaction Therapy) IECMH seeks to support growth-promoting environments and positively influence the quality of children's relationships, social-emotional development, and learning. Where safety and security are absent or have been lost, IECMH therapeutic work aims to repair those ruptures so that children and their families can enjoy one another and their lives together. At the same time, all IECMH work approaches children and families with an attitude of humility and respect; the strength to foster relational repair lies in the family itself and their community of support, not in the practitioner's wisdom.

The interventions that characterize IECMH place particular emphasis on the professional's self-awareness and reflective capacity. Therefore, reflective supervision is an essential component of IECMH social work practice. Reflective supervision is defined as the continual conceptualization of what one is observing, feeling, and doing, especially during challenging moments in the field and the ability to intelligently adapt practice. Social workers in reflective supervision are guided in their ongoing practice but also challenged to confront their beliefs and biases as they arise. This practice differs from traditional clinical supervision in that the relationship with a supervisor is more collaborative and focused on intrapersonal growth.

ROLES FOR SOCIAL WORKERS IN IECMH

Many career paths are available to social workers who want to contribute to the field of IECMH. These roles include the following:

- Community-based family support and new parent programs
- Hospital-based perinatal social workers in neonatal intensive care unit (NICU) or perinatal mental health treatment programs
- Program directors, social workers, or home visitors in community-based prevention home visiting programs

- Program directors or social workers in Early Intervention Part C programs
- IECMH consultants to early childhood education programs, family childcare homes, or home visiting programs settings
- IECMH therapists providing assessment, diagnosis, and parent-child relationship therapy
- IECMH-informed therapists providing therapy to adults to support parenting, including treatment for anxiety, depression, and other perinatal mental health disorders
- IECMH-informed social workers in child welfare; roles include case workers, supervisors, or IECMH consultants or team members to a special project such as an IECMH court team or drug court
- Policy and advocacy roles focused on infancy and early childhood at local, state, and national levels
- Higher education as faculty, researchers, or model program developers

A GROWING AREA OF SPECIALIZED SOCIAL WORK PRACTICE

Despite a growing need for IECMH-informed professionals, very few BSW or MSW programs currently include related content in their general practice curriculum. IECMH content can be infused into existing courses, contained in elective courses, or designated as an area of specialization within social work programs to address the growing need for people ready to engage in this important work. Although many postgraduate professional development opportunities are available, preprofessional training in IECMH enables social workers to pursue endorsement as IECMH specialists by the Alliance for the Advancement of Infant Mental Health, available in thirty-three states (www.allianceaimh.org).

The social work values of respect for the individual and self-determination, as well as an emphasis on healthy relationships, are clearly reflected in the principles of IECMH. Furthermore, in line with its foundations, it is vital that IECMH interventions and policy address questions of equity, diversity, and social justice. The unequal footing on which so many infants and young children begin their lives is the result of systemic oppression, from racism to

generational poverty. Awareness of these obstacles, and a commitment to work toward their undoing, is essential for the IECMH practitioner.

Anti-Racism and Anti-Oppression Statement: Diversity, Equity, Inclusion, and Belonging

This curricular guide is released at a time of critical urgency and opportunity for the United States to address its history of systemic and structural racism and work toward social justice. As a field, social work has not lived up to this central value. We affirm our commitment going forward to engage in anti-racist, anti-oppressive social work practice at the individual, family, group, organizational, community, research, and policy levels, informed by the theories and voices of those who have been marginalized. Therefore, we must take this moment to honestly examine how social work curricula can go beyond teaching an appreciation for physical or cultural diversity and empower the next generation of practitioners to dismantle institutional racism and other systems of oppression. These include sexism, heterosexism, classism, ableism, nativism, and ageism. It is the intention of this curricular guide to encourage anti-racist, anti-oppressive practices and to prepare social workers to design, lead, provide, and advocate for more equitable services for infants, young children, and their families. As a task force, we've threaded anti-racist and anti-oppressive commitments and practices throughout the guide and into each of the competencies.

With notable exceptions, we acknowledge that many of the foundational thinkers, researchers, and program developers in the field of IECMH were white persons of European descent, and many were men. A goal of this curricular guide is to broaden that lens to provide content and resources that reflect multiple perspectives, specifically elevating those who have been historically marginalized. We also acknowledge that many IECMH social workers may not reflect the diversity of the communities they serve. Every effort should be made to expand the diversity of social workers in the IECMH workforce and to illustrate to social work students the variety of roles individuals can play (for four types of endorsement in IECMH practice, see www.allianceaimh.org). Finally, we recognize that many families who are offered IECMH services are affected by conditions in our society that have been caused or exacerbated by structural racism and oppression. Thus, we must take a systems perspective

in all clinical, policy, advocacy, and research work to examine and address the effects of these larger forces on individuals, families, and communities.

DIVERSITY-INFORMED TENETS FOR WORK WITH INFANTS, CHILDREN, AND FAMILIES

We are led by the principles of the Diversity-Informed Tenets for Work with Infants, Children and Families, developed by the Irving Harris Foundation Professional Development Network Tenets Working Group (2018). A full copy of the Tenets is available at www.diversityinformedtenets.org, along with information on workshops and other resources.

Educators using this curricular guide are encouraged to participate in a workshop to learn to apply the concepts in the preparation and guidance of IECMH-informed social workers. The core principles are presented below.

Central Principle for Diversity-informed Practice

- Self-awareness leads to better services for families.

Stance Toward Infants, Children, and Families for Diversity-informed Practice

- Champion children's rights globally.
- Work to acknowledge privilege and combat discrimination.
- Recognize and respect nondominant bodies of knowledge.
- Honor diverse family structures.

Principles for Diversity-informed Resource Allocation

- Understand that language can hurt or heal.
- Support families in their preferred language.
- Allocate resources to systems change.
- Make space and open pathways.

Advocacy toward Diversity, Inclusion, and Equity in Institutions

- Advance policy that supports all families.

We acknowledge that although our goal is to broaden the curricular lens and promote anti-racist and anti-oppressive practices in IECMH, we will ultimately fall short of what is needed. This is an ongoing, iterative effort that will need more voices, more clarity, and more reflection. Self-reflection is an essential skill for social work, and for IECMH in particular. Reflective practice enables us to perceive and challenge biases in our curricula and ourselves, including values and beliefs that are rooted in racism and white supremacy. Our goal is to listen, learn, and act, and we honor opportunities for growth.



Competency 1

Demonstrate Ethical and Professional Behavior

COMPETENCY DESCRIPTION

In their clinical work, IECMH practitioners adhere to an ethical responsibility to represent themselves as competent only within the boundaries of their education, training, supervised experience, or other professional expertise. They abide by ethical standards set forth by their agencies or other places of work, as well as those established by the profession of social work and by IECMH professional organizations. They demonstrate integrity in their work with families by adhering to ethical standards; being trustworthy, honest, responsible, and reliable; and maintaining client confidentiality. IECMH social workers appreciate the breadth of knowledge and skill that goes into supporting early caregiving relationships and value the importance of continuously acquiring new knowledge and skills. Ethical practice in IECMH includes engagement with professional development and advocacy activities specific to work with infants, young children, and their caregivers. Continuing education and advocacy in this specialized area addresses the micro, mezzo, and macro levels of practice and includes an appreciation of intersectional diversity, as well as inclusive interprofessional practices and resource allocation.

To facilitate best practices in their work with caregivers and families and to maintain ethical standards, IECMH social workers engage in reflective practices including self-reflection and supervision, and they extend such practices to any interns with whom they work. IECMH social workers uphold ethical standards in the provision of online services as well, including maintaining professional boundaries, informed consent, crisis management, confidentiality, data security, and confidentiality in virtual environments with both clients

and supervisees. They also work to establish strong collaborative relationships with community professionals and services to extend, enhance, and advocate for diversity-informed, equitable, and inclusive services for infants and families of marginalized populations.

COMPETENCY BEHAVIORS

- Demonstrate understanding of the foundational principles of IECMH, seek new knowledge about IECMH research and best practices, and continually embed these principles and practices into work with clients.
- Adhere to specific requirements for maintenance of any held licensures or professional credentials, as well as specific codes of ethics for caregivers and young children. Explain their level of training, experience, and professional endorsement to clients.
- Explain laws and regulations related to mandatory reporting of child abuse and neglect to clients. Maintain client confidentiality per mandated reporting and convey these limits to clients via informed consent.
- Engage in self-reflective practices, including assessment of self-knowledge, affective processes, and the need for self-care and critical reflection on the impact of diversity, mental health treatment disparities, racism, and oppression. Use reflective supervision and case consultation to examine clinical interactions and practitioner reactions to them.
- Enhance professional capabilities and support systems for interdisciplinary teams to protect student interns' and workers' mental health and provide timely supervision to prevent interns and workers from experiencing secondary traumatic stress, compassion fatigue, and burnout.
- Navigate and maintain professional roles and boundaries, including working within a specific scope of practice based on the level of clinical expertise or endorsement achieved. Maintain transparency about any dual role with clients (e.g., provision of case management and child-parent psychotherapy), critically examine the implications of healthy relationships (e.g., forensic vs. therapeutic contexts), and consider the boundaries of age-specific physical proximity (e.g., when to hug or not hug a child).

- Maintain an active and robust referral stream and collaborate across disciplines and systems to gather resources around client dyads and their families to facilitate “warm handoffs” (personalized, robust referrals) to needed or desired services.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
PEER-REVIEWED ARTICLES	
Barron, C., & Paradis, N. (2010). Infant mental health home visitation: Setting and maintaining professional boundaries. <i>Zero to Three</i> , 30(6), 38-43.	Knowledge Values Skills Cognitive and Affective Processes
Boland-Prom, K., & Anderson, S. C. (2005). Teaching ethical decision making using dual relationship principles as a case example. <i>Journal of Social Work Education</i> , 41(3), 495-510. https://doi.org/10.5175/JSW.2005.200303117	Knowledge Values Skills Cognitive and Affective Processes
Cole-Mossman, J., Crnkovich, E., Gendler, L. & Gilkerson, L. (2018). Reducing judicial stress through reflective practice. <i>Court Review</i> , 54, 90-94.	Knowledge Cognitive and Affective Processes
Glassburn, S., McGuire, L. E., & Lay, K. (2019). Reflection as self-care: Models for facilitative supervision. <i>Reflective Practice</i> , 20(6), 692-704.	Knowledge Skills Cognitive and Affective Processes
Heffron, M. C., Ivins, B., & Weston, D. R. (2005). Finding an authentic voice—use of self: Essential learning processes for relationship-based work. <i>Infants & Young Children</i> , 18(4), 323- 336.	Knowledge Values Cognitive and Affective Processes

(continued)

Readings (continued)

Resource	Competency Dimension
Marshall, J., Kihlström, L., Buro, A., Chandran, V., Prieto, C., Stein-Elger, R., Koeut Futch, K., Parish, A., & Hood, K. (2020). Statewide implementation of virtual perinatal home visiting during COVID-19. <i>Maternal and Child Health Journal, 24</i> , 1224-1230. https://doi.org/10.1007/s10995-020-02982-8	Knowledge Cognitive and Affective Processes
Reamer, F. G. (2003). Boundary issues in social work: Managing dual relationships. <i>Social Work, 48</i> (1), 121-133.	Knowledge Values Skills
Reamer, F. G. (2015). Clinical social work in a digital environment: Ethical and risk-management challenges. <i>Clinical Social Work, 43</i> (2), 120-132. doi:10.1007/s10615-014-0495-0	Knowledge
Ross, J. W., Hooper, L., Stenhouse, E., & Sheaff, R. (2009). What are child-care social workers doing in relation to infant mental health? An exploration of professional ideologies and practice preferences within an inter-agency context. <i>British Journal of Social Work, 39</i> (6), 1008-1025.	Knowledge Values Cognitive and Affective Processes
Shea, S. E. (2019). Reflective supervision for social work field instructors: Lessons learned from infant mental health. <i>Clinical Social Work Journal, 47</i> (1), 61-71.	Knowledge Values Skills Cognitive and Affective Processes
Taylor, C. A., Fleckman, J. M., & Lee, S. J. (2017). Attitudes, beliefs, and perceived norms about corporal punishment and related training needs among members of the American Professional Society on the Abuse of Children. <i>Child Abuse & Neglect, 71</i> , 56-68. doi:10.1016/j.chiabu.2017.04.009	Knowledge Values Cognitive and Affective Processes
Valdez, C. R., Rodgers, C. R., Gudiño, O. G., Isaac, P., Cort, N. A., Casas, M., & Butler, A. M. (2019). Translating research to support practitioners in addressing disparities in child and adolescent mental health and services in the United States. <i>Cultural Diversity and Ethnic Minority Psychology, 25</i> (1), 126- 135. https://doi.org/10.1037/cdp0000257	Knowledge Skills
Walsh, T., Paris, R., Ribaudo, J., & Gilkerson, L. (2021). Locating infant and early childhood mental health at the heart of social work. <i>Social Work, 66</i> , 187-196. https://doi.org/10.1093/sw/swab022	Knowledge

(continued)

Readings (continued)

Resource	Competency Dimension
Weatherston, D. (2010). Infant mental health home visiting strategies: From the parents' point of view. <i>Zero to Three</i> , 30(6), 52-57.	Knowledge Values Skills Cognitive and Affective Processes
BOOK CHAPTERS	
Stone, J., Jones, S. J., & Bunston, W. (2019). Reflective supervision's essential place in thoughtful practice. In W. Bunston & S. J. Jones (Eds.), <i>Supporting vulnerable babies and young children: Interventions for working with trauma, mental health, illness, and other complex challenges</i> (pp. 43-57). Jessica Kingsley Publishers.	Knowledge Cognitive and Affective Processes
Weatherston, D. J., & Barron, C. (2009). What does a reflective supervisory relationship look like? In S. S. Heller & L. Gilkerson (Eds.), <i>A practical guide to reflective supervision</i> (pp. 63-81). Zero to Three.	Skills Cognitive and Affective Processes
BOOKS	
Camper, A. B. (2020). <i>Telemental health: Legal considerations for social workers</i> . https://www.socialworkers.org/About/Legal/HIPAA-Help-For-Social-Workers/Telemental-Health	Knowledge Values
Center of Excellence for Infant and Early Childhood Mental Health Consultation. (n.d.). <i>Center of excellence for infant and early childhood mental health consultation competencies</i> . http://www.iecmhc.org/documents/IECMHC-competencies.pdf	Knowledge Values Skills
Gough, J., & Spencer, E. (2019). Ethical social work practice in the technological era. In S. M. Marson & R. E. McKinney (Eds.), <i>The Routledge handbook of social work ethics and values</i> (pp. 251-256). Routledge.	Knowledge Values Cognitive and Affective Processes
Heffron, M. C., & Murch, T. (2010). <i>Reflective supervision and leadership in infant and early childhood programs</i> . Zero to Three.	Knowledge Values Skills Cognitive and Affective Practices

(continued)

Readings (continued)

Resource	Competency Dimension
Heller, S. S., & Gilkerson, L. (2009). <i>A practical guide to reflective supervision</i> . Zero to Three.	Knowledge Values Skills Cognitive and Affective Practices
Hugman, R. (2013). <i>Culture, values, and ethics in social work: Embracing diversity</i> . Routledge.	Knowledge Values Cognitive and Affective Processes
Michigan Association for Infant Mental Health. (2017). <i>Competency guidelines: Endorsement for culturally sensitive, relationship-focused practice promoting infant mental health</i> . https://static1.squarespace.com/static/546143c8e4b0ba3d01e2eadd/t/5f3c59b768875d173680ce60/1597790693710/MI-AIMH-Competency-Guidelines-Infant-Mental-Health-WEB+%281%29-compressed.pdf	Knowledge Values
Myers, J. E. (2011). <i>The APSAC handbook on child maltreatment</i> . Sage.	Knowledge
Murray, A. (2020). Social work ethics during the time of pandemic [Blog post]. <i>NASW Social Work Blog</i> . http://www.socialworkblog.org/practice-and-professional-development/2020/04/social-work-ethics-during-the-time-of-pandemic/	Knowledge Skills
NASW, ASWB, CSWE, & CSWA Standards for Technology in Social Work Practice. (2017). https://www.socialworkers.org/LinkClick.aspx?fileticket=lcTcdsH Ucn9%3D&portalid=0	Knowledge Values
Reamer, F. G. (2013). <i>Social work values and ethics</i> . Columbia University Press.	Knowledge Values Cognitive and Affective Processes

<i>Class Exercises and Learning Activities (online and in person)</i>	
Resource	Competency Dimension
<p>Values and Belief Systems</p> <p>The goal of this assignment is for students to examine their personal values and belief systems in relation to a two-part case study. (See Appendix 1A for description and instructions.)</p>	Knowledge Values Skills Cognitive and Affective Processes
<p>Values and Ethics</p> <p>The goal of this assignment is for students to examine ethical standards in relation to a case study. (See Appendix 1B for description and instructions.)</p>	Knowledge Values Skills Cognitive and Affective Processes
<p>Case Study With Role Play Exercise</p> <p>The instructor provides case scenarios (challenge cases, ethic issues cases) to students. Students are grouped with two or three peers. In the small groups, each student takes turns playing different roles (client, social worker, and supervisor) in the small group. After the group exercise, the instructor facilitates a class discussion to help students share their experiences of playing different roles from the group exercise, observations from the three different perspectives (clients, social worker, and supervisor), and reflections with a focus on professional behaviors.</p>	Knowledge Values Skills Cognitive and Affective Processes
<p>Class discussion: Working with a family with multiple issues (child mental health issue and loss of father due to cancer) https://youtu.be/eaLa0kWN0wk</p> <p>Instructor uses this case scenario and leads the classroom discussion for assessment and interventions.</p> <ul style="list-style-type: none"> • What would be the priority and reactions? • What would be the plan for this family and why? 	Knowledge Values Skills Cognitive and Affective Processes
<p>Prepare a self-reflection paper about reasons and motivations for working with the targeted populations.</p> <ul style="list-style-type: none"> • Help students to be aware of their motivations. • Help students to think about how their personal motivations influence their professional development (e.g., whether there are any personal experiences that motivate them to work with the target population, how the students set up personal and professional boundaries when working with clients). 	Values

(continued)

Class Exercises and Learning Activities (continued)

Resource	Competency Dimension
<p>Interview or shadow multidisciplinary workers in different settings, including hospitals, local agencies, and home visits.</p> <ul style="list-style-type: none"> • Session 1: Social workers. • Session 2: Select at least two professionals working with social workers for the targeted populations. • Session 3: Write two self-reflection papers after interview or shadow experiences: One focuses on professionals, and another focuses on clients (clinical observations). 	<p>Knowledge Values Skills Cognitive and Affective Processes</p>
<i>Media</i>	
Resource	Competency Dimension
WEBSITE	
<p>“Ethical Management of Counter-transference: Informed Consent, Competence and Self-Care” (2-hour webinar) https://naswinstitute.inreachce.com/Details/Information/df1f68b6-2d6d-470b-992e-78e817a1a4e1</p>	<p>Knowledge Values Cognitive and Affective Processes</p>
<p>The Importance of Family Circumstances in Child–Parent Psychotherapy [video, 5 min] https://www.youtube.com/watch?v=VDNpmJTGSpw</p>	<p>Knowledge Values</p>
<p><i>In Social Work</i> podcasts https://www.insocialwork.org/list_categories.asp Models of Supervision: Parallel Processes and Honest Relationships, Dr. Lawrence Shulman [Audio podcast, 38 min] http://www.insocialwork.org/episode.asp?ep=5</p>	<p>Knowledge Values Skills Cognitive and Affective Processes</p>
<p>NASW Online CE Institute (free to NASW Specialty Practice Sections members) Complex Ethical Issues: Working With Children, Adolescents, Young Adults and Families [3-hour webinar] https://naswinstitute.inreachce.com/Details/Information/47b22012-dbe3-4bbb-8f36-29a9f01aaa95</p>	<p>Knowledge Values</p>
<p>Nebraska Association for Infant Mental Health “What Is Infant Mental Health?” (1.5 hours). https://www.nebraskachildren.org/what-we-do/nebraska-association-for-infant-mental-health/infant-mental-health.html</p>	<p>Knowledge</p>

(continued)

Media (continued)

Resource	Competency Dimension
<p>The Social Work Podcast http://socialworkpodcast.blogspot.com “The Social Worker in the Court,” Dr. Allan Barsky (mp3, 30 min) http://socialworkpodcast.blogspot.com/2012/12/social-workers-in-court-interview-with.html</p>	<p>Knowledge Values Skills Cognitive and Affective Processes</p>
<p>Understanding Ghosts in the Nursery (video, 3 min) https://www.youtube.com/watch?v=VAXcAnD3I_U</p>	<p>Knowledge Values</p>

Field Activities

Resource	Competency Dimension
<p>Keeping a Field Journal Social workers who do home visits with at-risk young families are confronted with ethical dilemmas surrounding their level of involvement in the face of much need. In anticipation of seeking supervision regarding client interactions, the social worker keeps a journal wherein they record their impressions of their interactions with clients, in particular noting any instances where they feel uncomfortable with requests from clients and feel unsure of what their boundaries should be. This can also be a way to let clients know they need time to think about the request by indicating that they have heard the request and are going to speak to their supervisor to see how and whether they can help with that specific need and, if not, to ascertain what more appropriate resources might be needed.</p>	<p>Values Cognitive and Affective Processes</p>
<p>Social Identity Worksheet The developers describe this as a written reflection designed to map out different domains of social identities and reflect on how these domains intersect with each other and shape life experiences. http://timeandplace.ubc.ca/files/2014/06/Appendix-2.pdf (See Appendix 1C for description and instructions.)</p>	<p>Knowledge Values</p>

APPENDIX 1A: VALUES AND BELIEF SYSTEMS

The goal of this assignment is for students to examine their personal values and belief systems in relation to a two-part case study. The first part of the case aims to help students foster awareness of their own social position and beliefs in relation to others. The second part of the case aims to engage students in self-reflective practices including awareness of cultural differences, biases, and reactions. Read the case study and reflect on the first set of reflection questions that follow. Discuss your thoughts about the case in a small group. Once you've discussed the first part of the case, read the second part of the case and discuss the questions that follow.

Case Study Part 1

You are an adoption social worker who has been representing the interests of Mr. and Mrs. Binder, foster parents who have been married for 15 years. Mr. and Mrs. Binder want to adopt Trina and Jody, twin 3-year-olds who have been in their care for 6 months. Trina and Jody's mother, Libby Jackson, voluntarily terminated her parental rights. Both children had traumatic experiences from infancy to age 2. Ms. Jackson acknowledged she was physically abusive at times, particularly when under the influence of alcohol. She is currently incarcerated after having pled guilty to child abuse. Mrs. Binder provides excellent full-time care to the young children, who arrived with delays in their social and emotional skills. Trina exhibited delayed speech.

Both children were having difficulty sleeping when they arrived. Mr. Binder is a successful banking executive. Money is no object for the Binder family. Trina now has weekly speech therapy. The twins participate in a toddler music class and a toddler exercise class. They attend storytime weekly at the library and are read to each night before bed. Mrs. Binder hosts a playgroup at her home once per week as well. The children are sleeping better. Trina has already made some progress with her speech. Both have now made some progress with potty training. The twins are learning to share, take turns, and not bite their friends. Trina had been having emotional outbursts that seemed more severe than typical for this age, but they have decreased in frequency and intensity over the past few months. All is going very well, and you are working with the

area social service agency to help the Binders move forward with the adoption. The Binders plan to celebrate the adoption with a trip to Disney World this spring.

Reflection Questions

- 1) What risk factors were at play before the Binders came into the picture?
- 2) What developmental delays did you notice?
- 3) What protective factors did you notice in this case?
- 4) What are your thoughts and feelings about the suitability of the Binders as adoptive parents for the twins?
- 5) How do you define the term “suitable parents”? How did you come to this definition?

Case Study Part 2

Janet is the permanency planning social worker for the area social service agency responsible for Trina and Jody. Janet searched high and low for a relative who would care for the twins when their mother, Libby Jackson, voluntarily terminated her parental rights. No relatives surfaced. Janet specifically tried to contact Libby Jackson’s sister, Marla Jones, by phone and U.S. mail using contact information provided by Libby. When multiple attempts to find relatives to care for the twins were unsuccessful, Trina and Jody were placed with the Binder family. Everything has gone smoothly, and the twins are thriving. However, Janet is contacted by Marla Jones, aunt of Trina and Jody, who says when she went to visit her sister Libby in prison this past weekend, she learned that the children were in foster care. Ms. Jones says to Janet, “Of course they can stay with me. They’re my kin!” Ms. Jones explains that her phone was shut off because she could not pay her bill and that she was living with various friends over the past 6 months, which is why she did not know about the situation. Ms. Jones says things have started to stabilize for her. She is working at a bar 5 to 6 nights per week, which gives her income. She is catching up on bills and living above the bar with her boyfriend, Trevor. She does not currently have a car, but she says she does not need one because she

lives above the bar where she works. Ms. Jones says she wants the twins to come stay with her. She says her boyfriend's teenage sons can watch the twins when she's sleeping during the day and working at night. She explains that her sister, Libby Jackson, does not want the adoption to go through. Libby said the Binders are a rich White family who aren't going to continue their family traditions and who aren't going to let the children stay in touch with their family. Marla explains that her family is Black, and they aren't very happy about the twins living with a White family. Marla also explains that in their family, they take care of their own. Marla says she is in a church that will help the twins to know and love God. Ms. Jones explains it's important that the children stay connected with extended family. Ms. Jones has one school-age child, and her boyfriend has two teenage children who also live above the bar. Janet calls to inform you, the adoption social worker representing the Binders, of this recent development.

Reflection Questions

- 1) As an advocate representing Mr. and Mrs. Binder, what is your initial reaction to this recent development? Would your reaction and thoughts about the case be any different if you were Janet, the social worker from the social service agency?
- 2) What are some strengths of the Binders' home environment? What are some strengths of the Aunt Marla's home environment?
- 3) Assume the state you are located in supports kinship placements as the preferred placement. From your perspective, are Ms. Jones and her boyfriend "suitable parents" for the twins? Are you making any value-based judgments or an evidence-based judgment about what constitutes "suitability"?
- 4) Do your personal values and beliefs related to this case align with the values of the profession? Explain.
- 5) What might you say to Mr. and Mrs. Binder?

APPENDIX 1B: VALUES AND ETHICS

The goal of this assignment is for students to examine the ethical standards of the NASW Code of Ethics in relation to a case study. Read the case study and reflect on the questions that follow. Discuss your thoughts about the case in a small group and then with the larger class.

Case Study

You are a social worker at a large child development center. It has been brought to your attention by a teacher that 3-year-old Tammy has become withdrawn lately. In addition, Tammy has begun wetting her pants even though she's been toilet trained since just after turning 2. Tammy, who is usually sweet, has also been getting upset more often in class. She has knocked down other children's block towers and has even begun pushing other children. The teacher mentions to you that Tammy's parents are going through a separation and that she has seen them arguing in the parking lot. Tammy refers to Wendy, one of her parents, as mommy. She refers to Ellen, her other parent, as mama. When Wendy came to pick up Tammy yesterday afternoon, you tried to talk to her about the behaviors the teacher has observed. Wendy became upset. She said Tammy is just fine and tells you to mind your own business. Today, when Ellen comes to pick up Tammy, she opens up to you about what is going on but asks you not to tell anyone at the center and to absolutely not talk to Wendy. She says Wendy will "go nuts" if she finds out Ellen is confiding in you. Ellen explains that Wendy has been drinking heavily over the past 3 months and that she's "out of control." Ellen acknowledges that it's taking a toll on Tammy, but she stops short of saying what exactly is going on.

Reflection Questions

- 1) What values from the NASW Code of Ethics apply to this case?
- 2) Identify at least three specific standards from the NASW Code of Ethics that need to be given consideration in this case.
- 3) Who is the client?

- 4) Ellen has asked you to keep the information between you and her. Is it ethical for you to do that?
- 5) Wendy has asked you to mind your own business. Should you do that out of respect for Wendy's wishes?

APPENDIX 1C: SOCIAL IDENTITY WORKSHEET

The purpose of this exercise is to map out different domains of your social identity (i.e., social group membership) and to reflect on how these domains intersect with one another to shape your life experiences. We are socialized into seeing oppressive social relations and structures (e.g., personal bias, social prejudice, institutional discrimination, inequitable social structures) based on social group memberships as natural and normal. McIntosh (2003) describes her White privilege as “an invisible package of unearned assets which I can count on cashing in each day, but about which I was ‘meant’ to remain oblivious” (p. 191); when we belong to a privileged social group, it is especially difficult to recognize our own privilege. Privilege is the often unearned, unasked for, and invisible benefits and advantages available to members of the privileged group (Hardiman, Jackson, & Griffin, 2007).

The goal of this exercise is not to assess how privileged or marginalized you are. The exercise does not fully capture or define who you are, and doing so is not its goal. Almost all of us have some experiences of privilege and some of marginalization, and these experiences are relative to context. In addition, different social identities will be perceived as more or less salient to yourself and others, influencing your worldviews and interpersonal interactions, and what becomes more or less salient depends on the context (Sensoy & DiAngelo, 2012; Tharp, 2012). For example, a White working-class man may experience marginalization in Canadian society because of his socioeconomic class, but his socioeconomic condition may be still privileged relative to another country setting. In another setting, his race may become a more salient aspect of his identity than class.

Moreover, it is important to be mindful of the intersectional nature of our social identities (Hardiman et al., 2007; Sensoy & DiAngelo, 2012). One aspect of our identity seldom acts independently of the other aspects. Rather, different aspects of our identity interrelate to shape a unique experience for each of us. In other words, those who share one identity domain, such as all those who are male, do not necessarily experience male privilege in the same way or extent because of the other identity domains that they do not share.

Despite these complexities of our social identities, we need to begin with articulating and reflecting on implicit, as well as explicit, domains of our identity to understand how we are positioned in society and how it shapes our life experience.

Instructions

- 1) Write your identity in Column B corresponding to each identity domain in Column A.
- 2) In the top row of Column C, write the places where you live now (and lived as a child, if it is different from where you live now).
- 3) For each identity domain in Column B, consider whether it puts you in a position of privilege or marginalization. Write “P” for privilege and “M” for marginalization in Column C.
- 4) Proceed to the Reflection Questions.

A MAP OF MYSELF		
A. DOMAINS	B. MY IDENTITY OR IDENTITIES	C. DOES THIS IDENTITY GIVE ME A POSITION OF PRIVILEGE(P) OR MARGINALIZATION (M) RELATIVE TO MOST PEOPLE IN:
		<p>The place I live now: _____</p> <p>The place I lived as a child: _____</p>
Race ^a (e.g., White, Black, biracial)		
Ethnicity ^b (e.g., Chinese, Welsh, Cree, Inuit, Métis)		
Biological sex (e.g., male, female, intersex)		
Gender identity or expression ^c (e.g., woman, man, transgender)		
Sexual orientation (e.g., lesbian, gay, heterosexual, bisexual)		

Religion				
Socioeconomic class (e.g., owning, middle, working class)				
Dis/ability (e.g., able bodied, disabled)				
First language				
Other: _____				

Note: This identity mapping table was adopted from "A Map of Myself" by Harlap (2008).

- a. "Race is a socially constructed system of classifying humans based on phenotypical characteristics (skin color, hair texture, and bone structure)" (Sensoy & DiAngelo, 2012, pp. 22- 23).
- b. "Ethnicity refers to people bound by a common language, culture, spiritual tradition, and/or ancestry. Ethnic groups can bridge national borders and still be one group. . . . At the same time, ethnic groups can live within the same national borders and not share the same ethnic identity" (Sensoy & DiAngelo, 2012, p. 23).
- c. Gender expression is the gender that a person presents to the world. Gender identity is the gender that a person feels inside. Gender expression and gender identity often correspond with biological sex, but this is not the case for all people.

Reflection Questions

- 1) Considering all your social identities listed in the table above, on a daily basis, which ones are you most aware or conscious of? You can pick more than one domain if you want.
 - a. Which identity are you most aware or conscious of?
 - b. What do you appreciate about or gain from that identity?
 - c. What is the most negative or difficult thing about that identity?
- 2) Considering all your social identities listed in the table above, on a daily basis, which ones are you least aware or conscious of? You can pick more than one domain if you want.
 - a. Which one are you least aware or conscious of?
 - b. What do you appreciate about or gain from that identity?
 - c. What is the most negative or difficult thing about that identity?
- 3) What stood out most to you in this exercise? Why?
- 4) What would you like to know more about or explore further?

Note: These reflection questions were adopted from Diane J. Goodman (dianejgood@aol.com) and University of British Columbia (UBC) Peer Program Training Modules: Diversity & Intercultural Communication 2008/09.

Time and Place at UBC: Our Histories and Relations: <http://timeandplace.ubc.ca/>

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Competency 2

Engage Diversity and Difference in Practice

COMPETENCY DESCRIPTION

As diversity-informed practitioners, social workers recognize the historical and contemporary factors of oppression and social inequality. The multiple intersectionalities of these factors include race, culture, ethnicity, nationality, socioeconomic class, biological sex, gender identity, sexual orientation, age, immigration status, linguistic pluralism, and religion, in addition to the full range of developmental, physical, and neurological experiences, forms, and functions. Diversity-informed IECMH social workers acknowledge privilege where they hold it and work to combat implicit biases and unrecognized stereotypes within themselves, their practice, and their field.

In IECMH, the goal is to continually strive for anti-racist, anti-oppressive practice with the highest possible standard of inclusivity in all spheres of practice: teaching and training; research, evaluation, and writing; policy and advocacy; and the critical work of direct service. IECMH social workers also advocate for equity of resources, opportunities, and self-determination for all families, to promote early caregiver–young child relational, physical, and environmental health and well-being. A critical component of IECMH social work is to respect and support diverse family structures and constellations and to make space for historically marginalized individuals and groups to access services, as well as all levels of professional leadership and organizational, administrative, and direct service operations. In addition, through a variety of roles and intentional, accountable, and responsible actions, IECMH social workers promote resource allocation and systemic change, reflecting social work’s core commitment to social justice and the dignity and worth of all humanity,

building on individual, family, and community strengths in the profession's ongoing effort to dismantle the many forms of structural oppression.

To effectively engage diversity and difference in practice, IECMH social workers must first understand the crucial role of critical self-reflection. Diversity-informed IECMH social workers practice cultural humility, taking a reflective stance of curiosity, wondering, and not knowing.

COMPETENCY BEHAVIORS

- Recognize diversity as it is expressed in each person's biological, psychological, and social context and in each family's structure, values, and ways of being connected.
- Engage in relationship-based, diversity-informed practice, adopting a set of professional values that shape interactions with individuals, organizations, and systems of care.
- Use a person-in-environmentpartnership approach that incorporates knowledge of ACEs and group historical trauma, acknowledging the modern legacies of such trauma, which affects both relationships between individuals and groups and community well-being.
- Recognize and respect physical, psychological, and neurological diversity in all domains of development, including linguistic diversity (spoken and signed), attachment, and relationships.
- Practice relational attunement (matches and mismatches or ruptures in interaction) in direct social work practice and engage in relational repair; seek to strengthen the relationship through honest acknowledgment of one's role in the rupture and a desire to understand and start again.
- Recognize historical and contemporary influences of intersecting systems of oppression on social work practices, policies, organizations, and systems of care.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
PEER-REVIEWED ARTICLES	
Beck, A. F., Edwards, E. M., Horbar, J. D., Howell, E. A., McCormick, M. C., & Pursley, D. M. (2020). The color of health: How racism, segregation, and inequality affect the health and well-being of preterm infants and their families. <i>Pediatric Research</i> , 87(2), 227-234.	Knowledge
Berger, L. M., McDaniel, M., & Paxson, C. (2005). Assessing parenting behaviors across racial groups: Implications for the child welfare system. <i>Social Service Review</i> , 79(4), 653-688.	Knowledge Skills
Breaux, H. P., & Thyer, B. A. (2021). Transgender theory for contemporary social work practice: A question of values and ethics. <i>Journal of Social Work Values and Ethics</i> , 18(1), 72-89.	Knowledge
Campbell-Grossman, C., Hudson, D. B., Kupzyk, K. A., Brown, S. E., Hanna, K. M., & Yates, B. C. (2016). Low-income, African American, adolescent mothers' depressive symptoms, perceived stress, and social support. <i>Journal of Child and Family Studies</i> , 25(7), 2306-2314.	Knowledge
Ceballos, M., Wallace, G., & Goodwin, G. (2017). Postpartum depression among African-American and Latina mothers living in small cities, towns, and rural communities. <i>Journal of Racial and Ethnic Health Disparities</i> , 4(5), 916-927.	Knowledge
Chavez-Dueñas, N. Y., Adames, H. Y., Perez-Chavez, J. G., & Salas, S. P. (2019). Healing ethno-racial trauma in Latinx immigrant communities: Cultivating hope, resistance, and action. <i>American Psychologist</i> , 74(1), 49-62.	Knowledge Skills Cognitive and Affective Processes
Comas-Díaz, L., Hall, G. N., & Neville, H. A. (2019). Racial trauma: Theory, research, and healing: Introduction to the special issue. <i>American Psychologist</i> , 74(1), 1.	Knowledge
Cook, D. A. (1994). Racial identity in supervision. <i>Counselor Education and Supervision</i> , 34, 132-141.	Knowledge
Darwin, Z., & Greenfield, M. (2019). Mothers and others: The invisibility of LGBTQIA+ people in reproductive and infant psychology. <i>Journal of Reproductive and Infant Psychology</i> , 37(4), 341-343.	Knowledge

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Readings (continued)

Resource	Competency Dimension
Day-Vines, N. L., Wood, S. M., Grothaus, T., Craigen, L., Holman, A., Dotson-Blake, K., & Douglass, M. J. (2007). Broaching the subjects of race, ethnicity, and culture during the counseling process. <i>Journal of Counseling & Development, 85</i> , 401-409.	Knowledge
Derlan, C. L., Umaña-Taylor, A. J., Updegraff, K. A., & Jahromi, L. B. (2018). Mother-grandmother and mother-father coparenting across time among Mexican-origin adolescent mothers and their families. <i>Journal of Marriage and Family, 80</i> (2), 349-366.	Knowledge
Doxtater, T. M. (2011). Healing historical unresolved grief: A decolonizing methodology for Indigenous language revitalization and survival. <i>ALAR: Action Learning and Action Research Journal, 17</i> (2), 97-117.	Knowledge Skills
Garcia, M., Kosutic, I., McDowell, T., & Anderson, S. A. (2009). Raising critical consciousness in family therapy supervision. <i>Journal of Feminist Family Therapy, 21</i> (1), 18-38.	Knowledge Skills
Ghosh Ippen, C., Noroña, C. R., & Thomas, K. (2012). From tenet to practice: Putting diversity-informed services into action. <i>Zero to Three, 33</i> (2), 23- 28.	Values Skills Cognitive and Affective Processes
Gone, J. P. (2013). Redressing First Nations historical trauma: Theorizing mechanisms for Indigenous culture as mental health treatment. <i>Transcultural Psychiatry, 50</i> (5), 683-706.	Knowledge
Greene, M. M., Rossman, B., Patra, K., Kratovil, A. L., Janes, J. E., & Meier, P. P. (2015). Depressive, anxious and perinatal post-traumatic distress in mothers of very low birth weight infants in the NICU. <i>Journal of Developmental and Behavioral Pediatrics, 36</i> (5), 362-370.	Knowledge
Hernández-Wolfe, P. (2011). Decolonization and “mental” health: A Mestiza’s journey in the borderlands. <i>Women & Therapy, 34</i> (3), 293-306.	Knowledge
Hunting, G., & Browne, A. J. (2012). Decolonizing policy discourse: Reframing the “problem” of fetal alcohol spectrum disorder. <i>Women’s Health & Urban Life, 11</i> (1), 36-53.	Knowledge
Kant, J. D. (2015). Towards a socially just social work practice: The liberation health model. <i>Critical and Radical Social Work, 3</i> (2), 309-319.	Knowledge Values

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Readings (continued)

Resource	Competency Dimension
Keefe, R. H., Brownstein-Evans, C., & Rouland Polmanteer, R. S. (2016). Having our say: African-American and Latina mothers provide recommendations to health and mental health providers working with new mothers living with postpartum depression. <i>Social Work in Mental Health, 14</i> (5), 497-508.	Knowledge Skills
Keller, H. (2013). Attachment and culture. <i>Journal of Cross-Cultural Psychology, 44</i> , 175-194.	Knowledge Values
Leal, D., Gato, J., Coimbra, S., Freitas, D., & Tasker, F. (2021). Social support in the transition to parenthood among lesbian, gay, and bisexual persons: A systematic review. <i>Sexuality Research and Social Policy, 1</i> -15.	Knowledge
Limb, G. E., & Hodge, D. R. (2010). Helping child welfare workers improve cultural competence by utilizing spiritual genograms with Native American families and children. <i>Children and Youth Services Review, 32</i> (2), 239-245.	Knowledge Skills
Lyman, D. R., Njoroge, W. F., & Willis, D. W. (2007). Early childhood psychosocial screening in culturally diverse populations: A survey of clinical experience with the Ages and Stages Questionnaires: Social-Emotional (ASQ: SE). <i>Zero to Three, 27</i> (5), 46-54.	Knowledge
Martin, F., & Pirbhai-Illich, F. (2016). Towards decolonizing teacher education: Criticality, relationality and intercultural understanding. <i>Journal of Intercultural Studies, 37</i> (4), 355-372.	Knowledge
McMillin, S. E., & Carbone, J. T. (2020). A skillset and a stance: Program planning for cultural competence and cultural humility in home visitation. <i>Evaluation and Program Planning, 81</i> , 101819.	Knowledge Skills
Noroña, C. R., Flores, L. I., Velasco-Hodgson, M. C., & Eiduson, R. (2018). Historical, sociopolitical and mental health implications of forcible separations in young migrant Latin American children and their families. <i>Zero to Three, 39</i> (1), 8-20.	Knowledge
Osofsky, J., Wieder, S., Noroña, C. R., Lowell, D., & Worthy, D. R. (2018). Effective mental health interventions and treatments for young children with diverse needs. <i>Zero to Three, 38</i> (3), 32-44.	Knowledge Skills
Parker, A. (2021). Reframing the narrative: Black maternal mental health and culturally meaningful support for wellness. <i>Infant Mental Health Journal. https://doi.org/10.1002/imhj.21910</i>	Knowledge

(continued)

Readings (continued)

Resource	Competency Dimension
Reid, J., & Swann, D. (2019). Decolonising the Finnish baby box: A sociomaterial approach to designing interventions for infant and maternal health and well-being in Zambia. <i>Journal of Early Childhood Education Research, 8</i> (2), 312–331.	Knowledge
Roggman, L. A., Peterson, C. A., Chazan- Cohen, R., Ispa, J. B., Decker, K., Hughes-Belding, K., Cook, G. A., & Vallo-ton, C. D. (2016). Preparing home visitors to partner with families of infants and toddlers. <i>Journal of Early Childhood Teacher Education, 37</i> (4), 301–313.	Knowledge Skills
Silverman, M. E., & Hutchison, M. S. (2019). Reflective capacity: An antidote to structural racism cultivated through mental health consultation. <i>Infant Mental Health Journal, 40</i> (5), 742–756.	Knowledge
Spicer, P. (2011). Culture and infant mental health. <i>Current Problems in Pediatric and Adolescent Health Care, 41</i> (7), 188–191.	Knowledge
Srier, R. (2009). Class-competent social work: A preliminary definition. <i>International Journal of Social Welfare, 18</i> , 237–242.	Knowledge
Stroud, B. (2010) Honoring diversity through a deeper reflection: Increasing cultural understanding within the reflective supervision process. <i>Zero to Three, 31</i> (2), 46–50.	Knowledge Values Skills Cognitive and Affective Processes
Thomas, K., Noroña, C. R., & St. John, M. S. (2019). Cross sector allies together in the struggle for social justice: Diversity-informed tenets for work with infants, children, and families. <i>Zero to Three, 39</i> (3).	Knowledge
Walters, K. L., & Simoni, J. M. (2009). Decolonizing strategies for mentoring American Indians and Alaska Natives in HIV and mental health research. <i>American Journal of Public Health, 99</i> (S1), S71–S76.	Knowledge Skills
Wildeman, C., Schnitker, J., & Turney, K. (2012). Despair by association? The mental health of mothers with children by recently incarcerated fathers. <i>American Sociological Review, 77</i> (2), 216–243.	Knowledge
Wilkins, E. J., Whiting, J. B., Watson, M. F., Russon, J. M., & Moncrief, A. M. (2013). Residual effects of slavery: What clinicians need to know. <i>Contemporary Family Therapy, 35</i> , 14–28. doi:10.1007/s10591-012-9219-1	Knowledge

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Readings (continued)

Resource	Competency Dimension
Wilson, K., Barron, C., Wheeler, R., & Jedrzejek, P. E. A. (2018). The importance of examining diversity in reflective supervision when working with young children and their families. <i>Reflective Practice</i> , 19(5), 653–665.	Knowledge Skills Cognitive and Affective Processes
BOOKS	
Dana, R. H. (2005). <i>Multicultural assessment: Principles, applications, and examples</i> . Routledge.	Knowledge Skills
Fontes, L. A. (2008). <i>Interviewing clients across cultures: A practitioner's guide</i> . Guilford Press.	Knowledge Skills
Gold, C.M. & Tronick E. (2020) <i>The power of discord: Why the ups and downs of relationships are the secret to building intimacy, reliance, and trust</i> . Little, Brown, Spark.	Knowledge Values
Helms, J. (1990). <i>Black and White racial identity: Theory, research, and practice</i> . Greenwood Press.	Knowledge
Lewis, M.L. & Weatherston, D.J. (Eds) (2021) Therapeutic cultural routines to build family relationships: Talk, touch and listen while combing hair©. Springer. 10.1007/978-3-030-83726-6	Knowledge Values Skills
Maldonado-Duran, J. M., Jiménez-Gómez, A., Maldonado-Morales, M. X., & Lecannelier, F. (Eds.). (2019). <i>Clinical handbook of transcultural infant mental health</i> . Springer Nature.	Knowledge Values Skills
Oluo, I. (2019). <i>So you want to talk about race</i> . Basic Books.	Knowledge Skills
Sass-Lehrer, M. (Ed.). (2016). <i>Early intervention for deaf and hard-of-hearing infants, toddlers, and their families: Interdisciplinary perspectives</i> . Oxford University Press.	Knowledge Skills
Schmidt, G. G. (2020). <i>Social work practice in remote communities</i> . Linus Learning.	Knowledge

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Readings (continued)

Resource	Competency Dimension
Singh, A. A. (2019). <i>The racial healing handbook: Practical activities to help you challenge privilege, confront systemic racism, and engage in collective healing</i> . New Harbinger Publications.	Knowledge Values Skills Cognitive and Affective Processes
BOOK CHAPTERS	
Adams, G., Kurtiş, T., Salter, P. S., & Anderson, S. L. (2012). A cultural psychology of relationship: Decolonizing science and practice. In O. Gillath, G. Adams, & A. Kunkel (Eds.), <i>Decade of behavior 2000–2010. Relationship science: Integrating evolutionary, neuroscience, and sociocultural approaches</i> (pp. 49–70). American Psychological Association.	Knowledge Skills
Albright, K. J. (2002). Scaffolding parental functioning in the context of serious mental illness: Roles and strategies for the infant mental health specialist. In J. J. Shirilla & D. J. Weatherston (Eds.), <i>Case studies in infant mental health: Risk, resiliency and relationships</i> (pp. 153–176). Zero to Three.	Knowledge Skills
Barton, M. L., & Chen, J. (2019). Autism spectrum disorder. In C. H. Zeanah (Ed.), <i>Handbook of infant mental health</i> (4th ed., pp. 313–329). Guilford Press.	Knowledge Skills
Beeber, L. S., & Chazan-Cohen, R. (2012). Maternal depression. In S. J. Summers & R. Chazan-Cohen (Eds.), <i>Understanding early childhood mental health: A practical guide for professionals</i> (pp. 41–58). Paul H. Brookes Publishing Co.	Knowledge
Berg, A., Lachman, A., & Voges, J. (2018). Infant mental health in Africa: Embracing cultural diversity. In M. Hodes, S. S. F. Gau, & P. J. De Vries (Eds.), <i>Understanding uniqueness and diversity in child and adolescent mental health</i> (pp. 167–193). Academic Press.	Knowledge
Browne, C. H., Castro, C., & Lucier, P. (2016). Honoring parenting values, expectations, and approaches across cultures. In C. J. Shapiro & C. H. Browne (Eds.), <i>Innovative approaches to supporting families of young children</i> (pp. 43–56). Springer.	Knowledge Values Skills
Daligga, B. (2002). Margrete and her babies: Creating a holding environment for a cognitively impaired parent and her children. In J. J. Shirilla & D. J. Weatherston (Eds.), <i>Case studies in infant mental health: Risk, resiliency and relationships</i> (pp. 137–152). Zero to Three.	Knowledge Values Skills

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Readings (continued)

Resource	Competency Dimension
Dunn, W. (2005). A sensory-processing approach to supporting infant-caregiver relationships. In A. J. Sameroff, S. C. McDonough, & K. L. Rosenblum (Eds.), <i>Treating parent–infant relationship problems</i> (pp. 152–187). Guilford Press.	Knowledge Skills
Ghosh Ippen, C., & Lewis, M. L. (2011) “They just don’t get it”: A diversity-informed approach to understanding engagement. In J. D. Osofsky (Ed.), <i>Clinical work with traumatized young children</i> (pp. 31–52). Guilford Press.	Knowledge Values
Hodapp, R. M., & Dykens, E. M. (2019). Intellectual disabilities. In C. H. Zeanah (Ed.), <i>Handbook of infant mental health</i> (4th ed., pp. 358–372). Guilford Press.	Knowledge
Huang, L. N., & Isaacs, M. R. (2007). Early childhood mental health: A focus on culture and context. In D. F. Perry, R. K. Kaufmann, & J. Knitzer (Eds.), <i>Social and emotional health in early childhood: Building bridges between services and systems</i> (pp. 37–59). Paul H. Brookes Publishing Co.	Knowledge
Ippen, C. M. G. (2019). Wounds from the past: Integrating historical trauma into a multicultural infant mental health framework. In C. H. Zeanah (Ed.), <i>Handbook of infant mental health</i> (4th ed., pp. 134–156). Guilford Press.	Knowledge Skills
Jones, D. J. (2011). Coparenting in extended kinship systems: African American, Hispanic, Asian heritage, and Native American families. In J. P. McHale & K. M. Lindahl (Eds.), <i>Coparenting: A conceptual and clinical examination of family systems</i> (pp. 61–79). American Psychological Association.	Knowledge Skills
Lenares-Solomon, D., Conti, C., & George, C. (2020). Advocating for the mental health needs of children living in rural poverty. In H. C. Greene, B. S. Zugelder, & J. C. Manner (Eds.), <i>Handbook of research on leadership and advocacy for children and families in rural poverty</i> (pp. 149–171). IGI Global.	Knowledge Skills
Mahr, M. (2020). Counseling families and children in rural poverty. In H. C. Greene, B. S. Zugelder, & J. C. Manner (Eds.), <i>Handbook of research on leadership and advocacy for children and families in rural poverty</i> (pp. 172–194). IGI Global.	Knowledge Skills
Matias, C. E. (2016). Decolonizing the colonial white mind. In C. E. Matias (Ed.), <i>Feeling white: Whiteness, emotionality and education</i> (pp. 163–177). Brill.	Knowledge Skills

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Readings (continued)

Resource	Competency Dimension
Ross, L. E., & Goldberg, A. E. (2016). Perinatal experiences of lesbian, gay, bisexual, and transgender people. In A. Wenzel (Ed.), <i>The Oxford handbook of perinatal psychology</i> (pp. 618–630). Oxford University Press.	Knowledge
Saletta, M., & Windsor, J. (2019). Communication disorders in infants and toddlers. In C. H. Zeanah (Ed.), <i>Handbook of infant mental health</i> (4th ed., pp. 345–357). Guilford Press.	Knowledge
Sarche, M., Tsethlikai, M., Godoy, L., Emde, R., & Fleming, C. M. (2019). Cultural perspectives for assessing infants and young children. In R. DelCarmen- Wiggins & A. Carter (Eds.), <i>The Oxford handbook of infant, toddler, and preschool mental health assessment</i> (pp. 9–28). Oxford University Press.	Knowledge Skills

Media

Resource	Competency Dimension
Chakraborty, R. (2019, October). How the US stole thousands of Native American children [Video]. Vox. https://www.vox.com/2019/10/14/20913408/us-stole-thousands-of-native-american-children	Knowledge
Crenshaw, K. (2016, October). The urgency of intersectionality [Video]. TED. https://www.ted.com/talks/kimberle_crenshaw_the_urgency_of_intersectionality	Knowledge
Grant, J., & Luxford, Y. (2009). A decolonising strategy within ethnographic research into intercultural communication in child and family health [Video]. <i>International Journal of Multiple Research Approaches</i> , 3(3).	Knowledge Skills

Web Resources

Resource	Competency Dimension
American Society for Deaf Children. (2021). Knowledge center. https://deafchildren.org/knowledge-center/	Knowledge
Disabled Parenting Project. (2021). Resources. https://disabledparenting.com/library/resources/	Knowledge
Figaro, K., Maple, K., & Johnson, C. (2017, August 15). Keeping the therapist in mind: Examining diversity in the reflective process. <i>The Infant Crier</i> . https://infantcrier.mi-aimh.org/keeping-the-therapist-in-mind-examining-diversity-in-the-reflective-process/	Knowledge

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Web Resources (continued)

Resource	Competency Dimension
Gallaudet University & Visual Language and Visual Learning [VL2] (n.d.). Family information center. https://vl2parentspackage.org/	Knowledge
Goode, T., & Jones, W. (2006). A guide for advancing family-centered and culturally and linguistically competent care. National Center for Cultural Competence, Georgetown University Center for Child and Human Development. https://nccc.georgetown.edu/documents/fccclguide.pdf	Knowledge Skills
Irving Harris Foundation. (2012). Diversity- informed tenets for work with infants, children, and families. https://diversityinformedtenets.org/the-tenets/overview/	Knowledge Values
National ASL and English Bilingual Foundation for Early Childhood Education. (n.d.). Resource center. http://www.bilingualece.org/resource-center.html	Knowledge
National Association of Black Social Workers. (2013, November). Position papers. https://www.nabsw.org/page/PositionPapers	Knowledge
National Child Traumatic Stress Network. (2016). Children with traumatic separation: Information for professionals. https://www.nctsn.org/resources/children-traumatic-separation-information-professionals	Knowledge
National Child Traumatic Stress Network. (2016). Traumatic separation and refugee and immigrant children: Tips for current caregivers. https://www.nctsn.org/sites/default/files/resources/tipsheet/traumatic_separation_refugee_immigrant_children_tips_current_caregivers.pdf	Knowledge Skills
National Council on Disability. (2012, September 27). Rocking the cradle: Ensuring the rights of parents with disabilities and their children. https://www.Ncd.Gov/Publications/2012/Sep272012/	Knowledge Skills
Temple University Collaborative on Community Inclusion. (2017, April). Parenting with a mental illness: Programs and resources. http://tucollaborative.org/wp-content/uploads/2017/04/Parenting-with-a-Mental-Illness-Programs-and-Resources.pdf	Knowledge
Van Horn, J. (2019). Exploring professional ethics through diversity-informed reflective supervision. https://www.zerotothree.org/resources/3084-exploring-professional-ethics-through-diversity-informed-re-ective-supervision	Knowledge Values

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Web Resources (continued)

Resource	Competency Dimension
Zero to Three. (2021, February 19). Continuing conversations on race and equity: Honoring Black excellence and the commitment to racial consciousness, featuring Lisa Wilson [Video]. https://www.zerotothree.org/resources/3898-continuing-conversations-on-race-and-equity-honoring-black-excellence-and-the-commitment-to-racial-consciousness	Knowledge Values

Assignments

Resource	Competency Dimension
<p>Reflection Journal</p> <p>Watch: Maclean, S. (2020, July 2). Reflective writing in social work [Video, 77 min]. YouTube. https://www.youtube.com/watch?v=kNdcjocpGKS</p> <p>Read: Monk, L. (2011). Reflective journal writing for social worker well-being. https://www.bcasw.org/wp-content/uploads/2012/11/Reflective-Journal-Writing-H1.pdf</p> <p>This video webinar and short article describe the importance and purpose of reflective writing in social work practice. Social workers who specialize in IECMH encounter a wide diversity of ideas and beliefs about parenting practices, family customs, birth, and many more of life's transitions in their work with young children and their families. As part of their ongoing practice, IECMH practitioners engage in reflective supervision or consultation to examine their own thoughts and feelings. In preparation for supervision, many social workers in IECMH find it helpful to keep a reflection journal. This is similar to a field journal (see Competency 1) but may contain more personal notes or be dedicated solely to the self-reflective process.</p> <p>Students currently in field placement work should be encouraged to create and maintain a reflection journal specifically for their thoughts and feelings related to questions of diversity, equity, and inclusion as they arise in IECMH casework. Instructors may want to dedicate a few minutes of class time to related reflective writing prompts, to supplement the development of this practice.</p>	Values Cognitive and Affective Processes

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Assignments (continued)

Resource	Competency Dimension
<p>Case Vignettes</p> <p>For each of the short case vignettes (see Appendix 2A), students should answer the following questions in a short essay. Alternatively, case vignettes may be used for class discussion (in-person/synchronous or via an online message board).</p> <p>What thoughts and feelings come up for you in reading this vignette?</p> <p>How might those thoughts and feelings affect your ability to see this child and their family clearly?</p> <p>What questions do you have about this child and their family that would help you better understand this case?</p> <p>What do you think should happen next? Describe what your plan would be if assigned to this family as an IECMH social worker.</p>	<p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>Historical Context, Historical Trauma: Sundown Towns</p> <p>Read: Loewen, J. W. (2008). Does my town have a racist past? How students can convert the shameful history of sundown towns in America into a rich opportunity for setting the record straight. <i>Teaching Tolerance</i>, 33. https://www.learningforjustice.org/magazine/spring-2008/does-my-town-have-a-racist-past</p> <p>Assignment: After reading the article, students should answer the following questions in a short reflective essay.</p> <p>Are you from a sundown town? If not, what was the closest sundown town in the state where you spent your childhood?</p> <p>How did growing up in or near a sundown town affect you socially and emotionally? Consider effects that you may have been conscious of, as well as those that may have escaped your awareness at the time.</p> <p>Based on what you know about intergenerational transmission of trauma, what effects do you expect sundown towns to have on the targeted BIPOC communities at the macro and micro levels?</p> <p>As IECMH-informed social workers, we are informed by attachment theory, which places a strong emphasis on the importance of early relationships. Describe how structural racism (as illustrated by the historic legacy of sundown towns) poses a threat to caregivers and thus to the well-being of infants and toddlers.</p>	<p>Knowledge</p> <p>Cognitive and Affective Processes</p>

APPENDIX 2A: CASE STUDIES: CHILDREN WITH NEURODEVELOPMENTAL DISABILITIES

Vignette 1: Brandon

Brandon is a 3-year-old boy who resides with his biological mother and father and three siblings. Brandon attends a local Head Start program for 15 hours a week. He has difficulties in social interaction, communication delays, and learning difficulties. The speech and language therapists report Brandon's expressive language to be severely delayed, and he is not toilet trained.

Additionally, Brandon shows frequent difficulties in his behaviors with other children. When Brandon's anxiety levels are high and he feels unable to cope with the busy school environment, he may hit or bite staff or children and break equipment around him. The school provides an extra staff member for the sessions Brandon attends to ensure both his safety and that of the other children. At busy times during the school day, Brandon demonstrates high anxiety levels, and extra support is considered vital to help him learn to regulate his own emotions and access a safe area. The outdoor environment is available to him, with an adult, at all times. Brandon's family (mezzo) provides a lot of support to Brandon. On a macro level there are many organizations that support Brandon and his family, such as The ARC, Sibling Support Project of the USA, Sibling Leadership Network, and Parent Technical Assistance Centers.

Vignette 2: Billy

Billy is a 3-year-old boy who was referred to a speech and hearing center by his school. Billy was a full-term baby delivered with no complications. Billy's mother reported that as a baby and toddler, he was healthy and his motor development was within normal limits for the major milestones of sitting, standing, and walking. His communication development was delayed, and he began making sounds at 3 months of age but did not start to talk until he was 2 years old. Billy communicated through nonverbal gestures, such as pointing to an object or reaching for his mother's hand and placing it on the desired object.

Vignette 3: Marion

Marion is a 5-year-old girl who started kindergarten 4 months ago. She is one of six children and is number five in the birth order. She is from a close, supportive family and resides with both biological parents. Marion's parents describe her as shy around strangers but warm and friendly around her family and neighborhood friends. Marion is extremely close with her mother and rarely leaves her mother's side. Marion plays well with her siblings and the neighborhood children. None of her siblings attend the same school as Marion; they are older and attend a private school that does not have kindergarten. Her younger brother is not school age. She has always been cheerful and happy. Two months ago, she began having stomach aches about a month after she started kindergarten. She complained several times of severe abdominal pain that was worst in the morning and never present at night. She has missed about 15 days of school since she started 4 months ago. Marion is worried that members of her family might forget to pick her up from school and that something might happen to her mother while she is at school. She is unable to fall asleep without her mother staying close by. Marion has no history of traumatic events. She exhibits symptoms typical of childhood anxiety and separation anxiety disorder. Her anxiety is sufficient enough to interfere with daily functioning (e.g., school attendance and sleep). The identified patient is the micro level, Marion's family is part of the mezzo level, and the school setting is part of the macro level. Marion's anxiety disorder affects her self-esteem (micro), the entire family (mezzo), and the classroom setting (macro), because the teacher often has to stop the lesson to address Marion's anxiety.

Case Vignette Questions

- 1) What thoughts and feelings come up for you in reading these vignettes?
- 2) How might those thoughts and feelings affect your ability to see this child and their family clearly?
- 3) What questions do you have about this child and their family that would help you better understand this case?
- 4) What do you think should happen next? Describe what your plan would be if assigned to this family as an IECMH social worker.



Competency 3

Advance Human Rights and Social, Economic, and Environmental Justice

IECMH social workers advocate for the rights of all young children to protection from harm and to healthy development, supportive relationships, and adequate physical, social, and economic resources that will place them on a path of positive long-term outcomes. They understand that healthy caregiver–child relationships are the foundation of early childhood development and are committed to ensuring that these relationships are supported in a manner that is respectful of the rights of all children, families, and communities. At the same time, IECMH practitioners recognize that there are persistent systemic barriers—guided by laws, policies, and social institutions reflecting a legacy of settler colonialism, structural racism, and classism—that limit families' access to resources and services that promote early development and positive infant–parent relationships. Thus, individual struggles often stem from social and economic problems.

IECMH social workers acknowledge that necessary developmental resources and services are disproportionately available to very young children and their families, based on a variety of sociocultural dimensions including age, race, class, Indigenous status, tribal affiliation, gender, religion, LGBTQIA+ status, immigration status, and geographic location. They recognize the impact of gender-specific violence, including reproductive coercion and complex trauma, and affirm the right of all people to parent with safety, support, and dignity. Furthermore, they understand the ways in which existing structures perpetuate social and historical injustice and inequality in ways that place infants and toddlers at risk for lifelong vulnerabilities. IECMH social workers bring a commitment to social justice and to fairness and equity across all aspects of society and act on this commitment to remove barriers.

COMPETENCY BEHAVIORS

- Critically appraise and articulate an understanding of various forms and mechanisms of oppression, discrimination, and trauma that affect infants, toddlers, and their families with cultural humility, self-awareness, and empathy.
- Establish and apply practice and research knowledge on neurodevelopment, infant–parent relationships, and infant–early childhood mental health to promote social, economic, racial, and environmental justice in all systems of care that serve young children and their families.
- Apply their understanding of social, racial, and environmental justice to advocate for the human rights of infants, toddlers, and their families at the local, tribal, national, and global level while remaining aware of cognitive–affective reactions that may influence and interfere with promoting change.
- Implement and advocate for policies and practices that redress the inequities, both historical and current, in young children’s contextual experiences that are associated with adverse health, developmental, and mental health outcomes during early childhood and beyond.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

<i>Readings</i>	
Resource	Competency Dimension
PEER-REVIEWED ARTICLES	
Alhasanat-Khalil, D., Fry-McComish, J., Dayton, C., Benkert, R., Yarandi, H., & Giurgescu, C. (2018). Acculturative stress and lack of social support predict postpartum depression among US immigrant women of Arabic descent. <i>Archives of Psychiatric Nursing</i> , 32(4), 530–535.	Knowledge
Beck, A. F., Edwards, E. M., Horbar, J. D., Howell, E. A., McCormick, M. C., & Pursley, D. M. (2020). The color of health: How racism, segregation, and inequality affect the health and well-being of preterm infants and their families. <i>Pediatric Research</i> , 87(2), 227–234.	Knowledge
Block, A. M., Rossi, A. N., Allen, C. D., Alschuler, M., & Wilson, V. B. (2016). Assessing cultural competence in a BSW student population. <i>Social Work Education</i> , 35(6), 643–658.	Knowledge

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Readings (continued)

Resource	Competency Dimension
Bohr, Y., Bimm, M., Bint Misbah, K., Perrier, R., Lee, Y., Armour, L., & Socket-DiMarco, N. (2021). The Crying Clinic: Increasing accessibility to infant mental health services for immigrant parents at risk for peripartum depression. <i>Infant Mental Health Journal, 42</i> (1), 140–156.	Knowledge Skills
Brinamen, C. F., Taranta, A. N., & Johnston, K. (2012). Expanding early childhood mental health consultation to new venues: Serving infants and young children in domestic violence and homeless shelters. <i>Infant Mental Health Journal, 33</i> (3), 283–293.	Knowledge Values Skills
Crampton, A. (2015). Decolonizing social work “best practices” through a philosophy of impermanence. <i>Journal of Indigenous Social Development, 4</i> (1), 1–11.	Knowledge Skills
Darwin, Z., & Greenfield, M. (2019). Mothers and others: The invisibility of LGBTQ people in reproductive and infant psychology. <i>Journal of Reproductive and Infant Psychology, 37</i> (4), 341–343.	Knowledge Values
Davis, A. E., Perry, D. F., & Rabinovitz, L. (2020). Expulsion prevention: Framework for the role of infant and early childhood mental health consultation in addressing implicit biases. <i>Infant Mental Health Journal, 41</i> (3), 327–339.	Knowledge Values
Dukes, A., & Palm, G. (2019). Reproductive justice and support for young fathers. <i>Infant Mental Health Journal, 40</i> (5), 710–724.	Knowledge Skills
Fortier, C., & Hon-Sing Wong, E. (2019). The settler colonialism of social work and the social work of settler colonialism. <i>Settler Colonial Studies, 9</i> (4), 437–456.	Knowledge Values
Fortuna, L. R., Noroña, C. R., Porche, M. V., Tillman, C., Patil, P. A., Wang, Y., Markle, S. L., & Alegria, M. (2019). Trauma, immigration, and sexual health among Latina women: Implications for maternal–child well-being and reproductive justice. <i>Infant Mental Health Journal, 40</i> (5), 640–658.	Knowledge Values
Frounfelker, R. L., Miconi, D., Farrar, J., Brooks, M. A., Rousseau, C., & Betancourt, T. S. (2020). Mental health of refugee children and youth: Epidemiology, interventions, and future directions. <i>Annual Review of Public Health, 41</i> , 159–176.	Knowledge
Grady, G., Hinshaw-Fuselier, S., & Friar, N. (2019). Expanding perspectives: A social inequities lens on intimate partner violence, reproductive justice, and infant mental health. <i>Infant Mental Health Journal, 40</i> (5), 624–639.	Knowledge Skills

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Readings (continued)

Resource	Competency Dimension
Hammond, C. (2014). Exploring same sex couples' experiences of maternity care. <i>British Journal of Midwifery</i> , 22(7), 495-500.	Knowledge Values Skills
Hans, S. L., & White, B. A. (2019). Teenage childbearing, reproductive justice, and infant mental health. <i>Infant Mental Health Journal</i> , 40(5), 690-709.	Knowledge Values
Kant, J. D. (2015). Towards a socially just social work practice: The liberation health model. <i>Critical and Radical Social Work</i> , 3(2), 309-319.	Knowledge Values
Keefe, R. H., Brownstein-Evans, C., & Rouland Polmanteer, R. S. (2016). Addressing access barriers to services for mothers at risk for perinatal mood disorders: A social work perspective. <i>Social Work in Health Care</i> , 55(1), 1- 11.	Knowledge Skills
Klawetter, S., & Frankel, K. (2018). Infant mental health: A lens for maternal and child mental health disparities. <i>Journal of Human Behavior in the Social Environment</i> , 28(5), 557-569.	Knowledge Cognitive and Affective Processes
Leirbakk, M. J., Magnus, J. H., Torper, J., & Zeanah, P. (2019). Look to Norway: Serving new families and infants in a multiethnic population. <i>Infant Mental Health Journal</i> , 40(5), 659-672.	Knowledge
Lopez, W. D., Kruger, D. J., Delva, J., Llanes, M., Ledón, C., Waller, A., Harner, M., Martinez, R., Sanders, L., Harner, M., & Israel, B. (2017). Health implications of an immigration raid: Findings from a Latino community in the Midwestern United States. <i>Journal of Immigrant and Minority Health</i> , 19(3), 702-708.	Knowledge
McLaughlin, A. M. (2009). Clinical social workers: Advocates for social justice. <i>Advances in Social Work</i> , 10(1), 51-68.	Knowledge Values
Novak, N. L., Geronimus, A. T., & Martinez- Cardoso, A. M. (2017). Change in birth outcomes among infants born to Latina mothers after a major immigration raid. <i>International Journal of Epidemiology</i> , 46(3), 839-849.	Knowledge
Paris, R. (2008). "For the dream of being here, one sacrifices . . .": Voices of immigrant mothers in a home visiting program. <i>American Journal of Orthopsychiatry</i> , 78(2), 141-151.	Knowledge Values

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Readings (continued)

Resource	Competency Dimension
Paris, R., Gemborys, M. K., Kaufman, P. H., & Whitehill, D. (2007). Reaching isolated new mothers: Insights from a home visiting program using paraprofessionals. <i>Families in Society, 88</i> (4), 616–626.	Knowledge Skills
Rodriguez-JenKins, J. (2014). Complex inequality: A contextual parenting framework for Latino infants. <i>Children and Youth Services Review, 44</i> , 317–327.	Knowledge Skills Cognitive and Affective Processes
Shlafer, R. J., Hardeman, R. R., & Carlson, E. A. (2019). Reproductive justice for incarcerated women and advocacy for their infants and young children. <i>Infant Mental Health Journal, 40</i> (5), 725–741.	Values Skills Cognitive and Affective Processes
Stanley, L. R., Swaim, R. C., Kaholokula, J. K. A., Kelly, K. J., Belcourt, A., & Allen, J. (2020). The imperative for research to promote health equity in Indigenous communities. <i>Prevention Science, 21</i> (1), 13–21.	Knowledge Cognitive and Affective Processes
St. John, M. S. (2019). Reconceiving the field: Infant mental health, intersectionality, and reproductive justice. <i>Infant Mental Health Journal, 40</i> (5), 608–623.	Knowledge Cognitive and Affective Processes
Tamburro, A. (2013). Including decolonization in social work education and practice. <i>Journal of Indigenous Social Development, 2</i> (1), 1–16.	Knowledge Values Cognitive and Affective Processes
Velasco-Hodgson, M., & Kaplan-Sanoff, M. (2014). Mothering in a foreign land: Who holds the mother? Supporting immigrant families with infants and young children. <i>Zero to Three, 34</i> (6), 25–30.	Knowledge Values Cognitive and Affective Processes

(continued)

Readings (continued)

Resource	Competency Dimension
Vesely, C. K., Ewaida, M., & Anderson, E. A. (2014). Cultural competence of parenting education programs used by Latino families: A review. <i>Hispanic Journal of Behavioral Sciences</i> , 36(1), 27-47.	Knowledge Values Cognitive and Affective Processes
Waldegrave, K., & Woodall, J. (2016). A father in prison is still a father: Paternal imprisonment and infant mental health. <i>Journal of Health Visiting</i> , 4(6), 308-311.	Knowledge Values Cognitive and Affective Processes
Wallace, M. E., Green, C., Richardson, L., Theall, K., & Crear-Perry, J. (2017). "Look at the whole me": A mixed- methods examination of Black infant mortality in the US through women's lived experiences and community context. <i>International Journal of Environmental Research and Public Health</i> , 14(7), 727-741.	Knowledge Values Cognitive and Affective Processes
Walter, A. W., Ruiz, Y., Tourse, R. W. C., Kress, H., Morningstar, B., MacArthur, B., & Daniels, A. (2017). Leadership matters: How hidden biases perpetuate institutional racism in organizations. <i>Human Service Organizations: Management, Leadership & Governance</i> , 41(3), 213-221.	Knowledge Values Cognitive and Affective Processes
BOOK CHAPTERS	
Barnes-Najor, J. V., Thompson, N. L., & Wilson, S. (2019). Understanding the implications of systems of privilege within the field of early childhood education for American Indian and Alaska Native children. In H. E. Fitzgerald, D. J. Johnson, D. B. Oin, F. A. Villarruel, & J. Norder (Eds.), <i>Handbook of children and prejudice</i> (pp. 99-114). Springer.	Knowledge Cognitive and Affective Processes
Browne, C. H., Castro, C., & Lucier, P. (2016). Honoring parenting values, expectations, and approaches across cultures. In C. J. Shapiro & C. H. Browne (Eds.), <i>Innovative approaches to supporting families of young children</i> (pp. 43-56). Springer.	Values Skills Cognitive and Affective Processes
Ciciolla, L., Armans, M., Addante, S., & Huffer, A. (2019). Racial disparities in pregnancy and birth outcomes. In H. E. Fitzgerald, D. J. Johnson, D. B. Oin, F. A. Villarruel, & J. Norder (Eds.), <i>Handbook of children and prejudice</i> (pp. 67-97). Springer.	Knowledge

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Readings (continued)

Resource	Competency Dimension
Lewis, M. L. (2019). The intergenerational transmission of protective parent responses to historical trauma. In H. E. Fitzgerald, D. J. Johnson, D. B. Oin, F. A. Villarruel, & J. Norder (Eds.), <i>Handbook of children and prejudice</i> (pp. 43–61). Springer.	Knowledge Cognitive and Affective Processes
Oswald, R. F., Holman, E. G., & Routon, J. M. (2020). LGBTQ-parent families in community context. In A. E. Goldberg & K. R. Allen (Eds.), <i>LGBTQ-parent families: Innovations in research and implications for practice</i> (pp. 301–318). Springer.	Knowledge

Media

Resource	Competency Dimension
Beck, C. (Host). (2017, April 10). The economics of urban segregation: Part one (213) [Audio podcast]. In <i>In Social Work</i> . University at Buffalo School of Social Work. https://www.insocialwork.org/episode.asp?ep=213	Knowledge
Beck, C. (Host). (2017, May 8). The economics of urban segregation: Part two (215) [Audio podcast]. In <i>In Social Work</i> . University at Buffalo School of Social Work. https://www.insocialwork.org/episode.asp?ep=215	Knowledge
Gandbhir, G., & Peltz, P. [ITVS]. (2017, January 18). Unconscious bias [Video]. TedTalks Live Short. YouTube. https://www.youtube.com/watch?v=rspZv2a0Pp8&t=1s	Values Cognitive and Affective Processes
Kim, W. (Host). (2016, July 4). Lessons from the immigrant experience: Where the erosion of social justice begins, part one (195) [Audio podcast]. In <i>In Social Work</i> . University at Buffalo School of Social Work. https://www.insocialwork.org/episode.asp?ep=195	Knowledge Values
Kim, W. (Host). (2016, August 1). Lessons from the immigrant experience: Where the erosion of social justice begins, part two (196) [Audio podcast]. In <i>In Social Work</i> . University at Buffalo School of Social Work. https://www.insocialwork.org/episode.asp?ep=196	Knowledge Values
Kirwan Institute for the Study of Race and Ethnicity. (2016). Implicit bias, lifelong impact [Video]. YouTube. https://www.youtube.com/watch?v=QnzkWc4b4mY	Knowledge Values Cognitive and Affective Processes

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Media (continued)

Resource	Competency Dimension
Lieberman, A. [Child-Parent Psychotherapy]. (2019, September 20). The impact of separation on relationships [Video]. YouTube. https://www.youtube.com/watch?v=EdorCVa7qYM	Knowledge Values
Logan-Green, P. (Host). (2016, May 23). "No one asked about my children": Voices of incarcerated mothers (192) [Audio podcast]. In In Social Work. University at Buffalo School of Social Work. https://www.insocialwork.org/episode.asp?ep=192	Knowledge Values
McClain-Meeder, K. (Host). [2019, April 22]. Social work research on global environmental change: Past, present and future directions (262) [Audio podcast]. In In Social Work. University at Buffalo School of Social Work. https://www.insocialwork.org/episode.asp?ep=262	Knowledge
PBS NewsHour. (2020). <i>Invisible scars: How COVID-19 could worsen America's childhood trauma crisis</i> [Video series]. https://www.pbs.org/newshour/tag/invisible-scars	Knowledge Cognitive and Affective Processes
Stroud, B., & Njoroge, W. [Dr. Barbara Stroud]. (2020, June 11). Teaching children about race [Video, 43 min]. YouTube. https://www.youtube.com/watch?v=n28I7F6GcPI	Skills
University of Minnesota Children Youth and Family Consortium [UofMCYFC]. (2015, April 21). <i>Mental health: Yours, mine and ours</i> [Video]. YouTube. https://www.youtube.com/watch?v=L41k2p-YRCs	Knowledge
University of Minnesota Children Youth and Family Consortium [UofMCYFC]. (2016, February 8). <i>Incarcerated and pregnant: Promoting the health of mothers and babies</i> [Video]. YouTube. https://www.youtube.com/watch?v=IbJYzLMfn9M	Knowledge Skills
Weigel, P. (Host). (2016-2021). Inclusion matters [Audio podcast]. Center for Inclusive Child Care. https://www.inclusivechildcare.org/podcast-inclusion-matters	Values Skills

Web Resources

Resource	Competency Dimension
Human Rights Campaign. (n.d.). Getting expert support and care for gender-expansive children. https://www.hrc.org/resources/getting-expert-support-and-care-for-gender-expansive-children	Skills

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Web Resources *(continued)*

Resource	Competency Dimension
Smith, I. Z., Bentley-Edwards, K. L., El- Amin, S., & Darity, W. Jr. (2018). Fighting at birth: Eradicating the black-white infant mortality gap. Duke University Samuel DuBois Cook Center on Social Equity & Insight Center for Community Economic Development. https://socialequity.duke.edu/portfolio-item/fighting-at-birth-eradicating-the-black-white-infant-mortality-gap/	Knowledge Cognitive and Affective Processes
Statewide Parent Advocacy Network. (n.d.). Center for Parent Information and Resources. https://www.parentcenterhub.org/	Knowledge
Villarosa, L. (2018, April 11). Why America's Black mothers and babies are in a life-or-death crisis. https://www.nytimes.com/2018/04/11/magazine/black-mothers-babies-death-maternal-mortality.html	Knowledge

Assignments

Resource	Competency Dimension
<p>Implicit Bias Self-reflection</p> <p>Students should visit https://implicit.harvard.edu/implicit/takeatest.html to take two or three implicit bias tests provided by Project Implicit, an ongoing multi-institutional research effort. These tests are simple to take and require only a keyboard. Background on the tests can be found elsewhere on the website (https://implicit.harvard.edu/implicit/iatdetails.html). After students take the tests of their choice, they should write a short reflection about their results, answering the following questions:</p> <ul style="list-style-type: none"> • What thoughts and feelings did you experience before, during, and after each test? • Did the results of any of your tests surprise you? • How do you think your implicit biases (those suggested by these tests or others you have) could affect your social work practice? • How do you plan to mitigate the impact of bias in your work? In the broader work conducted by your agency? <p>Results from Project Implicit tests can also be used as a starting point for online discussion boards or in-class breakout groups.</p>	Knowledge Values Skills Cognitive and Affective Processes
<p>Podcast Review</p> <p>Students should search for podcast episodes related to IECMH topics and social justice (e.g., parental incarceration, equitable access to maternal health care, preschool expulsion), listen to one, and provide a constructive critique of the host's presentation. With their podcast review, students should provide a brief literature review of articles and other resources related to their chosen topic.</p>	Knowledge Values Cognitive and Affective Processes

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Assignments (continued)

Resource	Competency Dimension
<p>Field Placement Assessment</p> <p>Students in field placements should conduct an assessment of their agency to determine how their work site advances human rights and social, economic, and environmental justice. Each aspect of this competency is of equal importance, and students should note their placement agency’s strengths and any areas for growth. Students will prepare a brief (5-min) presentation intended for stakeholders at their placement agencies, describing their findings and making recommendations for the future.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>



Competency 4

Engage in Research-informed Practice and Practice-informed Research

Specialized practice in IECMH views infant and early childhood development from biopsychosocial and systems perspectives. IECMH practice requires a multidisciplinary approach that includes research from disciplines such as social work, child development, developmental psychology, developmental psychopathology, genetics, and developmental neuroscience. It spans levels of prevention, intervention, policy, and multiple contexts of practice such as child welfare, home visiting, early childhood education, and perinatal and early parenting interventions. Research-informed practice and practice-informed research in IECMH center on partnerships with families, communities, and programs, and these partnerships inform the questions and methods we use to understand and implement best practices in our field. Social workers in IECMH are able to identify how research methods, measurement approaches, and tools have been shaped by a history of power, privilege, and oppression and how those factors influence interpretation and implementation. Thus, they are committed to culturally responsive and socially just models of IECMH practice and research. They strive to be development and trauma informed and to be culturally responsive and supportive of the diverse experiences of families and communities with whom they work. In addition, social workers are called on to use their knowledge, skills, and experiences, including the capacity for self-reflection, to frame research questions that are ecologically valid, strengths-based, and sensitive to patterns of risk and protective factors. Such research also considers the impact of gender, racial, and other forms of structural oppression on the well-being of infants, young children, and their caregivers.

COMPETENCY BEHAVIORS

- Use multidisciplinary theories, frameworks, and perspectives to inform research and practice in IECMH. Recognize the contributions and limitations of various disciplinary perspectives and their corresponding research methods.
- Communicate social work values (e.g., social justice, the importance of human relationships) within interdisciplinary teams focused on research in IECMH.
- Partner with families, communities, and programs as a part of an interdisciplinary team for research and practice in IECMH.
- Interpret and translate research into practice with individuals, families, groups, organizations, and communities.
- Engage in antioppressive practice and research by critically analyzing their own positionality and practice cultural humility through respect for the lived experience of children and families in order to improve both proximal and distal systems to enhance IECMH.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

<i>Readings</i>	
Resource	Competency Dimension
PEER-REVIEWED ARTICLES	
Bernstein, V. J., Harris, E. J., Long, C. W., Iida, E., & Hans, S. L. (2005). Issues in the multi-cultural assessment of parent-child interaction: An exploratory study from the Starting Early Starting Smart collaboration. <i>Journal of Applied Developmental Psychology, 26</i> (3), 241-275.	Knowledge Values Skills Cognitive and Affective Processes
Black, J. M., & Conway, A. (2018). The utility of neuroscience for social work research and practice with children and adolescents. <i>Journal of the Society for Social Work and Research, 9</i> (2), 261-284.	Knowledge

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Readings (continued)

Resource	Competency Dimension
Black, J. M., & Hoefft, F. (2015). Utilizing biopsychosocial and strengths-based approaches within the field of child health: What we know and where we can grow. <i>New Directions for Child and Adolescent Development, 147</i> , 13–20.	Knowledge Values Skills Cognitive and Affective Processes
Booth-LaForce, C., Oxford, M. L., Barbosa- Leiker, C., Burduli, E., & Buchwald, D. S. (2020). Randomized controlled trial of the promoting First Relationships® preventive intervention for primary caregivers and toddlers in an American Indian community. <i>Prevention Science, 21</i> (1), 98–108.	Knowledge
Buchan, J. L., & Bennett, C. T. (2020). Promoting infant mental health through evidence-informed interventions to support infant feeding and the transition to parenthood: A clinical practice example. <i>Canadian Journal of Nursing Research, 52</i> (2), 100–107.	Knowledge Skills
Choi, K. R., Records, K., Low, L. K., Alhusen, J. L., Kenner, C., Bloch, J. R., Premji, S. S., Hannan, J., Anderson, C. M., Yeo, S., & Logsdon, M. C. (2020). Promotion of maternal– infant mental health and trauma-informed care during the COVID-19 pandemic. <i>Journal of Obstetric, Gynecologic & Neonatal Nursing, 49</i> (5), 409–415.	Knowledge Skills
Curtin, M., & Buckley, L. (2019). Translating the science of early childhood development into practice, to support vulnerable families and children in a low-income Irish community. <i>Archives of Disease in Childhood, 104</i> (S3), A206.	Skills
Dozier, M., Roben, C. K., Caron, E. B., Hoye, J., & Bernard, K. (2018). Attachment and biobehavioral catch-up: An evidence-based intervention for vulnerable infants and their families. <i>Psychotherapy Research, 28</i> (1), 18–29.	Knowledge
Gilkerson, L. (2004). Irving B. Harris distinguished lecture: Reflective supervision in infant–family programs: Adding clinical process to nonclinical settings. <i>Infant Mental Health Journal, 25</i> (5), 424–439.	Skills Cognitive and Affective Processes
Gilkerson, L., Bukhardt, T., Katch, L. E., & Hans, S. L. (2020). Increasing parenting self- efficacy: The Fussy Baby Network® intervention. <i>Infant Mental Health Journal, 41</i> (2), 232–245.	Knowledge Values

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Readings (continued)

Resource	Competency Dimension
Gleason, M. M. (2018). Infant mental health in primary care. In C. H. Zeanah (Ed.), <i>Handbook of infant mental health</i> (4th ed., pp. 585-598). Guilford Press	Knowledge
Gordon, J. M., Gaffney, K., Slavitt, H. C., Williams, A., & Lauerer, J. A. (2020). Integrating infant mental health practice models in nursing. <i>Journal of Child and Adolescent Psychiatric Nursing</i> , 33(1), 7-23.	Skills
Hughes, T., McGlade, A., & Killick, C. (2020). Does training enhance professional practice in infant mental health? <i>Practice</i> , 32(3), 229-244.	Knowledge Values Skills
Mersky, J. P., Topitzes, J., & Blair, K. (2017). Translating evidence-based treatments into child welfare services through community-university partnerships: A case example of parent-child interaction therapy. <i>Children and Youth Services Review</i> , 82, 427-433.	Skills Cognitive and Affective Processes
Myors, K. A., Cleary, M., Johnson, M., & Schmied, V. (2018). "Modelling a secure-base" for women with complex needs: Attachment-based interventions used by perinatal and infant mental health clinicians. <i>Issues in Mental Health Nursing</i> , 39(3), 226-232.	Skills Cognitive and Affective Processes
Shea, S. E., Jester, J. M., Huth-Bocks, A. C., Weatherston, D. J., Muzik, M., Rosenblum, K. L., & Michigan Collaborative for Infant Mental Health Research. (2020). Infant mental health home visiting therapists' reflective supervision self-efficacy in community practice settings. <i>Infant Mental Health Journal</i> , 41(2), 191-205.	Skills Cognitive and Affective Processes
Stacks, A. M., Barron, C. C., & Wong, K. (2019). Infant mental health home visiting in the context of an infant-toddler court team: Changes in parental responsiveness and reflective functioning. <i>Infant Mental Health Journal</i> , 40(4), 523-540.	Skills Cognitive and Affective Processes
Steele, M., Steele, H., Bate, J., Knafo, H., Kinsey, M., Bonuck, K., Meisner, P., & Murphy, A. (2014). Looking from the outside in: The use of video in attachment-based interventions. <i>Attachment & Human Development</i> , 16(4), 402-415.	Skills
Walsh, T.B., Paris, R., Ribaldo, J. & Gilkerson, L. (2021) Locating infant and early childhood mental health at the heart of social work. <i>Social Work</i> , 66(3), 187-196.	Knowledge

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Readings (continued)

Resource	Competency Dimension
Zeanah, C., Berlin, L., & Boris, N. (2011). Practitioner review: Clinical applications of attachment theory and research for infants and young children. <i>Journal of Child Psychology and Psychiatry</i> , 52(8), 819–833.	Knowledge
BOOK CHAPTERS	
Bakermans-Kranenburg, M. J., Juffer, F., & van IJzendoorn, M. H. (2018). Reflections on the mirror: On video feedback to promote positive parenting and infant mental health. In C. H. Zeanah (Ed.), <i>Handbook of infant mental health</i> (4th ed., pp. 527–542). Guilford Press.	Skills
Coyne, J., Powell, B., Hoffman, K., & Cooper, G. (2018). The Circle of Security. In C. H. Zeanah (Ed.), <i>Handbook of infant mental health</i> (4th ed., pp. 500–513). Guilford Press.	Knowledge
Egeland, B., & Erickson, M. F. (2005). Lessons from STEEP: Linking theory, research and practice for the well- being of infants and parents. In A. J. Sameroff, S. C. McDonough, & K. L. Rosenblum (Eds.), <i>Treating parent-infant relationship problems</i> (pp. 213– 242). Guilford Press.	Knowledge Skills
Fivaz-Depeursinge, E., Corboz-Warnery, A., & Keren, M. (2004). The primary triangle: Treating infants in their families. In A. J. Sameroff, S. C. McDonough, & K. L. Rosenblum (Eds.), <i>Treating parent-infant relationship problems</i> (pp. 123–151). Guilford Press.	Knowledge Skills Cognitive and Affective Processes
Knoche, L. (2013). Implementation of Getting Ready: A relationship-focused intervention to support parent engagement, birth to 5. In T. Halle, A. Metz, & I. Martinez-Beck (Eds.), <i>Applying implementation science in early childhood education systems and programs</i> (pp. 117–138). Paul H. Brookes Publishing.	Skills Cognitive and Affective Processes
Liebman, A. F., Dimmler, M. H., & Ippen, C. M. G. (2018). Child–parent psychotherapy: A trauma-informed treatment for young children and their caregivers. In C. H. Zeanah (Ed.), <i>Handbook of infant mental health</i> (4th ed., pp. 485–499). Guilford Press.	Knowledge Skills
McDonough, S. (2004). Interaction guidance: Promoting and nurturing the caregiving relationship. In A. J. Sameroff, S. C. McDonough, & K. L. Rosenblum (Eds.), <i>Treating parent-infant relationship problems</i> (pp. 79– 96). Guilford Press.	Skills Cognitive and Affective Processes

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Readings (continued)

Resource	Competency Dimension
Monahan, C. L., Beeber, L. S., & Harden, B. J. (2012). Finding family strengths in the midst of adversity: Using risk and resilience models to promote mental health. In S. J. Summers & R. C. Cohen (Eds.), <i>Understanding early childhood mental health: A practical guide for professionals</i> (pp. 59–78). Paul H. Brookes Publishing.	Knowledge Values Cognitive and Affective Processes
Page, T. (2011). Attachment theory and social work treatment. In F. J. Turner (Ed.), <i>Social work treatment: Interlocking theoretical approaches</i> (pp. 30–47). Oxford University Press.	Knowledge
Stevens, M., & N'zi, A. (2018). Parent–child interaction therapy. In C. H. Zeanah (Ed.), <i>Handbook of infant mental health</i> (4th ed., pp. 543–552). Guilford Press.	Knowledge
Trigg, A. B., & Keyes, A. W. (2018). Child care and early education as contexts for infant mental health. In C. H. Zeanah (Ed.), <i>Handbook of infant mental health</i> (4th ed., pp. 626–636). Guilford Press.	Knowledge
BOOKS	
Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. N. (2015). <i>Patterns of attachment: A psychological study of the Strange Situation</i> . Psychology Press.	Knowledge
Bowlby, J. (1988). <i>A secure base: Parent–child attachment and healthy human development</i> . Basic Books.	Knowledge
Buyse, V., & Wesley, P. W. (2006). <i>Evidence-based practice in the early childhood field. Zero to Three</i> .	Knowledge
Cozolino, L. (2014). <i>The neuroscience of human relationships: Attachment and the developing social brain</i> . W.W. Norton & Company.	Knowledge
Girard, E. I., Wallace, N. M., Kohlhoff, J. R., Morgan, S. S., & McNeil, C. B. (Eds.). (2018). <i>Parent–child interaction therapy with toddlers: Improving attachment and emotional regulation</i> . Springer.	Knowledge Skills
Powell, B., Cooper, G., Hoffman, K., & Marvin, B. (2013). <i>The circle of security intervention: Enhancing attachment in early parent–child relationships</i> . Guilford Press.	Knowledge Skills
Roberts, R. R., & Yeager, K. R. (2004). <i>Evidence-based practice manual: Research and outcome measures in health and human services</i> . Oxford University Press.	Knowledge

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Readings (continued)

Resource	Competency Dimension
Rubin, A., & Bellamy, J. (2012). <i>Practitioner's guide to using research for evidence-based practice</i> . John Wiley & Sons.	Knowledge
Seligman, S. (2017). <i>Relationships in development: Infancy, intersubjectivity, and attachment</i> . Routledge Press.	Knowledge
Steele, H., & Steele, M. (Eds.). (2017). <i>Handbook of attachment-based interventions</i> . Guilford Press.	Knowledge
Stern, D. (2000). <i>The interpersonal world of the infant: A view from psychoanalysis and developmental psychology</i> . Basic Books.	Knowledge

Media

Resource	Competency Dimension
Bakk, L. [Host]. (2019, January 28). Translation and implementation of evidence-based practice (256) [Audio podcast]. In <i>In Social Work</i> . University at Buffalo School of Social Work. https://www.insocialwork.org/episode.asp?ep=256	Knowledge Skills
Circle of Security International. (2014, December 1). <i>Circle of Security animation</i> [Video, 4 min]. YouTube. https://www.youtube.com/watch?v=1wpz8m0BFM8	Knowledge
Halady, S. [Host]. (2014, May 12). Carizon: One agency's experience integrating trauma-informed care (143) [Audio podcast]. In <i>In Social Work</i> . University at Buffalo School of Social Work. https://www.insocialwork.org/episode.asp?ep=143	Knowledge
Jones, A. S. [Host]. (2016, March 14). Findings from a parenting intervention for foster and kinship families (187) [Audio podcast]. In <i>In Social Work</i> . University at Buffalo School of Social Work. https://www.insocialwork.org/episode.asp?ep=187	Knowledge
UMass Boston. (2010, March 12). <i>Still face experiment: Dr. Edward Tronick</i> [Video]. YouTube. https://www.youtube.com/watch?v=apzXGEbZht0	Knowledge

Web Resources

Resource	Competency Dimension
Attachment Trauma Network. (2017, January 27). Neurosequential model of therapeutics (NMT). https://www.attachmenttraumanetwork.org/neurosequential-model-of-therapeutics-nmt/	Knowledge

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Web Resources (continued)

Resource	Competency Dimension
Yale Child Study Center. (n.d.). Minding the baby. https://medicine.yale.edu/childstudy/communitypartnerships/mtb/	Knowledge
Zero to Three. (2015). Evidence-based and informed practices. https://www.zerotothree.org/resources/3061-evidence-based-informed-practices	Knowledge
Zero to Three. (2016, March 23). <i>A review of evidence-based interventions for families served by infant-toddler court teams</i> . https://www.zerotothree.org/resources/726-a-review-of-evidence-based-interventions-for-families-served-by-infant-toddler-court-teams	Knowledge

Assignments

Resource	Competency Dimension
<p>Using Diversity-informed Tenets in the Research Planning Process</p> <p>Read: Thomas, K., Noroña, C. R., & St. John, M. S. (2019, January). Cross-sector allies together in the struggle for social justice: Diversity informed-tenets for work with infants, children and families. <i>Zero to Three Journal</i>.</p> <p>Choose several of the core tenets described in this article and reflect on how these research-supported principles could be used to inform a diversity, equity, and social justice approach to a research project on early childhood mental health from a social work perspective.</p>	Knowledge Values
<p>Exploring the IDEAS Approach to Supporting IECMH</p> <p>The IDEAS approach was developed by applied researchers at the Center for the Developing Child at Harvard University. IDEAS is an acronym that stands for Innovate, Develop, Evaluate, Adapt, and Scale. This is an approach to applying research to community-based programs designed to support infant and early childhood mental health, either directly or through the support of family- and community-level systems.</p> <p>As detailed on their website, the IDEAS approach provides a scaffold for researchers to use in answering key translational research questions, including:</p> <ul style="list-style-type: none"> ● What is the goal of our program? ● What are the program's key ingredients or activities? ● How do these activities create change? ● For whom does this program work and why? ● Can the program be transported to a variety of community-based contexts? ● How can we design culturally responsive evaluations that help us to answer these questions? 	Knowledge Values Cognitive and Affective Processes

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Assignments (continued)

Resource	Competency Dimension
<p>For this assignment:</p> <ol style="list-style-type: none"> 1. Read about the IDEAS framework here: https://developingchild.harvard.edu/innovation-application/innovation-approach/ 2. Watch the videos on “Theory of Change,” “The Importance of Specific Program Components,” and “Evaluation”: https://developingchild.harvard.edu/innovation-application/innovation-approach/components/#theory-of-change 3. How might the IDEAS framework and associated key concepts be useful to you in programs designed to support IECMH? <ol style="list-style-type: none"> a. Think of an example of a program you work in, or one you might want to develop. b. Address each component of the IDEAS framework: <ol style="list-style-type: none"> i. Goal of your program ii. Program components iii. Theory of change: What is your theory about how your program creates change? iv. Are there groups for whom you think this program will work best? Are there groups for whom you think this program will not be as effective? Why? v. Can your key program components be transported to a range of environments? Why or why not? vi. How will you evaluate your program in a way that is culturally responsive? 	
<p>Biopsychosocial Research in IECMH</p> <p>Read: Black, J., & Hoefft, F. (2015). Utilizing biopsychosocial and strengths-based approaches within the field of child health: What we know and where we can grow. <i>New Directions in Child and Adolescent Development</i>, 147, 13–20.</p> <p>Reflect on the following questions:</p> <ol style="list-style-type: none"> 1. How is research on the impact of early adversity relevant to your social work practice at the micro and macro levels? 2. What are some ways that biopsychosocial research on stress exposure can be used to inform a strengths-based perspective in social work practice with children and families? 3. Why is it important for social workers who are part of interprofessional teams to be familiar with biopsychosocial research on early adversity? 	<p>Knowledge Values</p>



Competency 5

Engage in Policy Practice

Practitioners in IECMH understand policies at the micro, mezzo, and macro levels and recognize their influence on the design and delivery of services for infants, toddlers, and their caregivers from the prenatal period to 5 years. IECMH social workers promote policies inclusive of transdisciplinary models of practice, relational and collaborative service delivery, and culturally grounded child development. Furthermore, practitioners recognize that effective policy includes the voices of all stakeholders, reflects the needs and desires of diverse communities and individuals, and considers the impact of each family system as a source of capacity. In addition to their clinical work, IECMH social workers engage in advocacy and policy development, applying a relational and reflective framework to critical analysis of the effects of social policy.

Practitioners also recognize the influence of individual and structural racism on the development and implementation of policies at the state and national level and the role this influence has played in exacerbating inequities in outcomes for infants, toddlers, and their families. When engaged in policy development and advocacy, IECMH social workers actively work to combat the presence of structural racism, oppression, discrimination, privilege, and disparities in resource allocation and access to maternal, infant, and early childhood mental health services, with the understanding that social work practice has contributed to oppression and colonization. Practitioners continuously translate developmental science into research-informed advocacy, policy, and practice to optimize the health and well-being of all infants, toddlers, and their families. They practice cultural humility and collaborate with clients to engage in positive change, and they mobilize with coalitions to address key issues that affect infants, toddlers, and their families.

COMPETENCY BEHAVIORS

- Apply critical thinking to analyze, formulate, and advocate for policies that center the importance of relationships and address the social determinants of health (e.g., housing, job loss, food insecurity, community violence, domestic violence, racism, low education levels, legal issues) that contribute to infant and early childhood mental health.
- Apply a critical race framework to understand and challenge how policies have been developed and implemented to explicitly and implicitly oppress and marginalize or privilege certain groups, and to evaluate the unintended consequences that maintain the status quo.
- Educate key stakeholders on how policy for infants, young children, and their families relates to human rights and social, economic, and environmental justice from the local to the international level (e.g., family leave policies, child welfare and family time policies, Medicaid covered services, availability of universal preschool, and family visitation in the criminal justice system).
- Identify and advocate for social policy at the local, state, federal, and international levels that affects access to and quality of infant and early childhood mental health promotion, prevention, and intervention services and actively work to dismantle oppressive policies, infrastructures, and practices.
- Demonstrate leadership in IECMH policy development through interprofessional relationships with existing services, systems, and community resources.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
PEER-REVIEWED ARTICLES	
Ash, J., & Williams, M. E. (2016). Policies and systems support for infant mental health in the care of fragile infants and their families. <i>Newborn and Infant Nursing Reviews, 16</i> (4), 316–321.	Knowledge
Campion, J., Javed, A., Sartorius, N., & Marmot, M. (2020). Addressing the public mental health challenge of COVID-19. <i>Lancet Psychiatry, 7</i> (8), 657–659.	Knowledge
Carlson, J. S., Mackrain, M. A., Van Egeren, L. A., Brophy-Herb, H., Kirk, R. H., Marciniak, D., Falvay, S., Zheng, Y., Bender, S. L., & Tableman, B. (2012). Implementing a statewide early childhood mental health consultation approach to preventing childcare expulsion. <i>Infant Mental Health Journal, 33</i> (3), 265–273.	Skills Cognitive and Affective Processes
Chinitz, S., Guzman, H., Amstutz, E., Kohchi, J., & Alkon, M. (2017). Improving outcomes for babies and toddlers in child welfare: A model for infant mental health intervention and collaboration. <i>Child Abuse & Neglect, 70</i> , 190–198.	Knowledge Skills
Cohen, J., Stark, D. R., & Colvard, J. (2019). Advancing infant and early childhood mental health policy in states: Stories from the field. <i>Zero to Three, 40</i> (2), 37–44.	Knowledge Skills
Finello, K. M., & Poulsen, M. K. (2012). Unique system of care issues and challenges in serving children under age 3 and their families. <i>American Journal of Community Psychology, 49</i> (3–4), 417–429.	Knowledge
Frounfelker, R. L., Miconi, D., Farrar, J., Brooks, M. A., Rousseau, C., & Betancourt, T. S. (2020). Mental health of refugee children and youth: Epidemiology, interventions, and future directions. <i>Annual Review of Public Health, 41</i> , 159–176.	Knowledge Skills
Fuller, B., Bridges, M., & Land, A. (2020). What policies advance infants and toddlers? Evidence to inform state and federal options. SRCD Social Policy Report, 33(1), 1–43.	Knowledge
Graham, M. A., Wrigth, C., & Oser, C. (2012). Altering the developmental trajectory of public policy: Three states' success stories in infant mental health. <i>Zero to Three, 33</i> (2), 66–72.	Knowledge

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Readings (continued)

Resource	Competency Dimension
Granqvist, P., Sroufe, L. A., Dozier, M., Hesse, E., Steele, M., van Ijzendoorn, M., . . . Duschinsky, R. (2017). Disorganized attachment in infancy: A review of the phenomenon and its implications for clinicians and policy-makers. <i>Attachment & Human Development, 19</i> (6), 534–558.	Knowledge Skills
Hermann, A., Fitelson, E. M., & Bergink, V. (2021). Meeting maternal mental health needs during the COVID-19 pandemic. <i>JAMA Psychiatry, 78</i> (2), 123–124.	Skills Cognitive and Affective Processes
Hick, S. (1997). Participatory research: An approach for social workers. <i>Journal of Progressive Human Services, 8</i> (2), 63–78.	Skills
Holosko, M. J., & Au, E. (1996). Social and public policy analysis: A niche for social work practice. <i>Journal of Health & Social Policy, 7</i> (3), 65–73.	Knowledge
Hoover, S. D., Kubicek, L. F., Rosenberg, C. R., Zundel, C., & Rosenberg, S. A. (2012). Influence of behavioral concerns and early childhood expulsions on the development of early childhood mental health consultation in Colorado. <i>Infant Mental Health Journal, 33</i> (3), 246–255.	Knowledge Values
Jou, J., Kozhimannil, K. B., Abraham, J. M., Blewett, L. A., & McGovern, P. M. (2018). Paid maternity leave in the United States: Associations with maternal and infant health. <i>Maternal and Child Health Journal, 22</i> (2), 216–225.	Knowledge Values
Kanenberg, H. (2013). Feminist policy analysis: Expanding traditional social work methods. <i>Journal of Teaching in Social Work, 33</i> (2), 129–142.	Values Cognitive and Affective Processes
Kant, J. D. (2015). Towards a socially just social work practice: The liberation health model. <i>Critical and Radical Social Work, 3</i> (2), 309–319.	Knowledge Values Skills Cognitive and Affective Processes
Kennedy, B., Fisher, E., & Bailey, C. (2010). Framing in race-conscious antipoverty advocacy: A science-based guide to delivering your most persuasive message. <i>Journal of Poverty Law and Policy, 43</i> (9–10), 408–421.	Knowledge Values Skills Cognitive and Affective Processes

(continued)

Readings (continued)

Resource	Competency Dimension
Keren, M., Abdallah, G., & Tyano, S. (2019). WAIMH position paper: Infants' rights in wartime. <i>Infant Mental Health Journal, 40</i> (6), 763–767.	Knowledge Values
Lopez, W. D., Kruger, D. J., Delva, J., Llanes, M., Ledón, C., Waller, A., Harner, M., Martinez, R., Sanders, L., Harner, M., & Israel, B. (2017). Health implications of an immigration raid: Findings from a Latino community in the Midwestern United States. <i>Journal of Immigrant and Minority Health, 19</i> (3), 702–708.	Knowledge Cognitive and Affective Processes
Luthar, S. S., & Cicchetti, D. (2000). The construct of resilience: Implications for interventions and social policies. <i>Development and Psychopathology, 12</i> (4), 857–885.	Knowledge Values Cognitive and Affective Processes
Mosley, J. (2013). Recognizing new opportunities: Reconceptualizing policy advocacy in everyday organizational practice. <i>Social Work, 58</i> (3), 231–239.	Knowledge Values Cognitive and Affective Processes
Nelson, F., & Mann, T. (2011). Opportunities in public policy to support infant and early childhood mental health: The role of psychologists and policymakers. <i>American Psychologist, 66</i> (2), 129–139.	Knowledge Skills
Osofsky, J. D., & Lieberman, A. F. (2011). A call for integrating a mental health perspective into systems of care for abused and neglected infants and young children. <i>American Psychologist, 66</i> (2), 120–128.	Values Skills Cognitive and Affective Processes
Park, M., & Katsiaficas, C. (2019, April). Mitigating the effects of trauma among young children of immigrants and refugees: Policy brief. <i>Migration Policy Institute</i> .	Skills Cognitive and Affective Processes
Philbin, M. M., Flake, M., Hatzenbuehler, M. L., & Hirsch, J. S. (2018). State-level immigration and immigrant-focused policies as drivers of Latino health disparities in the United States. <i>Social Science & Medicine, 199</i> , 29–38.	Knowledge

(continued)

Readings (continued)

Resource	Competency Dimension
Scandurra, C., Bacchini, D., Esposito, C., Bochicchio, V., Valerio, P., & Amodeo, A. L. (2019). The influence of minority stress, gender, and legalization of civil unions on parenting desire and intention in lesbian women and gay men: Implications for social policy and clinical practice. <i>Journal of GLBT Family Studies, 15</i> (1), 76-100.	Knowledge Cognitive and Affective Processes
Vanderzee, K. L., Pemberton, J. R., Connors- Burrow, N., & Kramer, T. L. (2016). Who is advocating for children under six? Uncovering unmet needs in child advocacy centers. <i>Children and Youth Services Review, 61</i> , 303-310.	Knowledge
Waddell, C., Schwartz, C., & Andres, C. (2018). Making children's mental health a public policy priority: For the one and the many. <i>Public Health Ethics, 11</i> (2), 191-200.	Knowledge Skills
BOOKS	
National Academies of Sciences, Engineering, and Medicine. (2019). <i>Vibrant and healthy kids: Aligning science, practice, and policy to advance health equity</i> . https://www.nap.edu/catalog/25466/vibrant-and-healthy-kids-aligning-science-practice-and-policy-to	Knowledge Values
BOOK CHAPTERS	
Shulman, C. (2016). Applications of infant and early childhood mental health research in policy and practice. In C. Shulman (Ed.), <i>Research and practice in infant and early childhood mental health</i> (pp. 203-218). Springer.	Knowledge
Weatherston, D., & Rosenblum, K. L. (2018). Promoting early relationships in infancy and early parenthood: Integrating social and emotional policy, practice, and research. In A. S. Morris & A. C. Williamson (Eds.), <i>Building early social and emotional relationships with infants and toddlers</i> (pp. 325-341). Springer.	Skills Cognitive and Affective Processes
White, J., & Jones Harden, B. (2012). Organizational readiness. In S. J. Summers & R. Chazen-Cohen (Eds.), <i>Understanding early childhood mental health: A practical guide for professionals</i> (pp. 227-240). Paul H. Brookes Publishing.	Knowledge Skills

<i>Media</i>	
Resource	Competency Dimension
PBS NewsHour. (2020). <i>Invisible scars: How COVID-19 could worsen America's childhood trauma crisis</i> [Video series]. https://www.pbs.org/newshour/tag/invisible-scars	Knowledge
POV. (2015). <i>Tough love</i> [Documentary film]. https://www.pbs.org/pov/watch/toughlove/	Values Cognitive and Affective Processes
<i>Web Resources</i>	
Resource	Competency Dimension
Knitzer, J. (2001). Building services and systems to support the healthy development of young children: An action guide for policymakers. https://academiccommons.columbia.edu/doi/10.7916/D8TH8WDT	Skills
Ounce of Prevention. (2017, March). Early childhood advocacy toolkit. https://www.theounce.org/wp-content/uploads/2017/03/EarlyChildhoodAdvocacyToolkit.pdf	Skills
Rapport, D. M. (2007). Building relationship: Parallels between infant-toddler development and the public policy process. https://www.zerotothree.org/resources/490-building-relationships-parallels-between-infant-toddler-development-and-the-public-policy-process	Knowledge
Smith, S., Stagman, S. M., Blank, S., Ong, C., & McDow, K. (2011). Building strong systems of support for young children's mental health: Key strategies for states and a planning tool. National Center for Children in Poverty, Columbia University. https://academiccommons.columbia.edu/doi/10.7916/D8765P9G	Values Skills Cognitive and Affective Processes
Szekely, A., Ahlers, T., Cohen, J. & Oser, C. (2018). Advancing infant and early childhood mental health: The integration of DC:0-5 into state policy and systems. https://www.zerotothree.org/resources/2343-advancing-infant-and-early-childhood-mental-health-the-integration-of-dc-0-5-into-state-policy-and-systems	Knowledge
Teti, D. M., Cole, P. M., Cabrera, N., Goodman, S. H., & McLoyd, V. C. (2017). Supporting parents: How six decades of parenting research can inform policy and best practice. Franklin Porter Graham Institute.	Values Skills Cognitive and Affective Processes

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Web Resources (continued)

Resource	Competency Dimension
Zero to Three. (n.d.). Infant and Early Childhood Mental Health Financing Policy Project. https://www.zerotothree.org/our-work/infant-and-early-childhood-mental-health-financing-policy-project	Knowledge
Zero to Three. (n.d.). Policy and advocacy. https://www.zerotothree.org/policy-and-advocacy	Knowledge
Zero to Three. (2017, February 3). Aligning policy and practice: Mental health assessment and treatment of infants, young children, and families. https://www.zerotothree.org/resources/1701-zero-to-three-infant-and-early-childhood-mental-health-policy-convening-report	Knowledge Skills
Zero to Three. (2019, January 28). Exploring state strategies for financing infant and early childhood mental health assessment, diagnosis, and treatment. https://www.zerotothree.org/resources/2574-exploring-state-strategies-for-financing-infant-and-early-childhood-mental-health-assessment-diagnosis-and-treatment	Knowledge Skills

Assignments

Resource	Competency Dimension
<p>Interview Skills</p> <p>Students will identify, contact, and interview a person who has engaged in policy work around infant and early childhood issues, record the interview, and write a summary of that person's work and advocacy experience.</p> <p>Questions may include the following:</p> <ul style="list-style-type: none"> ● What got them into that work? ● Where and how do they conduct their research? ● How do the diversity-informed tenets influence their advocacy? ● What challenges have they faced? 	Knowledge Skills
<p>Legislation Research</p> <p>Ask students to identify current legislation in their state relevant to IECMH. Then, students should identify who the stakeholders are and what their prior legislation or funding efforts have been. Finally, how does the current legislation center on issues related to IECMH? Does the legislation center on diversity, inclusion, and equity? Students should write a critique of the pending legislation or existing laws relevant to IECMH from a social work perspective.</p> <p>Bonus assignment: Propose revised, detailed legislation that fills the gaps or addresses the critique.</p>	Knowledge Values Skills Cognitive and Affective Processes

(continued)

Assignments (continued)

Resource	Competency Dimension
<p>Persuasive Writing Exercise</p> <p>Students will select an issue relevant to the policy interests of IECMH social work and choose from one of the following document types:</p> <ul style="list-style-type: none"> ● Media op-ed ● Public testimony ● Policy brief <p>Using current references (e.g., print or online media, recent policy documents, government reports), students will write persuasively in support of specific policy that affects young children and their families and other caregivers.</p>	Skills
<p>Laser Talk</p> <p>A laser talk is a face-to-face advocacy tool that distills a great deal of information (from the work done to create policy memos) into very short, persuasive “elevator pitches.” This script can also be used to draft letters to elected officials for newspapers and to set up writing such as blog posts.</p> <p>Example laser talks and a downloadable toolkit can be found at https://results.org/resources/fall-2018-u-s-poverty-laser-talks-2/</p> <p>For this assignment, students should choose an issue within IECMH that is important to them and craft a laser talk using the toolkit. In class, students can present their laser talks to the group for feedback.</p>	Knowledge Skills
<p>Annual Report Activity</p> <p>Students currently in a field placement should obtain a copy of their field placement organization’s annual report, read it, and write a short summary to demonstrate understanding. Then, to extend the usefulness of the information contained in the report, students should provide suggestions on how to share additional data on the population served by using various public resources (e.g., census information, school data) and translating that information into policy guidance.</p>	Knowledge Skills Cognitive and Affective Processes



Competency 6

Engage With Individuals, Families, Groups, Organizations, and Communities

Engagement in IECMH social work practice provides an opportunity for social workers to establish a collaborative, inclusive, and cooperative environment with individuals, groups, organizations, and communities. IECMH social workers value the development of safe, predictable, nurturing relationships across all levels of the ecosystem in which they work and engage these systems with a sense of integrity and authenticity. Using a social justice framework to inform this first stage of relationship-based practice, they embrace diversity, equity, and cultural humility. They have explored their own social identities and are aware of how the social worker's power and privilege may be perceived in the engagement process.

During the initial engagement process, IECMH social workers respond to the concrete needs of families. Diversity-informed engagement requires an understanding that individuals, families, groups, and organizations may have histories of working with services that affect their engagement and that each possesses a deep knowledge of their own experience. As part of their commitment to diversity, IECMH social workers ensure that engagement is provided in the client's preferred language.

Effective engagement also requires knowledge of attachment theory, child development, cultural context, developmental neuroscience, and the lifelong effects of trauma and modes of healing. IECMH social workers are adept at observation, critical thinking, active listening, and holding space while remaining curious during engagement. Thus, self-awareness and reflective practice are core competencies for engagement. IECMH social workers think critically about, contain, and regulate their own internal reactions and

are aware of implicit and explicit biases. They seek reflective supervision to support their ability to recognize parallel processes, maintain a benevolent stance, and tolerate uncertainty and ambiguity, all skills that are essential to IECMH engagement.

COMPETENCY BEHAVIORS

- Understand that, when working with caregivers and families, the infant, parent, caregiver, and family relationships are the primary focus of engagement.
- Develop collaborative relationships that are culturally responsive and strengths-based with infants, toddlers, caregivers, families, organizations, and communities.
- Respect the past experiences and bodies of knowledge that all individuals, families, and groups bring to the engagement process.
- Practice self-regulation within the present moment and maintain a curious and respectful stance by actively listening, holding emotional intensity, tolerating ambiguity, responding authentically, and endeavoring to understand others' experiences.
- Demonstrate self-awareness through reflection on internal experiences and exploration of their social identities and how they may be perceived in their role. Use reflective supervision and peer support to continue to build self-knowledge and learn about the engagement process.
- Implement diversity-informed, relationship-based engagement strategies based on IECMH knowledge, theoretical frameworks, and recommended practices to build trust and collaboration; arrange for engagement to be provided in the client's preferred language, and use a multimodal approach including virtual and in-person engagement based on client needs.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
PEER-REVIEWED ARTICLES	
Barron, C., & Paradis, N. (2010). Infant mental health home visitation: Setting and maintaining professional boundaries. <i>Zero to Three, 30</i> (6), 38–43.	Values Skills
Becker, K. D., Lee, B. R., Daleiden, E. L., Lindsey, M., Brandt, N. E., & Chorpita, B. F. (2015). The common elements of engagement in children’s mental health services: Which elements for which outcomes? <i>Journal of Clinical Child & Adolescent Psychology, 44</i> (1), 30–43.	Knowledge
Butler, A. M., & Titus, C. (2015). Systematic review of engagement in culturally adapted parent training for disruptive behavior. <i>Journal of Early Intervention, 37</i> (4), 300–318.	Values Skills Cognitive and Affective Processes
Cabrera, N. J., Volling, B. L., & Barr, R. (2018). Fathers are parents, too! Widening the lens on parenting for children’s development. <i>Child Development Perspectives, 12</i> (3), 152–157.	Knowledge Values
Cosgrove, K., Gilkerson, L., Leviton, A., Mueller, M., Norris-Shortle, C. & Gouvêa, M. (2019). Building professional capacity to strengthen parent/professional relationships in Early Intervention: The FAN approach. <i>Infants & Young Children, 32</i> (4), 245–254.	Knowledge Skills Cognitive and Affective Processes
Cuddihy, L., & Waugh, A. (2015). Bonding for brilliant babies: Promoting infant mental health through social marketing. <i>Primary Health Care, 25</i> (4), 24–28.	Skills
Daniel, J. (2009). Intentionally thoughtful family engagement in early childhood education. <i>YC Young Children, 64</i> (5), 10–14.	Knowledge Skills
Driver, M., Mikhail, S., Carson, M. C., Lakatos, P. P., Matic, T., Chin, S., & Williams, M. E. (2021). Infant-family mental health in the NICU: A mixed-methods study exploring referral pathways and family engagement. <i>Journal of Perinatal & Neonatal Nursing, 35</i> (1), 68–78.	Knowledge
Edwards, M. E. (2002). Attachment, mastery and interdependence: A model of parenting processes. <i>Family Process, 41</i> (3), 389–404.	Knowledge Skills

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Readings (continued)

Resource	Competency Dimension
Eidson, F., & McDonough, M. (2018). Improving outcomes for infants, toddlers and families involved with child welfare through professional relationships: Acknowledging challenges and sharing passions. <i>Zero to Three</i> , 39(2), 39–44.	Knowledge Values Skills Cognitive and Affective Processes
Fraynt, R., Ross, L., Baker, B. L., Rystad, I., Lee, J., & Briggs, E. C. (2014). Predictors of treatment engagement in ethnically diverse, urban children receiving treatment for trauma exposure. <i>Journal of Traumatic Stress</i> , 27(1), 66–73.	Knowledge Cognitive and Affective Processes
Gordon, J. M., Gaffney, K., Smith, S., & Lauerer, J. A. (2020). An illustrative case for addressing infant mental health referrals. <i>Journal of Child and Adolescent Psychiatric Nursing</i> , 33(1), 24–29.	Knowledge Values
Haine-Schlagel, R., & Walsh, N. E. (2015). A review of parent participation engagement in child and family mental health treatment. <i>Clinical Child and Family Psychology Review</i> , 18(2), 133–150.	Knowledge
Heffron, M.C., Gilkerson, L., Cosgrove, K., Heller, S.S., Imberger, J., Leviton, A., Mueller, M., Norris-Shortle, C., Phillips, C., Spielman, E. & Wasserman, K. (2016). Using the FAN approach to deepen trauma-informed care for infants, toddlers and families. <i>Zero to Three</i> , 36(6), 27–35.	Knowledge
Hughes-Belding, K., Peterson, C. A., Clucas Walter, M., Rowe, N., Fan, L., Dooley, L. J., Steffensmeier, C., Wang, W., Bao, J., & Goodman, K. (2019). Quality home visits: Activities to promote meaningful interactions. <i>Infant Mental Health Journal</i> , 40(3), 331–342.	Skills Cognitive and Affective Processes
Ingoldsby, E. M. (2010). Review of interventions to improve family engagement and retention in parent and child mental health programs. <i>Journal of Child and Family Studies</i> , 19(5), 629–645.	Knowledge
Jeon, S., Kwon, K. A., Guss, S., & Horm, D. (2020). Knowledge Profiles of family engagement in home-and center-based Early Head Start programs: Associations with child outcomes and parenting skills. <i>Early Childhood Research Quarterly</i> , 53, 108–123.	Knowledge
Klawetter, S., Glaze, K., Sward, A., & Frankel, K. A. (2020). Warm Connections: Integration of infant mental health services into WIC. <i>Community Mental Health Journal</i> . https://doi.org/10.1007/s10597-020-00744-y	Knowledge Skills

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Readings (continued)

Resource	Competency Dimension
Latimore, A. D., Burrell, L., Crowne, S., Ojo, K., Cluxton-Keller, F., Gustin, S., Kruse, L., Hellman, D., Scott, L., Riordan, A., & Duggan, A. (2017). Exploring multilevel factors for family engagement in home visiting across two national models. <i>Prevention Science, 18</i> (5), 577-589.	Knowledge
Lindsey, M. A., Brandt, N. E., Becker, K. D., Lee, B. R., Barth, R. P., Daleiden, E. L., & Chorpita, B. F. (2014). Identifying the common elements of treatment engagement interventions in children's mental health services. <i>Clinical Child and Family Psychology Review, 17</i> (3), 283-298.	Knowledge Skills
Lindy, J. (1985). The trauma membrane and other clinical concepts derived from psychotherapeutic work with survivors of natural disasters. <i>Psychiatric Annals, 15</i> (3), 153-160.	Skills
McAllister, C. L., & Thomas, T. (2007). Infant mental health and family support: Contributions of Early Head Start to an integrated model for community-based early childhood programs. <i>Infant Mental Health Journal, 28</i> (2), 192-215.	Knowledge
McHale, J. P., & Negrini, L. S. (2018). How the assumption of a co-parenting frame will transform social work practice with men and fathers. <i>Social Work Research, 42</i> (1), 9-21.	Knowledge
Mian, N. D. (2014). Little children with big worries: Addressing the needs of young, anxious children and the problem of parent engagement. <i>Clinical Child and Family Psychology Review, 17</i> (1), 85-96.	Knowledge Skills Cognitive and Affective Processes
Mucka, L. E., Dayton, C. J., Lawler, J., Kirk, R., Alfafara, E., Schuster, M. M., Miller, N., Ribauda, J., Rosenblum, K. L., & Muzik, M. (2017). Mixed-methods evaluation of participant recruitment and retention in the Mom Power parenting intervention program. <i>Infant Mental Health Journal, 38</i> (4), 536-550.	Knowledge
O'Farrelly, C., Lovett, J., Guerin, S., Doyle, O., & Victory, G. (2017). Enhancing infant mental health using a capacity-building model. <i>Infants & Young Children, 30</i> (4), 269-287.	Knowledge Skills Cognitive and Affective Processes

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Readings (continued)

Resource	Competency Dimension
Ofonedu, M. E., Belcher, H. M., Budhathoki, C., & Gross, D. A. (2017). Understanding barriers to initial treatment engagement among underserved families seeking mental health services. <i>Journal of Child and Family Studies, 26</i> (3), 863–876.	Knowledge Cognitive and Affective Processes
Pennell, J., Burford, G., Connolly, M., & Morris, K. (2011). Taking child and family rights seriously: Family engagement and its evidence in child welfare. <i>Child Welfare, 90</i> (4), 9–18.	Knowledge Values
Perry, A. R. (2011). Man up: Integrating fatherhood and community engagement. <i>Journal of Community Engagement and Scholarship, 4</i> (1), 15–24.	Skills
Ransley, R., Slead, M., Baradon, T., & Fonagy, P. (2019). “What support would you find helpful?” The relationship between treatment expectations, therapeutic engagement, and clinical outcomes in parent–infant psychotherapy. <i>Infant Mental Health Journal, 40</i> (4), 557–572.	Knowledge Values Skills Cognitive and Affective Processes
Schaml-Block, K., & Ostrosky, M. M. (2018). Respect, reciprocity, and responsiveness: Strengthening family–professional partnerships in early intervention. <i>Zero to Three, 39</i> (2), 5–10.	Knowledge Values Skills Cognitive and Affective Processes
Shahmoon-Shanok, R., & Stevenson, H. C. (2015). Calmness fosters compassionate connections: Integrating mindfulness to support diverse parents and their young children, and the providers who serve them. <i>Zero to Three, 35</i> (3), 18–30.	Values Skills Cognitive and Affective Processes
Shalowitz, M. U., Isacco, A., Barquin, N., Clark- Kauffman, E., Delger, P., Nelson, D., Quinn, A., & Wagenaar, K. A. (2009). Community-based participatory research: A review of the literature with strategies for community engagement. <i>Journal of Developmental & Behavioral Pediatrics, 30</i> (4), 350–361.	Knowledge Skills
Shannon, J. D., Tamis-LeMonda, C. S., & Margolin, A. (2005). Father involvement in infancy: Influences of past and current relationships. <i>Infancy, 8</i> (1), 21–41.	Knowledge

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Readings (continued)

Resource	Competency Dimension
Spoth, R., & Redmond, C. (2000). Research on family engagement in preventive interventions: Toward improved use of scientific findings in primary prevention practice. <i>Journal of Primary Prevention, 21</i> (2), 267–284.	Knowledge
Stark, D. R., Brown, D., & Jerald, J. (2019). A secret sauce makes the family and community engagement recipe work. <i>Zero to Three, 39</i> (5), 54–57.	Knowledge
Staudt, M., Lodato, G., & Hickman, C. R. (2012). Therapists talk about the engagement process. <i>Community Mental Health Journal, 48</i> (2), 212–218.	Knowledge
Walsh, F. (2007). Traumatic loss and major disasters: Strengthening family and community resilience. <i>Family Process, 46</i> (2), 207–227.	Knowledge Skills
Walsh, T. B., Tolman, R. M., Singh, V., Davis, M. M., & Davis, R. N. (2017). Expectant fathers' presence at prenatal ultrasounds: An opportunity for engagement. <i>Social Work Research, 41</i> (3), 181–185.	Skills Values
Walter, A. W., Yuan, Y., Morocho, C., & Thekkedath, R. (2019). Facilitators and barriers to family engagement and retention of young children in mental health care: A qualitative study of caregivers' perspectives. <i>Social Work in Mental Health, 17</i> (2), 173–196.	Knowledge
Weatherston, D. (2010). Infant mental health home visiting strategies: From the parent's points of view. <i>Zero to Three, 30</i> (6), 52–57.	Skills
Wilkins, D., Lynch, A., & Antonopoulou, V. (2018). A golden thread? The relationship between supervision, practice, and family engagement in child and family social work. <i>Child & Family Social Work, 23</i> (3), 494–503.	Knowledge
Zuberi, S., Motz, M., Leslie, M., & Pepler, D. J. (2018). Building connections: Supporting the readiness and capacity of community-based projects to deliver a trauma-informed intervention. <i>Zero to Three, 39</i> (2), 21–26.	Skills Cognitive and Affective Processes
BOOK CHAPTERS	
Dayton, C. J., Malone, J. C., & Brown, S. (2020). Pathways to parenting: The emotional journeys of fathers as they prepare to parent a new infant. In H. Fitzgerald, K. von Klitzing, N. J. Cabrera, J. S. de Mendonça, & T. Skjøthaug (Eds.), <i>Handbook of fathers and child development</i> (pp. 173–194). Springer.	Skills Cognitive and Affective Processes

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Readings (continued)

Resource	Competency Dimension
Goldberg, S. (2002). Courageous decisions: Using relationships to support growth and change. In J. J. Shirilla & D. J. Weatherston (Eds.), <i>Case studies in infant mental health</i> (pp. 121–135). Zero to Three.	Knowledge Values Skills Cognitive and Affective Processes
McDonough, S. C. (2000). Preparing infant mental health personnel for 21st century practice. In J. D. Osofsky & H. E. Fitzgerald (Eds.), <i>WAIMH handbook of infant mental health</i> (pp. 538–548). John Wiley and Sons.	Values Skills Cognitive and Affective Processes
Singley, D. B., & Edwards, L. M. (2017). New fatherhood: An overview of men’s perinatal mental health. In M. A. Thiam (Ed.), <i>Perinatal mental health and the military family: Identifying and treating mood and anxiety disorders</i> (pp. 48–66). Routledge/Taylor & Francis Group.	Knowledge Values
BOOKS	
Fontes, L. A. (2005). <i>Child abuse and culture: Working with diverse families</i> . Guilford Press.	Values Skills Cognitive and Affective Processes
Grant, K. B., & Ray, J. A. (Eds.). (2018). <i>Home, school, and community collaboration: Culturally responsive family engagement</i> . Sage.	Values Skills Cognitive and Affective Processes
Katz, L. F., Lederman, C. S., and Osofsky, J. D. (2011). <i>Child-centered practices for the courtroom and community</i> . Paul H. Brookes Publishing.	Knowledge Skills Cognitive and Affective Processes
Shonkoff, J. P., & Phillips, D. A. (Eds.). (2000). <i>From neurons to neighborhoods: The science of early childhood development</i> . The National Academy Press.	Knowledge

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Readings (continued)

Resource	Competency Dimension
Siegel, D. J., & Hartzell, M. (2004). <i>Parenting from the inside out</i> . Tarcher Penguin.	Knowledge Skills
<i>Media</i>	
Resource	Competency Dimension
Brain Matters. (2020, January 28). <i>Brain Matters documentary: Early childhood development</i> [Video, 60 min]. YouTube/Genesis Foundation. https://www.youtube.com/watch?v=Rw_aVnlp0JY	Knowledge
Center on the Developing Child. (2011, September 29). <i>Experiences build brain architecture</i> [Video, 2 min]. YouTube. https://www.youtube.com/watch?v=VNNsN9lJkws	Knowledge
Center on the Developing Child. (2011, September 29). <i>Serve and return interaction shapes brain circuitry</i> [Video, 2 min]. YouTube. https://www.youtube.com/watch?v=m_5u8-QSh6A	Knowledge
Center on the Developing Child. (2012, June 18). <i>InBrief: Executive function: Skills for life and learning</i> [Video, 6 min]. YouTube. https://www.youtube.com/watch?v=efCq_vHUMqs	Knowledge
Chicago Humanities Festival. (2014, December 11). <i>Bruce D. Perry: Social and emotional development in early childhood</i> [Video, 60 min]. YouTube. https://www.youtube.com/watch?v=vkJwFRawDNE	Knowledge
Hanscom, D. (2017, August 17). <i>Mirror neurons and your family</i> [Video, 1 min]. YouTube. https://www.youtube.com/watch?v=IFkKdMTtTio	Knowledge
Salzman, J. B., & Salzman, J. [Mindful Schools]. (2015, January 26). <i>Just breathe</i> [Video, 4 min]. YouTube/Wavecrest Films. https://www.youtube.com/watch?v=RVA2N6tX2cg	Knowledge
Telethon Kids Institute. (2017, August 21). <i>Dr. Jack Shonkoff: The importance of "serve and return" interactions</i> [Video, 2 min]. YouTube. https://www.youtube.com/watch?v=Fx1CqQAvR44	Knowledge
UMass Boston. (2009, November 30). Still face experiment: Dr. Edward Tronick [Video, 3 min]. YouTube. https://www.youtube.com/watch?v=apzXGEbZhtO	Knowledge

Class Exercises and Learning Activities (online and in person)

Resource	Competency Dimension
<p>FAN (Facilitating Attuned Interactions) is a conceptual framework and practical tool for client engagement and reflective practice that has been shown to increase reflective capacity, empathy and collaboration. Students learn to read cues of the clients and use the FAN to meet the client where they are and move flexibly: Feeling offer Empathic Inquiry, Thinking offer Collaborative Exploration, Doing offer Capacity Building, and Reflecting offer Integration. Students also learn to read their own cues for regulation/dysregulation and develop skills in Mindful Self-Regulation. Have the students read articles on FAN: Facilitating Attuned Interactions (Cosgrove et al; Heffron et al, above).</p>	<p>Knowledge Values Skills Cognitive and Affective Processes</p>
<p>Reflection Exercise</p> <p>These exercises (see Appendix 6A) are designed to help students think through the meaning of reflection and the reasons why a reflective stance is so important when engaging with individuals, families, groups, and communities. The activities are designed to help students recognize and reflect on their own reactions to IECMH engagement activities.</p> <p>In-person and online synchronous classes: Students break into small groups to discuss and then report out to the larger class.</p> <p>Online asynchronous classes: Students respond to one or more of these questions on an interactive bulletin board and then respond to the posts of their classmates.</p> <p>Engaging the Whole Family</p> <p>This exercise is designed to provide students with the opportunity to think about engaging with dyads, triads, and families. IECMH is fundamentally a two-generation (or more) approach to social work practice. Therefore, engagement activities are necessarily different from what they would be with an individual.</p> <p>In-person and online synchronous classes:</p> <ul style="list-style-type: none"> ● Students break into small groups to discuss and then report out to the larger class; or ● Students break into groups of three to role play the scenario and then discuss the questions in the larger class. <p>Online asynchronous classes:</p> <ul style="list-style-type: none"> ● Students respond to one or more of these questions on an interactive bulletin board and then respond to the posts of their classmates; or ● Students break into groups of three and video record a role play of this scenario and then post answers to the questions based on their experiences during the role play. 	<p>Knowledge Values Skills Cognitive and Affective Processes</p>

Web Resources	
Resource	Competency Dimension
Centers for Disease Control and Prevention [CDC]. (2021). CDC's Milestone Tracker app. https://www.cdc.gov/ncbddd/actearly/milestones-app.html	Knowledge
Centers for Disease Control and Prevention [CDC]. (2021). Learn the signs: Act early. https://www.cdc.gov/ncbddd/actearly/index.html	Knowledge
Child Welfare Information Gateway. (n.d.). Engaging communities to support families. https://www.childwelfare.gov/topics/famcentered/communities/	Skills Cognitive and Affective Processes
Early Childhood Learning and Knowledge Center [ECLKC]. (n.d.). Family connections: A mental health consultation model. Office of Head Start. https://eclkc.ohs.acf.hhs.gov/mental-health/article/family-connections-mental-health-consultation-model	Knowledge
ECLKC. (2008). The benefits and challenges of engaging parents [Learning module]. Office of Head Start. https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/training-module-1.pdf	Knowledge
ECLKC. (2019, August 13). Engaging families in home-based programs [Video webinar]. Office of Head Start. https://eclkc.ohs.acf.hhs.gov/video/engaging-families-home-based-programs	Knowledge Skills
ECLKC. (2020, January 23). Infant and early childhood mental health consultation: Engaging with families. Office of Head Start. https://eclkc.ohs.acf.hhs.gov/publication/infant-early-childhood-mental-health-consultation-engaging-families	Knowledge Skills
ECLKC. (2020, April 14). Home visiting “ports of entry”: Establishing relationships with families [Video webinar]. Office of Head Start. https://eclkc.ohs.acf.hhs.gov/video/home-visiting-ports-entry-establishing-relationships-families	Skills
Early Childhood Technical Assistance Center. (2017). Engaging families and creating trusting partnerships to improve child and family outcomes. https://ectacenter.org/-calls/2017/familyengagement.asp	Skills
Eastern Connecticut State University. (n.d.). Online learning modules for home visitors. https://www.easternct.edu/center-for-early-childhood-education/online-learning-modules.html	Knowledge Skills

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Web Resources (continued)

Resource	Competency Dimension
Harvard Family Research Project. (2016). Bridging worlds interactive case: Meet Maya Warren, kindergartner. https://archive.globalfrp.org/early-childhood-education/publications-resources/bridging-worlds-interactive-case-meet-maya-warren-kindergartner	Knowledge
Maryland Family Engagement Coalition. (2016). The early childhood family engagement framework toolkit: Maryland's vision for engaging families with young children. https://marylandfamiliesengage.org/family-engagement-toolkit/	Skills
National Academies of Sciences, Engineering, and Medicine. (2016). Parenting matters: Supporting parents of children ages 0–8. https://www.nap.edu/catalog/21868/parenting-matters-supporting-parents-of-children-ages-0-8	Skills
National Scientific Council on the Developing Child. (2004). Young children develop in an environment of relationships. Working paper 1. https://developingchild.harvard.edu/resources/wp1/	Knowledge
National Scientific Council on the Developing Child. (2010). Persistent fear and anxiety can affect young children's learning and development. Working paper 9. https://developingchild.harvard.edu/resources/persistent-fear-and-anxiety-can-affect-young-childrens-learning-and-development/	Knowledge
Shonkoff, J. P. (2013). Strengthening adult capacities to improve child outcomes: A new strategy for reducing intergenerational poverty. https://spotlightonpoverty.org/spotlight-exclusives/strengthening-adult-capacities-to-improve-child-outcomes-a-new-strategy-for-reducing-intergenerational-poverty/	Knowledge Values Cognitive and Affective Processes

Field Activities

Resource	Competency Dimension
<p>Assessment of Underrepresented Groups at Your Agency</p> <p>Within the IECMH programs at your agency (e.g., clinical services, home visiting interventions, preschool, Head Start/Early Head Start), what subgroups of the larger community are underrepresented in the programs? For instance, is one racial or cultural group within the community underrepresented, or are more mothers involved in the programs relative to fathers?</p> <p>Conduct an assessment to identify barriers for attendance or engagement for these groups.</p> <ul style="list-style-type: none"> ● Describe the barriers you discover. ● What systemic aspects of your agency contribute to the existence of these barriers? ● Are there cultural elements that contribute to these barriers in this agency and in the community they serve? ● Create an action plan that describes actions the agency can take to better support these groups to attend IECMH programs at this agency: ● Whom might you need to engage at the agency to reduce or eliminate these barriers? ● What might get in the way of your efforts to reduce these barriers? <p>Shadowing</p> <p>Shadow or observe an IECMH social worker when they meet with a dyad or family or group for the first time (e.g., an intake session, the first meeting of a support or other group) or during a separation or reunion (e.g., drop-off or pick-up at a childcare setting). Note the following:</p> <ul style="list-style-type: none"> ● What engagement strategies did the IECMH social worker use? ● How and how well did those engagement strategies work with that dyad, family, or group? How did the dyad, family, or group respond? <ul style="list-style-type: none"> ● What worked well? How do you know that it worked well (e.g., verbal responses, body language)? ● What did not work well? How do you know that it did not work well (e.g., verbal responses, body language)? ● How would you use or adapt these strategies in your own practice? <p>If possible, ask the IECMH social worker to describe their impressions of the meeting and share your impressions with the IECMH social worker.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>

(continued)

Field Activities (continued)

Resource	Competency Dimension
<p>Reflection</p> <p>After your first meeting with a dyad, family, group, or community, discuss the following questions with your reflective supervisor or field instructor:</p> <ul style="list-style-type: none"> ● What were your initial impressions of your engagement meeting? ● What was it like to meet with them for the first time? ● What did you notice about how they responded to you? ● What did you notice about how you responded to them? ● What feelings were evoked in you as you met with them? ● What do you think it is going to be like for you to work with them? ● What do you think will be challenging in your work with them? ● What boundary issues might emerge for you in your work with them? ● Think and talk with your supervisor about what it has been like for you to engage with your supervisor, the agency or site where you are conducting your field placement, and IECMH work in general. 	

Assignments

Resource	Competency Dimension
<p>Engaging Hard-to-reach Individuals, Families, Groups, and Communities</p> <p>Effective engagement in IECMH social work practice involves attending to the needs and goals that the individual, family, group, or community identifies as most important. During the engagement process, the IECMH social worker may discover that their goals and the client's goals are not in alignment.</p> <p>Sometimes goals may be unstated on the part of the individual, family, group, or community, and sometimes they may be in conflict with what the IECMH social worker views as appropriate. In other words, how we see the problem is not necessarily how the client sees the problem. Furthermore, sometimes during the first engagement meeting our own reactions, feelings, and conceptualization of the events and their effects can preempt our ability to really hear what the individual's, family's, group's, or community's main concerns are. Although it is important for us to use our knowledge and expertise about early childhood development in providing services, it is also important to truly understand the individual's, family's, group's, or community's perspective. This assignment is designed to help students think through issues that may emerge when the goals of the client are not aligned with what the social worker perceives as important. Students will read vignettes at the individual or family, group, and community level and respond to questions about each (see Appendix 6C).</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>

(continued)

Assignments (continued)

Resource	Competency Dimension
<p>Background information for the vignettes: After the 9/11 attack, many of those affected (e.g., families of the victims, observers, survivors, New York residents) did not actively seek out mental health services that might have helped them heal. Many families did not understand that their infants and young children may have been affected by this event. Parents and caretakers may have felt that their infants and young children were too young to know what was happening or too young to remember.</p>	
<p>Engaging Families and Staff in a NICU</p> <p>Medical social workers often engage with the families of infants, toddlers, and young children by using a multidisciplinary approach. This assignment is designed to help students think about how to fully engage in collaborative ways with families and medical staff in a hospital setting (see Appendix 6D).</p> <p>Background information: This case describes the delivery of a preterm infant. The infant's mother is a 28-year-old White woman, and his father is a 33-year-old Latino man. They have been married for 8 years and have three older children at home, ages 7, 5, and 2 years. Their 7-year-old has special needs and needs intensive home care. The father is employed as an administrator at an insurance company based out of their hometown. The mother works from home, where she is the primary caregiver for their children and is a salesperson for a beauty supply chain. The family lives about an hour and a half away from the hospital. At about 8 p.m. last night, the mother went into sudden preterm labor while out having dinner with family. The parents called a neighbor, who came to their home to watch the other children while they drove to the hospital.</p> <p>Both parents have been at the hospital since labor began. Their close relatives all live across the country. The baby's father has been calling neighbors to see whether he can pull together a tag team of care for the children until his sister can fly in from 300 miles away and care for them while both parents are at the hospital and, later, when the father has to return to work.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>

APPENDIX 6A: IN-CLASS REFLECTION EXERCISES

Individuals and families: Have students watch videos depicting caregiver– or family–infant interactions and then ask them to describe how the child may be feeling, how the parent may be feeling, and how the student is feeling as they watch the interaction.

- Describe the interactions you observe between the family members. Do you notice “serve and return” interactions? Do the family members appear to be attuned to each other’s emotions and cues?
- What questions come up for you, and what do you need to learn more about to better understand this family?
- Comment on your impression of each family member’s experiences, including the baby or young child.
- Describe your own reactions. What feelings were elicited in you as you watched?
- Which family members did you feel more empathic toward and why?
- Describe a time when you felt judgmental toward one or more of the family members. How could you reframe your judgment to be more open?
- Describe your perspectives, assumptions, and frames through which you observe this (and other) interactions and how they influence your impressions of the interaction.
- Imagine that you are attempting to engage this family in IECMH services. How would your observations of the family and your reflection on your own responses guide how you proceed in engaging with this family?

Groups: Provide the following case vignette and ask students to think about how each group member in the vignette may be feeling and how the student is feeling.

Vignette: A caregiver–infant playgroup meets weekly at 10 a.m. on Wednesdays and is facilitated by two IECMH social workers. The social workers intended to create a group that would include a culturally diverse population of parents and caregivers. Both social workers are not representative of the community being served. As they developed the model for the group they consulted only with social work colleagues. Although the playgroup is open to any caregiver and child 2 years old or younger, mothers are the only caregivers who ever attend. The group is composed of both Latina and White mothers. The group has been running for more than a year and has a core group of eight mothers who attend regularly and a few additional mothers

who attend at least once per month. The IECMH social workers notice that most of the mothers who do not attend regularly are Latina, and they begin to wonder whether there is something about the group that prevents these Latina mothers from engaging more fully in the group.

- Comment on your impression of how the IECMH social workers might be feeling and how members of each of the groups (i.e., Latina mothers and White mothers) might be feeling.
- What thoughts and feelings did you experience as you read through this vignette?
- Overall, what are your first hypotheses about why fathers have not attended the group and Latina mothers have not attended consistently?
- What could the social workers have done in the development phase of this group to promote cultural- and gender-inclusive participation?
- Often we see that we change the group to be responsive to whomever engages at the beginning. What recommendations do you have for the social workers to increase their ability to think about and work to engage the groups with lower attendance (i.e., fathers and Latina mothers)? What factors do you wonder about? How might you begin to understand the pattern?
- What cultural, psychosocial, and logistical factors might interfere with fathers and Latina mothers attending the group consistently? What barriers might be present?
- What engagement skills could be used to increase attendance and engagement for fathers and Latina mothers at the playgroup? How might the social workers evaluate their engagement efforts to determine the impact of their efforts?
- As you generate ideas about how the social workers could include fathers and Latina mothers, why do you think that they haven't instituted your ideas? What might be some internal biases of the social workers or systemic factors or inequities that keep the social workers from fully engaging with these groups to increase their participation?

Communities: Provide the following vignette of a community agency and ask students to think about whether and how the agency is responsive to the surrounding community in ways that either promote or do not promote successful engagement of the community.

Vignette: Two IECMH social workers are planning to establish a nonprofit agency for young children and their families in an urban setting where most members of the surrounding community are working-class, African American families. The IECMH social workers are middle-aged, middle-class, White women.

- What steps should the IECMH social workers take to ensure that their agency is responsive to the needs of the community?
- What problems or challenges might the social workers encounter in their efforts to establish an agency that is responsive to the needs of the community?
- Identify potential stakeholders (includes individuals, groups, communities, and organizations) who should be involved or consulted in the establishment of this nonprofit agency.

APPENDIX 6B: ENGAGEMENT VIGNETTE

Vignette: A family has been referred for infant mental health services by the mother's obstetrician because of her severe symptoms of depression. Kiera, an IECMH social worker, contacts the family via phone to schedule an initial visit. The mother (age 23 years), the father (age 25 years), and the 2-month-old infant are at home when she arrives. Kiera is greeted at the door by the mother, who is in her pajamas and looks exhausted. Upon entering, Kiera sees that the father is on a computer and appears to be very engaged in whatever he is working on. The baby is in a bassinet in the corner of the room and begins to fuss as Kiera enters the apartment. Kiera is eager to engage with both parents and the infant.

- What might Kiera have said during the phone contact to begin the engagement process and to help the family understand the family- and relationship-based nature of IECMH services?

- What factors do you see as challenges to engagement in this scenario?
- What factors do you see as opportunities for engagement in this scenario?
- If you were Kiera, what feelings might come up for you as you entered this home?
- What would you do or say first upon entering the home if you were Kiera?
- Watch this video clip and then talk about how your approach to engaging with this family might differ based on the racial background of the family and how the family might respond to you based on your racial background and theirs?
 - Bias is not just a police problem, it's a preschool problem (NPR):
<https://www.youtube.com/watch?v=ucEAcIMkS0c> [YouTube video, 2 min]
OR
<https://www.npr.org/transcripts/495488716> [transcript] OR
<https://www.npr.org/sections/ed/2016/09/28/495488716/bias-isnt-just-a-police-problem-its-a-preschool-problem> [NPR audio, 4 min]

APPENDIX 6C: HARD-TO-REACH FAMILY, GROUP, AND COMMUNITY VIGNETTES

Individual/Family Vignette: The Smith family lived on the top floor of an apartment building located two blocks from the Twin Towers in New York City when the buildings were attacked

and destroyed in 2001. At the time of the attack on the first building, Mary Smith, a 32-year-old mother of two small boys (Bobby, age 4, and Ralph, 18 months), was getting ready to leave her home to drop the boys off at daycare. The family's building shook from the shock waves coming from the attack, and Mary could see smoke and fire coming from the direction of the Twin Towers. She immediately called her neighbor next door and then turned on her television to determine what had happened. Jake, Mary's 35-year-old husband, is a paramedic and was on duty at the time. Mary was worried about how serious things were and whether Jake was safe.

Mary found herself paralyzed as she sat in front of the TV watching the news as events unfolded. Bobby kept saying, “Mommy! Look at the planes crashing!” as he made crashing noises and made his own toy cars crash into each other. Ralph was watching his mother’s wide eyes and began urgently tugging on her dress to get her attention. Within minutes, Mary received a knock on her door by a firefighter informing her that all residents must evacuate the building and move to a safe shelter. Mary hurried and gathered her children and their things. After spending more than half the day in a safe shelter with her sons, Mary finally heard from Jake. He was safe but would be spending long hours treating and transporting survivors to the local emergency room.

About 1 month later, the Smith family had resettled back at home and were struggling with reestablishing family routines. Mary was exhausted because of lack of sleep. Both boys were having trouble sleeping at night and were difficult to rouse in the morning. Jake seemed more withdrawn and was spending more time at work and away from the family. Bobby was having trouble in his preschool classroom, and his teachers reported several incidents where Bobby behaved aggressively toward his peers or disrupted class time. Ralph had grown clingy, with intense separation anxiety. He was also less verbal than he was just a month ago and had stopped using words to communicate his wants and needs. You are a social worker in an early intervention program, and the family has been referred to your program for a speech and language evaluation for Ralph.

- What are your own reactions and feelings as you read this case vignette?
 - Are there aspects of your own reactions that you might consider sharing with a reflective supervisor?
- What are the key areas the family wants to address?
- What are some of the key areas that you feel need to be addressed first?
- How might the fact that you are drawn to address particular issues be a barrier to engaging with the family?
- What skills might you use, keeping your own perceptions and assessment of the situation in mind, to remain genuinely open to listening to and validating the family’s primary concerns?

- How might you share your own initial impressions with the family while also incorporating their understanding of the problem as you begin to collaboratively work toward healing?

Group vignette: During the attack of 9/11/2001, the Twin Towers in New York and the Pentagon were attacked. There were childcare centers inside the Pentagon and across the street from the Twin Towers and a daycare center inside the Twin Towers. As an IECMH social worker, you are aware that the directors, teachers, and children in those and other centers were deeply affected by these events. Several weeks later, the daycares were reopened; the buildings had been checked for safety and repaired as needed. Parents often felt relieved that their children could return to the daycares and that things could get “back to normal.” With help from crisis response and stabilization experts, the teachers were able to reestablish routines, and they felt confident that they could help the children adjust in the first few weeks after they returned.

Parents, teachers, and center directors were less prepared for the long-term effects of this event on the children. Several months after the event, one of the childcare directors contacts you to support teacher management of multiple behavioral problems that many of the children are demonstrating.

- What are your own reactions and feelings as you read this vignette?
 - Are there aspects of your own reactions that you might consider sharing with a reflective supervisor?
- What are the key areas the teachers may want addressed?
- What are some of the key areas that you think need to be addressed first?
- How might the fact that you are drawn to address particular issues be a barrier to engaging with the center teachers?
- What skills might you use, keeping your own perceptions and assessment of the situation in mind, to remain genuinely open to listening to and validating the teachers’ primary concerns?
- How might you share your own initial impressions with the teachers while incorporating their understanding of the problem as you begin to work together toward healing?

- In what ways might you engage the childcare center by using principles of trauma- informed care?

Community vignette: As the weeks progress after the incident, more and more community leaders are discussing how to identify the needs of the community and how to provide resources to meet those needs. A group of social service agencies have agreed that canvassing the neighborhoods and having community members complete surveys is one of the best ways to gather information and make referrals. Your agency is focused on supporting families with infants, toddlers, and young children. When canvassing the neighborhoods, you notice quickly that community members are reporting they are “just trying to get back to normal” and want to move past the tragedies of the past several weeks. Many of the resources you offer regarding mental health services are not accepted by families, and one of the statements you frequently hear is “I am just so glad that the little ones are too young to remember any of this!” Although you want to remain genuinely open to listening to and validating the needs of the community members, as an IECMH social worker you also recognize an urgent need to inform the community about the risks associated with this level of trauma for young children and their caregivers. For this assignment, think about the ways in which you might engage the community in services to support positive mental health and development in families with infants, toddlers, and young children.

- What are your own reactions and feelings as you read this vignette?
 - Are there aspects of your own reactions that you might consider sharing with a reflective supervisor?
- What are the key areas the community members may want addressed?
- What are some of the key areas that you think need to be addressed first?
- How might the fact that you are drawn to address particular issues be a barrier to engaging with the community?
- What skills might you use, keeping your own perceptions and assessment of the situation in mind, to remain genuinely open to listening to and validating the community members’ primary concerns?

- In what ways might you use principles of trauma-informed care in conversations with community members?
 - Obtaining knowledge is a key practice area in social work. What information do you think you will need to gain in order to support the community in their understanding of the impact of trauma and chronic stress?
 - How might you use the knowledge you gain about trauma and stress to help community members understand early child development and the effects of trauma and stress on infants, toddlers, and young children?
- What skills do you think would be valuable when engaging families to complete the surveys as you go door to door in order to ensure that they feel supported, validated, and heard?
- Many community members did not accept referrals to mental health services because they wanted to “just move on.” How might you adapt your approach to offering resources in a way that could feel more inviting to community members?

APPENDIX 6D: NEONATAL INTENSIVE CARE UNIT VIGNETTE

Vignette: You are a medical social worker, and in addition to serving on the labor and delivery unit, you carry a caseload of NICU families. You arrive to work in the morning, and a social work consult is requested for a NICU family. You learn that a premature, low-birthweight male infant was admitted to the NICU earlier that morning and is assigned to you. You read through the medical chart and learn that the boy was born via cesarean at 25 and 4/7 weeks' gestation weighing 600 grams (1.3 pounds; a micropremie). The infant is on a high-frequency oscillatory ventilator (HFOV) with an umbilical arterial catheter and an umbilical venous catheter. HFOV is one of the highest levels of ventilator support. Umbilical catheters are central lines placed into the infant's umbilical cord. This NICU does not allow infants on HFOV or infants with umbilical lines to be held by their parents.

During your morning medical rounds in the NICU, the night shift nurse who admitted the infant pulls you aside to tell you about this family. She says this is a family who “will really need social work services.” She describes the mother as “an emotional basket case.” The nurse tells you the mother has been sobbing since the infant arrived and continues to ask the same questions that have already been answered for her several times. The nurse also tells you that the father seems “angry and detached” and that he keeps leaving the unit. The nurse predicts that “this dad probably won’t visit much after mom is discharged.”

Abdominal x-ray from earlier in the morning revealed the infant has a gastrointestinal (bowel) perforation. The NICU team is preparing for emergency surgery at the bedside. You schedule an urgent family meeting with the family, NICU staff, and surgical team to inform the parents that the baby needs emergency surgery. The parents appear fearful, sad, and anxious. The medical team describes the surgery, including the probable length of the surgery, the risks associated with this surgery, and the expected outcomes. The mother asks how this medical complication will affect her son’s chances of survival. The medical team states that cognitive and developmental problems are possible and that they cannot provide any guarantees about survival or outcome.

The mother seems to want to ask a follow-up question, but before she can articulate it, the medical team must leave to prep for the surgery. You contact pastoral care per request of the family for prayer and a brief bedside baptism. You offer support and make arrangements for overnight accommodations for the parents.

When you meet the parents later that day, the day shift nurse is present at the bedside and explaining the outcome of the surgery and the postsurgical care the baby will need. The surgeon met briefly with the parents immediately after the surgery, but they still have many questions. As you approach the parents, the mother and father are looking down at the baby in the isolette. The parents are not making eye contact or touching each other. The father is standing somewhat behind the mother, who is sitting in a wheelchair and appears weak and in a little discomfort, still recovering from the cesarean. Every time the breathing or heart rate monitor alarm goes off, the mother

and father are notably startled. You observe that the conversation is happening primarily between the mother and the nurse, and the father appears gaunt and frightened. As you monitor the family dynamics, the monitor alarms again, and with a loud and fearful-sounding voice (that could have been interpreted as angry or agitated) the father asks why the alarms keep going off and says, “Shouldn’t somebody be doing something if the alarm is going off?! How come nobody is over here helping?! Where is the doctor?!”

Dr. Cramer, the neonatal nurse practitioner, makes a visit to the bedside while you’re there. She asks how the parents are doing and what questions they have about their son. After she is done speaking with the parents and leaves, you remain at bedside and offer the parents the opportunity to talk at the bedside or in your office.

- Given the information provided in the vignette, what is your conceptualization of this case overall? What are the implications to IECMH?
- Describe your impressions of the mother’s experience (thoughts, feelings) and the father’s experience (thoughts, feelings). What are your concerns for this family?
- Is there any additional information you would want know about the parents or family?
- You will need to gather information from the parents about their situation. How will you ask them for this information while also building trust? How will you balance the need to gather information with the need to create a comfortable space for the parents and allow them to tell their story?
- What is your role as the social worker? Are there boundaries to your role in this case?
- The family will see you as part of the medical team. Is this a benefit or a challenge?
 - How might this affect how they react to you when you first meet them?
 - How do you describe your role within the medical team and with the family?

- How do you establish trust with the parents at the initial meeting and throughout the NICU course? Identify appropriate communication approaches and considerations. What is your approach to interacting with them, and what are important considerations when meeting with the family?
- Are there other professionals you would want to consult with and include in the interdisciplinary team?
- The medical team members are all very busy providing medical care to the infants in the NICU. As a result, it can sometimes be challenging to get information from them about the baby or about the family. What are good communication approaches between providers and families and among providers? How would you engage with each member of the medical team to gather information and to work collaboratively to meet the biopsychosocial needs of this family?
- What biases do you detect in the medical team in this case, and how might you keep these in mind and help mitigate the effects of these biases as you engage with the family?
- How will you be aware of your own biases in working with this family (i.e., implicit biases)?
- What will you do if a parent asks you a question that you don't know the answer to?



Competency 7

Assess Individuals, Families, Groups, Organizations, and Communities

The IECMH social worker assess infants, young children, their caregivers, families, and their environmental context comprehensively, from a strengths-based, developmentally informed, trauma-focused, culturally responsive, neurobiologically grounded, intergenerational, and relationship-based perspective. IECMH social workers respect all forms of family structure and understand that families define who is in their family. They assess multiple dimensions of development, specializing in social-emotional development and the quality of primary caregiving relationships, each primary caregiver's early relational history, psychosocial stressors, and protective factors. With specialized training, they assess clinical disorders of infancy and early childhood. IECMH social workers view assessment as a collaborative process with caregivers and often conduct assessments as part of an interprofessional team. They work to integrate their understanding of development with that of other specialists (e.g. developmental educators, speech and language pathologists, occupational therapists, physical therapists, pediatricians, psychologists, and psychiatrists).

IECMH social workers bring the voice of both the young child and the caregivers to the assessment process. They seek to understand the meaning of the child's behavior and reflect with others on what the child is trying to communicate through the language of their behavior. Using a transactional approach, they recognize the impact of the child on others and explore the caregivers' reactions, feelings, and thoughts.

IECMH social workers understand that although the early years are a sensitive period of development, early development is not deterministic. Because

development is complex and the young brain is especially malleable, it is possible for trajectories and diagnoses to change as a result of development, intervention, and changing environmental risk and protective factors.

IECMH social workers in consultation roles collaborate with the programs they serve to assess needs for consultation, develop consultation goals, identify specific consultation services to meet these goals, and identify markers for success.

Practitioners, administrators, and policymakers assess equitable access to high-quality IECMH services in communities and state systems and the availability of a specialized IECMH workforce. They recognize the importance of a relationship-based organizational climate at all levels and assess the availability of reflective supervision as an element of the IECMH service system.

COMPETENCY BEHAVIORS

- Demonstrate an understanding of how development unfolds across domains in relational and environmental contexts in children from birth to 60 months and use that knowledge for screening and identification of the need for additional developmental assessment.
- Demonstrate the ability to assess typical and atypical development, with special expertise in social-emotional development, understanding the meaning of the child's behavior and the quality of the child-parent or caregiver relationships; seek specialized training to assess clinical disorders in infancy and early childhood.
- Use a multidimensional, intersectional, and ecological approach to regularly assess factors affecting young children, caregivers, and extended relationships to understand risk and protective factors including experiences of racial trauma and other forms of oppression; use this assessment to inform formal diagnostic classifications and ongoing treatment.
- Use reliable and valid observations and assessments that are culturally and developmentally appropriate and take into consideration the infant or young child and the caregiver in the context of multiple specific

relationships. Value all forms of family and work in partnership with translators as needed so that the assessments can be offered in the caregiver’s or child’s preferred language.

- Develop skills in collaboration and communication with caregivers around assessment process and findings. Respect caregivers as having essential knowledge about the child and family that is critical to the assessment process. Communicate results in an empathic and clear way to caregivers, conveying direction, hope, and possibilities for change.
- Work successfully as part of an interprofessional team, clearly define roles, set mutual goals, recognize diverse expertise, share expertise, and help develop collaborative team processes.
- Develop self-reflective awareness of how one’s own biases, beliefs, and experiences affect the initial and ongoing assessment process; use reflective supervision to inform interpretation of both formal and informal assessments.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
<i>Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0– 5), Zero to Three, 2018.</i>	Knowledge Skills Cognitive and Affective Processes
Landy, S. (2009). <i>Pathways to competence: Encouraging healthy social and emotional development in young children</i> (2nd ed.). Paul H Brookes Publishing.	Knowledge Values Skills
Lewis, M. (2021). <i>Therapeutic cultural routines to build family relationships: Talk, touch and listen while combing hair</i> . Springer.	Knowledge Values

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Readings (continued)

Resource	Competency Dimension
BOOK CHAPTERS	
Boris, N. W., Renk, K., Lowell, A., & Kolomeyer, E. (2019). Parental substance abuse. In C. H. Zeanah (Ed.), <i>Handbook of infant mental health</i> (4th ed., pp. 187–202). Guilford Press.	Knowledge Values Skills
Brandt, K. (2014). Transforming clinical practice through reflection. In <i>Infant and early childhood mental health: Core concepts and clinical practice</i> (pp. 293–308). American Psychiatric Publishing.	Knowledge Values Skills
Calkins, S. D. (2015). Seeing infant development through a biopsychosocial lens. In S. D. Calkins (Ed.), <i>Handbook of infant biopsychosocial development</i> (pp. 3–10). Guilford Press.	Knowledge Values Skills
Dunn, W. (2000). A sensory processing approach to supporting infant-caregiver relationships. In A. J. Sameroff, S. C. McDonough, & K. L. Rosenblum (Eds.), <i>Treating parent infant relationship problems</i> (pp. 152–187). Guilford Press.	Knowledge Values Skills
Godoy, L., Davis, A., Heberle, A., Briggs-Gowan, M., & Carter, A. (2019). Caregiver report measures of early childhood social emotional functioning. In C. H. Zeanah (Ed.), <i>Handbook of infant mental health</i> (4th ed., pp. 259–278). Guilford Press.	Knowledge Values Skills
Heller, S. S. (2012). Reflective supervision. In S. J. Summers & R. Chazen-Cohen (Eds.), <i>Understanding early childhood mental health: A practical guide for professionals</i> (pp. 199–216). Paul H. Brookes Publishing.	Knowledge Values Skills
Keren, M., & Feldman, R. (2019). A community-based approach to infant mental health assessment: Infants and parents at high psychosocial risk. In R. DelCarmen-Wiggins & A. S. Carter (Eds.), <i>The Oxford handbook of infant, toddler and preschool mental health assessment</i> (pp. 419–435). Oxford University Press.	Knowledge Values Skills
Larrieu, J. A., & Bellow, S. M. (2004). Relationship assessment for young traumatized children. In J. D. Osofsky (Ed.), <i>Young children and trauma: Intervention and treatment</i> (pp. 155–172). Guilford Press.	Knowledge Values Skills
Larrieu, J. A., Middleton, M. A., Kelley, A. C., & Zeanah, C. H. (2019). Assessing the relational context of infants and young children. In C. H. Zeanah (Ed.), <i>Handbook of infant mental health</i> (4th ed., pp. 279–296). Guilford Press.	Knowledge Values Skills

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Readings (continued)

Resource	Competency Dimension
Lieberman, A. F., & Van Horn, P. (2008). The assessment process. In <i>Psychotherapy with infants and young children: Repairing the effects of stress and trauma on early attachment</i> (pp. 100–137). Guilford Press.	Knowledge Values Skills
Malik, N. M. (2012). The challenging child: Emotional dysregulation and aggression. In S. J. Summers & R. Chazan-Cohen (Eds.), <i>Understanding early childhood mental health: A practical guide for professionals</i> (pp. 25–39). Paul H. Brookes Publishing Co.	Knowledge Skills
McDermott, J. M., & Fox, N. A. (2019). Emerging executive functions in early childhood. In C. H. Zeanah (Ed.), <i>Handbook of infant mental health</i> (4th ed., pp. 120–133). Guilford Press.	Knowledge Values Skills
Murray, L., Halligan, S., & Cooper, P. (2019). Postnatal depression and young children's development. In C. H. Zeanah (Ed.), <i>Handbook of infant mental health</i> (4th ed., pp. 172–186). Guilford Press.	Knowledge Values Skills
Perry, B. D. (2014). The neurosequential model of therapeutics: Application of a developmentally sensitive and neurobiology-informed approach to clinical problem solving in maltreated children. In K. Brandt, B. D. Perry, S. Seligman, & E. Tronick (Eds.) <i>Infant and early childhood mental health: Core concepts and clinical practice</i> (pp. 21–54). American Psychiatric Publishing.	Knowledge Values Skills
Piccolo, L. R., & Noble, K. G. (2019). Poverty, early experience and brain development. In C. H. Zeanah (Ed.), <i>Handbook of infant mental health</i> (4th ed., pp. 157–170). Guilford Press.	Knowledge Values Skills
Rosenblum, K. L., Dayton, C. J., & Muzik, M. (2019). Infant social and emotional development: Emerging competence in a relational context. In C. H. Zeanah (Ed.), <i>Handbook of infant mental health</i> (4th ed., pp. 95–119). Guilford Press.	Knowledge Values Skills
Schechter, D. S., Willheim, E., Suardi, F., & Serpa, S. R. (2019). The effects of violent experiences on infants and young children. In C. H. Zeanah (Ed.), <i>Handbook of infant mental health</i> (4th ed., pp. 219–238). Guilford Press.	Knowledge Values Skills
Shah, P. E., Browne, J., & Poehlmann-Tynan, J. (2019). Prematurity: Identifying risks and promoting resilience. In C. H. Zeanah (Ed.), <i>Handbook of infant mental health</i> (4th ed., pp. 203–218). Guilford Press.	Knowledge Values Skills

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Readings (continued)

Resource	Competency Dimension
Zeanah, C. H. (2007). Constructing a relationship formulation for mother and child: Clinical application of the Working Model of the Child Interview. In D. Oppenheim & D. Goldsmith (Eds.), <i>Attachment theory in clinical work with children</i> (pp. 3– 30). Guilford Press.	Knowledge Values Skills
PEER-REVIEWED ARTICLES	
Newman-Morris, V., Zeanah, C. H., Carter, A. S., Cohen, J., Egger, H., Gleason, M. M., Keren, M., Lieberman, A., Mulrooney, K., & Oser, C. (2017). <i>Introducing a new classification of early childhood disorders: DC: 0–5™</i> . <i>Zero to Three</i> , 37(3), 11–17.	Skills Cognitive and Affective Processes
Warren, B., & Mares, S. (2009). Developing reflective skills in infant mental health postgraduate students: The Australian experience. <i>Infant Mental Health Journal</i> , 30(6), 621–633.	Knowledge
Media	
Resource	Competency Dimension
Centers for Disease Control and Prevention [CDC]. (2008, September 22). <i>Baby steps: “Learn the signs. Act early.”</i> [Video]. YouTube. https://www.youtube.com/watch?v=9lthxd5KWhw	Knowledge Skills
CDC. (2018, September 25). Milestones matter for families! [Video]. YouTube. In English: https://www.youtube.com/watch?v=S-OQXmjY53o In Spanish: https://www.youtube.com/watch?v=UMWLG4YWmTA	Knowledge Skills
CDC. (2020, October 21). <i>Concerned about your child's development?</i> [Video in ASL]. YouTube. https://www.youtube.com/watch?v=UMWLG4YWmTA	Knowledge Skills
CDC. (2021, March 25). <i>Learn the signs. Act early. One director's story</i> [Video]. YouTube. https://www.youtube.com/watch?v=lkzjPWvwt9k	Knowledge Skills
Crossley-Holland, D. (2020). <i>Babies</i> [Documentary series]. Netflix.	Knowledge Values Cognitive and Affective Processes
Harris, N. B. (2014, September). <i>How childhood trauma affects health across a lifetime</i> [Video]. TED. https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime	Knowledge Values Cognitive and Affective Processes

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Media (continued)

Resource	Competency Dimension
Thalenberg, E. (2004). <i>The baby human</i> [Documentary film]. Ellis Entertainment.	Knowledge Values Cognitive and Affective Processes
Thompson, R. [Zero to Three]. (2016, February 24). How emotional development unfolds starting at birth [Audio podcast episode]. In <i>Little Kids, Big Questions</i> . https://www.zerotothree.org/resources/276-how-emotional-development-unfolds-starting-at-birth	Knowledge Values Cognitive and Affective Processes
Zero to Three. (2016, February) <i>Brain, body and mind from birth to 3 years</i> [Video series]. https://www.zerotothree.org/resources/series/magic-of-everyday-moments#series-2-brain-body-and-mind-from-birth-to-3-years	Knowledge
Zero to Three. (2016, February 16). <i>Brain wonders: Nurturing healthy brain development from birth</i> [Video]. https://www.zerotothree.org/resources/156-brain-wonders-nurturing-healthy-brain-development-from-birth	Knowledge

Web Resources

Resource	Competency Dimension
Centers for Disease Control and Prevention [CDC]. (2021). CDC's Milestone Tracker app. https://www.cdc.gov/ncbddd/actearly/milestones-app.html	Knowledge
Clark, R., Gehl, M., Heffron, M. C., Kerr, M., Soliman, S., Shahmoon-Shanok, R., & Thomas, K. (2019). Mindful practices to enhance diversity informed reflective supervision and leadership. https://www.zerotothree.org/resources/3010-mindful-practices-to-enhance-diversity-informed-reflective-supervision-and-leadership	Knowledge Cognitive and Affective Processes
Haynes, L. (2020, February 6). Baby ACEs: When we consider the traumas that qualify as ACEs, babies need their own list. https://www.acesconnection.com/blog/baby-aces-when-we-consider-the-traumas-that-qualify-as-aces-babies-need-their-own-list	Knowledge
Zero to Three. (2020). Changes to the brain due to substance misuse and trauma [Webinar]. https://www.zerotothree.org/resources/3524-changes-to-the-brain-due-to-substance-misuse-and-trauma-considerations-for-the-global-pandemic	Knowledge

<i>Compendiums of Screening and Assessment Tools</i>	
Resource	Competency Dimension
Center of Excellence for Infant and Early Childhood Mental Health Consultation. (2014). Measures used to evaluate outcomes in IECMHC. https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/measures-used-evaluate-outcomes-iecmhc.pdf	Knowledge
Child Trends. (2016). Characteristics of existing measures of social and emotional development in early childhood. https://www.childtrends.org/wp-content/uploads/2016/09/2016-42Char_Existing_Measures_EC_SocEmotDev.pdf	Knowledge
Child Trends. (2016). Inventory of measures of social and emotional development in early childhood. https://www.childtrends.org/wp-content/uploads/2016/09/2016-41ECSocEmotMeasuresInventory.pdf	Knowledge
Child Trends. (2017). Child well-being: Constructs to measure child well-being and risk and protective factors that affect the development of young children. https://www.childtrends.org/wp-content/uploads/2017/03/2016-61ConstructsMeasureChildWellbeing.pdf	Knowledge
National Child Traumatic Stress Network. (n.d.). All measure reviews. https://www.nctsn.org/treatments-and-practices/screening-and-assessments/measure-reviews/all-measure-reviews	Knowledge

<i>Class Exercises and Learning Activities (online and in person)</i>	
Resource	Competency Dimension
<p>Self-reflection in Assessment 1</p> <p>Carcamo, R. A., van der Veer, R., & van IJzendoorn, M. H. (2014). The validity of the Massie–Campbell Attachment During Stress Scale. <i>Journal of Child and Family Studies</i>, 23, 767–775.</p> <p>Read the article. In class, view a video of an upset infant with a caregiver (there are many available on YouTube). Have students write their initial impressions, including what they thought and how they felt. Pair with another student and share responses. Discuss as a class. Then watch the video a second time and code it using the Massie–Campbell scale. Have students share their scores and discuss the range of scores and the skill it takes to accurately assess a parent–infant relationship.</p>	<p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>Self-reflection in Assessment 2</p> <p>Watch an episode of the documentary <i>Babies</i>. Ask students to create two columns on a piece of paper. One should be for their internal emotions and reactions and the other for the questions or observations of the babies, their families, and their cultures.</p>	<p>Values</p> <p>Cognitive and Affective Processes</p>

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Class Exercises and Learning Activities (continued)

Resource	Competency Dimension
<p>Intersectionality and Bronfenbrenner's Model</p> <p>Have students watch the TED Talk "The Urgency of Intersectionality." In class, use Bronfenbrenner's Ecological Model for students to plot their own intersectional identities. Process what emotions this evokes for students. What did they learn about themselves? Others?</p>	Cognitive and Affective Processes

Assignments

Resource	Competency Dimension
<p>Observation Practice</p> <p>Observe a parent and child interacting in a natural environment, such as a grocery store line or a park; online options such as YouTube videos and TV shows could also be used. It is not recommended to practice observation with dyads who are known, such as family and friends.</p> <ol style="list-style-type: none"> 1. After the observation, write a detailed description of the behaviors you observed in the parent, the child, and the interaction between them. Be sure to attend to nuanced observations, such as tone and volume of voice, facial expressions, and body movements. 2. Describe the affect you observed in the dyad. Was there shared affect? How was affect expressed? Include observations about intensity, overall affective tone, and range of emotions expressed. 3. What context was missing from your observation? What additional pieces of information would you need to formulate an assessment of the health of the parent-child relationship you observed? 4. What did you notice about your reaction to observing this parent-child relationship? How did you feel? Did you notice any bias in yourself toward the caregiver's perspective or the child's perspective? 	Skills Cognitive and Affective Processes
<p>Paper Assignment</p> <p>Child Trends. (2017). Child well-being: Constructs to measure child well-being and risk and protective factors that affect the development of young children. https://www.childtrends.org/wp-content/uploads/2017/03/2016-61ConstructsMeasureChildWellbeing.pdf</p> <p>Read pages 4-11 and review Table C. Divide the class into two groups (for risk factors and protective factors). Subdivide the groups into relational/family and contextual/community factors. Students should pick one construct for their risk/protective factor, conduct a short literature search, and write a mini-paper about what they learned. Then students should share within their groups, and then groups can work together to develop a short presentation for the class about that risk or protective factor.</p>	Knowledge Values Skills Cognitive and Affective Processes

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Assignments (continued)

Resource	Competency Dimension
<p>Fuller, B., Bridges, M., & Land, A. (2020). What policies advance infants and toddlers? Evidence to inform state and federal options. SRCD Policy Report, 33(1), 1-43.</p> <p>Visit the following websites:</p> <p>https://prosperitynow.org/putting-prosperity-within-reach-how-do-i-advocate-for-policy-change</p> <p>https://www.ncsl.org/research/telecommunications-and-information-technology/ncsl-50-state-searchable-bill-tracking-databases.aspx</p>	<p>Skills</p> <p>Cognitive and Affective Processes</p>

Field Activities

Resource	Competency Dimension
<p>Observation</p> <p>Observe a staff clinician conduct an initial assessment of a parent-child relationship.</p> <ol style="list-style-type: none"> 1. In behavioral terms, describe the interaction you observed between the parent and the child. 2. When the clinician interviewed the parent about the child and her or his relationship with the child, what narrative themes did you notice? 3. What information did the clinician gather about the context of the parent-child relationship (e.g., family, community, culture)? 4. Name the risk and protective factors, strengths, and challenges that this parent-child dyad is experiencing. 5. Write a formulation of this parent-child relationship. 6. What did you notice about your reaction to observing this parent-child relationship? How did you feel? Did you notice any bias in yourself toward the caregiver's perspective or the child's perspective? 	<p>Knowledge</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>Parenting in Practice</p> <p>Have students observe a variety of family sessions and consider the parenting qualities they see. Ask students to reflect on their experience of being parented. What beliefs do students have about how children should be raised? Are there cultural aspects or assumptions to those beliefs? What could parenting look like that is healthy but different?</p>	<p>Values</p> <p>Cognitive and Affective Processes</p>



Competency 8

Intervene With Individuals, Families, Groups, Organizations, and Communities

IECMH social workers use a relationship-focused, culturally relevant, anti-racist, and anti-oppressive approach to work with families of young children. Grounded in an understanding of the primary importance of healthy, secure relationships for optimal growth and development, IECMH practitioners intervene to promote and strengthen caregiver–young child relationships. Central to supporting caregiver–infant or toddler relational health, specific IECMH knowledge includes an understanding of how past relationships influence current caregiving capacity and how to help caregivers gain an understanding of the nature and roots of particular feelings underlying relationships. In addition, IECMH social workers help parents recognize how previous ways of coping may no longer be necessary and attend to parallel process in their efforts to support parental reflective functioning (e.g., understanding meaning of behavior and its mutual impacts) and affect regulation skills.

Social workers specializing in IECMH are informed by attachment theory, psychodynamic theory, cognitive–behavioral theory, developmental neuroscience, trauma theory, anti-oppressive practice, and sociocultural and ecological models and are able to apply that knowledge to guide intervention with young children and their families while keeping the centrality of relationships in mind. They actively acquire knowledge and skills that enable them to maintain a position of cultural humility in their work, which they integrate into all service delivery models. They are open to learning about nontraditional ways of healing and how they are meaningful to families. IECMH social workers bring a macro lens to all clinical interventions with individuals and families and consider structural barriers in intervention planning.

In practice, the IECMH social worker bears in mind the power of language and the impact of comments, observations, and intervention strategies on the developing parent–child relationship and strives to do nothing to harm or undermine parental competence. Practitioners apply observation, assessment, and clinical diagnostic skills to carefully choose evidence- and practice-based interventions at the micro, mezzo, and macro levels, with particular attention to the most appropriate intervention strategies according to the caregiver and infant or young child’s developmental capacity, needs, and cultural perspectives. IECMH intervention supports caregivers, infants, and young children in understanding, expressing, and regulating their emotions. In order to tolerate strong emotions and to co-regulate others, social workers must develop and sustain their capacity to be aware of and modulate their own emotional responses, including their understanding of their power and impact on the family. With this understanding, IECMH practitioners value and engage in ongoing reflective practice, including regular reflective supervision/consultation.

COMPETENCY BEHAVIORS

- Value the power of relationships (e.g., caregiver–child, caregiver–child–provider, dyad or triad and social worker, social worker–reflective consultant or supervisor) in supporting healthy developmental, emotional, and mental health outcomes.
- Notice and regulate both comfortable and uncomfortable emotions in themselves and in the child, caregivers, and family members in support of the development and maintenance of relationships.
- Apply evidence-informed frameworks (e.g., developmental neuroscience, attachment theory, cultural context, and trauma theory) to intervention planning; seek training in evidence-based treatment models (e.g., Child–Parent Psychotherapy, Mom Power, Circle of Security, Parent–Child Interaction Therapy, Attachment and Bio-Behavioral Catch-up).
- Partner with families to develop intervention plans that are relationship focused and specifically tailored to meet the family’s individual needs, desires, culture, and experience.

- Recognize, assess, and intervene in attachment difficulties and disorders. Specific strategies include creating space to experience painful feelings including anger, hurt, sadness, loss, and grief and putting words to these experiences; and understanding that relationships are specific and considering the influence of each caregiver's relational history and experiences as affecting their capacity to appropriately meet their child's needs.
- Engage caregivers as partners in understanding the infant or young child through the ongoing use of empathic inquiry, curiosity, active listening, and collaborative exploration.
- Engage in self-reflection through regularly scheduled reflective supervision and case consultation to understand thoughts, feelings, and actions in self and others; use supervision to explore how they may be perceived by clients and develop the capacity to acknowledge and explore differences that may affect the helping relationship.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
BOOKS	
Davies, D., & Troy, M. F. (2020). <i>Child development: A practitioner's guide</i> . Guilford Press.	Knowledge
Dozier, M., & Bernard, K. (2019). <i>Coaching parents of vulnerable infants: The attachment and biobehavioral catch-up approach</i> . Guilford Press.	Skills Cognitive and Affective Processes
Foley, G. M., & Hochman, J. D. (2006). <i>Mental health in early intervention: Achieving unity in principles and practice</i> . Brookes Publishing.	Knowledge Skills
Heffron, M C., & Murch, T. (2010). <i>Reflective supervision and leadership in infant and early childhood programs</i> . Zero to Three.	Knowledge Skills Cognitive and Affective Processes

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Readings (continued)

Resource	Competency Dimension
Heller, S., & Gilkerson, L. (2011). <i>A practical guide to reflective supervision. Zero to Three.</i>	Knowledge Skills Cognitive and Affective Processes
Johnston, K., & Brinamen, C. (2006). <i>Mental health consultation in child care: Transforming relationships among directors, staff, and families. Zero to Three.</i>	Knowledge Values Skills
Korfmacher, J. (2014). <i>Infant, toddler, and early childhood mental health competencies: A comparison of systems. Zero to Three.</i> https://www.zerotothree.org/resources/121-infants-toddlers-and-early-childhood-mental-health-competencies-a-comparison-of-systems	Knowledge
Lieberman, A.F. (2018). <i>The emotional life of the toddler.</i> Simon & Schuster.	Knowledge
Lieberman, A. F., Compton, N. C., Van Horn, P., & Ghosh Ippen, C. (2003). <i>Losing a parent to death in the early years: Guidelines for the treatment of traumatic bereavement in infancy.</i> Zero to Three.	Knowledge Skills Cognitive and Affective Processes
Lieberman, A. F., Diaz, M. A., Castro, G., & Bucio, G. O. (2020). <i>Make room for baby: Perinatal child–parent psychotherapy to repair trauma and promote attachment.</i> Guilford Press.	Knowledge Skills
Lieberman, A. F., Ghosh Ippen, C., & Van Horn, P. (2015). <i>Don't hit my mommy: A manual for child–parent psychotherapy for young children exposed to violence and other trauma.</i> Zero to Three.	Knowledge Skills
Lieberman, A. F., & Van Horn, P. (2011). <i>Psychotherapy with infants and young children. Repairing the effects of stress and trauma on early attachment.</i> Guilford Press.	Knowledge Skills
Maldonado-Duran, J. M., Jiménez-Gómez, A., Maldonado-Morales, M. X., & Lecannelier, F. (Eds.). (2019). <i>Clinical handbook of transcultural infant mental health.</i> Springer.	Knowledge Values Skills
Osofsky, J. D. (2011). <i>Clinical work with traumatized young children.</i> Guilford Press.	Skills Cognitive and Affective Processes

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Readings (continued)

Resource	Competency Dimension
Osofsky, J. D., Stepka, P. T., & King, L. S. (2017). <i>Treating infants and young children impacted by trauma: Intentions that promote healthy development</i> . American Psychological Association.	Skills Cognitive and Affective Processes
Powell, B., Cooper, G., Hoffman, K., & Marvin, B. (2013). <i>The circle of security intervention: Enhancing attachment in early parent-child relationships</i> . Guilford Press.	Knowledge Skills
Seligman, S. (2017). <i>Relationships in development: Infancy, intersubjectivity, and attachment</i> . Routledge Press.	Knowledge
Shirilla, J. J., & Weatherston, D. (Eds.). (2002). <i>Case studies in infant mental health: Risk, resilience, and relationships</i> . Zero to Three.	Knowledge
St. John, M. S. (2019). <i>Focusing on relationships: An effort that pays: Parent-child relationship competencies-based assessment, treatment planning, documentation, and billing</i> . Zero to Three.	Knowledge Skills
Stroud, B. (2012). <i>How to measure a relationship: A practical approach to dyadic interventions</i> . Create Space Independent Publishing.	Skills
Trout, M. (2019). <i>This hallowed ground: Four decades in infant mental health</i> . [Audiobook]. Michigan Association of Infant Mental Health.	Knowledge
PEER-REVIEWED ARTICLES	
Jessing, B. & Cole-Mossman, J. (2020) <i>The Warmest Handoff: Using Child-Parent Psychotherapy to ease placement transitions</i> . Zero to Three, 40(6), 43-48.	Knowledge Values Cognitive and Affective Processes Skills
Fraiberg, S., Adelson, E., & Shapiro, V. (1975). Ghosts in the nursery: A psychoanalytic approach to the problem of impaired infant-mother relationships. <i>Journal of the American Academy of Child Psychiatry</i> , 14, 387-421.	Knowledge
Frame, L., Ivins, B., Wong, L., & Cantrell, S. (2015). Therapeutic guidance for infants and families: Using multifamily groups as an extension of child-parent psychotherapy. <i>Zero to Three</i> , 35(6), 2-9.	Knowledge Values Skills Cognitive and Affective Processes

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Readings (continued)

Resource	Competency Dimension
Gilkerson, L., Hofherr, J., Steier, A., Cook, A., Arbel, A., Heffron, M. C., Murphy Sims, J., Jalowiec, B., Bromberg, S. R., & Paul, J. J. (2012). Implementing the Fussy Baby Network® approach. <i>Zero to Three</i> , 33(2), 59-65.	Knowledge Values Cognitive and Affective Processes
Heffron, M.C., Gilkerson, L., Cosgrove, K., Heller, S.S., Imberger, J., Leviton, A., Mueller, M., Norris-Shortle, C., Phillips, C., Spielman, E. &Wasserman, K. (2016). Using the FAN approach to deepen trauma-informed care for infants, toddlers and families. <i>Zero to Three</i> , 36(6), 27-35.	Knowledge Values Cognitive and Affective Processes Skills
Hoye, J. R., & Dozier M. (2018). Implementing attachment and biobehavioral catch-up with birth parents: Rationale and case example. <i>Journal of Clinical Psychology</i> , 74, 1300-1307.	Skills
Lewis, M. L., Noroña, C. R., McConnico, N., & Thomas, K. (2013). Colorism, a legacy of historical trauma in parent- child relationships: Clinical, research, and personal perspectives. <i>Zero to Three</i> , 34(2), 11-23.	Knowledge Cognitive and Affective Processes
Lieberman, A. F., Padron, E., Van Horn, P., & Harris, W. W. (2005). Angels in the nursery: Intergenerational transmission of benevolent parental influences. <i>Infant Mental Health Journal</i> , 26(6), 504-520.	Values
Lieberman, A. F., & Van Horn, P. (2013) Infants and young children in military families: A conceptual model for intervention. <i>Clinical Child and Family Psychology Review</i> , 16(3), 282-293.	Knowledge Skills Cognitive and Affective Processes
Many, M. M., Kronenberg, M. E., & Dickson, A. B. (2016). Creating a “nest” of emotional safety: Reflective supervision in a child-parent psychotherapy case. <i>Infant Mental Health Journal</i> , 37(6), 717-727.	Knowledge Skills Cognitive and Affective Processes
Parlakian, R., & Kinser, K. (2019). Early connections last a lifetime: Four programs focused on supporting prenatal attachment. <i>Zero to Three</i> , 39(5), 15-21.	Knowledge

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Readings (continued)

Resource	Competency Dimension
Pawl, J. (1995). The therapeutic relationship as human connectedness: Being held in another's mind. <i>Zero to Three</i> , 15(4), 1-5.	Knowledge
Ribaudo, J. (2016). Restoring safety: An attachment-based approach to clinical work with a traumatized toddler. <i>Infant Mental Health Journal</i> , 37, 80-92.	Knowledge Skills
Slade, A. (2002). Keeping the baby in mind. <i>Zero to Three</i> , 6, 10-15.	Knowledge
Valado, T., Tracey, J., Goldfinger, J., & Briggs, R. (2019). HealthySteps: Transforming the promise of pediatric care. <i>The Future of Children</i> , 29(1), 99-122.	Knowledge
Weatherston, D. J., Ribaudo, J., & Michigan Collaborative for Infant Mental Health Research. (2020). The Michigan Infant Mental Health Home Visiting Model. <i>Infant Mental Health Journal</i> , 41(2), 166-177.	Knowledge
BOOK CHAPTERS	
Brandt, K. (2013). Core concepts in infant- family and early childhood mental health. In K. Brandt, B. D. Perry, S. Seligman, & E. Tronick (Eds.), <i>Infant and early childhood mental health: Core concepts and clinical practice</i> (pp. 1-20). American Psychiatric Publishing.	Knowledge
Gilkerson, L., & Gray, L. (2014). Fussy babies: Early challenges in regulation, impact on the dyad and the family, and longer-term implications. In K. Brandt, B. D. Perry, S. Seligman, & E. Tronick (Eds.), <i>Infant and early childhood mental health: Core concepts and clinical practice</i> (pp. 195-208). American Psychiatric Publishing.	Knowledge Values
Morris, A. S., Treat, A., Hays-Grudo, J., Chesher, T., Williamson, A. C., & Mendez, J. (2018). Integrating research and theory on early relationships to guide intervention and prevention. In A. S. Morris & A. C. Williamson (Eds.), <i>Building early social and emotional relationships with infants and toddlers</i> (pp. 1-25). Springer.	Skills Cognitive and Affective Processes
Perry, B. (2006). Skin hunger. In B. Perry & M. Szalavitz (Eds.), <i>The boy who was raised as a dog</i> (pp. 81-98). Basic Books.	Knowledge
Powell, B., Cooper, G., Hoffman, K., & Marvin, R. (2007). The circle of security project: A case study, "It hurts to give that which you did not receive." In D. Oppenheim & D. Goldsmith (Eds.), <i>Attachment theory in clinical work with children</i> (pp. 172-202). Guilford Press.	Knowledge

<i>Videos</i>	
Resource	Competency Dimension
Feldman, R. [Simms/Mann Institute]. (2016, November 21). <i>Synchrony and the neurobiology of attachment</i> [Video, 24 min]. YouTube. https://www.youtube.com/watch?v=ZaX02XQV09I	Knowledge
Lieberman, A. [Simms/Mann Institute]. (2016, November 21). <i>Dyadic intervention</i> [Video, 20 min]. YouTube. https://www.youtube.com/watch?v=IQcKdFz3CaA	Knowledge
Lieberman, A., & Oppenheim, D. [Center for the Study of Child Development]. (2019, November 25). <i>Ghosts and angels in the nursery</i> [Video, 25 min]. YouTube. https://www.youtube.com/watch?v=hHrR3kJoOg0	Knowledge
Stroud, B. [Dr. Barbara Stroud]. (2019, July 6). <i>Social emotional development: Part one</i> [Video, 3 min]. YouTube. https://www.youtube.com/watch?v=KXTSoyz9It0	Knowledge
Stroud, B. [Dr. Barbara Stroud]. (2020, January 3). <i>Using reflective practice to examine microaggressions</i> [Video, 12 min]. YouTube. https://www.youtube.com/watch?v=ffE2oyOGeQA	Values Skills Cognitive and Affective Processes
Stroud, B., & Njoroge, W. [Dr. Barbara Stroud]. (2020, June 11). <i>Teaching children about race</i> [Video, 43 min]. YouTube. https://www.youtube.com/watch?v=n28I7F6GcPI	Values Skills
Weatherston, D. [Te Pou]. (2015, May 19). <i>Infant mental health: The gift of love: Part one</i> [Video, 16 min]. YouTube. https://www.youtube.com/watch?v=7lfSMqD7Y5A&t	Knowledge
Weatherston, D. [Te Pou]. (2015, May 19). <i>Infant mental health: The gift of love: Part two</i> [Video, 17 min]. YouTube. https://www.youtube.com/watch?v=5PEgR6xfHRI	Knowledge

<i>Web-based Trainings</i>	
Resource	Competency Dimension
Alliance for the Advancement of Infant Mental Health. (n.d.) <i>Approved on-demand training opportunities for endorsement.</i> https://www.allianceaimh.org/online-trainings	Skills
Center of Excellence for Infant and Early Childhood Mental Health Consultation. (n.d.). Virtual trainings portal. https://www.iecmhc.org/virtual-trainings-portal/	Skills
Centers for Disease Control and Prevention [CDC]. (2018, October 19). We all have a role in preventing ACEs [Training modules]. https://vetoviolence.cdc.gov/apps/aces-training/#/	Knowledge
Home Office Early Intervention Youth Fund. (n.d.). ACEs: Introduction to adverse childhood experiences: Early trauma online learning. https://www.acesonlinelearning.com/	Knowledge
National Child Stress Traumatic Network [NCTSN]. (2016). Working with parents involved in the child welfare system. https://www.nctsn.org/resources/working-parents-involved-child-welfare-system	Knowledge
NCTSN. (2018). Attachment vitamins: Interactive course on early childhood attachment, stress, and trauma. https://www.nctsn.org/resources/attachment-vitamins-interactive-course-early-childhood-attachment-stress-and-trauma	Knowledge
Parent–Child Interaction Training. (n.d.). Certification in PCIT therapy. https://www.pcit-training.com/	Knowledge Skills
University of California at Davis. (n.d.). Parent-child interaction therapy webcourse. https://pcit.ucdavis.edu/pcit-web-course/	Knowledge
<i>Web Resources</i>	
Resource	Competency Dimension
Center on the Developing Child. (n.d.). Brain architecture. https://developingchild.harvard.edu/science/key-concepts/brain-architecture/	Knowledge
Center on the Developing Child. (n.d.). A guide to executive function. https://developingchild.harvard.edu/guide/a-guide-to-executive-function/	Knowledge

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Web Resources (continued)

Resource	Competency Dimension
Center on the Developing Child. (n.d.). A guide to toxic stress. https://developingchild.harvard.edu/guide/a-guide-to-toxic-stress/	Knowledge
Ippen, C. G. (n.d.). Our stories. https://piploproductions.com/stories/	Knowledge
Ippen, C. G. [Piplo Productions]. (2017, February 15). The story of the O's [Video, 3 min]. YouTube. https://www.youtube.com/watch?v=WduRSvltVfA	Knowledge
Ippen, C. G. [Piplo Productions]. (2018, July 16). When we are scared, by Chandra Ghosh Ippen [Video, 48 min]. YouTube. https://www.youtube.com/watch?v=DcAPbDpgoso	Knowledge
Irving Harris Foundation. (n.d.). Meaningful family time suite of resources. https://www.irvingharrisfdn.org/meaningful-family-time/	Knowledge
Lieberman, A. [Child-Parent Psychotherapy]. (2019, September 20). Childhood trauma and adult patterns [Video]. YouTube. https://www.youtube.com/watch?v=XHFGYsQ4hNY	Knowledge
Lieberman, A. [Child-Parent Psychotherapy]. (2019, September 20). Child-parent psychotherapy: A two-generation approach [Video]. YouTube. https://www.youtube.com/watch?v=gg6sqCEMj6A	Knowledge
Lieberman, A. [Child-Parent Psychotherapy]. (2019, September 20). How does trauma affect relationships? [Video]. YouTube. https://www.youtube.com/watch?v=WBB_bRRElbg	Knowledge
National Child Welfare Workforce Institute. (n.d.). Resource library. https://www.ncwwi.org/index.php/resourcemenue/resource-library	Knowledge
Sesame Workshop. (n.d.). Sesame Street in communities: Explore topics. https://sesamestreetincommunities.org/topics/	Knowledge
Sojourn Psychology. (2016, December 29). Happy healthy little ones: Circle of security parenting “Being with” and “Shark music” [Video, 5 min]. YouTube. https://www.youtube.com/watch?v=Vy3EwAQOlwo	Knowledge
Zero to Three. (2020). The Safe Babies Court Team approach: Core components and key activities. https://www.zerotothree.org/resources/1655-the-core-components-of-the-safe-babies-court-team-approach	Knowledge

<i>Podcasts</i>	
Resource	Competency Dimension
Davenport, D. (Executive Producer). (2013– 2021). <i>Creating a family: Talk about adoption and foster care</i> [Audio podcast]. https://creatingafamily.org/category/radio-show/	Knowledge
Hammond, C. (Executive Producer). (2016– 2017). <i>Child in mind</i> [Audio podcast]. Anna Freud National Centre for Children. https://www.annafreud.org/what-we-do/schools-in-mind/expert-advice-and-guidance/child-in-mind-podcasts/	Knowledge
MacPherson, G. (Executive Producer). (2014– 2021). <i>The trauma therapist podcast</i> [Audio podcast]. https://www.thetraumatheapistproject.com/podcasts/	Knowledge
Murphy, A. P. (Executive Producer). (2016). <i>Little kids, big questions</i> [Audio podcast]. Zero to Three. https://www.zerotothree.org/resources/series/little-kids-big-questions-a-parenting-podcast-series	Knowledge
Pfitzer, S. (Executive Producer). (2020). <i>The brain architects podcast</i> [Audio podcast]. Center on the Developing Child. https://developingchild.harvard.edu/resourcecategory/multimedia/	Knowledge

<i>Class Exercises</i>	
Resource	Competency Dimension
<p>Using Case Conceptualization to Inform Intervention</p> <p>Present students with a short video or vignette of a young child. As a class, students will first review the child and family's relational dynamics and presenting concerns as the instructor lists them on a real or virtual whiteboard. Then, students will split into small groups in person or in virtual break-out rooms and identify two or three relevant IECMH theories that would help them make sense of the child and family's presenting issues. As a team, students will work on how they might interpret the child's presenting behaviors and relational experiences through the lens of different IECMH theories, including attachment theory and family systems theory. Afterwards, students will develop possible intervention targets (ports of entry) and strategies from these different conceptualizations. Students then come back to the larger group and share aloud as an entire class, and the instructor shares their examples as well. This exercise helps students try on different theories and practice the skill of theory-based case conceptualization. This exercise also reinforces the link between case conceptualization and intervention and raises questions about the implications of different theoretical orientations.</p>	<p>Skills</p> <p>Cognitive and Affective Processes</p>

(continued)

Class Exercises (continued)

Resource	Competency Dimension
<p>Communicating With Young Children About a Transition</p> <p>For this exercise, students are presented with a clinical case vignette about a child in foster care who is transitioning (to an adoptive home or a reunification). The purpose of this in class exercise is to give students the opportunity to think through the main ideas to be communicated to the child about what is happening. After reviewing the case as a class, students should work in dyads or triads by using a “communicating with young children about a transition” worksheet with the following categories:</p> <ul style="list-style-type: none"> • Main ideas to communicate to this child (in adult language) • Child-centered language that can be used for each of those identified ideas • Actions or behaviors that can be used to communicate those ideas (in addition to verbal communication) <p>The age of the child in the vignette can be varied to challenge students to think about developmentally appropriate language or for use with preverbal children. Students should then come back together to share their responses with the whole class. This exercise is done to encourage trying on child-centered language and helping to support all efforts.</p> <p>This is also about understanding the challenges of foster care, including responsibility for telling the child what is happening (e.g., the foster parent, biological parent, child welfare worker, therapist).</p>	<p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>Assessing for Risk: How and When to Intervene</p> <p>This whole-class exercise builds on clinical thinking related to when (and whether) to intervene. Read from Anne Lamott’s book <i>Operating Instructions</i> (Anchor Books, 1989), section on pp. 36–38. In this section she describes her baby’s colic and her own internal mental state after an hour and how she starts to lose her composure. This exercise could also be done while playing the sound of a baby with colic (https://www.youtube.com/watch?v=_AUtYTaYMrE&t=20s). After reading the text, ask the class who is worried about this mother and who is not (show of hands). Start with the worried group and have students talk about why they are worried and how or what they are thinking about this mother. Then move to the not-worried group and do the same. Use the variation in responses to illustrate how we hold an “assessment state of mind” as we listen to parents and think about how we might respond in the room with this parent.</p> <p>This exercise can also be used to talk about our own use of self (what we bring, what gets stirred up) and how or why some people are worried and others less worried in this situation.</p>	<p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>

(continued)

Class Exercises (continued)

Resource	Competency Dimension
<p>Use of Self in Intervention: What Do I Bring?</p> <p>This exercise underscores the importance of self-awareness and knowing what we bring to parent engagement and intervention. The class needs to be in active discussion about culture and diversity and about understanding our own lens as people with power who are partnering and intervening with parents. The intent of this exercise is to slow down and give students a chance to explore with each other how they were raised and how that may shape their own view of how they understand parents. The instructor can start by asking broad questions of the whole group: How many people had their own room growing up? How many of you spent time with grandparents? Students can then be given a often helps if the instructor models some of this discussion by starting with how they were raised and how they understand that in terms of their own family culture or ethnic and racial culture. Students can form small groups (no more than four people) and should be given at least 25 minutes to have a conversation. Then, groups can come back together to share and appreciate the range of childrearing strategies just in the room. The likely variability can be linked to how we think about what we see and talk about with families and the importance of self-reflection in knowing how this could shape our biases.</p> <p>simple list of things to think about: How were children disciplined in your family? What was the role of food and eating, and were there family mealtimes? Did parents and children eat together? Where did everyone sleep? Did you have your own room or share a room or a bed? Were there gender-based differences and expectations in your family? What language did you speak at home? How was education thought about? What about play? Chores? It often helps if the instructor models some of this discussion by starting with how they were raised and how they understand that in terms of their own family culture or ethnic and racial culture. Students can form small groups (no more than four people) and should be given at least 25 minutes to have a conversation. Then, groups can come back together to share and appreciate the range of childrearing strategies just in the room. The likely variability can be linked to how we think about what we see and talk about with families and the importance of self-reflection in knowing how this could shape our biases.</p>	<p>Values</p> <p>Cognitive and Affective Processes</p>

Assignments	
Resource	Competency Dimension
<p>Supervision and Reflective Practice</p> <p>Reading: Parakian, R. (2001). <i>Reflective supervision in practice: Stories from the field</i>. Zero to Three.</p> <p>Ask students to write one to two paragraphs of reflection that they will post to an online discussion board.</p> <p>Instructions: Think about your experiences with a supervisor (a social work supervisor at your internship or another work supervisor). Describe a time when you had an experience with a supervisor that made a difference in your work or that changed your feelings about yourself as a worker in that setting. Try to provide an example of a time when your work became stronger or you became more confident because of a supervisor. Provide specific examples of the context, of what the supervisor did or said, and of why it helped you. If you like, you can also share an example of a less successful situation. Connect what happened in that interaction to the reading on reflective supervision.</p>	<p>Cognitive and Affective Processes</p>
<p>Understanding Diversity in Families' Goals for Their Children</p> <p>Reading: LeVine, R. A. (2003). Parental goals: A cross-cultural view. In R. A. LeVine (Ed.), <i>Childhood socialization: Comparative studies of parenting, learning and educational change</i> (pp. 75–78). Comparative Education Research Centre.</p> <p>Ask students to write one to two paragraphs of reflection that they will post to an online discussion board.</p> <p>Instructions: Reflect on a time when you were working with a family or observed a parent interacting with their child. You might want to think about a time when what you observed differed from what you personally consider to be good parenting. Thinking about the LeVine chapter, what types of goals do you think this family or parent had for their child? How do you think this family or parent might have arrived at these goals (e.g., what sorts of influences may have been present to help shape the parent's goals)? How were these goals reflected in the parenting behaviors you observed or conversations you had with the family? How can you use this awareness when intervening with young children and families?</p>	<p>Values</p> <p>Cognitive and Affective Processes</p>

(continued)

Assignments (continued)

Resource	Competency Dimension
<p>Attachment, Internal Working Models, and Self-reflection</p> <p>Provide students with a brief video or vignette of a problematic, observed infant–parent interaction. The interaction may be short, lasting only minutes.</p> <p>First, ask students to characterize the infant’s internal working model in terms of attachment categories, including the specific behaviors they would anticipate seeing in the Strange Situation. Students should also describe the parent’s possible corresponding internal working model (i.e., Adult Attachment Interview state of mind regarding attachment) and how this parent might talk about their own attachment experiences in the Adult Attachment Interview. Students should also be able to describe the working model of relationships that the infant may be constructing based on the above interaction.</p> <p>Next, have students place themselves in the role of IECMH therapist to this infant–parent dyad, and answer the following questions:</p> <ol style="list-style-type: none"> 1. How would you, as the therapist, attempt to modify this working model as it is played out between parent and infant? 2. What observations or questions might you use? Be specific. 3. How would you, as the therapist, work directly with the parent–infant interaction? Describe the therapeutic framework you would use. 4. What obstacles might the parent’s working model create for the working alliance? 5. How would aspects of power, privilege, and diversity inform your understanding? 6. What problematic feelings are likely to be induced in any therapist in this situation, and in you specifically? 7. What would these feelings communicate to you about the client’s experiences? 8. How can you use these inferences to guide your treatment? Be specific. 9. How would the parent’s working model intersect with or evoke something in you, and what of your own countertransference might be evoked? 	<p>Skills</p> <p>Cognitive and Affective Processes</p>

(continued)

Assignments (continued)

Resource	Competency Dimension
<p>Case Conceptualization and Intervention Midterm Assignment</p> <p>Students present an assessment, case conceptualization, and intervention plan for a case vignette of a 22-month-old child and family (See Appendix 8A). Requirements include a biopsychosocial assessment that highlights the client’s presenting problems, risk and protective factors, developmental status and family functioning, and systems involved with the child and /family. The case conceptualization illustrates the student’s hypothesis about what is causing and maintaining the child’s presenting problems, based on a relevant theory or theories (e.g., attachment, family systems, trauma, behavioral, etc.). The treatment plan includes intervention targets at the micro, mezzo, and macro levels and identifies possible clinical approaches or interventions to use with the child and family. This is not intended to be an in-depth, clinical case study but a demonstration of students’ grasp of the concepts taught in an IECMH course.</p>	<p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>Read Walsh, T.B., Paris, R., Ribaldo, J., & Gilkerson, L. (2021) Locating infant and early childhood mental health at the heart of social work. <i>Social Work</i>, 66(3), 187-196.</p> <p>Write a 4 page reflection paper on how the values of social work and the values and principle of IECMH practice can guide your work with clients, regardless of their age or presenting concern.</p>	<p>Knowledge</p> <p>Values</p>

**APPENDIX 8A:
CASE CONCEPTUALIZATION AND INTERVENTION ASSIGNMENT**

Vignette: Irving 22-Month-Old Boy

Irving is a 22-month-old African American boy who is brought to the infant mental health clinic by his child welfare social worker for an evaluation and treatment. The child’s pediatrician suggested that the social worker get an evaluation because he was concerned that the child had failed to gain weight for the previous 6 months. The foster mother, Ms. Brown, described him as an apathetic child who did not like to eat and showed little interest in toys. The pediatrician alerted Irving’s social worker at Child Protective Services and informed her of the need for a diagnostic evaluation to determine whether Irving was autistic, mentally retarded, or suffering from the effects of environmental deprivation.

Relevant History

Irving had a positive toxicology screen for cocaine at birth, was small for gestational age, and had intracranial bleeding. He was treated for methadone withdrawal and discharged to his parents at 23 days but was hospitalized 1 week later with diarrhea and pneumonia. He came into protective services after his parents failed to visit or respond to telephone calls during his hospitalization. He stayed in a temporary shelter home while the social worker tried to locate his parents. At 2 months he went into a long-term foster home, where he appeared to be making a good adjustment and forming a good attachment to his foster mother.

When Irving was 8 months old, he had to be removed from this home because of the foster mother's serious illness that made her unable to care for the two children in her home. He had formed a solid attachment to this foster mother and responded to her loss at 8 months of age with prolonged crying, disruption of sleep-wake cycles, loss of appetite, and overall behavioral disorganization. When not crying, he seemed listless, confused, and withdrawn. His new foster mother, Ms. Brown, complained that he was difficult to soothe, stiff, and jittery and that his need signals were difficult to interpret because her interventions did not seem effective in calming him down. The social worker reported that Irving's previous foster mother had not voiced similar complaints despite his having been a more fragile and ill infant when he came to her care at 2 months of age. At the time of the assessment, Irving had been living in Ms. Brown's home for 13 months.

Mr. Brown is a supervisor at a machine shop and did not come to the interview because of work demands. Ms. Brown is a homemaker who has previously fostered. She had been planning to adopt a 2-year-old child in her care, but Child Protective Services had decided to return the child to the biological parents. She reluctantly admitted that she had suffered a big loss in the removal of this child. Mr. and Ms. Brown have two grown children and one grandchild. She describes the family as close. They are active members in their local AME church. Ms. Brown says that they are not involved in a lot of other social activities because of the demands of caring for a young child.

Assessment Process

The assessment process consisted of an initial meeting with Ms. Brown to engage her, explain the process, and get her perceptions of Irving's functioning. The next session was a free play session with Irving to assess his behavior with the evaluator and his foster mother. The third session consisted of the administration of the Bayley Scales of Mental Development and an assessment of Irving's cognitive functioning. The fourth session was a home visit to explore the family context.

In the individual interview at the beginning of the assessment, Ms. Brown described Irving as a withdrawn and solitary child who did not participate in the life of the family and kept mainly to himself. She reiterated her previous statements to the social worker that Irving had little interest in food, toys, or people. She reported that he brightened only when Ms. Brown's 2-year-old granddaughter was visiting. The assessor observed that Ms. Brown's own affect brightened only when speaking about this child. Except for this brief interval, she appeared to be somber, depressed, and withdrawn—the very qualities she attributed to Irving.

At the initial assessment, Irving's demeanor was that of a sad, withdrawn and listless child. In the free play session with his foster mother, he was apathetic and unresponsive. When she showed him toys, he did not respond or reach out for the toys. Ms. Brown did not change her strategies to try to engage Irving in play. When she left the room, she did not say goodbye or tell Irving she would return, and Irving did not react to her leaving. The examiner was able to gain Irving's attention by pretending to drink from a cup and telling Irving how delicious the juice was. He was able to engage in some play around the issue of feeding with her and respond to simple commands and show signs of being engaged.

Observations during the home visit replicated the initial impressions gathered during the playroom sessions. The evaluator asked Ms. Brown to go about her daily activities, as she would usually do. She went about tidying the house and made no efforts to structure Irving's experiences. He looked at the evaluator with a sober expression and sat on the floor fingering a couple of toy trucks in a desultory fashion without actually looking at them. Ms. Brown kept considerable physical distance from him and spoke to him only briefly to tell him to play with something. Irving looked at her when she spoke and sometimes started to comply but did not follow through with a play theme.

Irving's affect changed when Mr. Brown came home. The large and jovial man picked up Irving and said, "Hi, big boy, what did you do today?" Irving smiled broadly and spoke for the first

time, saying quietly, "Played." Mr. Brown sat next to Irving and engaged him in playing with the trucks, banging them against each other and laughing when Irving laughed. He turned to the evaluator and said, "He's a good boy, a little shy." He then excused himself to take a shower after a long day's work.

Testing Results

Developmental testing showed that Irving's average developmental age was 15 months. He had some strengths in language development and was able to respond to some items at an 18-month level but failed others at a 15-month level. He responded slowly in the beginning but with warm encouragement and praise became more engaged. He improved in the testing as the interview progressed. His average developmental age was 15 months at a chronological age of 22 months. This placed his developmental quotient at MDI = 55. Language was an area of strength. He did not put two words together, but he engaged in long bouts of expressive jabbering and said several single words, including "baby," "cup," "drink," "nose," and "thank you." Irving showed overall unevenness in development.

Case Study Reference

Lieberman, A. F., Wieder, S., & Fenichel, E. (Eds.). (1997). The DC: 0-3 Casebook: A guide to the use of Zero to Three's diagnostic classification of mental health and developmental disorders of infancy and early childhood in assessment and treatment planning. *Zero to Three*. (pp. 167-179).

APPENDIX 8B: ASSIGNMENT: CASE CONCEPTUALIZATION AND INTERVENTION PLAN

Your task for this assignment is to do an assessment, develop a case conceptualization, and identify intervention targets for Irving and his family. Your assessment will note the issues that brought the child and family to attention and the risk and protective factors of the child and family and address the systems related to the situation (e.g., if a child was referred because of

being bullied in class, you would need to attend to the school environment as well as the child and family situation). Your case conceptualization is your hypotheses about how this situation came about, the factors maintaining it, the risk factors in the child and family, and the strengths that can be used in intervention. Remember, the assessment is where you gather the information that will help you form the hypotheses that guide your case conceptualization, which you back up with theory. Do not repeat your assessment here, but take information from the assessment to develop hypotheses to guide your case conceptualization. Lastly, you will use your case conceptualization and theoretical hypotheses to guide your choice of intervention targets.

There are three areas you will want to address in this process.

- 1) What do you understand are factors contributing to and maintaining the situation and the reason for referral? Discuss and apply theory, evidence, and critical thinking skills to support your conceptualization and understanding. For example, make sure to identify one or two theories or theoretical frameworks (e.g., attachment, behavioral, cognitive, family systems, family stress, trauma) and clearly explain how these theories help you understand the child and family's presenting concerns.
- 2) Based on your case conceptualization and theoretical understanding, identify the targets for intervention at the micro, mezzo, and macro level. What are the resources this child and family need? In thinking about resources, prioritize what is realistic given the agency setting and the demands on the family. What relational needs do this child and family have? Identify key areas you hope to address through intervention and provide some initial thoughts about specific interventions or strategies you could use.
- 3) What are the potential barriers to treatment or engagement (cultural competence, countertransference, scope of the agency, characteristics of child and family)?



Competency 9

Evaluate Practice With Individuals, Families, Groups, Organizations, and Communities

Evaluation within IECMH social work is conducted at the levels of the self, practice, program, and policy. Theory and research evidence should be used to achieve optimal practice and policy that inform the well-being of infants, young children, families, and their caregiving communities. IECMH evaluation aims to be strengths-based and racially and culturally responsive and to collaborate with caregivers in the evaluation of social work practice. Evaluation of IECMH requires an understanding of the continuum of child development, the importance of attachment in human development, and the roles of race, culture, and social context in parenting, caregiving, and family relationships. In addition, evaluation must consider the disruptive effects of oppressive systems, structural racism, trauma, and adverse experiences on children and parents and the centrality of relationships to interventions for young children and their caregivers.

Practitioners should use self-evaluation and program evaluation findings to inform practice and policy decisions and to generate research questions and new knowledge of infants, parents, caregivers, and relationship-focused practice. Evaluation should strengthen and empower existing systems of care in IECMH and work to ameliorate racist and other oppressive practices and policies. IECMH social workers should use qualitative and quantitative methods to assess both the outcomes of a clinical, macro, or policy intervention and the processes whereby the intervention achieved its goals. Finally, self-evaluation in the form of reflective practice and supervision enables IECMH practitioners to implement best practices in their clinical work.

COMPETENCY BEHAVIORS

- Use developmentally appropriate, empirically validated, racially and culturally responsive, and dyad-, family-, and community-focused assessment and evaluation tools (e.g., standardized measures, observation, questionnaires, and interviews).
- Evaluate practice processes, implementation, and outcomes, incorporating relevant IECMH theory and scientific evidence.
- Systematically use reflective practice and reflective supervision as an evaluative tool at all levels of IECMH practice.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

<i>Readings</i>	
Resource	Competency Dimension
PEER-REVIEWED ARTICLES	
Albers, B., Mildon, R., Lyon, A. R., & Shlonsky, A. (2017). Implementation frameworks in child, youth and family services: Results from a scoping review. <i>Children and Youth Services Review, 81</i> , 101-116.	Knowledge
Alter, C., & Egan, M. (1997). Logic modeling: A tool for teaching critical thinking in social work practice. <i>Journal of Social Work Education, 33</i> (1), 85-102.	Knowledge
Barnett, M., Brookman-Frazee, L., Yu, S. H., Lind, T., Liu, J., Timmer, S., Boys, D., Urquiza, A., Innes-Gomberg, D., Quick-Abdullah, D., & Lau, A. S. (2021). Train-to-sustain: Predictors of sustainment in a large-scale implementation of parent-child interaction therapy. <i>Evidence-Based Practice in Child and Adolescent Mental Health, 1</i> -15.	Knowledge
Barrera, M., Berkel, C., & Castro, F. G. (2017). Directions for the advancement of culturally adapted preventive interventions: Local adaptations, engagement, and sustainability. <i>Prevention Science, 18</i> (6), 640-648.	Knowledge Values Skills Cognitive and Affective Processes
Bernal, G., Jiménez-Chafey, M. I., & Domenech Rodríguez, M. M. (2009). Cultural adaptation of treatments: A resource for considering culture in evidence-based practice. <i>Professional Psychology: Research and Practice, 40</i> (4), 361-368.	Knowledge Values Cognitive and Affective Processes

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Readings (continued)

Resource	Competency Dimension
Bertram, R. M., Blase, K. A., & Fixsen, D. L. (2015). Improving programs and outcomes: Implementation frameworks and organization change. <i>Research on Social Work Practice, 25</i> (4), 477–487.	Knowledge Skills
Congdon, D. (2010). Evaluating the effectiveness of infant mental health enhanced case management for dependency populations. <i>Journal of Evidence-Based Social Work, 7</i> (5), 481–487.	Skills
Davis, A. E., Saad, G., Williams, D., Wortham, W., Perry, D. F., Aron, E., Neff, A., & Biel, M. G. (2020). Clinician perspectives on adapting evidence-based mental health treatment for infants and toddlers during COVID-19. <i>Perspectives in Infant Mental Health, 28</i> (3), 34–36.	Knowledge
Fixsen, D. L., Blase, K. A., Naoom, S. F., & Wallace, F. (2009). Core implementation components. <i>Research on Social Work Practice, 19</i> (5), 531–540.	Knowledge
Gart, N., Zamora, I., & Williams, M. E. (2016). Parallel models of assessment: Infant mental health and therapeutic assessment models intersect through early childhood case studies. <i>Infant Mental Health Journal, 37</i> (4), 452–465.	Knowledge Skills
Goldberg, J., Bumgarner, E., & Jacobs, F. (2016). Measuring program- and individual-level fidelity in a home visiting program for adolescent parents. <i>Evaluation and Program Planning, 55</i> (C), 163–173.	Skills Values
Goldman, K. D., & Schmalz, K. J. (2006). Logic models: The picture worth ten thousand words. <i>Health Promotion Practice, 7</i> (1), 8–12.	Knowledge
Hazen, K. P., Carlson, M. W., Hatton- Bowers, H., Fessinger, M. B., Cole-Mossman, J., Bahm, J., Hauptman, K., Bank, E. M., & Gilkerson, L. (2020). Evaluating the Facilitating Attuned Interactions (FAN) approach: <i>Vicarious trauma, professional burnout, and reflective practice. Children and Youth Services Review, 112</i> , 104925.	Skills Cognitive and Affective Processes
Jacobs, F. H. (2003). Child and family program evaluation: Learning to enjoy complexity. <i>Applied Developmental Science, 7</i> (2), 62–75.	Skills
Korfmacher, J., Frese, M., & Gowani, S. (2019). Examining program quality in early childhood home visiting: From infrastructure to relationships. <i>Infant Mental Health Journal, 40</i> (3), 380–394.	Skills
Kourgiantakis, T., Sewell, K. M., Hu, R., Logan, J., & Bogo, M. (2020). Simulation in social work education: A scoping review. <i>Research on Social Work Practice, 30</i> (4), 433–450.	Skills

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Readings (continued)

Resource	Competency Dimension
Kumpfer, K., Magalhães, C., & Xie, J. (2017). Cultural adaptation and implementation of family evidence- based interventions with diverse populations. <i>Prevention Science, 18</i> (6), 649–659.	Values Skills
Lau, A. S. (2006). Making the case for selective and directed cultural adaptations of evidence-based treatments: Examples from parent training. <i>Clinical Psychology: Science and Practice, 13</i> (4), 295–310.	Values Skills
Lawler, J. M., Rosenblum, K. L., Muzik, M., Ludtke, M., Weatherston, D. J., & Tableman, B. (2017). A collaborative process for evaluating infant mental health home visiting in Michigan. <i>Psychiatric Services, 68</i> (6), 535–538.	Skills
Lieberman, A. F., Van Horn, P., & Ippen, C. G. (2005). Toward evidence-based treatment: Child-parent psychotherapy with preschoolers exposed to marital violence. <i>Journal of the American Academy of Child and Adolescent Psychiatry, 44</i> (12), 1241–1248.	Knowledge Skills Cognitive and Affective Processes
Lu, Y. E., Ain, E., Chamorro, C., Chang, C. Y., Feng, J. Y., Fong, R., Garcia, B., Hawkins, R. L., & Yu, M. (2011). A new methodology for assessing social work practice: The adaptation of the objective structured clinical evaluation (SW-OSCE). <i>Social Work Education, 30</i> (02), 170–185.	Knowledge Skills Cognitive and Affective Processes
Metz, A., Naoom, S. F., Halle, T., & Bartley, L. (2015). <i>An integrated stage-based framework for implementation of early childhood programs and systems</i> (OPRE Research Brief: OPRE 2015-48). Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.	Knowledge Skills
Murray, L., Cooper, P., Arteche, A., Stein, A., & Tomlinson, M. (2016). Randomized controlled trial of a home-visiting intervention on infant cognitive development in peri-urban South Africa. <i>Developmental Medicine & Child Neurology, 58</i> (3), 270–276.	Knowledge
Paris, R., Bolton, R. E., & Spielman, E. (2011). Evaluating a home-based dyadic intervention: Changes in postpartum depression, maternal perceptions, and mother-infant interactions. <i>Infant Mental Health Journal, 32</i> (3), 319–338.	Knowledge Skills
Paris, R., Herriott, A., Holt, M., & Gould, K. (2015). Differential responsiveness to a parenting intervention for mothers in substance abuse treatment. <i>Child Abuse & Neglect, 50</i> , 206–217.	Knowledge

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Readings (continued)

Resource	Competency Dimension
Perera, C., Salamanca-Sanabria, A., Caballero-Bernal, J., Feldman, L., Hansen, M., Bird, M., Hansen, P., Dinesen, C., Wiedemann, N., & Vallières, F. (2020). No implementation without cultural adaptation: A process for culturally adapting low-intensity psychological interventions in humanitarian settings. <i>Conflict and Health, 14</i> (1), 1–12.	Knowledge Values Skills
Pollock, J., & Horrocks, S. (2010). Monitoring change in families receiving primary mental health specialist services: A pragmatic evaluation within an existing service for the under-fives. <i>Child and Adolescent Mental Health, 15</i> (2), 120–124.	Knowledge
Ponguta, L. A., Issa, G., Aoudeh, L., Maalouf, C., Nourallah, S., Khoshnood, K., Zonderman, A. L., Katsoyich, L., Moore, C., Salah, R., Al-Soleiti, M., Britto, P. R., & Leckman, J. F. (2019). Implementation evaluation of the Mother–Child Education Program among refugee and other vulnerable communities in Lebanon. <i>New Directions for Child and Adolescent Development, 2019</i> (167), 91–116.	Knowledge Values
Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., Griffey, R., & Hensley, M. (2011). Outcomes for implementation research: Conceptual distinctions, measurement challenges, and research agenda. <i>Administration and Policy in Mental Health and Mental Health Services Research, 38</i> (2), 65–76.	Knowledge
Rosenblum, K. L., Muzik, M., Jester, J. M., Huth–Bocks, A., Erickson, N., Ludtke, M., Weatherston, D., Brophy–Herb, H., Tableman, B., Alfafara, E., Waddell, R., & The Michigan Collaborative for Infant Mental Health Research. (2020). Community–delivered infant–parent psychotherapy improves maternal sensitive caregiving: Evaluation of the Michigan model of infant mental health home visiting. <i>Infant Mental Health Journal, 41</i> (2), 178–190.	Knowledge
Saldana, L., Chamberlain, P., Bradford, W. D., Campbell, M., & Landsverk, J. (2014). The cost of implementing new strategies (COINS): A method for mapping implementation resources using the stages of implementation completion. <i>Children and Youth Services Review, 39</i> , 177–182.	Knowledge
Shea, S. E. (2019). Reflective supervision for social work field instructors: Lessons learned from infant mental health. <i>Clinical Social Work Journal, 47</i> (1), 61–71.	Knowledge Skills
Shea, S. E., Goldberg, S., & Weatherston, D. J. (2016). A community mental health professional development model for the expansion of reflective practice and supervision: Evaluation of a pilot training series for infant mental health professionals. <i>Infant Mental Health Journal, 37</i> (6), 653–669.	Knowledge

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Readings (continued)

Resource	Competency Dimension
Shea, S. E., Jester, J. M., Huth-Bocks, A. C., Weatherston, D. J., Muzik, M., Rosenblum, K. L., & Michigan Collaborative for Infant Mental Health Research. (2020). Infant mental health home visiting therapists' reflective supervision self-efficacy in community practice settings. <i>Infant Mental Health Journal, 41</i> (2), 191-205.	Values Skills
Spielman, E., Herriott, A., Paris, R., & Sommer, A. R. (2015). Building a model program for substance-exposed newborns and their families: From needs assessment to intervention, evaluation, and consultation. <i>Zero to Three, 36</i> (1), 47-55.	Knowledge Skills
Tomlin, A. M., Weatherston, D. J., & Pavkov, T. (2014). Critical components of reflective supervision: Responses from expert supervisors in the field. <i>Infant Mental Health Journal, 35</i> (1), 70-80.	Knowledge Values
Wen, X., Korfmacher, J., & Hans, S. L. (2016). Change over time in young mothers' engagement with a community-based doula home visiting program. <i>Children and Youth Services Review, 69</i> , 116-126.	Knowledge
Williams, M. E., Joyner, K., Matic, T., & Lakatos, P. P. (2019). Reflective supervision: A qualitative program evaluation of a training program for infant and early childhood mental health supervisors. <i>Clinical Supervisor, 38</i> (1), 158-181.	Knowledge
Yasui, M., Pottick, K. J., & Chen, Y. (2017). Conceptualizing culturally infused engagement and its measurement for ethnic minority and immigrant children and families. <i>Clinical Child and Family Psychology Review, 20</i> (3), 250-332.	Knowledge Values
BOOKS	
Bloom, M., & Britner, P. A. (2012). <i>Client-centered evaluation: New models for helping professionals</i> . Pearson/Allyn & Bacon.	Skills Values
Gambrill, E. (2013). <i>Critical thinking in clinical practice</i> (3rd ed.). Oxford University Press.	Knowledge Cognitive and Affective Processes
Roberts, R. R., & Yeager, K. R. (2004). <i>Evidence-based practice manual: Research and outcome measures in health and human services</i> . Oxford University Press.	Knowledge

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Readings (continued)

Resource	Competency Dimension
Royse, D., Thyer, B. A., & Padgett, D. K. (2015). <i>Program evaluation: An introduction to an evidence-based approach</i> . Cengage Learning.	Knowledge Skills
Smith, M. J. (2010). <i>Handbook of program evaluation for social work and health professionals</i> . Oxford University Press.	Knowledge Skills
BOOK CHAPTERS	
Franks, R. P., & Schroeder, J. (2013). Implementation science: What do we know and where do we go from here? In T. Halle, A. Metz, & I. Martinez-Beck (Eds.), <i>Applying implementation science in early childhood education systems and programs</i> (pp. 5–20). Paul H. Brookes Publishing Co.	Knowledge Skills
Knoche, L. (2013). Implementation of Getting Ready: A relationship-focused intervention to support parent engagement, birth to 5. In T. Halle, A. Metz, & I. Martinez-Beck (Eds.), <i>Applying implementation science in early childhood education systems and programs</i> (pp. 117–138). Paul H. Brookes Publishing Co.	Knowledge Skills
Metz, A., Halle, T., Bartley, L., & Blasberg, A. (2013). The key components of successful implementation. In T. Halle, A. Metz, & I. Martinez-Beck (Eds.), <i>Applying implementation science in early childhood education systems and programs</i> (pp. 21–42). Paul H. Brookes Publishing Co.	Knowledge Skills
Powell, B. J., Bosk, E. A., Wilen, J. S., Danko, C. M., Van Scoyoc, A., & Banman, A. (2015). <i>Evidence-based programs in “real world” settings: Finding the best fit</i> . In D. Daro, A.	Knowledge
Cohn Donnelly, L. Huang, & B. Powell (Eds.), <i>Advances in child abuse prevention knowledge</i> (pp. 145–177). Springer.	Knowledge
Roggman, L. (2016). Developmental parenting home visiting to prevent violence: <i>Monitoring and evaluating</i> . In L. Roggman & N. Cardia (Eds.), <i>Home visitation programs</i> (pp. 35– 62). Springer.	Skills
Seay, K. D., Byers, K., Feely, M., Lanier, P., Maguire-Jack, K., & McGill, T. (2015) Scaling up: Replicating promising interventions with fidelity. In D. Daro, A. Cohn Donnelly, L. Huang, & B. Powell (Eds.), <i>Advances in child abuse prevention knowledge</i> (pp. 179–201). Springer.	Knowledge
Summers, S. J. (2012). Evaluating infant mental health programs. In S. J. Summers & R. C. Cohen (Eds.), <i>Understanding early childhood mental health: A practical guide for professionals</i> (pp. 241–264). Paul H. Brookes Publishing.	Knowledge Skills

<i>Web Resources</i>	
Resource	Competency Dimension
Fixsen, D., Blase, K., Naoom, S., Metz, A., Louison, L., & Ward, C. (2015). Implementation drivers: Assessing best practices. https://www.researchgate.net/publication/307967873_Implementation_Drivers_Assessing_Best_Practices	Knowledge Skills
Metz, A., Burke, K., Albers, B., Louison, L., & Bartley, L. (2020). A practice guide to supporting implementation. https://nirn.fpg.unc.edu/resources/practice-guide-supporting-implementation	Knowledge Skills
National Implementation Research Network [NIRN]. (2018). The Hexagon: An exploration tool. https://nirn.fpg.unc.edu/resources/hexagon-exploration-tool	Knowledge Skills

<i>Assignments</i>	
Resource	Competency Dimension
<p>Hexagon Exploration</p> <p>For this assignment, students will use the NIRN Hexagon tool (see Web Resources) to evaluate proposed new intervention programs at their field placement agencies. This tool evaluates a program on multiple facets of feasibility and applies to all levels (micro, mezzo, macro) of social work practice. When students have filled out each portion of the hexagon, they will write a summary of their findings with respect to the program's suitability for their agency, its staff, and the population they serve.</p>	Values Skills Cognitive and Affective Processes
<p>Program Evaluation Exercise</p> <p>For this assignment, students will use the PDF provided by Fixsen and co-authors (see Web Resources) to evaluate an ongoing program at their field placement agencies. Before conducting this evaluation, it is recommended that students read the "Practice Guide to Supporting Implementation" (also in Web Resources) and any available literature on the program or intervention they will be evaluating (e.g., pilot studies, randomized control trials, theoretical background). After their evaluation of the program, students should write a summary of their findings with recommendations for improvement or present to the group for discussion.</p>	Skills Cognitive and Affective Processes

(continued)

Assignments (continued)

Resource	Competency Dimension
<p>Client Feedback</p> <p>Students in fieldwork placements will assess the process at their placement agency for receiving, tracking, and addressing feedback from clients and write a summary of their findings in addition to constructive critique from an IECMH-informed perspective.</p> <p>Suggestions for improvement on existing processes should derive from social work values and the ideas central to IECMH specialized practice. For this assignment, students are encouraged to think deeply about the power differential in practitioner–client relationships in addition to existing forms of structural oppression and how it may influence clients’ willingness to provide critical feedback. Class discussion of this assignment may center on how to address such issues.</p>	<p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>Client Tracking Inquiry</p> <p>Students in clinical IECMH fieldwork will describe in writing the processes at their placement agency for engaging, following, and terminating with a family. They will briefly interview two to four licensed social workers at their field placements about their fidelity to these processes and any barriers those practitioners have faced in meeting those expectations. Students will also review the research literature on relationship termination with individual clients and with community partners and agencies. Students will write a summary of their findings and provide recommendations for alternative accommodations that respect the importance of relationships.</p>	<p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>

CURRICULUM PLACEMENT

The resources provided can be added into generalist courses, included in electives, built into a course on IECMH, or developed into a specialization concentration in IECMH. Attached in XX are two syllabi, one from the University of Maryland and one from Boston University, for a standalone course in IECMH. Also attached in XX is the program plan for a concentration in IECMH in the Erikson Institute Developmentally Informed MSW program. It is strongly recommended that social work programs consider hiring faculty with a specialization in IECMH and/or adjunct faculty with IECMH clinical expertise for IECMH courses. All faculty can include content in their coursework on IECMH using the resources in this guide.

**STRESS AND TRAUMA IN THE EARLY YEARS:
INTERVENTIONS WITH YOUNG CHILDREN AND FAMILIES
CP 782
Spring 2020**

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Appointments can be arranged by email, phone or in class.

This course was developed in conjunction with Emily Bosk, PhD (Rutgers University), Margo Candelaria, PhD & Kate Wasserman, MSW (University of Maryland) and Linda Gilkerson, PhD & Nucha Isarowong, PhD (Erikson Institute), as part of the SAMHSA-funded Behavioral Health Curriculum Development Initiative

COURSE DESCRIPTION

This course focuses on interventions for effective practice with young children and families derived from the fields of infant mental health (IMH), early development and family systems. It is an advanced elective within the clinical practice department, building on skills students have developed regarding practice with children and families in their foundation CP classes such as CP 759, CP 770, CP 771 and CP 772. In this course, students will gain competency in developmentally appropriate assessment and collaborative evidence-informed/evidence-based treatment of vulnerable young children and their families within an attachment, trauma and systems framework. The role of toxic stress in a child's development and family life will be explored; prevention and intervention approaches will address how best to ameliorate its harmful impact. Various approaches will be presented and examined in relationship to theories of change, differential assessment, culturally responsive practice, and privilege. Because the practitioner plays an important role in the change process, students are expected to use the self to engage with course material and deepen their reflective capacities with regard to the clinician-client relationship. Class time will include discussion of course readings, viewing videos, conducting case-based assessments, skills development, role-plays and other interactive activities.

Students are expected to come to class fully prepared for active participation. The class will leave students with a repertoire of analytic and clinical skills to support their practice with young children and their families.

**Some material covered in this class may be challenging to watch or hear. Students are encouraged to be mindful of their own experiences and step out of class if necessary. Instructor is available to process any class material upon student's request.

THIS COURSE SUPPORTS THE ATTAINMENT OF COMPETENCY IN:

- Competency 1: Demonstrate Ethical and Professional Behavior
- Competency 2: Engage Diversity and Difference in Practice
- Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice
- Competency 4: Engage in Practice informed Research and Research informed Practice
- Competency 5: Engage in Policy Practice
- Competency 6: Engage with Individuals, Families, Groups, Organizations, Communities
- Competency 7: Assess Individuals, Families, Groups, Organizations, Communities
- Competency 8: Intervene w/ Individuals, Families, Groups, Organizations, Communities
- Competency 9: Evaluate Practice w/ Individuals, Families, Groups, Organizations, Communities
- **Specific as signments in this course will assess your attainment of this competency.**

This course will help you to learn specific behavioral health competencies, some of which are identified below, that will assist you to develop as a competent behavioral health professional. The Council on Social Work Education (CSWE) Educational Policy and Accreditation Standards (EPAS) competency dimensions addressed in this class are identified below:

EPAS COMPETENCY TABLE				
COURSE OBJECTIVE	EPAS COMPETENCY	EPAS DIMENSION	WHERE ADDRESSED	WHERE ASSESSED
Demonstrate engagement, assessment, diagnosis and treatment skills for very young children and caregiver/child dyads	Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities	Knowledge: Demonstrate knowledge of IECMH evidence-based strategies for engagement with diverse young children and families Skill: Convey ability to meet families where they are and assist with identifying young child and family needs Value: Appreciate the principles of IECMH, trauma-informed practice and the unique aspects of a diverse and multi-faceted system	Sessions 3-14	Assignments #2 and #3
Demonstrate and apply principles and direct skills for assessment and diagnosis within young children and their families.	Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities	Knowledge: Understand unique aspects of IECMH assessment and diagnosis including developmentally appropriate diagnosis and relational assessment Skill: Able to conduct an IECMH assessment including use of the DC: 0-5 Diagnostic System and relational assessment strategies Cognitive/Affective: Appreciate the client's cognitive, emotional, and cultural perspectives when sharing and using diagnostic information and findings	Sessions 5-13	Assignments #3 and #4

<p>Describe primary evidence-based practices and promising practices in IECMH & Implementation of common elements across evidence-based practices in the field of IECMH.</p>	<p>Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities</p>	<p>Knowledge: Demonstrate knowledge of reflective practice and several IECMH EBPs and be able to identify common theories and/or elements across EBPs</p> <p>Skill: Demonstrate ability to implement core common elements of one EBP in full or part and reflect on the practice process as a result of the class</p> <p>Skill: Create a developmentally appropriate treatment plan that reflects on IECMH EBPs and family engagement principles</p> <p>Value: Value the need to offer specific and appropriate IECMH interventions for young children and their families within the IECMH system</p>	<p>Sessions 7-14</p>	<p>Assignment #2 and #3</p>
<p>Understand the importance of using evidence-based and promising practices in development treatment plans and programs for young children and knowledge of when to determine if/ how programs are working for families</p>	<p>Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities</p>	<p>Knowledge: Able to discuss indicators of successful intervention</p> <p>Skill: Demonstrate how to use clinical data to track family progress</p> <p>Skill: Demonstrate knowledge of when there is a need for change in treatment or additional referrals</p>	<p>Sessions 7-14</p>	<p>Assignments #2 and #3</p>

COURSE OBJECTIVES

KNOWLEDGE, VALUES AND SKILLS

By the end of the course, students will gain the following knowledge, values and skills to:

Knowledge

- 1) Describe foundational principles in infant and early childhood mental health including toxic stress, trauma-informed practice, and diversity tenets among others.
- 2) Demonstrate and apply principles for engagement, assessment and diagnosis with young children and their families.
- 3) Describe primary evidence-based and evidence-informed practices for infants, young children and families.
- 4) Demonstrate knowledge of some of the infant and early childhood mental health systems and varying partners.

Values

- 1) Discuss ethics and ethical dilemmas associated with the diagnosis and treatment of very young children and their families.
- 2) Utilize the diversity-informed tenets for working with infants, children and families.
- 3) Understand the importance of using evidence-based and evidence-informed practices in development of treatment plans and programs for young children.

Skills

- 1) Demonstrate engagement, assessment, diagnosis and treatment skills for very young children and caregiver/child dyads.
- 2) Understand foundational theories and common elements across evidence-based and evidence-informed practices in the field of infant and early childhood mental health.
- 3) Demonstrate the ability to evaluate the effectiveness of interventions for very young children and caregiver/child dyads.

TEXT & READINGS

Required:

Zeanah, C. H. (Ed) (2019). *Handbook of infant mental health, Fourth Edition* (paperback), New York: Guilford Press.

Lieberman A. & Van Horn, P. (2011). *Psychotherapy with infants and young children: Repairing the effects of stress and trauma on early attachments*. New York: Guilford Press.

Zero to Three (2016). *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: DC: 0-5* (paperback), Washington, DC: Zero to Three Press.

Additional required and recommended readings are listed for each week of the course. All required readings should be done in advance of the class for which they are assigned. The required readings will be available at Mugar library reserves.

Recommended readings for students who want to pursue a topic further are listed for most sessions and many of these are on reserve or available for loan from the instructor.

The Blackboard Learn (learn.bu.edu) site for CP 782 has the class syllabus and some handouts and readings.

Student led discussions:

**In many of our sessions 2 students will be assigned as a discussion leaders. They will

- 1) offer brief summaries of specific readings to highlight main points, and 2) develop questions for a discussion that they will lead. The class will divide into smaller groups and discussion leaders will decide how to proceed (e.g. discuss both articles, discuss material from one article in light of the other, case material to apply to article(s), etc.). They are responsible for emailing brief summaries (no more than 1 paragraph) and 2 questions to the instructor and all students by 5 PM the day before class through the Blackboard Learn site. Students can consult with the instructor if they would like assistance in

developing discussion questions. It is each student's responsibility to check his/her/their BU email account by 6 PM the day before class in order to obtain the questions and come to class prepared to discuss them. This is an important and required courtesy toward your classmates. Discussion leaders will write a one-two page reflection on the readings and the process of leading the class discussion to be sent to the instructor by the following class.

Class Participation:

In-class participation: Students are expected to regularly attend class and to read the assigned material before it is covered in class. Students should be prepared to answer questions related to the material. Class participation is a critical component of student performance and evaluation. Missing two or more class sessions may result in a reduction in a student's grade for the course.

COURSE OUTLINE

WEEK 1

Session 1: Introduction to the course and infant/early childhood mental health overview (IECMH)

- Introduction to the goals and objectives of the course
- Overview of infant mental health and developmental theory for infancy and early childhood
- Ecological models of development and developmental psychopathology
 - Bronfenbrenner
 - Sameroff's transactional model
 - Brain development (videos 1 and 2 from Center for the Developing Child, Harvard University)
 - <https://developingchild.harvard.edu/resources/three-core-concepts-in-early-development/>
- Infant Mental Health Diversity-Informed Tenets

Required Readings:

**Zeanah, C. H. & Zeanah, P. D. (2019). Infant mental health: The clinical science of early experience. In C. H. Zeanah (Ed.) *Handbook of infant mental health, 4th Edition*. New York: Guilford Press, pp. 5-24.

Berens, A. E. & Nelson, C. A. (2019). Neurobiology of fetal and infant development: Implications for infant mental health. In C. H. Zeanah (Ed.) *Handbook of infant mental health, 4th Edition*. New York: Guilford Press, pp. 41-62.

**Ippen, C.G., Noroña, C.R., & Thomas, K. (2012). From tenet to practice: Putting diversity-informed services into action. *Zero to Three*, 33(2), 23-28.

Attachment Vitamins:

Lesson 1, Understanding the child's context <https://learn.nctsn.org/mod/scorm/player.php>

Lesson 9, Cultural considerations <https://learn.nctsn.org/course/view.php?id=483>

Recommended Readings:

Sameroff, A. & MacKenzie (2003). A quarter century of the transactional model: How have things changed? *Zero to Three*, 24(1), pp. 14-22.

Bronfenbrenner, U. & Morris, P. (2006). The bioecological model of human development, In: *Handbook of child psychology: Theoretical models of human development*, Vol. 1, 6th ed. Lerner, R. M. & Damon, W. (Eds.); John Wiley & Sons, pp. 793-828.

St. John, M., Thomas, K., & Norona, C. R. (2012). Infant mental health professional development: Together in the struggle for social justice, *Zero to Three*, 33(2), 13-22.

WEEK 2**Session 2: Toxic stress, trauma and early development**

- Effects of toxic stress and trauma on the developing brain

- View videos: Three Core Concepts in Early Development (video 3) <https://developingchild.harvard.edu/resources/three-core-concepts-in-early-development/>
- Impact of race, class, poverty, trauma on psycho-social development

Outside class activity:

Harvard University Center for the Developing Child Issue Brief: Early Childhood Mental Health <https://developingchild.harvard.edu/resources/inbrief-early-childhood-mental-health/> (Click on links for detailed information about genes, toxic stress, brain architecture, self-regulation, overcoming burdens and impact of responsive relationships)

Required Readings:

Thompson, S. F., Kiff, C. J., & McLaughlin, K. A. (2019). The neurobiology of stress in infancy. In C. H. Zeanah (Ed.) *Handbook of infant mental health, 4th Edition*. New York: Guilford Press, pp.81-94.

**Ippen, C. G. (2019). Wounds from the past: Integrating historical trauma into a multicultural infant mental health framework. In C. H. Zeanah (Ed.) *Handbook of infant mental health, 4th Edition*. New York: Guilford Press, pp. 134-153.

**Jones Harden, B., Feola, B., Morrison, C., Brown, S., Jimenez Parra, L., & Buhler Wassman, A. (2017). The experiences and effects of toxic stress on young African American children. In I.U. Iruka, et al., (Eds.) *African American children in early childhood education: Making the case for policy investments in families, schools, and communities*. Emerald Publishing Limited, pp. 165-200.

Attachment Vitamins:

Lesson 5, The effects of toxic stress and trauma <https://learn.nctsn.org/mod/scorm/view.php?id=11888>

Recommended Readings:

National Scientific Council on the Developing Child. (2005). *Excessive stress disrupts the architecture of the developing brain* (Working Paper No. 3), 3). Available at <https://developingchild.harvard.edu/resources/wp3/>

Levendosky, A., Bogat, A., Bernard, N. & Garcia, A. (2018). The effects of intimate partner violence on the early caregiving system. In M. Muzik & K. L. Rosenblum (Eds.), *Motherhood in the face of trauma: Pathways toward healing and growth* (pp. 39-54). Springer International Publishing.

Noroña, C. R., Flores, L. E., Velasco-Hodgson, M., & Eiduson, R. (2018). Historical, sociopolitical, and mental health implications of forcible separations in young migrant Latin American children and their families. *ZERO TO THREE*, 39(1), 8-20.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245-258.

Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C. H., Perry, B. D., ... & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood. *European Archives of Psychiatry and Clinical Neuroscience*, 256(3), 174- 186.

WEEK 3

Session 3: Attachment and reflective functioning

- Common theory base for IECMH intervention
- The process of parental reflective functioning
- Intergenerational transmission of attachment and trauma

Required Readings:

**Slade, A. (2005). Parental reflective functioning. *Attachment & Human Development*, 7(3): 269 – 281.

**Lieberman, A. (2004). Traumatic stress and quality of attachment: Reality and internalization in disorders of infant mental health. *Infant Mental Health Journal*, 25(4), 336-351.

Rosenblum, K.L., Dayton, C.J., & Muzik, M. (2019). Infant social and emotional development: Emerging competence in a relational context. In C. H. Zeanah (Ed.) *Handbook of infant mental health, 4th Edition*. New York: Guilford Press, pp.95-119.

Attachment Vitamins:

Lesson 2, The importance of the parent-child relationship <https://learn.nctsn.org/course/view.php?id=483>

Recommended Readings:

Cassidy, J. (2016). The nature of the child's ties. In J. Cassidy & P. R. Shaver (Eds.) *Handbook of attachment: Theory, research and clinical applications, 3rd Edition*. New York: Guilford Press, pp.3-24.

WEEK 4

Session 4: The FAN model and reflective practice

- Facilitating Attuned Interactions: The FAN Model
- Use of the FAN in clinical practice

Required Readings:

Heffron, M. C., Gilkerson, L., et al., (2016). Using the FAN Approach to deepen trauma- informed care for infants, toddlers, and families. *Zero to Three, 36*(6), 27-35.

Cosgrove, K., & Norris-Shortle, C. (2015). "Let's Spend More Time Together Like This!": Fussy Baby Network® infusion in a Baltimore homeless nursery program. *Zero to Three, 35*(3), 49-55.

**Many, M. M., Kronenberg, M. E., & Dickson, A. B. (2016). Creating a "nest" of emotional safety: Reflective supervision in a child-parent psychotherapy case. *Infant mental health journal, 37*(6), 717-727.

**Stroud, B. (2010). Honoring diversity through a deeper reflection: Increasing cultural understanding within the reflective supervision process. *Zero to Three (J), 31*(2), 46-50.

Attachment Vitamins:

Lesson 8: Self-care and reflective supervision <https://learn.nctsn.org/mod/scorm/player.php>

Recommended Readings:

Heller, S. S. & Breuer, A. (2016). Fussy Baby Network® New Orleans and Gulf Coast: Using the FAN to support families. *Zero to Three*, 35(3), 56-62.

Gilkerson, L. (2004). Irving B. Harris distinguished lecture: Reflective supervision in infant-family programs: Adding clinical process to nonclinical settings. *Infant Mental Health Journal*, 25(5), 424-439.

O'Rourke, P. (2011). The significance of reflective supervision for infant mental health work. *Infant Mental Health Journal*, 32(2), 165-173.

Tomlin, A. M., Weatherston, D. J., & Pavkov, T. (2014). Critical components of reflective supervision: Responses from expert supervisors in the field. *Infant Mental Health Journal*, 35(1), 70-80.

WEEK 5**Session 5: Engagement and Assessment**

- The engagement process
- Attending to family and clinician diversity and privilege (ethnic, racial, cultural, class, structural)
- The assessment process (What are you looking for? How do you pay attention? Self-awareness and reflective practice)
- Tools for observing parent-child interactions

Required Readings:

Larrieu, J. A., Middleton, M. M., Kelley, A. C., & Zeanah, C. H. (2019). Assessing the relational context of infants and young children. In C. H. Zeanah (Ed.) *Handbook of infant mental health, 4th Edition*. New York: Guilford Press, pp. 279-295.

**Lieberman, A. & Van Horn, P. (2011). The assessment process (chapter 4). *Psychotherapy with infants and young children: Repairing the effects of stress and trauma on early attachments*. New York: Guilford Press, pp. 100-137.

**Roggman, L., et al. *PICCOLO: Parenting Interactions with Children: Checklist of Observations Linked to Outcomes* (Blackboard site)

Wheeler, R. et al. (2013). Implementation of the PICCOLO in infant mental health practice: A Case Study. *Infant Mental Health Journal*, 34(4), 352-358

Recommended Readings:

Anderson, S. et al. (2013). Dads' parenting interactions with children: Checklist of observations linked to outcomes (PICCOLO-D). *Infant Mental Health Journal*, 34(4), 339-351.

Innocenti, M., Roggman, L. A., & Cook, G.A. (2013). Using the PICCOLO with parents of children with a disability. *Infant Mental Health Journal*, 34(4), 307-318

WEEK 6

Session 6: Diagnoses: DC 0-5

- Multi-axial diagnostic approach in DC 0-5
 - Axis I: Clinical disorders o Axis II: Relational context o Axis III: Physical health
 - Axis IV: Psychosocial stressors
 - Axis V: Developmental competence

Required Readings:

**Zero to Three (2016). *DC 0-5: Diagnostic classification of mental health and developmental disorders of infancy and early childhood*. Washington, D.C: Author.

Introduction, pp. 1-14; choose 3 section in Axis I including traumatic stress and deprivation; Axis II, pp. 139-148; Axis III, pp. 149-152; Axis IV, pp. 153-158; Axis V, pp.159-160.

Attachment Vitamins:

Lesson 7, Mental health concerns in early childhood <https://learn.nctsn.org/mod/scorm/view.php?id=11913>

Recommended Readings:

Godoy, L. et al., (2019). Caregiver report measures of early childhood social-emotional functioning. In C. H. Zeanah (Ed.) *Handbook of infant mental health, 4th Edition* (pp. 259-278). New York: Guilford Press.

Barton, M. & Chen, J. (2019). Autism spectrum disorder. In C. H. Zeanah (Ed.) *Handbook of infant mental health, 4th Edition* (pp. 313-329). New York: Guilford Press.

Luby, J. & Whalen, D. (2019). Depression in early childhood. In C. H. Zeanah (Ed.) *Handbook of infant mental health, 4th Edition* (pp.426-437). New York: Guilford Press.

Miron, D. & Sturdy, W. (2019). Posttraumatic stress disorder in young children. In C. H. Zeanah (Ed.) *Handbook of infant mental health, 4th Edition* (pp. 438-451). New York: Guilford Press.

Finelli, J, Zeanah, C. H., & Smyke, A. T. (2019). Attachment disorders in early childhood. In C. H. Zeanah (Ed.) *Handbook of infant mental health, 4th Edition* (pp. 452- 466). New York: Guilford Press.

Developmental Disorders and trauma sections of the DSM 5

WEEK 7***Session 7: IECMH Evidence-based/informed practice*****ASSIGNMENT #2 DUE TODAY**

- Trauma-informed dyadic interventions
- Common theories and elements across IECMH EBPs
- Child-Parent Psychotherapy

Required Readings:

**Fraiberg, S., Adelson, E., & Shapiro, V. (1975). Ghosts in the nursery: A psychoanalytic approach to the problems of impaired mother-infant relationships. *Journal of the American Academy of Child and Adolescent Psychiatry*, 14, 387-422.

**Lieberman, A., Dimmler, M. H., & Ghosh Ippen, C. (2019). Child-Parent Psychotherapy: A trauma-informed treatment for young children and their caregivers. In C. H. Zeanah (Ed.) *Handbook of infant mental health, 4th Edition*. New York: Guilford Press, pp. 485-499.

Lieberman, A. F., & Van Horn, P. (2011). "Practicing Child-Parent Psychotherapy: Treatment targets and strategies" (chapter 4). *Psychotherapy with infants and young children: Repairing the effects of stress and trauma on early attachment*: New York: Guilford Press, pp. 64-99.

Lieberman, A. F., & Van Horn, P. (2011). "Not quite good enough" Perturbations in early relationships (chapter 5). *Psychotherapy with infants and young children: Repairing the effects of stress and trauma on early attachment*: New York: Guilford Press, pp 138- 183.

Recommended Readings:

Julian, M., Muzik, M. & Rosenblum, K. (2018) Parenting in the context of trauma: Dyadic interventions for trauma-exposed parents and their young children. In M. Muzik & K. L. Rosenblum (Eds.), *Motherhood in the face of trauma: Pathways toward healing and growth* (pp. 131-150). Springer International Publishing.

Lieberman, A. Padron, E., Van Horn, P., & Harris, W. (2005). Angels in the nursery: The intergenerational transmission of benevolent parental influences *Infant Mental Health Journal*, 26(6), 504-520

WEEK 8***Session 8: CPP continued; guest speaker***

- "Ghosts and angels"
- Immigrant children and families
- Traumatic exposure to violence

Required Readings:

**Lieberman, A. F., & Van Horn, P. (2011). "Ghosts and angels in the nursery" (chapter 6). *Psychotherapy with infants and young children: Repairing the effects of stress and trauma on early attachment*: (pp. 174-209). New York: Guilford Press.

Lieberman, A. F., & Van Horn, P. (2011). "Variations in Child-Parent Psychotherapy" (chapter 7). *Psychotherapy with infants and young children: Repairing the effects of stress and trauma on early attachment*: New York: Guilford Press, pp.210-245.

Reyes, V., & Lieberman, A. (2012). Child-Parent Psychotherapy and traumatic exposure to violence. *Zero to Three*, 32(6), 2025.

**Lieberman, A. & Bucio, G. (2018). When migration separates children and parents: searching for repair. *Zero to Three*, 39(1), 55-60.

Recommended Readings:

Ippen, C. G., Noroña, C. R., & Lieberman, A. F. (2014). Clinical considerations for conducting Child-Parent Psychotherapy with young children with developmental disabilities who have experienced trauma. *Pragmatic Case Studies in Psychotherapy*, 10(3), 196-211.

Lavi, I., Gard, A. M., Hagan, M., Van Horn, P., & Lieberman, A. F. (2015). Child-parent psychotherapy examined in a perinatal sample: Depression, post-traumatic stress symptoms and child-rearing attitudes. *Journal of Social and Clinical Psychology*, 34(1), 64-82.

Ribaudo, J. (2016). Restoring safety: An attachment-based approach to clinical work with a traumatized toddler. *Infant mental health journal*, 37(1), 80-92.

WEEK 9: SPRING BREAK**WEEK 10*****Session 9: Evidence-based/informed interventions for parents with substance use disorders (SUDs) and their young children***

- Parenting, trauma and substance misuse
- Effects of parental substance misuse on infants and young children
- Intervention approaches

Required Readings:

Paris, R., Sommer, A., & Marron, B. (2018). Project BRIGHT: An attachment-based intervention for mothers with substance use disorders and their young children. In M. Muzik & K. L. Rosenblum (Eds.), *Motherhood in the face of trauma: Pathways toward healing and growth* (pp. 181-196). Springer

**Suchman, N., DeCoste, C., 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: Developmental approaches to intervention*, (pp.407-433). New York: Oxford University Press.

Hanson, K. E., Saul, D. H., Vanderploeg, J. J., Painter, M., & Adnopoz, J. (2015). Family-Based Recovery: An innovative in-home substance abuse treatment model for families with young children. *Child Welfare, 94*(4).

**McMahon, T. (2013). Fathers too! Building parent interventions for substance-abusing men. In N. E. Suchman, M. Pajulo, & L. M. Mayes (Eds.) *Parenting and substance abuse: Developmental approaches to intervention*, (pp.447-468). New York: Oxford University Press.

Recommended Readings:

Paris, R., Herriott, A., Holt, M. & Gould, K. (2015). Differential responsiveness to a parenting intervention for mothers in substance abuse treatment. *Child Abuse and Neglect, 50*, 205-217.

Grant, T. & Huggins, J. (2013). Intervention with mothers who abuse alcohol and drugs: How relationship and motivation affect the process of change in an evidence-based model. In N. E. Suchman, M. Pajulo, & L. M. Mayes (Eds.) *Parenting and substance abuse: Developmental approaches to intervention*, (pp.365-385). New York: Oxford University Press.

WEEK 11

Session 10: Additional evidence-based IECMH approaches and populations

- Attachment and Biobehavioral Catch-Up (ABC)
- Minding the Baby (MTB)
- Home visitation
- Common elements across interventions

Required Readings:

**Dozier, M. & Bernard, K. (2019). Attachment and Biobehavioral Catch-Up. In C. H. Zeanah (Ed.) *Handbook of infant mental health, 4th Edition*. (pp. 514-526). New York: Guilford Press.

**Slade, A., Eaves, T., Webb, D. Albertson, J., Close, N. & Sadler, L. (2018). Minding the Baby: Complex trauma and attachment-based home intervention. In H. Steele & M. Steele (Eds.), *Handbook of attachment-based interventions*, (pp. 151-173). New York: Guildford Press.

Zeanah, P. D. & Korfmacher, J. (2019). Infant mental health and home visiting: Needs, approaches and opportunities. In In C. H. Zeanah (Ed.) *Handbook of infant mental health, 4th Edition* (pp. 610-625). New York: Guilford Press.

Recommended Readings:

Gilkerson, L., & Imberger, J. (2016). Strengthening reflective capacity in skilled home visitors. *Zero to Three* 37(2), 46-53.

Paris, R. (2008). "For the dream of being here, one sacrifices...". Voices of immigrant mothers in a home visiting program. *American Journal of Orthopsychiatry*, 78(2), 141- 151.

Howard, K. S., & Brooks-Gunn, J. (2009). The role of home-visiting programs in preventing child abuse and neglect. *The future of Children*, 119-146.

WEEK 12

Session 11: Group interventions

- Circle of Security
- Mom Power
- Group attachment-based intervention: GABI

Required Readings:

**Coyne, J., Powell, B., Hoffman, K., Cooper, G. (2019). The Circle of Security. In C. H. Zeanah (Ed.) *Handbook of infant mental health, 4th Edition* (pp. 500-513). New York: Guilford Press.

**Lawler, J., Rosenblum, K. L., Schuster, M. & Muzik, M. (2018). Mom Power: A parenting group intervention for mothers with trauma histories. In M. Muzik & K.L. Rosenblum (eds.), *Motherhood in the face of trauma: Pathways toward healing and growth* (pp. 165-180). Springer International.

Steele, H., Steele, M., Bonuck, K., Meissner, P. & Murphy, A. (2018). Group attachment-based intervention: A multi-family trauma-informed intervention. In H. Steele & M. Steele (Eds.), *Handbook of attachment-based interventions*, (pp. 198-219). New York: Guildford Press.

Recommended Readings:

Huber, A., McMahon, C. A., & Sweller, N. (2015). Efficacy of the 20-week circle of security intervention: Changes in caregiver reflective functioning, representations, and child attachment in an Australian clinical sample. *Infant Mental Health Journal*, 36(6), 556-574.

Rosenblum, K. L., Muzik, M., Morelen, D. M., Alfafara, E. A., Miller, N. M., Waddell, R. M., & Ribaldo, J. (2017). A community-based randomized controlled trial of Mom Power parenting intervention for mothers with interpersonal trauma histories and their young children. *Archives of Women's Mental Health, 20*(5), 673-686.

WEEK 13

Session 12: Early Childhood Mental Health Consultation; guest speaker

- ECMH consultation as an important evidence-based practice
- Viewing of video clips for assignment #3

Required Readings:

**Kaufmann, K., Perry, D., Seitzinger, K. & Hunter, A. (2013). Early childhood mental health consultation: Reflections, definitions, and new directions. *Zero to Three, 33*(5), 4-9. (Available on Blackboard site)

Seitzinger, K., Perry, D., Shivers, E. & Gilliam, W. (2013). Early childhood mental health consultation as an evidence-based practice: Where does it stand? *Zero to Three, 33*(5), 10-19.

Heller, S., Steier, A., Phillips, R. & Eckley, L. (2013). The building blocks for implementing reflective supervision in an early childhood mental health consultation program. *Zero to Three, 33*(5), 20-27. (Available on Blackboard site)

**Ash, J., Mackrain, M. & Johnston, K. (2013). Early childhood mental health consultation applying central tenets across diverse practice settings. *Zero to Three, 33*(5), 28-33. (Available on Blackboard site)

Recommended Readings:

Heller, S. S., Boothe, A., Keyes, A., Nagle, G., Sidell, M., & Rice, J. (2011). Implementation of a mental health consultation model and its impact on early childhood teachers' efficacy and competence. *Infant Mental Health Journal, 32*(2), 143-164.

Gilliam WS, Maupin AN, Reyes CR. (2016) Early childhood mental health consultation: Results of a statewide random-controlled evaluation. *J Am Acad Child Adolesc Psychiatry*, 55(9):754-61. doi: 10.1016/j.jaac.2016.06.006.

WEEK 14

Session 13: Where are the fathers in IECMH?

- Importance of fathers in IECMH; specific approaches to IECMH interventions for fathers with histories of IPV
- <https://www.zerotothree.org/resources/231-the-daddy-factor-how-fathers-support-development>

Cabrera, N. J., Shannon, J. D., & Tamis-LeMonda, C. (2007). Fathers' influence on their children's cognitive and emotional development: From toddlers to pre-K. *Applied Development Science*, 11(4), 208-213.

**Stover, C. S. (2013). Fathers for change: A new approach to working with fathers who perpetrate intimate partner violence. *The Journal of the American Academy of Psychiatry and the Law*, 41(1), 65.

**DeVoe, E. R. & Paris, R. (2015). Engaging military fathers in a reflective parenting program. Lessons from Strong Families Strong Forces, *Zero to Three Journal*, 35(5), 43-47.

Recommended Readings:

Stover, C. S., Easton, C. J., & McMahon, T. J. (2013). Parenting of men with co- occurring intimate partner violence and substance abuse. *Journal of Interpersonal Violence*, 28(11), 2290-2314.

Paris, R., DeVoe, E. R., Ross, A. M., & Acker, M. (2010). When a parent goes to war: Effects of parental deployment on very young children and implications for intervention. *American Journal of Orthopsychiatry*, 80(4), 610-618.

WEEK 15

Session 14: Course review

ASSIGNMENT #3 DUE TODAY

- The limits of therapeutic interventions
- Infant mental health competency guidelines (Blackboard)
- Course review

Required Readings:

**Lieberman, A. F., & Van Horn, P. (2011). "Closing thoughts: Taking perspective" (chapter 10). *Psychotherapy with infants and young children: Repairing the effects of stress and trauma on early attachment*: New York: Guilford Press, pp. 317-330.

Lyons-Ruth, K., Todd Manly, J., Von Klitzing, K., Tamminen, T., Emde, R., Fitzgerald, H., & Watanabe, H. (2017). The worldwide burden of infant mental and emotional disorder: Report of the task force of the world association for infant mental health. *Infant Mental Health Journal*, 38(6), 695-705.

ASSIGNMENTS

Assignments are due on the date listed. Points will be deducted for each day an assignment is late unless an arrangement has been made with the instructor in advance.

All assignments should be uploaded to SafeAssign through Blackboard for an originality check before being submitted to the instructor. Ideally, papers should have scores of no more than 20% in the originality check. Assignments #2 and #3 should be submitted to the instructor through the Blackboard site.

All written assignments should conform to APA conventions (12-point font, double spaced, one inch margins, correct in-text citations and reference list, etc). Points will be deducted if APA style is not followed.

ASSIGNMENT #1: 15 points**Due date: Varies for each student***Discussion leader in IECMH:*

In many of our sessions 2 students will be assigned as a discussion leaders. They will

1) offer brief summaries of specific readings to highlight main points, and 2) develop 2 questions for discussion that they will lead. The class will divide into smaller groups and discussion leaders will decide how to proceed in class (e.g. discuss one or both articles in small groups, discuss material from one article in light of the other, case material to apply to article(s), etc.). Student leaders are responsible for emailing the brief summaries (no more than 1 paragraph) and 2 questions to the instructor and all students the day before class through the Blackboard Learn site by 5 PM. It is each student's responsibility to check his/her BU email account by 6 PM the day before class in order to obtain the questions and come to class prepared to discuss them. This is an important and required courtesy toward your classmates. Discussion leaders will write a one-two page reflection on the readings and the process of leading the class discussion to be sent to the instructor by the following class.

Assignment #1 provides the opportunity for students to demonstrate their knowledge, values and skills in principles of infant and early childhood mental health including advanced competencies such as engagement, assessment, intervention and evaluation.

ASSIGNMENT #2: 30 POINTS

Case Vignette Paper: Respond to the case by answering the questions below. Instructor will provide case material on Blackboard site.

The purpose of the assignment is to help you begin to understand more about IECMH and the families that seek out services. It will also help you begin to think through an intervention approach to working with vulnerable infants/young children and families. After reading the case material, reflect on the following questions and answer them in the form of an essay. Please use the questions as

headings for each section of your essay. Your essay should be approximately 5-6 pages (maximum) and should conform to APA conventions (12-point font, double spaced, one inch margins, etc). Page estimates should be used as guidelines, not firm limits. Please use the questions as headings for your paper.

- 1) Describe a summary of the case. (1 page or less)
- 2) What parts of this case struck you as the most difficult? (1-1.5 pages)
 - a. For the family to deal with?
 - b. For the IMH specialist to deal with?
 - c. For you to understand?
- 3) What strengths do you see? (1-1.5 pages)
 - a. In this family?
 - b. In the IMH specialist?
 - c. In yourself if you were working with the family?
- 4) What did you want to know more about? (.5 page)
- 5) If you were beginning to work with this family, where would you start? (.5 page)
- 6) What would you struggle with most in your work with this family? (.5 page)
- 7) Using the Diversity-Informed Tenets for Work with Infants, Children and Families choose 2 of the tenets and discuss how you would address them in this case. (1 page)

Assignment #2 provides the opportunity to demonstrate your knowledge, values, and skills, in professional identity, critical thinking, diversity and practice, research based behavior, practice contexts and engagement, assessment, intervention, and evaluation in clinical practice.

ASSIGNMENT #3: 40 points

Assessment, Engagement and Treatment Plan: (8-9 pages maximum): This paper is based on video clips we will view in class. Please use the numbered and lettered questions as headings and sub-headings for your paper.

- 1) **Describe in careful detail** the interaction you observed on the video. Pay attention to the attunement of the caregiver(s) and the way in which the dyad is, or is not, in synchrony within various domains including, physical, verbal, emotional, activity level, etc. (approximately 1 page)
- 2) **Fill out the PICCOLO tool** to assess the parent-child interaction. (Please note, PICCOLO is not considered in page count)
- 3) **Comment on your impression of the child’s experience and the caregiver’s experience(s).** Watch the child’s reactions very closely – what signs and signals is he/she giving. Does she look away at a particular moment? Is she doing things to get the caregiver’s attention? What emotions does she show and what are they in response to? Describe what you think this interaction would feel like 1) for the caregiver(s), 2) for the child and 3) for you, if you were there. (approximately 1 page)
- 4) **Reflect** on your own responses to watching the video (approximately 2 pages)
 - a. Describe who you identify with in the family/dyad and why?
 - b. Describe who you feel particularly NOT identified with and why?
 - c. Are there times when you notice yourself being judgmental? Describe that experience. Describe how you could refocus your frame of reference so that you feel more compassionate and less judgmental.
 - d. Does the interaction press any “hot buttons” for you? Is there an emotional trigger in it for you? Describe what that is.
 - e. Describe your own perspectives, assumptions and frames based on your own history including family, cultural, class etc. through which you observe these video clips and how are they influencing how you view the interaction. How are the diversity-informed tenets relevant for this family?
 - f. Given who you are, if you were doing a home visit with this family, what would you bring to the interaction and interactive process within the family? How would you engage with this child and family? Describe this.

- g. What might you be taking for granted in your assessment of the video clip? What have you forgotten to bear in mind? (e.g., maybe the child was actually not feeling well, maybe the parent was nervous in front of video camera, etc.) Describe this.
- 5) **Summarize important aspects of the family and trauma history** and how they may be relevant for the parent, the child and the parent-child relationship. Develop a brief case formulation. Case material will be provided by the instructor. (approximately 1 page)
- 6) **Considering what you have seen in the video and what you know about the history, choose and describe an empirically-supported trauma-informed intervention (EBP)** that you would recommend for use with this family and develop a treatment plan. Describe the intervention using the literature and provide citations to support your choice of intervention. Explain **WHY** you would use that intervention or technique – specifically state how it would be helpful. Describe **HOW** you would use this intervention with this family. Note that to complete this portion of the paper successfully, you will need to have a solid understanding of the intervention you choose and be able to describe how it works and why it would be appropriate for this family. (approximately 3 pages)
- 7) **Provide a reference list** for all sources cited in the paper. At least 7 citations are expected. (reference page(s) not considered in page count)

Assignment #3 provides the opportunity to demonstrate your knowledge, values, and skills, in professional identity, critical thinking, diversity and practice, research based behavior, practice contexts and engagement, assessment, intervention, and evaluation in clinical practice.

COURSE GRADING CRITERIA

Class participation	15 points
Discussion leader, Assignment #1	15 points
Response to case vignette, Assignment #2	30 points
Clinical assessment and treatment plan, Assignment #3	40 points

