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Infant Mental Health Training for Early Years Practitioners

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Children will be able to truly thrive in school and life if their mental well-being is supported, beginning in their early years.

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Infant Mental Health Training for Early Years Practitioners

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Amid growing international awareness about the importance of building the competency of those working with young children and their families, a particular concern focuses on increasing understanding of infant mental health. This article outlines the development and evaluation of a pilot infant mental health (IMH) training program for early years practitioners in Ireland. The program was developed by the Lets Grow Together! Infant and Childhood Partnerships in Cork, Ireland. The project translates and makes accessible IMH and early childhood development science and applies it to a format that will build capacity in the everyday practice of early years practitioners working in an area of high socio-economic deprivation. The training model is guided by the Irish Association for Infant Mental Health (I-AIMH) Competency Framework.®

Infant Mental Health Training for Early Years Practitioners

IMH is defined as:

> "the capacity of the child from birth to 5 years old to form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; and explore the environment and learn – all in the context of family, community, and culture."[1]

IMH practice refers to a commitment by services working with young children and their caregivers to promote healthy emotional development, prevent emotional disturbance, and treat mental health problems. Through their interactions with caregivers, children gradually learn how to communicate and cooperate with others and these interactions promote the development of emotion regulation skills.[2] A core tenet of IMH practice is the belief that how an infant or child is cared for in the early years of life shapes the course of development. Positive experiences will most likely result in a positive developmental trajectory, and conversely, neglect or abuse may compromise early development as the infant's social and emotional needs are at risk. While much of the focus of IMH is on parent and child relations, early years practitioners also play an important caregiving role and are uniquely placed to provide children with responsive and supportive relationships that can facilitate adaptive coping responses.

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The development of this specific IMH training was the result of a stakeholder collaboration to identify training gaps that existed within childcare provision. A process document was developed to map out and explore how the training would fit within existing skills and competencies requirements and how it linked to the national curriculum and quality frameworks in Ireland: Aistear and Síolta. As a starting point to develop IMH training specifically for the early years workforce, we reviewed the IMH competencies developed by the Michigan Association for Infant Mental Health.

The aim of the IMH training program was to build the capacity of early years practitioners by increasing their knowledge of IMH and its application into early years settings, and in doing so enhance their ability to support the social and emotional development of infants and young children. A key aspect of the training was a whole-center approach to ensure all personnel were experiencing the training at the same time and engaging in reflective practice. A bank of resources was distributed to provide additional information that would further support participants' learning and development. A dual approach of training sessions and onsite mentoring supported implementation of the training into everyday practice. The mentoring aimed to support the further development of reflective practice and gave the practitioners the skills to meaningfully engage with the children, exploring how these relationships could be built and nurtured to support the children's learning and development. The training also provided insight into children's behaviors and representations to help practitioners tailor their responses.

Positive Outcomes of the Training

Evaluation of the IMH training program identified a number of areas of improvement in practice:

- Knowledge of IMH
- Confidence in ability to support development of parent-infant attachment
- Awareness of children's social and emotional development

Program Evaluation Methodology

To evaluate the IMH training program, a mixed-methods research study was designed and implemented. The research methods included questionnaires that were administered pre- and post- training, an online practice journal, and a post-training focus group to assess the program's impact. The study also involved piloting methods suitable for ongoing monitoring and evaluation once the pilot phase ends.

Stage 1 Pre-Intervention Measures: To create a pre-intervention baseline regarding knowledge and practice, the practitioners completed a pre-IMH training questionnaire.

Stage 2 Program Implementation (4 weeks): The training program was implemented in an early years' center and consisted of four 2-hour sessions delivered between November and February. Participants were invited to contribute to an online practice journal between training sessions to assess their experience.

Stage 3 Post-Implementation Measures: Following the final training session, the participants completed a post-IMH training questionnaire (distributed online due to the COVID-19 pandemic). A focus group was held with participants following the final training session to gather information about the practitioners' knowledge of IMH and their experiences with the training program. Quantitative data from the pre- and post-IMH training questionnaires were analyzed using SPSS. The qualitative data generated from the online practice journals and the focus groups were subjected to thematic analysis.

Research Sample and Recruitment: The research setting was a family center located in an urban area of high socio-economic need. Twelve early years practitioners who had participated in the program were recruited for the study. Participation in the research was voluntary. Length of service varied: 58% of participants had more than 7 years of service and 33% had one to three years. The research received ethical approval from the University College Cork Social Research Ethics Committee.

Impact of COVID-19 on the Pilot Programme and Evaluation

COVID-19 restrictions had a major impact on the implementation and assessment of the program. The early years setting was closed for periods of time leading to large gaps between each training session and periods when the practitioners were not in the childcare center and so had limited opportunity to put the training into practice. Also, the early years practitioners had limited interaction with each other, due to the center being split into "pods," and limited interaction with parents. The training was delivered online via MS Teams and Zoom. Focus groups were also affected, due to the roll-out of the vaccination program leading to cancellation of one focus group and a limited number of participants in another.

- Awareness of children's emotions
- Collaborative working and peer support
- Regulation of practitioners' own emotions
- Child-led activities.

Knowledge of IMH

While none of the practitioners had prior IMH training, they demonstrated knowledge of theories underpinning IMH, such as centrality of the caregiver child relationship and the importance of attachment and attunement. Following the training, the practitioners reported an increase in their knowledge of social and emotional developmental stages from infancy up to the third year. Before the training, 63% of practitioners rated themselves as "knowledgeable," which rose to 88% after training.

The early years practitioners demonstrated increased frequency in the use of IMH language and terminology. When asked to describe the primary function of attachment, one practitioner initially wrote *"bonding"*; following the training, the same practitioner described the primary function of attachment as being *"to reduce distress and regulate emotion* [and] *to promote exploration."* Phrases such as *"serve and return," "regulation of emotion,"* and *"acknowledging feelings"* were extensively used.

Confidence in Ability to Support Development of Parent-Infant Attachment

Prior to the training, only 13% of the practitioners reported feeling "fairly" or "completely confident" in their ability to help parents who were struggling to comfort their young child. This rose to 75% after the training. One participant commented that, *"With parents, I think we will be able to reassure them a lot more. We will be able to say to them, 'You know you are anxious, the child knows that you are anxious. The child can feel that you are anxious, but go—the child will be fine you know.' I think we have the tools now as well to be able to do that."* Despite clear gains in this area, there is still a need for

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ongoing focus on supporting the parent-practitioner relationship. Before the training, only 13% of practitioners felt "completely confident" in their ability to establish a working alliance with child and family. After the training, those rating themselves as "completely confident" was still only 33%.

Awareness of Children's Social and Emotional Development

The early years practitioners reported an increase in their ability to identify and respond to a lack of progress in a young child's social and emotional development. Only 25% of practitioners initially felt "able" and "very able" to identify such a lack of progress, which rose to 75% after the training. Thirty-eight percent of practitioners initially reported feeling "very" or "extremely able" to respond once a lack of progress has been identified, which rose to 50% after the training.

Before the training, 50% of early years practitioners felt "fairly confident" or "completely confident" in their ability to identify risks to the children's emotional health. After the training, 75% of early years practitioners rated themselves "fairly" and "completely confident." Regarding their ability to respond once a risk to a child's emotional health is identified, 63% of practitioners reported feeling "fairly" or "completely confident," both before and after the training.

Awareness of Children's Emotions

Overall, the early years practitioners reported an increase in their awareness of children's emotions, feelings, and behavior and in their capacity to respond sensitively. Before the training, 50% of early years practitioners reported that they "often" or "always" consider what it might be like to be the child. After the training, 88% of practitioners reported they "often" or "always" consider what it might be like to be the child. One practitioner commented, *"Sometimes you forget … that we know what's happening but they don't realize that's happening; they don't know what's happening so you have to be aware of them as well."*

Another practitioner commented, *"You would see an anxious child and you would be looking at them, but now I am going around actually saying, 'Are you okay? Are you alright?' I am like checking in, whereas before I wouldn't check in, I would just be looking. But now I let them know that I see them and I am asking a question, 'Are you alright? Are you okay?'"* Practitioners also reported talking with the children and naming their emotions: *"Since the training, I would say to the child, 'Oh I know you are sad" or "I can see you are so happy that you did that." You know, even if they are young, you can talk about the emotion with them."*

The practitioners demonstrated an increased awareness of the reasons behind a child's distress. For example, one practitioner noted that the concept of *"separation from parent causing distress in the child"* stood out for them in that week's training session. The focus group participants referred several times to separation being a cause of anxiety and distress for the children and their parents, particularly in relation to challenges they might face with the new intake of children starting in September. One practitioner noted, *"Separation anxiety is normal."* Another responded, *"It's just how the child will cope with it and how we will cope with the child being able to cope with it."*

Several practitioners commented on the importance of routine in reducing levels of anxiety. One practitioner commented, *"It's just a matter of explaining it all to them, this is what happens, just to take away the anxiety from them."*

The early years practitioners regularly referenced tools and strategies from the training that they were incorporating into their practice. One practitioner noted, *"I learned a strategy called blue box to aid me to help children to emotionally regulate."* Another practitioner noted, *"This week, behavior was a challenge with one*

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child and the wheel helped to identify reasons for his behavior." Another reported using the *"serve and return technique … to respond to their needs appropriately, through eye contact and kind words, just to be present and give them comfort."*

Collaborative Working and Peer Support

Peer support was identified by the Michigan Association for Infant Mental Health as an important area of competence for caregivers. All of the practitioners considered sharing observations with others as "important" or of "high importance"; however, only 38% of practitioners reported sharing observations about their interactions with children "very often" or "often." One participant noted that having an opportunity to *"share information and to work together helps suit that child's individual need"* and another noted that by sharing observations, *"You are getting support and someone else's opinion that might help you in your work."* The focus group discussion revealed how the training affected collaborative work among the practitioners: *"We have a child who finds it hard to regulate their emotions and as a team we were more aware of this and gave that child some one-on-one time."* Several practitioners commented on the difficulties of working collaboratively given the restrictions in the workplace due to the pandemic.

Regulation of Practitioners' Own Emotions

Working in early years environments can be stressful; *all* of the early years practitioners "agreed" or "strongly agreed" that they sometimes feel the pressure to meet the children's needs to be overwhelming. They sometimes find interactions with children to be stressful and are sometimes unsure of how to handle their needs.

Practitioners identified increased awareness about regulating their own emotions as a positive outcome of the training program. One practitioner noted being particularly impressed by the idea that it is important *"to take a minute or two to regulate your feelings before dealing with a situation."* Another practitioner noted one thing they would take from the training is the need *"to slow down and think about my own emotions.… We all need emotion regulation."* Another noted, *"I found looking at my own emotions first and then dealing with the child's emotions a good learning tool."*

Child-Led Activities

Several practitioners reported that after the training they took a step back in their interactions with the children to observe and respond by following the child's lead. One practitioner commented, *"I took more time to listen and wait while the children were talking with me"* and then used a tool such as the serve and return technique, *"waiting for the children to take the lead in the conversation and play."* Another practitioner noted, *"I found myself watching the children who found forming friendships hard; they just stood out to me more."* She then *"tried my best to buddy children up that were finding friendships hard. The staff were all on board with this.… We gave them things to play with that we knew … would [promote interaction] with each other."*

The early years practitioners also indicated they were using positive praise with children: *"I gave more praise to the child. For example, saying, 'You've done that puzzle all by yourself,' instead of saying, 'Good girl.' And acknowledging their feelings."* One participant explained, *"I learned that by having a positive attitude, the child responded in a positive way."*

Discussion

Evaluation of the IMH training program for early years practitioners demonstrated increased capabilities in practitioners' perceived ability to understand and interpret social and emotional

developmental stages in young children. The findings also indicate an increase in practitioners' confidence and competence in supporting parents, such as reducing parental stress around dealing with temper tantrums and separation anxiety. Given the critically important role that parents play in influencing their children's development, assisting parents in their parenting not only helps the parents directly but also presents an opportunity to promote the most important factor influencing child development.

The practitioners demonstrated that the training had positive impacts on their practice. Practitioners reported adopting and incorporating a range of tools and strategies from the IMH training and illustrated the positive impact they observed when implementing the tools in their practice.

Areas for Improvement

The findings highlighted the need for further supports to foster confidence in working with families. The practitioners also indicated that they experience stress and uncertainty in their roles. Such findings suggest the need for a space where the practitioners can reflect on their thoughts and feelings about what they observe or experience in working with children, thereby decreasing professional stress and increasing their ability to respond effectively to children's needs.

Next Stage for the Program

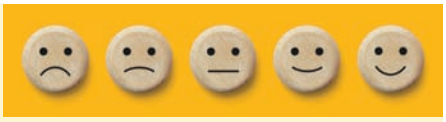
The positive results overall demonstrate that the IMH training was successful in building competencies and confidence. In light of these findings, it is clear that providing such professional development experiences is critically important for strengthening practitioner abilities and promoting positive outcomes for young children and their families.

Notes:

[1] Zero to Three. (2017). *Infant and early childhood mental health.* Retrieved from https://www.zerotothree.org/espanol/infant-and-early-childhood-mental-health

[2] Carr, A. (2006). The handbook of child and adolescent clinical psychology: A contextual approach (2nd ed.). Routledge.

Mental Health and Young Children: Selected Behaviors That Warrant Concern



Infants and Toddlers (Birth to 3 Years Old):

- Chronic eating or sleeping difficulties
- Inconsolable "fussiness" or irritability
- Incessant crying with little ability to be consoled
- Extremely upset when left with another adult
- Inability to adapt to new situations
- Easily startled or alarmed by routine events
- Inability to establish relationships with other children or adults
- Excessive hitting, biting, and pushing of other children or very withdrawn behavior
- Flat affect (shows little to no emotion at all)

Preschoolers (3 to 5 Years Old):

- Engages in compulsive activities (e.g., play enacted in a specific order, hand washing, repeating words silently)
- Throws wild, despairing tantrums
- Withdrawn; shows little interest in social interaction
- Displays repeated aggressive or impulsive behavior
- Difficulty playing with others
- Little or no communication; lack of language
- Loss of earlier developmental achievements
- Anxious and fearful in most situations

From The Basics of Infant and Early Childhood Mental Health: A Briefing Paper, *published by Zero to Three From* The Basics of Infant and Early Childhood Mental Health: A Briefing Paper, *published by Zero to Three*

What Is Infant and Early Childhood **Mental Health?**

From the Michigan Association for Infant Mental Health

Infant mental health is the developing capacity from birth to 6 "to experience, regulate, and express emotions; to form close relationships; and to explore the environment and learn"[1] — all in the context of family, community, and cultural expectations for young children.

Mental health for infants, toddlers, and young children is every part as important as their physical health. Mental health matters for the growth and maturity of the brain and body and for the social and emotional development of a person — now and for the whole lifetime.

All infants, toddlers, and young children should be nurtured and protected by caring adults – most often their parents – in a way that provides the basis for secure parent-child relationships. It is within these special relationships that infants, toddlers, and young children build strong (or weak) foundations for all emotional, cognitive, and social development. Research has also made the link between these strong early relationships and a person's lifelong physical health.

Ultimately, when parents and other caregivers are responsive, protective, and stable, infants, toddlers, and young children become confident, resilient, better able to manage their emotions, and have the capacity to connect with their caregivers in healthy ways.

Infant mental health refers to how well a child develops socially and emotionally from birth to age 3. The key to preventing and treating mental health problems of very young children and their families is to take an approach informed by infant mental health principles and practices. This approach also supports relational health by guiding the development of healthy social and emotional behaviors. Infant and early childhood mental health is based on the same principles, but expands the reach to include young children of 3-6 years of age and their caregivers.

Note:

[1] The Center on the Social Emotional Foundations for Early Learning. Infant Mental Health and Early Care and Education Providers. Vanderbilt University, retrieved from: http://csefel.vanderbilt.edu/documents/rs_infant_mental_health.pdf

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