

2021-07

Locating infant and early childhood mental health at the heart of social work

T. Walsh, R. Paris, J. Ribaldo, L. Gilkerson. 2021. "Locating infant and early childhood mental health at the heart of social work." *Social Work*, Volume 66, Issue 3, pp. 187 - 196. <https://doi.org/10.1093/sw/swab022>
<https://hdl.handle.net/2144/43193>

"Downloaded from OpenBU. Boston University's institutional repository."

**LOCATING INFANT AND EARLY CHILDHOOD MENTAL HEALTH AT THE
HEART OF SOCIAL WORK**

**Tova Walsh, PhD, MSW
Assistant Professor
University of Wisconsin-Madison School of Social Work**

**Ruth Paris, PhD, LICSW
Associate Professor
Boston University School of Social Work**

**Julie Ribaldo, LCSW, ACSW
Clinical Associate Professor
University of Michigan School of Social Work**

**Linda Gilkerson, PhD, LSW
Professor
Erikson Institute MSW Program**

Accepted for publication in *Social Work*

November, 2019

Abstract

Infant and early childhood mental health (IECMH) – an interdisciplinary field dedicated to advancing understanding of early relationships, social-emotional development, and cultural and contextual influences on caregiving – offers essential tools for social workers to support the wellbeing of infants, toddlers, preschoolers and their families. Though social worker Selma Fraiberg was a founder of the field, and social workers are central to the work of assessment and intervention with young children and their caregivers in many settings, few schools of social work offer training in IECMH and few social workers are familiar with its core principles, scholarship, and intervention approaches. In this article, faculty members from four U.S. social work programs address the vital role of IECMH in social work training, research, and practice, and issue a call to the field to recover and renew commitment to a practice perspective and knowledge base with roots in social work. Twenty-five years ago, *Social Work* published a similar call, but the request has gone largely unheeded. We examine the changing landscape and argue that it is more important and timely than ever for social workers to learn and integrate the relationship-based approach to promotion, prevention, intervention and treatment offered by IECMH.

Keywords: infant and early childhood mental health; parent-child relationships; early interventions

Locating Infant and Early Childhood Mental Health at the Heart of Social Work

Almost 45 years ago, social worker Selma Fraiberg and her team published the classic paper, “Ghosts in the Nursery” (Fraiberg, Adelson & Shapiro, 1975), about the influence of unresolved issues from the parental past as parents establish their relationship with their new baby. Understanding that stressed and vulnerable parents of young children often cannot garner the resources to arrive at an outpatient setting but need sophisticated intervention, Fraiberg integrated social work methods with psychoanalytic ideas to create a new, two-generational, relationship-based approach to treat young children and parents together (Shapiro, 2009). Her innovative work brought infant and parent treatment into the home and jointly addressed the family’s needs for psychological support and concrete assistance through social services (Weatherston, 2002). Fraiberg founded and spurred the growth of the Infant Mental Health (IMH) field, a burgeoning field for social work that has since expanded to encompass a focus on pregnancy to age six and become known as the Infant and Early Childhood Mental Health (IECMH) field.

Infancy and early childhood is a unique developmental period where brain development is occurring at a rapid pace (Shonkoff, Phillips, et al., 2000). Brain development occurs in the context of the child’s developmental niche and is supported by the caregiving relationships and community context surrounding the family and child (Rosenblum, Dayton, & Muzik, 2019). Thus, interventions to support healthy development are typically not aimed at the child but at the caregiving system. This period of development requires a specialized interdisciplinary knowledge base of IECMH theory and practice. Today, the interdisciplinary field of IECMH draws on knowledge and methods from social work, child psychiatry, child development, developmental psychology, nursing, pediatrics, occupational therapy and special education to

better understand the needs of infants, toddlers, young children and their families and promote lifelong mental health by supporting children's social and emotional development in the context of family, community, and culture (Lieberman, 1998; Weatherston, Ribaud & Glovak, 2002). The principles and perspective of IECMH have a vital role to play in informing contemporary social service research, delivery and policy. Biological and broader environmental influences on early development are well documented (Shonkoff, Phillips, et al., 2000). Additionally, it is now well established that the origins of mental health challenges can begin in early childhood (Sroufe, 2005; Green & Goldwyn, 2002) and that early developmental intervention and evidence-based IECMH treatment can promote growth, learning and healing (Zeanah, 2019). Neuroscience points clearly to the impact of early experience on brain development and social science to the primacy of positive early relationships in mental health (Thompson, Kiff & McLaughlin, 2019). The immigration crisis at our borders became a national emergency when the public recognized the trauma from broken attachments resulting from separations of babies and parents (Norona, et al., 2018). On another front, concern for young children has increased given the devastating opioid epidemic in the U.S. necessitating more foster placements and child welfare involvement. Infants and young children of caregivers who misuse substances, including opioids, are at higher risk for long-term health and developmental outcomes in part due to in utero exposure, but also due to parenting practices in families struggling with substance misuse (Finger, Jobin, Bernstein & Hans, 2018). Structural factors – including big pharma, poverty, traumatic stress, disparities in access to various forms of care, other sources of discrimination and oppression – that impact mothers and other caregivers, infants and young children, and communities, contribute greatly to the opioid epidemic and its sequelae.

Nearly 30 years ago, *Social Work* published a call to the field (Bonkowski & Yanos,

1992) to recover and renew commitment to an IMH practice perspective and knowledge base. That request was largely unheralded, to the detriment of the profession and our youngest clients. Today social workers are increasingly engaged with young children and their parents in a variety of contexts: families involved with the child welfare system, where the largest percentage of children coming into care are under one year of age (AFCARS, 2018); the escalating number of pregnant women and parents of young children struggling with life-altering addictions (Paris, Sommer and Marron, 2018); and the growing number of young children who are identified with significant social-emotional and behavioral problems, often linked to distress and disruptions in the caregiving relationship (Brauner & Stephens, 2006). Social work researchers are making a growing contribution to the IECMH knowledge base, identifying strategies to prevent and intervene with young children and their caregivers facing hardship and adversity. Yet few social work practitioners and researchers have access to IECMH training in their graduate programs and IECMH remains under-acknowledged in the field of social work.

In this paper, we – four social work professors who are IECMH specialists from across the United States – highlight advances in the field and reissue the call for greater acknowledgement of IECMH in social work. We review the major principles of IECMH and their alignment with the values of social work, explore the multiple settings wherein social workers are engaged in IECMH practice, highlight selected recent social work research that is informing the IECMH field, and examine the inclusion – and omission – of an IECMH perspective in social work education. We propose that the principles and competencies of IECMH should serve more broadly as a foundation for social work practice, research, and education, and offer recommendations for a re-orientation within social work to center the developmental knowledge and relationship-based approach of IECMH.

IECMH Principles and Alignment with Social Work Values

Our call to action rests on the alignment of the IECMH principles with social work values. These principles offer tools to strengthen social work education, research, and professional practice with infants, young children and families. In 1989, the Michigan Association for Infant Mental Health (MI-AIMH) began to detail the principles of IECMH, which essentially elaborate the perspective that “all young children benefit from a **sustained primary relationship** (emphasis in the original) that is nurturing, supportive and protective” (Weatherston & Tableman, 2015). Particularly salient to social work practice is the belief that the parental capacity to nurture an infant or young child is dependent on the extent to which the parent is “supported and nurtured, as well as her [mother’s] ability to use the support available to her [mother]” (Weatherston & Tableman, 2015). Like the early IMH practitioners, contemporary practitioners embrace the impact of multiple caregivers on the developing child— mothers, fathers, grandparents, and other important relationships.

Social work also tasks us with attending to the social environment and commitment to the amelioration of structural inequalities. In the context of broader environmental factors (e.g., socioeconomic factors, neighborhood violence, disparities in access to quality healthcare, other sources and structures of oppression and discrimination), IECMH assumes that parental responsivity is affected by current supports and stressors, the parent’s own history in early childhood (Bowlby, 1940) and the particular characteristics of the child (Weatherston & Tableman, 2015). A parent’s unresolved trauma poses risk to their ability to sensitively parent (Lyons-Ruth, Yellin, Melnick, & Atwood, 2003). This in turn influences the development of attachment in the child and may contribute to the intergenerational transmission of trauma. The child’s characteristics also play a role in the parent’s experience of parenting. Fraiberg saw the

infant mental health specialist as a careful observer and translator of infant behavior, helping parents understand their baby's individuality and developmental agenda. Support for parents' development as well as efforts to strengthen the infant-parent relationship are essential means of improving child wellbeing. An understanding of the child's development, the parent's relational history, and the interaction between these influences and community and cultural context is essential to the provision of mental health services to infants and young children.

An understanding of the provider's use of self in the context of the infant-parent relationship (Heffron, Ivins, & Weston, 2005; Tomlin, Weatherston & Pavkov, 2014) and the opportunity for the provider to grow in self-awareness and self-efficacy through reflective practice and reflective supervision is essential to IECMH and social work practice (Weatherston & Tableman, 2015; Heller & Gilkerson, 2009; Heffron & Murch, 2010). The value for reflection extends to models of relationship-based organizations within which optimal IECMH work can occur (Bertacchi, 1996). Organizations that center relationships seek to create affective safety to fuel and sustain social workers as they engage in emotionally challenging work with families, many of whom have suffered individual and historical trauma (Frosch, Varwani, Mitchell, Carraccioli, & Willoughby, 2018; Paris, Gemborys, Kaufman & Whitehill, 2007). The role of self-awareness and intentional action to address societal inequities and injustices is detailed in *The Diversity-Informed Tenets for Work with Infants, Children, and Families* (Irving Harris Foundation, 2012; 2018), developed to "expand the core principles [of IECMH] through a diversity, inclusion, and fairness lens" and call upon the field to jointly prioritize the promotion of nurturing early relationships and a just and equitable society (St. John, Thomas, & Noroña 2012; diversityinformedtenets.org/). The Tenets recognize that structural forces impede the capacity of some groups of infants, children, and families to thrive, and providers have a

responsibility to deepen understanding and build skills for individual, organizational, and systemic change (Thomas, Noroña, & St. John, 2019).

The person-in-environment perspective at the heart of social work is reflected in the integrated focus of IECMH on development and context. Young child wellbeing is nested in the context of relationships with their parents and these relationships unfold and develop in social and cultural context. Similar to social work, IECMH practice may seek to promote change at the micro, mezzo or macro-systems levels. The social work values of dignity and respect for the individual, social justice, and service over self-interest, are integral to IECMH.

IECMH in Social Work Practice

Though social work education does not emphasize preparation for practice or research with infants, young children and their families, social workers are found in large numbers in the field of infancy and early childhood. Social workers, provide services in early intervention programs for children with developmental delays and disabilities, Early Head Start, Head Start, child welfare agencies, hospitals and community mental health programs (Azzi-Lessing, 2010). They provide a range of services, including psychosocial support, psychotherapy and care coordination in family-centered medical homes (Rushton & Kraft, 2013), and mental health consultation in preschool expulsion prevention programs (Carlson, et al., 2012). They are a vital source of treatment of perinatal mood disorders and often preferred by mothers who seek treatment (Keefe, Brownstein-Evans & Rouland Polmanteer, 2016). Often, social workers are employed in neonatal intensive care units providing psychosocial support to parents of medically compromised infants and consultation to the NICU staff. Given the oversized role of social workers in providing needed services to infants, young children, and families and the complexity of this work, practice with infants, young children and families should have a greater platform

within the field and social workers should receive dedicated training and support for this specialization in graduate education and beyond.

Currently, specialized training and support is most readily available through employers to those who provide infant mental health treatment services. In the United States, social workers are the primary providers and supervisors of infant mental health treatment services (Shea, Goldberg & Weatherston, 2016), although globally it is hard to quantify any set of professionals who provide services in the infancy and early childhood community because the field does not have a clearly defined discipline associated with it (Huang, Macbeth, Dodge, & Jacobstein, 2004). Following Fraiberg's example, providers of infant mental health treatment today maintain a relational focus, an ecological perspective, and a commitment to translating theory and research to practice. Relationship-based interventions target change through multiple points of entry (Stern, 1995), and many models have evolved that address the relationship between parents and their young children (Zeanah, 2019). In the tradition of Fraiberg's "psychotherapy in the kitchen," (Fraiberg, et al., 1975), many infant/family services take place in the home.

Effective IECMH practice requires specialized knowledge and skills. MI-AIMH has been a leader in advocating for and developing the expertise of professionals serving families with young children since its establishment in 1977. It is a professional organization comprised of physical and mental health, child care, and education professionals working with children 0 to 6 and their families (MI-AIMH, 2014). In 1996, MI-AIMH undertook a process that defined and codified a set of IECMH competencies, the *MI-AIMH Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health*, into a system that is used in 30 US states, Ireland, and Australia to endorse IECMH professionals at the Associate, Interventionist, Treatment, and Leadership Levels. These competences require that early

childhood practitioners are familiar with pregnancy and early parenthood; infant/young child development and behavior; relationship-focused assessment and therapeutic practice; family relationships and dynamics; attachment, separation, trauma and loss; psychotherapeutic and behavioral theories of change; disorders of infancy and early childhood; mental and behavioral disorders in adults and cultural competence (MI-AIMH, 2014). While this knowledge is essential to providing mental health services for young children and families, there are limited opportunities within social work education to develop IECMH competencies (Huang, et al., 2004), especially the deep knowledge of infancy and early childhood required. Thus, most social workers rely on their agency to support further training, often taxing already under-resourced non-profit organizations, community mental programs and school districts. Alternatively, the burden may fall to the individual practitioner, and trainings or professional memberships may be prohibitively expensive. Access to high quality IECMH training must be broadened to ensure adequate numbers of well-prepared professionals to meet great need throughout the country for support to infants, young children, and families facing profound stresses – and the most effective way to expand access is via inclusion in social work education.

Social Work Research Informing IECMH

A small but growing number of social work scholars now conduct primary research studies and train doctoral level social work researchers with the potential to enrich and move forward the larger field of IECMH. Social work scholars typically conduct studies deeply informed by person-in-environment and /or ecological perspectives, often drawing on past or ongoing practice experience and collaborations with community practitioners. These scholars are studying the experiences of infants, young children and families within real world contexts, developing specific interventions to prevent or treat their life challenges, and/or suggesting social

policies to address and improve their quality of life. Although social work scholars are conducting IECMH research in many domains, just a few are reviewed here as exemplars. They include studies within the child welfare, home visiting, pregnancy, and parenting intervention domains.

The child welfare realm is often the one most associated with social work and not surprisingly many social work scholars focus their research in this area (e.g., Bellamy, 2009; Marcenko, Lyons & Courtney, 2011; Mennen, Brensilver, & Trickett, 2010). A few hold an explicit IECMH lens and incorporate either attachment theory or developmental psychopathology into understanding young children who have experienced maltreatment (Mackenzie, Kotch & Lee, 2011; Ribaud, 2016). Others study the child welfare system itself, including how decisions are made at the individual, organizational and systems levels, and work to have research findings incorporated into practice in state child welfare systems (Bosk, 2018). Adjunct to child welfare is the field of home visiting, typically focused on supporting vulnerable families and preventing child maltreatment. Social work scholars have had a significant impact by evaluating the efficacy of statewide evidence-based home visiting initiatives (Lecroy, 2016), encouraging participation of fathers in home visiting programs (Guterman, Bellamy & Banman, 2018), incorporating mental health screenings for mothers receiving home visiting interventions (Price & Masho, 2013), and developing home visitor reflective capacity through specialized training in the FAN (Facilitating Attuned Interactions) approach (Gilkerson, et al., 2012).

Challenges during pregnancy and early parenting are closely related areas where social work researchers have made their mark in both understanding the phenomena and developing or evaluating interventions. Social workers have examined screening for maternal perinatal depression (Price & Masho, 2014) and the effects of maternal depression or domestic violence

on young children (Mennen, et al., 2018; DeVoe & Smith, 2002), developed and evaluated interventions to treat maternal postpartum mood disorders and promote optimal parenting (Grote, et al., 2015; Paris, Bolton & Spielman, 2011). Additionally, they have examined the role of fathers in pregnancy and early parenting (Dayton, et al, 2016; Walsh et al, 2017) and developed and tested interventions for fathers of young children, including in the military domain where high stakes separations from primary caregivers are commonplace for young children (DeVoe, et al, 2016; Paris, et al, 2010; Walsh et al., 2014). Demonstrating the interplay of physical health, mental health, and relational issues, in the military context they have found that preexisting child or adult health problems, service-related injuries and trauma, compound vulnerability for families facing the stresses of deployment, including relationship disruption. These studies have contributed to the development of best practices for women and infants, fathers and families.

The parenting intervention domain has long been an area of research for social work scholars. Studies have examined programs that address parental mental health challenges, substance misuse, and vulnerability due to the impact of poverty (Harden, & Whittaker, 2011; Paris, Herriott, Holt & Gould, 2015; Paris, Spielman & Bolton, 2009). These studies all place primary importance on the parent-young child relationship and work to understand the effectiveness and mechanisms of change central to the intervention. The relationship focus is a hallmark of IECMH research and it resonates with social work researchers, as the approach is syntonic with social work theory and practice.

IECMH Competencies and Social Work Education

Social work graduate programs offer scant training for working with or conducting research on the mental health needs of infants and young children (Fox, Mattek & Gresl, 2013), and training for in-home intervention is particularly sparse (Mattek, Jorgenson & Fox, 2010).

The skill sets needed to intervene with or examine the quickly changing developmental needs of young children and their families are complex. Through emphasis on the “person in environment” perspective, human behavior and development, social justice, diversity and humility (Berzoff & Drisko, 2015), social work curricula prepare social workers to meet some criteria for IECMH competency. However, psychodynamic theories, including object relations and attachment theory which help the infant mental health specialist to recognize the “ghosts in the nursery” (Fraiberg, Adelson & Shapiro, 1975), have been reduced in many social work curricula.

At present, few BSW, MSW or PhD programs formally include IECMH coursework or specialized training. Given the paucity of graduate coursework, MSW-level social workers typically receive IECMH training through interdisciplinary, post-graduate online or on-campus certificate programs often not sponsored by schools of social work and/or through professional development offered by their employing agency. The Merrill Palmer Skillman Institute at Wayne State University offers an interdisciplinary graduate certificate program in Infant Mental Health (<https://mpsi.wayne.edu/training/infant-health>); the University of Wisconsin Department of Psychiatry offers an Infant, Early Childhood, and Family Mental Health Capstone Certificate Program (<http://infantfamilymentalhealth.psychiatry.wisc.edu/>). The Erikson Institute offers one of the nation’s only Infant and Early Childhood Mental Health concentrations within a Master of Social Work program (<https://www.erikson.edu/graduate-education/masters-degrees/master-social-work/infant-early-childhood-mental-health-concentration/>), and a handful of other Master of Social Work programs, including those at Boston University and University of Michigan, offer a course in IECMH though not a concentration. Access to IECMH knowledge and skills for social work students could be expanded through greater availability both in and outside of

schools of social work, through cross-listed courses, team teaching, and other avenues of interprofessional education bringing together students from across disciplines (e.g., social work, health, mental health, public health, education) to gain understanding and strategies for promoting the well-being of infants, young children, and their families.

Social workers participate in additional training to learn age-specific assessments, early childhood mental health diagnosis, or evidence-based treatments. Doctoral level training for social workers interested in IECMH is offered at the few schools of social work where faculty are conducting IECMH research. Although slowly growing within academic social work, IECMH scholars are still under-represented given the numbers of social workers practicing in the field.

A promising new initiative is the development of a model course on IECMH for schools of social work. Under the leadership of the University of Maryland School of Social Work as part of a SAMSHA-funded social work curriculum project to improve training in child behavioral health, leaders from four institutions have collaborated to develop the syllabus for a three-credit course focused on knowledge, values, and skills for IECMH social work practice. Following pilot testing, the course will be made widely available. This social work offering can augment existing interdisciplinary training opportunities. Social work has something particular and valuable to contribute to the interdisciplinary field of IECMH, and can do so through both expanded partnerships and leadership.

Recognizing IECMH as a Valuable Framework for Social Work

All social workers should be exposed to the principles of IECMH. An IECMH framework guides social workers to be mindful of early relationships as the foundation for a child's developmental trajectory and relational capacities across the life course; the potential

lifelong impact of exposure to early adverse experiences, including trauma and toxic stress; and the potential of evidence-based IECMH interventions to promote growth and healing (Shonkoff, Phillips, & NRC, 2000). Across domains and settings, understanding these principles can inform and enhance practice. Additionally, social workers who aim to support infants, young children, their parents and caregivers through practice, policy, or research need more specific training and skills. Locating the IECMH perspective at the heart of social work would strengthen the capacity of social workers to respond effectively to multi-stressed families with young children who face a variety of risks. Toward that end, we offer a set of directions for development in the areas of social work practice, research, and education.

Future directions for IECMH social work practice. Recognizing the field of IECMH as an important and distinct domain of social work preparation would generate a corps of well prepared, IECMH trained social workers. IECMH trained social workers are urgently needed as mental health consultants in early care and education programs and staff in NICU and pediatric units, early intervention, home visiting programs, and child welfare, in particular. We endorse community mental health agencies employing IEMCH trained social workers to provide relationship-based treatment to young children and their caregivers. In addition to direct service to caregivers and infants, experienced social work clinicians who have received reflective supervision and consultation are well-situated to provide reflective consultation to programs. By offering well-trained support to the systems of care that serve families with young children, social workers are vital to promoting responsive, sensitive and attuned relational experiences for infants and young children.

Future directions for IECMH social work research. IECMH scholarship within social work shows promising growth. If we increase support to doctoral students who are interested in

infancy and early childhood, we will encourage a new generation of social work researchers who can contribute to, continue to grow, and provide leadership to the IECMH field. In particular, social workers from diverse cultural groups should be recruited to doctoral education, as training these scholars is central to building robust and relevant research. A well-supported and increasingly diverse group of social work scholars will be able to conduct research with an explicit IECMH lens within fields dominated by social work, such as child welfare and home visitation. Given the centrality of clinical practice with children and families within social work, we must encourage more community-based research studies to develop, test, improve, and disseminate effective early childhood interventions. Furthermore, social work researchers should be encouraged to conduct implementation studies of evidence-based practices for young children and families in community settings in order to tailor effective interventions for specific populations. At a foundational level, as mentioned earlier, a social work IECMH lens would bring greater relevance to research that strives to understand the impact of culture and context on caregiving and early development. The impact of this research could inform both social work practice and policy.

Future directions for IECMH social work education. Currently, professional training at all levels often does not match what is necessary for the provision of mental health services to infants and young children and research focused on their needs (Huang, et al., 2004). The IECMH framework should be integrated into curricula such that all students of social work receive training in IECMH principles; this content can be integrated into existing coursework including human behavior and social environment, clinical practice, and child welfare. Students wishing to concentrate their practice or research on infants, young children, expectant and new parents should have access to specialized courses that address IECMH competencies for

developmental and relationship assessment, parent/child relational therapy, and family support interventions. Recognizing the need to offer social work education programs resources to integrate training on IECMH, CSWE is launching a special project to develop a Curriculum Guide for Social Work Programs on Infant and Early Childhood Mental Health and Developmental Neuroscience. Co-chaired by Erikson Institute faculty and clinical director, the CSWE process includes the development of competencies and curriculum resources for each competency which will be finalized into a publication and disseminated electronically to all accredited social work programs by November, 2020. All schools of social work will be invited to participate in the process. The Curricular Guide will propel the field forward by establishing IECMH as a specialty area of practice and by providing social work educators with the knowledge and resources to teach the next generation of IECMH clinicians and leaders.

Graduate training should include reflective supervision, which is similar to, but differs from, the traditional case supervision of social work in that multiple layers of relational dynamics are attended to (Ganzer & Ornstein, 2004). Often confronted with confusing, distressed or hostile interactions, the IECMH specialist's capacity to retain a "mentalizing" stance (Fonagy, Steele, Moran, Steele, & Higgitt, 1991) – to think about one's own or another's inner states – is often taxed; in the space of reflective supervision, the clinician is invited to ponder her own thoughts, feelings and reactions to the families she is seeing, and reflect on new ways of considering the dilemmas in the relationship between the infant or young child and their caregivers (Shea, et al., 2016; Gilkerson & Heffron, 2016). Graduate training should be designed to align with the IECMH Endorsement, as this content will provide strong preparation and the recognition will be advantageous for social workers seeking positions in the IECMH field.

We call on social work professional associations to support these critical directions for

the field by recognizing IECMH as a specialization in social work, developing the IECMH workforce, and advocating for research, services and policies to advance the well-being of vulnerable young children and families. As social workers are increasingly in demand across early childhood service settings (Azzi-Lessing, 2010), and infants and young children need specialized service planning in order to decrease the iatrogenic effects of early adverse experiences, it is more important than ever for social workers to learn and integrate relationship-based theories and approaches to promotion, prevention, intervention and treatment. On the front lines of work with and on behalf of families at high risk, social workers are optimally positioned to both contribute to and apply emerging knowledge about early relational development to clinical practice, program development, policy and systems change.

REFERENCES

- U.S. Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (2018). *Adoption and Foster Care Analysis and Reporting System (AFCARS) FY2017 Data*. Retrieved from <https://www.acf.hhs.gov/cb/resource/afcars-report-25>.
- Azzi-Lessing, L. (2010). Growing together: Expanding roles for social work practice in early childhood settings. *Social Work, 55*(3), 255-263.
- Bellamy, J. L. (2009). A national study of male involvement among families in contact with the child welfare system. *Child maltreatment, 14*(3), 255-262.
- Bertacchi, J. (1996). Relationship-based organizations. *Zero to Three Journal, 17*(2), 1-7.
- Berzoff, J., & Drisko, J., (2015). What clinical social workers need to know: Bio-psycho-social knowledge and skills for the twenty first century. *Clinical Social Work Journal, 43*, 263-273.

- Bonkowski, S.E. & Yanos, J.H. (1992). Infant mental health: An expanding field for social work. *Social Work, 37*(2), 144-148.
- Bosk, E.A. (2018). What counts? Quantification, worker judgment, and divergence in child welfare decision making. *Human Service Organizations: Management, Leadership & Governance, 42*(2), 205-224.
- Bowlby, J. (1940). The influence of early environment in the development of neurosis and neurotic character. *The International Journal of Psycho-Analysis, 21*, 154-178.
- Brauner, C.B & Stephens, C.B. (2006). Estimating the prevalence of early childhood serious emotional / behavioral disorders: Challenges and recommendations. *Public Health Reports 121*(3), 303-310.
- Carlson, J. S., Mackrain, M. A., van Egeren, L. A., Brophy-Herb, H., Kirk, R. H., Marciniak, D., ... Tableman, B. (2012). Implementing a statewide early childhood mental health consultation approach to preventing childcare expulsion. *Infant Mental Health Journal, 33*(3), 265–273.
- Dayton , C. J., Buczkowski, R. S., Muzik, M., Goletz, J., Hicks, L., Walsh, T., & Bocknek, E. L. (2016). Expectant fathers' beliefs and expectations about fathering as they prepare to parent a new infant. *Social Work Research, 40*(4), 225-236.
- DeVoe, E.R., Paris, R., Emmert-Aronson, B., Ross, A., & Acker, M.A. (2016). A randomized clinical trial of a post-deployment parenting intervention for service members and their families with very young children. *Psychological Trauma: Theory, Research, Policy, Practice, 9*(Suppl 1), 25-34.
- DeVoe, E. R., & Smith, E. L. (2002). The impact of domestic violence on urban preschool children: Battered mothers' perspectives. *Journal of Interpersonal Violence, 17*(10), 1075-1101.
- Finger, B., Jobin, A., Bernstein, V. J., & Hans, S. (2018). Parenting contributors to early

emerging problem behaviour in children of mothers in methadone maintenance treatment. *Infant and Child Development*, 27(1), e2042.

Fonagy, P., Steele, M., Steele, H., Moran, G. S., & Higgitt, A. C. (1991). The capacity for understanding mental states: The reflective self in parent and child and its significance for security of attachment. *Infant Mental Health Journal*, 12(3), 201–218.

Fox, R.A., Mattek, R.J., & Gresl, B.L. (2013). Evaluation of a university-community partnership to provide home-based, mental health services for children from families living in poverty. *Community Mental Health Journal*, 49(5), 599-610.

Fraiberg, S., Adelson, E., & Shapiro, V. (1975). Ghosts in the nursery: A psychoanalytic approach to the problem of impaired infant-mother relationships. *Journal of the American Academy of Child Psychiatry*, 14, 387–421.

Frosch, C.A., Varwani, Z., Mitchell, J., Carraccioli, C., & Willoughby, M. (2018). Impact of reflective supervision on early childhood interventionists' perceptions of self-efficacy, job satisfaction, and job stress. *Infant Mental Health Journal*, 39(4), 385-395.

Ganzer, C., & Ornstein, E. D. (2004). Regression, self-disclosure, and the teach or treat dilemma: Implications of a relational approach for social work supervision. *Clinical Social Work Journal*, 32(4), 431-449.

Gilkerson, L. & Heffron, M.C. (2016). Attunement in blended supervision: FAN approach. Unpublished manuscript, Erikson Institute, Chicago, IL.

Gilkerson, L., Hofherr, J., Steier, A., Cook, A., Arbel, A., Heffron, M.C., . . . Paul, J.J. (2012). Implementing the fussy baby network approach. *Zero to Three Journal*, 33(2), 59-65.

Green, J., & Goldwyn, R. (2002). Annotation: Attachment disorganization and psychopathology: New findings in attachment research and their potential implications for developmental

- psychopathology in childhood. *Journal of Child Psychology and Psychiatry*, 43(7), 835–846.
- Grote, N.K., Katon, W.J., Russo, J., Lohr, M.J., Curran, M.C., Galvin, E., & Carson, K. (2015). Collaborative care for perinatal depression in socioeconomically disadvantaged women: A randomized trial. (2015) *Depression and Anxiety*, 32(11): 821-834.
- Guterman, N. B., Bellamy, J. L., & Banman, A. (2018). Promoting father involvement in early home visiting services for vulnerable families: Findings from a pilot study of “Dads Matter”. *Child Abuse & Neglect*, 76, 261-272.
- Harden, B. J., & Whittaker, J. V. (2011). The early home environment and developmental outcomes for young children in the child welfare system. *Children and Youth Services Review*, 33(8), 1392-1403.
- Heffron, M.C., Ivins, B., & Weston, D.R. (2005). Finding an authentic voice: Use of self: Essential learning processes for relationship-based work. *Infants and Young Children*, 18(4), 323-336.
- Heffron, M.C., & Murch, T. (2010). *Reflective supervision and leadership in infant and early childhood programs*. Washington, DC: Zero to Three.
- Heller, S. & Gilkerson, L. (2009) *A practical guide to reflective supervision*. Washington, D.C.: Zero to Three.
- HRSA Maternal & Child Health Home Visiting. (n.d.) Retrieved June 6, 2019, from <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview>.
- Huang, L., Macbeth, G., Dodge, J., & Jacobstein, D. (2004). Transforming the workforce in children’s mental health. *Administration and Policy in Mental Health*, 32(2), 167–187.
- Irving Harris Foundation Professional Development Network Tenets Working Group. (2018). Diversity-informed tenets for work with infants, children and families. Retrieved from

<https://imhtenets.files.wordpress.com/2018/04/tenetsspanishenglish2ndedition2018.pdf>

Keefe, R., Brownstein-Evans, C., & Polmanteer, R. S. R. (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. *Social Work in Mental Health, 14*, 497-508.

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. *Psychiatric Services, 68*(6), 535-538.

LeCroy, C.W., & Davis, M. (2016). Randomized trial of Healthy Families Arizona: Quantitative and qualitative outcomes. *Research on Social Work Practice, 27*(7), 747-757.

Lieberman, A. (1998). A perspective on infant mental health. *The Signal, 6*(1), 11-12.

Lieberman, A.E. & Van Horn, P. (2008) *Psychotherapy with infants and young children*. New York, NY: Guilford Press.

Lyons-Ruth, K., Yellin, C., Melnick, S., & Atwood, G. (2003). Childhood experiences of trauma and loss have different relations to maternal unresolved and Hostile-Helpless states of mind on the AAI. *Attachment & Human Development, 5*(4), 330-352.

MacKenzie, M. J., Kotch, J. B., & Lee, L. C. (2011). Toward a cumulative ecological risk model for the etiology of child maltreatment. *Children and youth services review, 33*(9), 1638-1647.

Marcenko, M. O., Lyons, S. J., & Courtney, M. (2011). Mothers' experiences, resources and needs: The context for reunification. *Children and Youth Services Review, 33*(3), 431-438.

Mattek, R.J., Jorgenson, E.T., & Fox, R.A. (2010). Home-based therapy for young children in low-income families: A student training program. *The Family Journal: Counseling and Therapy for Couples and Families, 18*(2), 189-194.

Mennen, F. E., Brensilver, M., & Trickett, P. K. (2010). Do maltreated children who remain at home function better than those who are placed? *Children and Youth Services Review, 32*(12), 1675-1682.

Mennen, F. E., Negriff, S., Schneiderman, J. U., & Trickett, P. K. (2018). Longitudinal associations of maternal depression and adolescents' depression and behaviors: Moderation by maltreatment and sex. *Journal of family psychology, 32*(2), 240-250.

MI-AIMH (2014). *Competency guidelines: Endorsement for culturally sensitive, relationship-focused practice promoting infant mental health*. Southgate, MI: Michigan Association for Infant Mental Health.

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 Journal, 39*(1), 8-20.

Paris, R., Bolton, R., & Spielman, E. (2011). Evaluating a home-based dyadic intervention: Changes in postpartum depression, maternal perceptions, and mother-infant interactions. *Infant Mental Health Journal, 32*(3), 310-338.

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.

Paris, R., Gemborys, M., Kaufman, P. H., & Whitehill, D. (2007). Reaching isolated new mothers: Insights from a home-visiting program using paraprofessionals. *Families in Society, 88*(4), 616-626.

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.

- 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* (pp. 181-196). Cham, Switzerland: Springer.
- Paris, R., Spielman, E., & Bolton, R. (2009). Mother-infant psychotherapy: Examining the therapeutic process of change. *Infant Mental Health Journal, 30*(3), 301-319.
- Powell, B., Cooper, G., Hoffman, K., & Marvin, B. (2013). *The Circle of Security Intervention: Enhancing attachment in early parent-child relationships*. New York, NY: Guilford Press.
- Price, S. K., & Masho, S. W. (2014). What does it mean when we screen? A closer examination of perinatal depression and psychosocial risk screening within one MCH home visiting program. *Maternal and child health journal, 18*(4), 765-771.
- Ribaudo, J. (2016). Restoring safety: An attachment-based approach to clinical work with a traumatized toddler. *Infant Mental Health Journal, 37*(1), 80–92.
- 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 ed., pp. 95-119). New York, NY: Guilford Press.
- Rushton, F.E., & Kraft, C. (2013). Family support in the family-centered medical home: An opportunity for preventing toxic stress and its impact in young children. *Child Abuse and Neglect, 37*(Suppl), 41-50.
- Shapiro, V. (2009). Reflections on the work of Professor Selma Fraiberg: A pioneer in the field of social work and infant mental health. *Clinical Social Work Journal 37*(1), 45-55.
- 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. *Infant Mental Health Journal*, 37(6), 653-669.

Shonkoff, J.P., Phillips, D.A., National Research Council (U.S.), & Institute of Medicine (U.S.) Committee on Integrating the Science of Early Childhood Development. (2000). *From neurons to neighborhoods: The science of early child development*. Washington, D.C: National Academies Press.

Sroufe, L.A. (2005). Attachment and development: A prospective, longitudinal study from birth to adulthood, *Attachment & Human Development*, 7(4), 349-367.

Stern, D.N. (1995). *The Motherhood Constellation: A unified view of parent-infant psychotherapy*. New York, NY: Basic Books.

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

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.

Available online at: <https://drive.google.com/file/d/1WX-lcLBT3mcenAdRDHrhI3-15IhbNWwd/view>

Thompson, S., Kiff, C.J., & McLaughlin, K. A. (2019). The neurobiology of stress and adversity in infancy. In C.H. Zeanah (Ed.), *Handbook of Infant Mental Health* (4th ed., pp. 81-94). New York, NY: Guilford Press.

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

Walsh, T.B., Dayton, C.J., Erwin, M., Busuito, A. & Rosenblum, K.L. (2014). Fathering after

military deployment: Parenting challenges and goals of fathers of young children. *Health and Social Work, 39*(1), 35-44.

Walsh, T.B., Tolman, R.M., Singh, V., Davis, M.M., & Davis, R.N. (2017). Expectant fathers' presence at prenatal ultrasounds: An opportunity for social work engagement. *Social Work Research, 41*(3), 181-185.

Weatherston, D. (2002). Introduction to the infant mental health program. In J. Shirilla, & D. Weatherston (Eds.), *Case studies in infant mental health: Risk, resiliency and relationships* (pp. 1–14). Washington, D.C.: Zero to Three

Weatherston, D.J., & Barron, C. (2009). What does a reflective supervisory relationship look like? In S. Heller & L. Gilkerson (Eds.), *A practical guide to reflective supervision* (pp. 61-80). Washington, D.C.: Zero to Three.

Weatherston, D.J., Ribaud, J., & Glovak, S. (2002). Becoming whole: Combining infant mental health and occupational therapy on behalf of a toddler with sensory integration difficulties and his family. *Infants and Young Children, 15*, 19-28.

Weatherston, D.J., & Tableman, B. (2015). *Infant mental health home visiting: Supporting competencies, reducing risks*. Southgate, MI: Michigan Association for Infant Mental Health.

Zeanah, C. H. (2019). *Handbook of infant mental health* (4th Ed.). New York: Guilford Press.