SUPPORTING LITTLE ONES: AN IECMH HELPER'S HANDBOOK FOLLOWING BIG EMERGENCIES OR DISASTERS

AIMHiTN

Association of Infant Mental Health in Tennessee

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INTRODUCTION AND PURPOSE

In today's world, an increasing number of individuals are facing the aftermath of natural disasters and community violence. The disasters can be challenging for adults to fully comprehend, which leaves us to reflect on how significant the impact of these events is on the youngest brains and bodies. Emergencies and disasters can profoundly impact the caregiver-child relationship and the caregiver capacity within families with children aged 0-5 (Cruz et al., 2022). The *Supporting Little Ones: An IECMH Helper's Handbook Following Big Emergencies or Disasters* is designed to help behavioral health clinicians develop an understanding of Infant and Early Childhood Mental Health while also assisting them in recognizing strategies to promote healing in the caregiver-child relationship. Children are part of diverse systems that shape their daily lives. This handbook also aims to support clinicians in identifying how trauma following an emergency or disaster can impact a child's way of being within early childhood education centers that they may attend. Additionally, it provides insights into how clinicians can collaborate with early childhood educators to support children and families after emergencies and disasters.

This handbook examines:

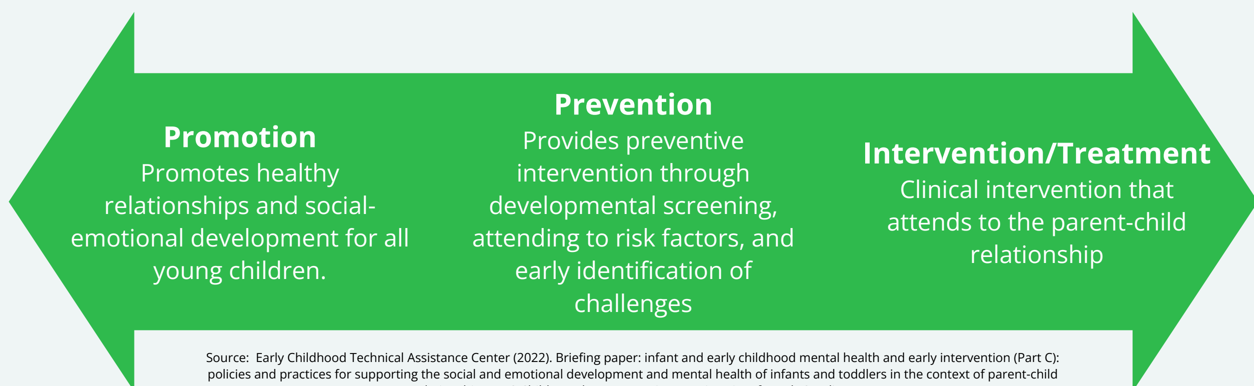
- The influence of emergencies on the caregiver-child relationship
- The impact emergencies and disasters have on brain development
- The role of caregivers post-disaster
- Symptoms of early trauma in young children
- Assessment tools for trauma-exposed children
- An overview of possible interventions for young children after disasters

The handbook uses specific keywords, outlined below. The terms **"disasters," "emergencies,"** and **"traumatic events"** include both naturally occurring and man-made incidents, creating circumstances where individuals face stressors such as the threat of death, grief and loss, disrupted social support, and uncertainty with basic needs. In this handbook, the term **"caregiver"** consistently means any adult responsible for the well-being of an infant or young child including parents, grandparents, and early childhood educators. The concept of **"co-regulation"** means a collaborative process where the caregiver actively supports and influences the child's ability to regulate emotions and behaviors. Additionally, the word **"self-awareness"** is important, meaning the ability to realize and understand one's own thoughts, feelings, sensations, and behaviors. The Infant and Early Childhood Mental Health Competencies through The Alliance for the Advancement for Infant Mental Health and The Irving Harris Foundation's Diversity Tenant 1 will be highlighted at the bottom of each page where appropriate.

Keywords:
Infant and Early Childhood Mental Health (IECMH), disasters, emergencies, traumatic events, caregivers, co-regulation, and self-awareness

AN INTRODUCTION TO INFANT AND EARLY CHILDHOOD MENTAL HEALTH

Infant and Early Childhood Mental Health (IECMH) is the developing ability of the child, birth to 5 years old, to form close and secure adult and peer relationships; navigate a full range of emotions; and explore their environment and learn- all in the context of family, community, and culture (Ahlers et al., 2017). There is a full range of promotion, prevention, and treatment/intervention services and supports that are necessary to foster healthy development, prevent mental health challenges, and address mental health conditions (Ahlers et al., 2017). This handbook fits within the intervention portion of the IECMH Continuum and serves as a pathway to intervention for young children and their caregivers who are recovering from an emergency or disaster.



Source: Early Childhood Technical Assistance Center (2022). Briefing paper: infant and early childhood mental health and early intervention (Part C): policies and practices for supporting the social and emotional development and mental health of infants and toddlers in the context of parent-child relationships. FPG Child Development Institute, University of North Carolina.

Professionals serving the 0-5 population engage in highly specialized work. The Alliance for the Advancement for Infant Mental Health includes the Infant Mental Health Associations across the country who have licensed the use of the competency guidelines and Endorsement® created by the Michigan Association of Infant Mental Health (Alliance for Advancement of IMH, 2022). Please visit https://www.allianceaimh.org/ for more information.

The competencies are:

- Theoretical foundations
- Law, regulation, and agency policy
- Systems expertise
- Direct services skills
- Working with others
- Communicating
- Thinking
- Reflection

The Irving Harris Foundation developed the Diversity-Informed Tenets for Work with Infants, Children, and Families. This handbook will focus on Diversity Tenet 1; Self-Awareness Leads to Better Services for Families (The Irving Harris Foundation, 2018). Please visit https://diversityinformedtenets.org/ for more information.

ATTACHMENT IN TURBULENT TIMES: HOW EMERGENCIES AND DISASTERS CAN IMPACT CHILDREN AND FAMILIES

The bond between infants and caregivers serves as the foundation upon which infants, toddlers, and young children build strong or fragile bases for their emotional, cognitive, and social development. Understanding the important role of these formative early years and relationships makes it clear how impactful early trauma can be for infants and young children. During moments of threat, danger, discomfort, or insecurity, humans become strongly aware of the fundamental desire for connection (Johnson, 2019, p. 6). The ability of others to pay attention, particularly during our earliest years, fine-tunes our body to be less responsive to threats, shaping our expectations of a world that is relatively secure and manageable (Johnson, 2019, p. 7). Separation distress happens when a caregiver-child relationship is threatened or a secure relationship is lost, which may occur when a family experiences an emergency or disaster.

An infant or young child's sense of safety is interrupted when they've lived through an emergency or disaster, especially if it results in extended time away from their primary caregiver(s). Emotional and physical isolation from important caregivers is traumatizing for young children because it brings an increased sense of vulnerability, danger, and helplessness (Mikulincer et al., 2003). A secure caregiver-child relationship is a protective factor during traumatic events and can minimize the likelihood of post-traumatic stress disorder (PTSD) in young children (Mikulincer et al., 2003). "Dragons faced together are fundamentally different from dragons faced all alone!" (Johnson, 2019, p. 12). Disasters and emergencies can disrupt the security of the caregiver-child relationship, break the child's felt sense of safety in the world, and lead to physical and mental health challenges for both caregiver and child. Clinicians can provide support to families after they have experienced an emergency or disaster, aiding in ongoing healing through the strengthening of caregiver-child relationships.

Theoretical Foundations, Direct Service Skills. Working with Others, Thinking , Reflecting, and Diversity Tenet 1

ATTACHMENT IN TOUGH TIMES:
HOW EMERGENCIES AND DISASTERS CAN IMPACT CHILDREN AND FAMILIES

Vulnerability to disaster is thought of as the interaction between the risk of disaster exposure and the ability to prepare for and respond to disasters (Finch et al., 2010). It is important to consider how the financial position of a family and race can create barriers for many families in regard to necessary preparation and response to emergencies. Children who have experienced challenges such as poverty and food insecurity do more poorly on markers of self-regulation across cognitive, emotional, and behavioral areas; differences can also be seen in their body's response to stress and their brain function (Hamoudi et al., 2014). Families facing poverty, food insecurity, and living in areas with increased violence and danger enter into emergencies or are likely already experiencing high levels of stress and a lack of resources. This information can help mental health professionals gain an understanding of the complex systems, stressors, and barriers that a caregiver and family may experience. Professionals can support increased equity within emergency response and equal access to resources and services for any community having to face the aftermath of an emergency or disaster.

Consider Jackson

Jackson is a 14-month-old black boy who lives with his mother. Jackson's mother is a 23-year-old single black female. Jackson's mother was raised in the foster care system. She works for a professional cleaning company and often has long hours. Jackson's mother has high levels of stress due to trying to provide enough to maintain housing and having little support. Recently, Jackson and his mother experienced a house fire. This led to trauma symptoms for both Jackson and his mother. Jackson's mother has voiced being unsure of how to respond to Jackson when he is upset. She shares that she often notices herself staring off and not engaging with Jackson when he is crying. Jackson and his mother could find value in participating in therapeutic services to aid their recovery from the traumatic event they experienced. Therapeutic services can support Jackson's mother in order to appropriately respond to his desire for connection. The educators at Jackson's early childhood education center have also expressed a shift in Jackson's behaviors since the house fire occurred. The educators report that Jackson has stopped taking naps and will often become dysregulated if others are going to sleep. Jackson will also become dysregulated if he hears a siren outside of the center. Given Jackson's current rapid brain development, therapeutic support becomes particularly important, creating pathways that encourage the understanding that his needs are valid and will be met.

Theoretical Foundations Law, Regulation, and Agency Policy, Direct Service Skills, Systems Expertise, Working with Others, Thinking , Reflecting, and Diversity Tenet 1

THE CAREGIVER CONNECTION:

ADULTS AS PREDICTORS OF CHILD RESPONSE AND RECOVERY FOLLOWING EMERGENCIES AND DISASTERS

The caregiver-child relationship is an essential part of infant and early childhood mental health. D.W. Winnicott (1941) once said, “There is no such thing as a baby,” meaning there is always a baby and someone. Infants and young children rely on the adults in their lives to make sense of the world around them, which means that a caregiver’s response to a disaster or traumatic event can greatly impact a young child’s recovery. A child’s recovery is not only shaped by their caregivers at home but also by those that care for them while their primary caregivers are away at work. The layers of stress and trauma on an adult following an emergency or disaster can vary. It is important to consider stressors and traumas such as racism, inequitable access to resources, and poverty that an adult may already be navigating before an emergency or disaster occurs. As reviewed by Norris et al. (2002), adults exposed to disasters may experience sleep disturbance, a worsening of mental health symptoms, reduced social support, and increased use of alcohol following disasters. Further, several studies have pointed to increases in child abuse following natural disasters, although this finding is not universal (Curtis et al., 2000). When a disaster affects parents and other adults children’s care, protection, and support systems are worn away (Kousky, 2016). Young children are commonly enrolled in early childhood education centers, and it’s possible that educators in these settings have also encountered an emergency or disaster, placing them in need of their own support and recovery. The ultimate goal is for the educators to regain stability and regulation in order to have an increased ability to understand and support the children in their care.

Children need a regulated adult to support them during times of uncertainty, which is why a child’s overall well-being depends upon the consistency and attunement of the adults in their lives. When young children witness or experience a traumatic event, they can experience overwhelming feelings of helplessness, especially if they are unable to rely on the protection of adults in their environment (Calland, 2013). Individuals who have few to no positive relational interactions during or after trauma or stress have a much more difficult time managing the stress response systems in future situations and will be more likely to have ongoing difficulties (Perry, 2009). In terms of mental health, it is clear that insecurity within the caregiver-child relationship increases vulnerability to the two problems most commonly addressed in therapy, namely depression and anxiety (Johnson, 2019).

> **“There is no such thing as a baby, there is a baby and someone.”**
> **-D.W. Winnicott**

Theoretical Foundations, Direct Service Skills. Working with Others, Thinking , Reflecting, Communicating, and Diversity Tenet 1

THE CAREGIVER CONNECTION:

ADULTS AS PREDICTORS OF CHILD RESPONSE AND RECOVERY FOLLOWING EMERGENCIES AND DISASTERS

When parents and other caregivers are responsive, protective, and predictable, infants, toddlers, and young children become confident, resilient, better able to manage their emotions, and have the ability to connect with their caregivers in healthy ways (Michigan Association for Infant Mental Health, n.d.). Primary caregivers should have the ability to be aware of the child's needs, be consistent in meeting their needs, and nurture healthy relationship skills, though these relationships are often dependent on the caregiver's own mental health and well-being (ZERO TO THREE, n.d.). The presence of risk factors and inequity can result in a major toll on a caregiver's mental health, introducing complicated layers that may impact their ability to successfully support their child in the healing process following a disaster or emergency.

A caregiver's ability to support a young child after experiencing a disaster or trauma can positively impact the direction of a child's healing. In relationships, shared vulnerability builds bonds, because it highlights the importance of a felt sense of connection and comfort. (Johnson, 2019). The ability to respond to others, especially at a young age, tunes the body to successfully manage threats and creates expectations of a fairly safe and manageable world. (Johnson, 2019). Even in the face of trauma, such as the events of 9/11, Hurricane Katrina, and COVID-19, secure caregiver-child relationships appear not only to reduce the effects of such experience but also to support posttraumatic growth (Frayley et al., 2006). It's important to keep in mind that caregivers may have experienced an emergency or disaster themselves. Early childhood educators may be caring for multiple children at one time while also recovering from an emergency or disaster. Providing support to encourage their own safety and to meet their basic needs is essential for them to effectively care for the young children in their lives.

Theoretical Foundations, Direct Service Skills. Working with Others, Thinking , Reflecting, Communicating, and Diversity Tenet 1

THE CAREGIVER CONNECTION:

ADULTS AS PREDICTORS OF CHILD RESPONSE AND RECOVERY FOLLOWING EMERGENCIES AND DISASTERS

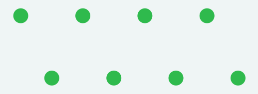
Consider Oliver

Consider Oliver, a 2 ½-year-old white boy who has recently experienced an incident of community violence. Oliver was standing outside with his father when they witnessed a drive-by shooting. Oliver lives with his father and paternal grandmother in subsidized housing. Oliver’s father has a complicated trauma history starting at a young age when he witnessed domestic violence between his mother and father. Oliver’s father works 2 jobs and has little support outside of his mother, who also has some current health concerns. Since the violence, Oliver has had trouble sleeping, has had increased crying, and struggles to go outside or be near a car. Oliver’s father finds himself frustrated and confused by Oliver’s change in behavior. Oliver goes to an early childhood education center while his father is at work and has started showing increased instances of dysregulation and aggression since witnessing the drive-by shooting. The victim of the drive-by shooting was also a family member of one of Oliver’s teachers.

In order to facilitate Oliver's healing process, it becomes vital to address the immediate needs and emotional states of his father. Oliver’s father would benefit from the clinician assessing how the father is feeling in regard to his own current safety and levels of support. The clinician may need to take time to validate and hold space for the father’s own experience of the traumatic event and connect him with additional resources. Collaboration can also take place between the clinician and the early childhood educators who care for Oliver in order to connect them with support for themselves and for Oliver within the classroom. By extending assistance and resources to meet the caregivers' basic needs, not only does this create a supportive environment for the caregiver’s own healing, but it also strengthens their ability to provide the essential care and stability that Oliver requires during this challenging time. Recognizing the connection of the caregiver's well-being with Oliver's recovery is essential for a complete and effective approach to supporting this young child through the aftermath of community violence.

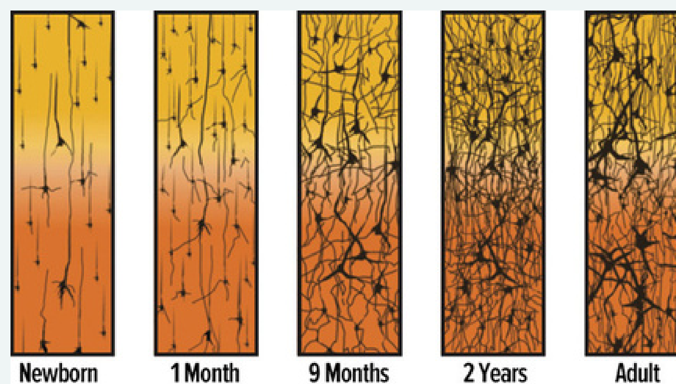
Theoretical Foundations, Working with Others, Direct Service Skills, Communicating, Thinking, Reflection

UNPACKING THE EFFECTS OF EMERGENCIES AND DISASTERS ON DEVELOPMENT



YOUNG CHILDREN'S BRAINS

The period including pregnancy and the first five years of a child's life is commonly recognized as a critical stage in brain development. Messages are passed between neurons in the brain at connections called synapses. Synapses in the brain are formed at a faster rate during the first three years than at any other time in our lives. At age two or three the brain has up to twice as many synapses as it will have when the child becomes an adult, as shown in the image below. The child's environment influences what information enters the brain and how the brain then processes that information (Urban Child Institute, n.d.).



Synapse Density Over Time
Source: Adapted from Corel, JL. The postnatal development of the human cerebral cortex. Cambridge, MA: Harvard University Press; 1975.

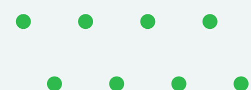
Experiencing a natural disaster or other traumatic event during infancy and early childhood is more harmful compared to events experienced later in life (Almond & Currie, 2011; Heckman & Masterov, 2007). Young children who have experienced a traumatic event have a harder time using their "thinking brain," and will tend to function out of the part of their brain that focuses on survival (Bell, 2023).

"It is now clear that what a child experiences in the first few years of life largely determines how his brain will develop and how he will interact with the world throughout his life."
—Ounce of Prevention Fund, 1996

Theoretical Foundations, Working with Others, Systems Expertise, Direct Service Skills, Communicating, Thinking, Reflection

UNPACKING THE EFFECTS OF EMERGENCIES AND DISASTERS ON DEVELOPMENT

YOUNG CHILDREN'S BRAINS



Young children who live in families dealing with parental loss, substance abuse, mental illness, or exposure to trauma are at an increased risk of developing Infant and Early Childhood Mental Health (IECMH) Disorders (Felitti et al., 1998). If left unaddressed, IECMH disorders can lead to challenging impacts on all areas of a child's development, including physical, cognitive, communicative, sensory, emotional, social, and motor skills, which will then impact the child's capacity to thrive academically and in their overall life journey (Felitti et al., 1998). During the rapid period of brain development in children, they are more likely to experience increased vulnerability in the absence of protective factors, especially when faced with ongoing and chronic traumatic stress, compared to a one-time event with appropriate protective factors.

Trauma from hurricanes, wildfires, and floods can have long-term mental health impacts on children (Bernstein, 2019). Researchers have found that children who experience these natural disasters can suffer from anxiety, depression, and post-traumatic stress disorder (PTSD) symptoms (Bernstein, 2019). Changes to the brain as a result of trauma can lead to challenges including difficulty with attention and focus, trouble processing emotions, learning disabilities, low self-esteem, impaired social skills, and sleep disturbances (Nemeroff, 2016).

How Trauma Might Effect Development and Behavior

Ages 0-2

- **Difficulty communicating**
- **Memory problems**
- **Acting younger than their age**
- **Difficulty calming their body**

Ages 3-6

- **Challenges with focusing**
- **Often develop learning disabilities**
- **Experience stomachaches and headaches**

Above information retrieved from: https://www.waldenu.edu/online-masters-programs/ms-in-early-childhood-studies/resource/how-trauma-affects-child-development-and-behavior

Theoretical Foundations, Working with Others, Systems Expertise, Direct Service Skills, Communicating, Thinking, Reflection

UNPACKING THE EFFECTS OF EMERGENCIES AND DISASTERS ON DEVELOPMENT

YOUNG CHILDREN'S BRAINS

Consider Sophia

Sophia is a 3-year-old Latinx girl who recently lived through a hurricane. Sophia lives with her parents and her paternal grandmother visited the family's home on a daily basis. Sophia's home flooded during the hurricane and the family had to relocate. Sophia's grandmother also passed away after sustaining injuries from the hurricane. Sophia displayed symptoms of hypervigilance, increased separation anxiety, sleep problems, and has started sucking her thumb again after not doing so for several months. The impact of the hurricane, including the loss of her home and the loss of a caregiver, has impacted Sophia's sense of normalcy, predictability, and safety in the world. Sophia used to receive childcare from her grandmother, but now she has transitioned to an early childhood education center, bringing about further changes and uncertainties in her routine. The early childhood educators have shared that Sophia remains dysregulated for an extended period of time after she is dropped off and is startled easily. The educators share that Sophia often appears irritable and does not want to engage with the educators.

Sophia and her parents could gain significant support by participating in a therapeutic modality, fostering healing and strengthening the child-caregiver relationship. Collaboratively, Sophia and her parents can construct a trauma narrative, providing a platform for her to share her experiences. Through this modality, Sophia can delve into these events, understand what occurred, and identify the supportive elements in her life that contribute to her sense of safety. Collaboration can also take place between the clinician and educators caring for Sophia in order to provide additional support and skills for Sophia while in the classroom.

Theoretical Foundations, Working with Others, Systems Expertise, Direct Service Skills, Communicating, Thinking, Reflection

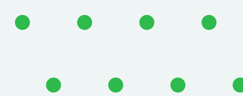
IDENTIFYING EARLY TRAUMA AND ASSESSING ITS IMPACT ON INFANTS AND YOUNG CHILDREN

Young children can certainly have post-traumatic stress disorder symptoms, even as infants. Recognizing trauma symptoms in infants and young children can be complicated. Infants change rapidly and similar symptoms could communicate many different things. Adults may not understand or notice children's trauma responses because children may respond differently to trauma than adults. It's also easy for adults to dismiss the impact that trauma has on children because very often children may seem to do most things pretty well (Post Institute, 2013). Adults tend to have a strong sense that children are being manipulative (Post Institute, 2013) or defiant when often a child is displaying a trauma symptom. Trauma creates fear in children which may often be displayed through anger, as anger has an underlying component of fear (Post Institute, 2013). This section will delve into the effects of trauma on infants and young children, exploring assessments designed to understand the impact of trauma on their social-emotional health, development, and the dynamics of the child-caregiver relationship.

Play is an integral part of child development and can be directly impacted by trauma. A child who has experienced trauma may not display typical development of play. Ordinary play is spontaneous and often playful stories have a narrative succession including a beginning, middle, and end (Terr, 1981). Most play has a "happy ending," demonstrating the repair process that supports the emotional well-being of the child (Terr, 1981). Post-traumatic play is often ritualistic, repetitive, and frequently has a sinister ending (Terr, 1981). Organizations such as ZERO TO THREE and the National Child Traumatic Stress Network have various resources available to learn more about how trauma impacts development and play.

The graphics on the following pages are not exhaustive but are listed as potential "red flags" that indicate a child and family may need help. It's important to consider how severe the behavior is, how long it has been occurring, how it compares with other children of the same age, and events in the child's environment that might make the behavior better or worse (Osofsky, 2011).

Theoretical Foundations, Working with Others, Systems Expertise, Direct Service Skills, Communicating, Thinking, Reflection, Diversity
Tenet 1

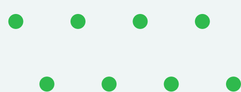


Common Stress Reactions in Children and Youth After a Disaster

Children often regress after a disaster, losing skills they acquired before the disaster or returning to behaviors they had outgrown. They also often have physiological, emotional, and behavioral reactions. Because of the developmental stages through which children progress, common reactions look slightly different for children of different ages. What follows is a sampling of common reactions, not an exhaustive list.

Age Range (Years)	Common Regressive Reactions	Common Physiological Reactions	Common Emotional and Behavioral Reactions
1–5	• Bedwetting in a child who before the disaster was toilet trained • Thumb-sucking • Greater fear (of darkness, animals, monsters, strangers)	• Loss of appetite • Overeating • Indigestion and other digestive problems	• Nervousness • Anxiety about being away from parents or other primary caregivers • Irritability and disobedience
5–11	• Clinginess with parents or other primary caregivers • Crying or whimpering • Requests to be fed or dressed	• Headaches • Complaints of visual or hearing problems • Sleep problems and nightmares	• School phobia • Social withdrawal • Irritability and disobedience
11–14	• Competing with younger siblings for attention from parents or other primary caregivers • Failure to perform chores and fulfill normal responsibilities	• Headaches • Complaints of vague aches and pains • Overeating or loss of appetite • Skin problems • Sleep problems	• Loss of interest in activities • Poorer school performance • Disruptive behavior • Resistance of authority
14–18	• Resumption of earlier behaviors and attitudes • Decline in previous responsible behavior	• Headaches • Sleep problems • Digestive problems • Vague physical complaints	• Increase or decrease in physical activity • Depression • Isolation • Antisocial behavior

Source: Columbia University, Earth Institute, National Center for Disaster Preparedness



TRAUMA SYMPTOMS IN YOUNG CHILDREN

Trauma Symptoms in Infants

- Excessive fussiness and very difficult to soothe
- Consistent strong reaction to touch, sounds or movement
- Limited or no interest in things or people
- Little to none playfulness, smiling, and coo-ing
- Failure to gain weight
- Sleeping and feeding difficulties
- A “frozen watchfulness,” or a “shocked” look
- Regression in physical development

Trauma Symptoms in Young Children

- Moments of uncontrollable crying
- Hypervigilance
- Intense nightmares
- Exaggerated startle response
- Increased irritability and anger
- Difficulty concentrating
- Efforts to avoid reminders of traumatic event

WHAT CHILDREN'S TRAUMA RESPONSES CAN LOOK LIKE IN DIFFERENT ENVIRONMENTS

A child's trauma responses can overlap between the various settings that they are in, which is why collaboration and communication between caregivers are essential for the child's healing journey.

Home

- Increased clinginess to caregivers
- Regressions with sleeping, eating, toileting, and ability to pay attention
- May begin having nightmares
- May talk frequently about the traumatic event and appear uncomfortable or uneasy
- May incorporate the emergency or disaster in their play or drawings
- Possible mood changes and aggressive behavior
- May become difficult to soothe

School

- May have an increase in separation anxiety and difficulty parting from their primary caregivers
- Possible decreased interest in activities that they previously enjoyed
- Possible mood changes and aggressive behavior towards educators or while playing with peers
- May incorporate the emergency or disaster in their play or drawings
- May have a negative sense of self and display more negative thinking

Community

- May become more easily overwhelmed or overstimulated when out in the community
- Possible increased clinginess to the caregiver when out in public and/or an urge to run or escape the location
- May startle easily
- Possible challenges with remaining regulated in the car such as kicking the back of the seat in front of them or wanting to unbuckle

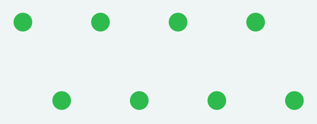
Theoretical Foundations, Working with Others, Law, Regulation, and Agency Policy, Direct Service Skills, Communicating, Thinking, Reflection

ASSESSMENTS FOR
INFANTS AND YOUNG CHILDREN

The assessments and screeners listed below can be used by various professionals working with young children and their families. The chart below is a selection of screeners available and is not a comprehensive list.

ASSESSMENT/SCREENER	FOR USE WITH	DESCRIPTION	SOURCE AND LINK FOR MORE INFORMATION
Survey of Wellbeing of Young Children (SWYC)	Children ages 0- 5 1/2 years old	Screens for developmental and behavioral concerns and includes questions about the family's environment.	Link for The Survey of Wellbeing of Young Children (SWYC)
The Young Child PTSD Checklist (YCPC)	Children ages 1-6	Screens for symptoms of post-traumatic stress disorder in young children.	Link for The Young Child PTSD Checklist (YCPC)
The Devereux Early Childhood Assessments (DECA)	Children ages 4 weeks through 5 years	Assesses a child's internal protective factors including initiative, attachment, and relationships.	Link for The Devereux Early Childhood Assessments (DECA)
Ages and Stages Questionnaires: Social-Emotional, Second Edition (ASQ:SE-2)	Children ages 1 month- 6 years old	Screens a child's self-regulation, compliance, social-communication, adaptive functioning, autonomy, affect, and interaction with people.	Link for the Ages and Stages Questionnaires: Social-Emotional, Second Edition (ASQ:SE-2)
Strengths and Difficulties Questionnaire (SDQ)	Children ages 2-17 years old	Screens emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behaviors.	Link for the Strengths and Difficulties Questionnaire (SDQ)
Trauma Events Screening Inventory- Parent Report Revised (TESI-PRR)	Children under 6 years of age	Screens a child's exposure to potentially traumatic events.	Link for Trauma Events Screening Inventory- Parent Report Revised (TESI-PRR)
The Brief Infant-Toddler Social Emotional Assessment (BITSEA)	Children ages 1-3 years old	Assesses social and emotional challengers.	Link for The Brief Infant-Toddler Social Emotional Assessment (BITSEA)
The Infant-Toddler Social and Emotional Assessment-Parent Form (ITSEA)	Children ages 1-3 years old	Assesses social and emotional challenges within four domains: externalizing, internalizing, dysregulation, and competence.	Link for The Infant-Toddler Social and Emotional Assessment-Parent Form (ITSEA)

RELATIONSHIP FOCUSED ASSESSMENTS

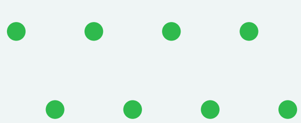


ASSESSMENT/SCREENER	FOR USE WITH	DESCRIPTION	AVAILABLE AT
The Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO)	Children ages 10-47 months	Measures observable developmentally supportive parenting behaviors within the domains of affection, responsiveness, encouragement, and teaching.	Link for The Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO)
Marschak Interaction Method (MIM)	Infant, toddler, pre-school/school age, and adolescents.	Assesses the overall quality of relationships between caregivers and children for therapeutic treatment planning.	Link for The Marschak Interaction Method (MIM)
The Working Model of the Child Interview (WMCI)	Children ages birth to 5 years old	Assesses a caregiver's internal representations or working model of their relationship to a particular infant or child.	Link for The Working Model of the Child Interview (WMCI)

DEVELOPMENTAL ASSESSMENTS/SCREENERS

ASSESSMENT/SCREENER	FOR USE WITH	DESCRIPTION	AVAILABLE AT
Bayley Scales of Infant and Toddler Development	Children ages 16 days to 3 1/2 years old	Assesses cognitive, motor, language, socio-emotional, and adaptive behavior.	Link for the Bayley Scales of Infant and Toddler Development
Ages and Stages Questionnaires, Third Edition, (ASQ®-3)	Children ages 1 month to 5 1/2 years old	Screens for the child's strengths and determines areas of concern.	Link for the Ages and Stages Questionnaires, Third Edition, (ASQ®-3)

Effort has been made to ensure that the information provided in the tables above is accurate, according to the latest information from the publishers of the tools. Please contact the publishers of each tool directly at the links provided with additional questions. Information to complete the tables was gathered through the links within each chart.



THE DIAGNOSTIC CLASSIFICATION OF MENTAL HEALTH AND DEVLEOPMENTAL DISORDERS OF

INFANCY AND EARLY CHILDHOOD VERSON 2.0

It is important that mental health clinicians working with young children receive training on The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood Version 2.0 (DC:0-5™) if they plan to provide a mental health or developmental diagnosis (DC:0-5™ Manual and Training, n.d.). There have been various iterations of the diagnostic tools for young children over the years that were intended as addendums to the DSM. The current tool for diagnosing young children is the DC:0-5, which uses a multi-axial framework to assess young children in the context of relationships and culture. The DC:0-5 allows for a thorough assessment and diagnosis of *this* child in *this* family in *this* community at *this* moment of time.

The DC:0-5™ does not have a minimum age limit, although it can be challenging to pinpoint a diagnosis for young infants because of the dramatic development and growth that occurs in early childhood.

If you are eager to expand your understanding of screening and diagnosing children aged 0-5, you can further explore insights on this topic by visiting https://www.zerotothree.org/our-work/learn-professional-development/dc0-5-manual-and-training/.

PSYCHOTHERAPY MODELS FOR YOUNG CHILDREN AND THEIR CAREGIVERS

The information explored in this handbook highlights that early relationships play an important role in fostering resilience in the littlest ones when they're navigating trauma. The child-caregiver relationship is an essential resource that can be explored, nurtured, and utilized. This section will explore evidence-based treatment models designed to support the recovery journey of young children within their relationships. We know young children need another regulated adult in order to co-regulate and eventually create their own self-regulation. As it would not be appropriate to have a two-year-old in play therapy since children develop and heal in the context of relationships, the models explored below are all dyadic, meaning they include caregivers in the treatment modality.

Interventions such as Psychological First Aid or CARE are beneficial as first-line interventions in the immediate aftermath of an emergency or disaster and can be used by various professionals such as public health workers, mental health professionals, first responders, and other healthcare workers. The goal of Psychological First Aid is to decrease distress, offer support around current needs, and promote daily functioning following a disaster or emergency (Relief Central, 2020). Interventions such as Child-Parent Psychotherapy (CPP) are more intense therapeutic interventions, designed to help individual healing. CPP includes a component on safety and linking families to resources during the completion of the CPP model, but are not generally considered to be the first line of response. The research shared here is an overview of a selection of interventions for infants and young children. These are not an exhaustive list of the treatments available in the robust and necessary world of infant and early childhood mental health.

Theoretical Foundations, Working with Others, Law, Regulation, and Agency Policy, Direct Service Skills, Communicating, Thinking, Reflection

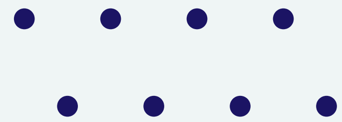
PSYCHOTHERAPY AND PARENT TRAINING MODELS FOR YOUNG CHILDREN AND THEIR CAREGIVERS

INTERVENTION	FOR USE WITH	FOCUS OF INTERVENTION	AVERAGE NUMBNER OF SESSIONS	SOURCE AND LINK FOR MORE INFORMATION
Child-Parent Psychotherapy (CPP)	Children ages 0-5 years old who have experienced at least one traumatic event	Strengthen the caregiver-child relationship and use it as a tool for restoring the child's overall well-being following the traumatic experience	Length of treatment varies depending on the complexity of the case. In published randomized control trials (RCTs), the length of treatment was 1 year, with an average of 32.82 sessions (Child-Parent Psychotherapy Resources, n.d.).	Link for Child-Parent Psychotherapy (CPP)
Preschool-PTSD Treatment (PPT)	Children ages 3-6 years old who have experienced trauma	Uses principles of cognitive-behavioral therapy, facilitates exposure to traumatic event, promotes effective anxiety management, and integrates the child-caregiver relationship	About 12 sessions	Link for Preschool-PTSD Treatment (PPT)
Attachment and Biobehavioral Catch-Up (ABC)	Children ages 6 months to 4 years old	Collaborates with the caregiver to discuss the caregiver and child dynamics, share videos and examples of common parenting experiences, and provides the caregiver the opportunity to reflect on their own interactions through viewing video of the child and caregiver from the previous session	About 10 sessions	Link for Attachment and Biobehavioral Catch-Up (ABC)
Attachment Vitamins	Children ages birth-5 years old	Educates caregivers on child development, stress, and trauma's impact	About 10 weeks or self-paced online	Link for Attachment Vitamins
Circle of Security® Intervention/Circle of Security® Parenting	Children ages 2-17 years old	Finding ways to enhance secure attachment in caregiver relationships	About 8-10 weeks/Intensive Program lasts around 6 months	Link for Circle of Security®

Effort has been made to ensure that the information provided in the table above is accurate, according to the latest information from the links above. Please contact the developers of the interventions directly at the links provided with additional questions. Information to complete the table was gathered through the links within the table.

Theoretical Foundations, Working with Others, Law, Regulation, and Agency Policy, Direct Service Skills, Communicating, Thinking, Reflection

KEY CONSIDERATIONS FOR NAVIGATING THERAPEUTIC MODELS WITH CHILDREN AND FAMILIES



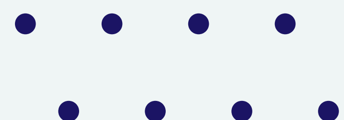
IN THE AFTERMATH OF EMERGENCIES OR DISASTERS

Using the models explored above involves specialized training and careful consideration when working with individuals who have experienced trauma. Clinicians should conduct thorough assessments with the caregiver to gain an understanding of their readiness and suitability for therapeutic services. While a caregiver may express readiness to participate in services, it would also be vital to ensure that the caregiver and family have immediate basic needs such as shelter and food. Additionally, it is crucial to evaluate whether the caregiver is open to addressing the emergency or disaster as part of the therapeutic process. It is common that a caregiver may have a portion of the trauma or emergency that they are willing to begin discussing, while other portions of the events may not yet feel emotionally accessible to them. Clinicians should include an evaluation of the caregiver's concerns around the child's behaviors at their early childhood education centers as well. This enables the clinician to engage in discussions about how the clinician can offer support for both the child and the educators responsible for their care.

In addition to ensuring the preparedness of the caregiver, it's important for the clinician to engage in a brief assessment of themselves and their work space. Clinicians should consider their own support, access to Reflective Consultation, and scope of work. The service delivery program should consider if there are requirements that could present barriers to extended service durations. Clinician should also take inventory of their therapeutic environment, ensuring that the space is large enough to accommodate caregivers, the child, and space to play. Clinicians may need to acquire certain materials or toys as some interventions address the trauma through toys and play. Other interventions may require the use of webcams, video recording devices, or 2-way mirrors. Clinicians are encouraged to collaborate with their supervisors as they consider implementing these services.

Theoretical Foundations, Working with Others, Law, Regulation, and Agency Policy, Direct Service Skills, Communicating, Thinking, Reflection

SUPPORTING CAREGIVERS IN ORDER TO SUPPORT THE CHILD



IECMH is integrated into public health, given its involvement in various community settings where the early relational development of infants and young children can be influenced and nurtured. In the aftermath of a disaster, mental health clinicians can play an important role as facilitators of collaboration and thorough support. Children and families are interconnected within different systems, and they may be interacting with professionals such as Early Childhood Educators, Home Visitors, Child Welfare Workers, and more. Expanding the knowledge of caregivers within a child's broader network of resources for Infant and Early Childhood Mental Health Consultation can foster a greater understanding of the clinical aspects of a child's behavior and development. By building relationships with a diverse group of caregivers, clinicians actively contribute to heightened support and more positive outcomes for the child.

Tennessee has launched the TN IECMH Consultation Warmline for Early Childhood Educators, Home Visitors, and Child Welfare Professionals. The TN IECMH Warmline for Early Childhood Education is a prevention-based, capacity-building, virtual support that pairs a mental health professional with an early childhood professional. The Warmline will partner with the educator to leverage their expertise to best support children and families who present with behavioral or mental health concerns. Please visit www.aimhitn.org/iecmh-consultation for more information.

This QR code will lead directly to the TN IECMH Consultation Warmline Request Form

Theoretical Foundations, Working with Others, Law, Regulation, and Agency Policy, Direct Service Skills, Communicating, Thinking, Reflection

CONCLUSION

As we navigate the complexities of our modern era, where the aftermath of natural disasters and community violence has become increasingly prevalent, the need for understanding of their impact on the mental health of infants and young children is more critical than ever. The thorough exploration provided by this handbook serves as a guidepost for behavioral health clinicians, empowering them to comprehend and address the complex interplay of Infant and Early Childhood Mental Health in the wake of emergencies and disasters.

By shedding light on the profound effects of these events on caregiver-child dynamics and caregiver capacity within families and early childhood education centers with children aged 0-5, the handbook positions itself as a valuable resource. It not only facilitates the development of essential skills in clinicians but also gives them tools to foster healing in the caregiver-child relationship post-disaster or emergency.

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AIMHiTN Association of Infant Mental Health in Tennessee

TN Department of Human Services

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