



Inviting Everyone to the Table
7th Annual System of Care Conference

SESSION 1C

THE FAMILY STORY OF INFANT MENTAL HEALTH
The Origins of an Intervention and Its Reflective Practice



September 17-18, 2019
Embassy Suites by Hilton
Nashville South/Cool Springs, Franklin, TN



This project is funded under a Grant Contract with the State of Tennessee Department of Mental Health and Substance Abuse Services.

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SESSION & SPEAKER INTRODUCTION

Melissa Binkley, MS, Office of Children, Young Adults, and Families, Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), Nashville, Tennessee

SESSION SPEAKER

Alison D. Peak, LCSW, Executive Director, Allied Behavioral Health Solutions, Nashville, Tennessee

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**THE FAMILY HISTORY OF INFANT AND
EARLY CHILDHOOD MENTAL HEALTH**

Alison D. Peak LCSW, IMH-E

ONCE UPON A TIME...

- IECMH often utilizes analogies to describe itself
 - A relationship
 - A story
 - A circle
 - A dance
- All parts of the IECMH world, since its inception have been in some swaying, moving, interlocked connection with one another.

CRADLE AND ALL

- The awareness of childhood development, of children as unique individuals, and not as tiny adults gained awareness and popularity in the early 1900s.
 - This produced such bodies of knowledge as *Attachment Theory* by John Bowlby
 - This also became the foundational point for understanding the interconnectedness of relationships in the first 3 years
- Jean Piaget recognizes the developmental tasks of childhood
- DW Winnicott recognizes that there is “no such thing as a baby” and that “if you set out to describe a baby, you will find you are describing a baby and someone.”

THERE WAS A LADY...

- In the 1970s Selma Fraiberg was working with Jean Piaget on a project for children with visual impairments
 - The power of a control trial
 - What does it mean for this mother to not hear her own child?
- The beginnings of “kitchen table” therapy
 - Believed that children and mothers were best met in their own environment
 - Believed that being in the home with the family provided the best evidence for understanding the story of a family
 - Focused emphatically on following the lead of the parent/child and of observing all aspects of the dyad’s interactions
 - Established the understanding of “Ghosts in the Nursery”

BUT THERE IS NO MAGIC WAND

- Fraiberg was unequivocal in her recognition that scientific study of the infant and clinical preventive intervention programs were only two aspects of the infant mental health triad; the third was advocacy. (Fitzgerald, 2000)
 - Betty Tableman
- Fraiberg held a commitment to the scientific study of infancy; the integration of psychoanalytic theory with the basic data of child development; and the conviction that to be maximally effective, the study of infancy must be **multidisciplinary**
 - Clinicians
 - Policy Advocates
 - Educators
 - Home Visitors
 - Physicians

THE 2ND GENERATION

- Fraiberg initially worked at the University of Michigan and later at UC-San Francisco producing another generation of IECMH mothers.
 - Deborah Weatherston
 - Doug Davies
 - Alicia Lieberman
 - Bill Shafer
- And others who joined the work in their own way of relationships
 - Joy Osofsky
 - Charlie Zeanah
 - Marva Lewis
 - Sherryl Heller
 - Peter Fonagy
 - Therese Ayers
 - Maria Muzik

AND FROM THOSE BRANCHES

- The 2nd, 3rd, 4th, and many other generations of IECMH experts have contributed to or established such wide ranging approaches as:
 - Attachment Vitamins
 - Child Parent Psychotherapy
 - Circle of Security
 - Cultural presentations of attachment behaviors
 - Diagnosis and assessment of children 0-60 months
 - Fussy Baby Network
 - MIECHV funded home-visiting program
 - MOM POWER
 - Research related to the Romanian orphanages
 - Understanding of trauma in early childhood
 - Understanding of early neurological formation

ESTABLISHING THE WAY OF BEING

- Alicia Lieberman (1998) has proposed five principles that she believes define the point of view underlying infant mental health, particularly within the context of clinical interventions:
 - (1) Infants are social organisms who exist in relationships, most of which are dyad specific;
 - (2) individual differences are an integral component of the infant's functioning;
 - (3) every infant exists in a particular environmental context that can substantively influence the person's functioning;
 - (4) infant mental health practitioners make an effort to understand how behaviors feel from the inside, not just how they look from the outside; and
 - (5) the intervener's own feelings and behaviors have a major impact on the intervention.
- All IECMH modalities/advocacy/education, regardless of named approach, hold these 5 key components and establish a universal understanding of the **way we are**

THE PARALLEL

- In considering almost 50 years of IECMH work through this lens of a family history, we know that there were lots of people who played very different roles
 - Who were closer to the nuclear family or found their way in through marriage
 - Who closely aligned with the original thinking and who also pushed the bounds of the work being done
 - Who embraced their roles as part of this messy family system to work towards a better future for other babies and children across the world.
- Tennessee is yet still in its toddlerhood of establishing our own family story and often that may mean we are still trying to figure out our own family roles.
- Yet, we share with many other states and countries this desire to fulfill that **way of being** in our advocacy efforts, program development projects, and clinical services.

BUILDING ROOTS AND BRANCHES

- MOM POWER uses this analogy to highlight the ways in which we need both experiences of growing deeper/stronger and also learning and stretching upward to engage in full, healthy relationships
- As part of Tennessee's family history we all work together to build roots for a strong foundation for our state's system and to grow branches as we look for innovative ways to embody these **ways of being** to provide a broad spectrum of services to young children and families.
- What role does your sector play in our family story?
- How do you embody the **ways of being**?
- What opportunities might exist for you as a person, employee, provider, advocate, funder, to guide our system in building branches?

REFLECTION IN IECMH

Reflective Stance

Ideas addressed in a slow/thoughtful manner

Emotions and potential impacts on clients and staff considered

Empathy given to the individual to whom hard news may be delivered

Reflective Consultation

Use of a RS/C provider to consider systemic issues impacting a program or agency

Consideration of themes rising in a body of work with an outside consultant

May look like RS/C to individuals who do not provide direct services.

Reflective Supervision

Routine time during the working period that is set aside for reflective consideration of cases

Embodies the core aspects of RIOS

Is a cornerstone of high-quality IECMH services

REFLECTION IN THE WORK

- Jeree Pawl writes “How you are is as important as what you do”
- Peter Fonagy termed that “Reflective Capacity is the uniquely human capability to make sense of one another”
- How do we hold Reflective Stance in our workspaces?
- What does it look like to engage in addressing staff behaviors or correcting issues within a system from a place of reflection?
- What might it look like to enter into an intentional Reflective Consultation model?
- What impacts might this have on your team? Program? Agency? Greater service delivery system?

THE ROLE OF REFLECTIVE SUPERVISION

- In our time together this morning we have conversed and considered, presented the story of IECMH, thought about the babies in our state, discussed our own roles, and the way those roles come together
- The Reflective Interaction Observation Scale (Watson, 2019) defines the essential elements of Reflective Supervision as
 - Understanding the Story
 - Holding the Baby in Mind
 - Professional Use of Self
 - Parallel Process

HOW MIGHT THIS DIFFER?

- What considerations do we have regarding RS/C in your place of work?
- What issues might arise?
- What concerns might staff have?
- What might the cost of making such a commitment be, financially, on personnel, on productivity?
- What might be the benefit?

CONTACT

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Submission of online evaluations closes two weeks after this event concludes.

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