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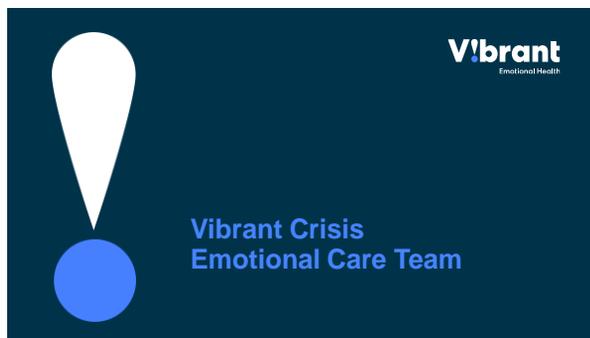
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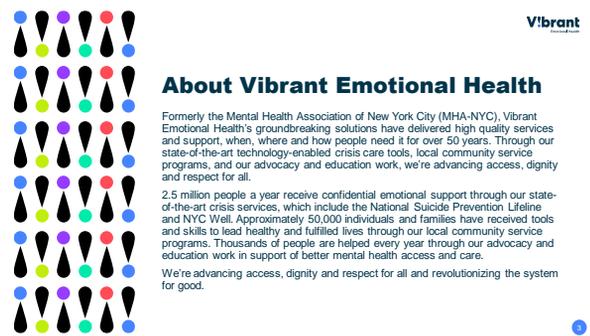
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Vibrant

### Vibrant's Crisis Emotional Care Team

Vibrant Emotional Health's Crisis Emotional Care Team (CECT) provides just-in-time support and care to individuals, communities, and organizations who are living through a disaster or crisis. The team of trained volunteer emotional care providers brings a compassionate presence while delivering crisis intervention and emotional support to survivors of natural or human-caused disasters.

#### Connect with us

- If you have experience providing emotional or mental health care, and would like to volunteer with the Crisis Emotional Care Team, visit us at [vibrant.org/cect](http://vibrant.org/cect)
- If you are in need of Crisis Emotional Care Team support, contact us at [crisisemotionalcare@vibrant.org](mailto:crisisemotionalcare@vibrant.org)

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**We Will Be Discussing:**

- The principles of infant and early child mental health
- The implications of trauma and chronic, unrelenting stress and why a trauma-informed approach is critical
- Using DC:0-5 when diagnosing mental illness in young children
- Strategies for responding to challenging behaviors



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Infant and early childhood mental health (IECMH) is the developing capacity of the child from birth to 5 years old to form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; and explore the environment and learn—all in the context of family, community, and culture. (ZERO TO THREE, 2017)

ZERO TO THREE, 2017

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### Challenges to IMH



<b>POSITIVE</b>	Brief increases in heart rate, mild elevations in stress hormone levels.
<b>TOLERABLE</b>	Serious, temporary stress responses, buffered by supportive relationships.
<b>TOXIC</b>	Prolonged activation of stress response systems in the absence of protective relationships.

Center on the Developing Child

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### Principles of Infant Mental Health

1. Babies are by nature social creatures.	2. Individual differences are an integral component of babies' functioning.	3. Every individual exists in a particular environmental context that deeply affects his or her functioning.	4. IMH practitioners make an effort to understand how behaviors feel from the inside, not just how they look from the outside.	5. The intervener's own feelings and behaviors have a major impact on the intervention.
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(Schefferman, 2018)

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**Parent/Caregiver** ↔ **Child**

What other contexts (such as culture), impact the relationship?

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The single most important factor in child emotional well-being is caregiver's emotional well-being.



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### Fundamentals of Attachment Theory

Globally defined as a lasting and reciprocal connectedness between human beings

*"There is no such thing as a baby."*

— Winnicott, 1954, p. 88

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### Still Face Experiment



The "Still Face" Experiment

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### Misattunement Happens!

That's ok – without parental missteps and other challenges there would be no opportunities to learn adaptation skills and the art of resilience. Repair is needed.

- Balance is key



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### Relationships: The Dance of Attunement

Attunement represents the caregiver and child being "in tune" or "in sync" with one another.

We look for indicators of attunement in the ability to read one another's cues/behaviors, verbal and non-verbal communications and shared emotions/affect.



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### Regulation and Co-Regulation

\*How do infants/toddlers engage in self soothing, comforting and self-regulating behaviors/strategies? (regulation)

\*How can a caregiver help an infant regulate their response to stress? (attunement)

\*How do infants and caregivers influence each other through emotions? (co-regulation)



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**When Additional Support Is Needed**

- Identify signs when a child is saying, "I'm having a hard time."
- Assist caregivers in recognizing signs that they need additional support
- Share and use resources without overwhelming families—or yourself
- Refer families to the next level of care when necessary

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**Trauma for Infants and Toddlers**



What might this look like for a very young child?

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Not "what's wrong with you"  
Instead, "what happened?"

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### What is Trauma-Informed Practice?

The National Child Traumatic Stress Network describes characteristics of trauma-informed practice:

- Identify: Ability to identify trauma exposure and related symptoms
- Provide Information to Parents/caregivers: Make information available to parents/caregivers on trauma exposure, its impact, its prevention and its intervention
- Provide Support to Families: Provide support to strengthen resilience and protective factors of children and families impacted by trauma
- Refer: Refer families to evidence-based treatment services when needed
- Self-Care: Understand the self-care that is needed when working with families impacted by trauma

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1) Early childhood mental health disorders are the result of problems in the parent-child relationship

Start presenting to display the poll results on this slide.  
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The benefits of diagnosing in infancy and early childhood outweigh the risks.

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We diagnose disorders, not children.

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22

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**DC:0-5™**

Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood

Development of DC:0-5

Module 1 | Version 2.2

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**Impairment for Every Disorder**

Symptoms of the disorder, or caregiver accommodations in response to the symptoms, significantly impact the young infant's/young child's and/or family's functioning in one or more of the following ways:

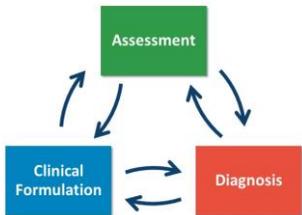
1. Cause distress to the infant/young child.
2. Interfere with the infant's/young child's relationships.
3. Limit the infant's/young child's participation in developmentally expected activities or routines.
4. Limit the family's participation in everyday activities or routines.
5. Limit the infant's/young child's ability to learn and develop new skills, or interfere with developmental progress.

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The Diagnostic Process



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Assessment Components That Guide Diagnosis

Direct interaction and interview:

- primary caregiver
- infant/young child
- additional caregivers

Observations and procedures (formal or informal):

- infant/young child
- caregiver–young child interactions

Self-reflection of subjective responses

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Principles of Diagnostic Assessment

- A comprehensive process
- Relational and family focused
- Contextually grounded
- Developmentally specific
- Strength based

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**5 Axis Diagnostic Process** 

- Axis I Clinical Disorders
- Axis II Relational Context
- Axis III Physical Health Conditions and Considerations
- Axis IV Psychosocial Stressors
- Axis V Developmental Competence

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**Axis I Diagnostic Categories** 

- Neurodevelopmental Disorders
- Sensory Processing Disorders
- Anxiety Disorders
- Mood Disorders
- Obsessive Compulsive Disorders
- Sleep, Eating, and Crying Disorders
- Trauma, Stress, and Deprivation Disorders
- Relationship Disorders

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<https://www.zerotothree.org/resources/2221-dc-0-5-manual-and-training> 



**DC:0-5<sup>TM</sup> Manual and Training**

**Download File**

ZERO TO THREE is proud to announce the release of DC:0-5<sup>TM</sup> Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood Version 2.0 and the DC:0-5<sup>TM</sup> Clinical Training for advanced infant and early childhood mental health professionals.

In 1994, ZERO TO THREE published its groundbreaking manual, DC:0-2 Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood. The first developmentally based system for diagnosing mental health and developmental disorders in infants and toddlers, this critically

**BY THIS RESOURCE**

1. What's New in DC:0-5?
2. DC:0-5 Training





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### Recommendations to Help Children

- Provide a sense of security, patience, and attention to what the child is communicating through their words and behaviors
- Encourage the expression of feelings
- Watch out for reminders (triggers)
- Support child in maintaining connection to their primary caregiver
- Don't be afraid to speak the unspeakable

(The National Child Traumatic Stress Network, 2012)

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### Buffering Babies and Toddlers From Stress

The diagram consists of three vertical rectangular boxes arranged horizontally. The left box is orange and labeled 'Support' with a photo of a child and caregiver. The middle box is green and labeled 'Routine' with a photo of a child. The right box is orange and labeled 'Sense of Control' with a photo of a child. A double-headed arrow is positioned below the three boxes, connecting them.

(The National Child Traumatic Stress Network, 2012)

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### Evidence Based Therapeutic Interventions

Trauma-Informed Child-Parent Psychotherapy (TI-CPP): 0-6; both males and females; for young children who have experienced a wide range of traumas and caregivers with chronic trauma

Parent-Child Interaction Therapy (PCIT): 2-12; both males and females; highly specified, step-by-step, live-coached sessions with both the parent/caregiver and the child, the parent/caregiver is coached in specific skills as he or she interacts in specific play with the child.

(The National Child Traumatic Stress Network, 2012)

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### The Little Things You Say and Do Matter!

"How we are is as important as what we do."



A moment to reflect...

- Think of a time when you were helped just by the presence of another.

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### It's in Our Nature



"Very young children stir up powerful feelings in adults (the species is programmed that way)."

(Feshel, 1992, p. 11)

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### Thank You!



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### Contact Information

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 Direct: (608)698-7510 | Email: [juliaYeary@gmail.com](mailto:juliaYeary@gmail.com)

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