

# Foreword

**For years**, it has been my belief that the quality of the infant-parent and child-parent relationship is the best predictor of outcome for any child. Yet in the busy worlds of pediatrics, home visiting, nursing, early education, early intervention, occupational therapy, and other disciplines, this relationship is typically not attended to in the course of working with the family. Often, severe behavioral and relationship problems go unseen and unaddressed until a child starts kindergarten. At that point, therapeutic work is much harder than if such work had begun earlier in the life of the child and the development of the relationship. No professional group *regularly and typically in contact with families and young children* holds the specific responsibility for monitoring and supporting the parent-child relationship. How have we let such an important component of health and well-being go unaddressed for so long? In my view, this mission must be shared by all of us who are in regular contact with families from pregnancy through age 5.

Back in 1969, when I wrote my first book, *Infants and Mothers: Differences in Development* (New York, Delacorte Press), I began with the statement “Normal babies are not all alike” (p. xxi). This came as a surprise to parents and professionals at the time, but since then research in such areas as sensory processing, temperament, motor abilities, regulatory capacities, and engagement, including my own work in these areas, has shed significant light on these variations and on what makes for these individual differences in infant and child characteristics, capacities, and vulnerabilities. Most strikingly, though, I have found my early contention to be true across multiple domains: infants influence their environments as much as they are influenced by their environment. Infants shape and are shaped by relationships with their parents and other important adults in their lives, and they are partners in cocreating ways of being together.

Not only is every child different, but parents also bring to the relationship their own history of being parented, hopes and dreams, vulnerabilities, temperament, history of relationships, and general mental health. This unique relationship between every parent and child is what makes infant and early childhood mental health work both challenging and exciting.

Parents are hungry to see their children thrive, and I think we can offer them something very important. We can help them see the power they have in their child’s optimal development through the processes of falling in love with their baby, delighting in their child, developing an understanding from birth of their child’s behavior, wondering about the meaning of the behavior for both themselves and their child, and watching how the child’s behavior is shaping parental behavior, thoughts, and meaning. The latter component is particularly important as the parent develops a deeper understanding of his or her

own experience of being parented and of being a child, and then builds the ability to reflect on his or her own child's experience of being parented. So powerful is this experience that I have seen some parents who are challenged by addiction be motivated to stay clean and sober as they realize how important it is to provide their child with a good parent. This, I think, is the key to a healthy, functional parent-child relationship and a functional family system, and it is the core of infant-family and early childhood mental health.

Early in my work I saw how powerful the infant was at activating the parent and the family system. As a result, I realized that when I shared a newborn's behaviors with parents very early, they were able to learn that the infant could help them to be the child's unique parents. Infants impact their environment from the womb, but at birth the power of infants to shape their environment, and those in the system around them, becomes clear to any provider willing to observe. Infants let parents know what works and what does not work. This trial-and-error process is a dynamic feedback loop that calls on the parent and the child to be fully engaged in fulfilling their roles in this interactive system. Around the world I have seen that infants not only shape their direct caregiving environment, but ultimately play a role in shaping the larger culture around them, while at the same time the infants are adapting to and shaped by the caregiving they receive and the larger culture that they were born into.

My pediatric residency did not provide me with the foundation I felt a pediatrician needed for understanding a child's development, including the mental health concerns and implications of infancy and early childhood. My child psychiatry training at the James Jackson Putnam Children's Center opened my eyes to the effects on the child of relationally impoverished environments and to the desires of all parents to do well by their children, even while some struggle with their own mental health issues and/or histories of maltreatment in the process, or their children struggle with behavioral, regulatory, or other serious issues. In my 70 years of medical practice, I have seen the rich potential of skilled and caring providers to support optimal parent and child development even in the face of high risk and seemingly insurmountable obstacles. My hope is that you are one of those providers and that this book will further enhance your skills and commitment to that endeavor.

Sadly, children sometimes do experience mental illness in the early years from birth to age 5, and professionals must be adequately trained to detect such conditions and either treat them directly (as appropriate) or make a suitable referral for proper treatment. But such conditions, fortunately, are rare and most of the focus for providers during these early years is to work diligently in scaffolding the healthy trajectory of the parent and child as their relationship develops and as each is shaped as an individual and, together, as a dyad in the process. This early and primary relationship will shape the future for both of them in profound ways that we now know will impact health and well-being throughout their lives.

I believe this work should begin during pregnancy with getting to know what the parents' dreams, hopes, and worries are; what concerns them; and how they already envision the relationship they will have with their new baby. Forming this kind of collaborative connection and building a strong working alliance with families are critical as we learn to trust one another and are able to share together any challenges they are facing and work jointly

to find the best possible course of action. This, to me, is the cornerstone of infant-parent and early childhood mental health work. However, our current health and social services systems often work against us in this endeavor. Our systems have become increasingly separate, driven by funding policies and the treatment of human beings according to their problem or diagnosis rather than the treatment of each person as a whole human being and of families as systems, not disconnected people. Even our health care payment systems, both Medicaid and private insurance, work against us at times: when providers cannot refer or consult with other providers outside their systems, when families lose health insurance while unemployed or for other reasons and must leave a provider's care, or when families are forced to change providers because their health care coverage changes or their provider withdraws from a payment system. Meanwhile, thousands of children and families are without any health care coverage and cannot pay out of pocket for health care. If we get too discouraged by such issues, it is to the detriment of the very important work of safeguarding and supporting children and families to grow and thrive. We are obliged to connect with families wherever and whenever we can, and to not miss any opportunity to inquire about and observe how the parent, the child, and the relationship are doing, and then to support and intervene as needed. In this pursuit, we must be advocates for providing all families with coverage for the services they need, or even provide services without payment in some cases.

Our best preparation is to ensure that every provider serving a family from pregnancy until the child starts kindergarten understands the basic concepts of infant-parent and early childhood mental health and has core competencies in this area for clinically working with families. One example of a basic competency for all providers is my Touchpoints approach, which focuses on cycles of disorganization, functional regression, and family stress that can precede each developmental step for the child, and the effect of this developmental process on the caregiver, the child, and the larger system around them (see [www.brazeltontouchpoints.org/about/what-is-touchpoints](http://www.brazeltontouchpoints.org/about/what-is-touchpoints)). The Touchpoints approach also involves predicting for parents when these cycles will likely occur, discussing what they can expect, and planning together with them what they can do when these cycles occur. Another example of a basic competency is the Newborn Behavioral Observations system, which is a relationship-building tool for use with parents at birth and any time in the first 12 weeks (adjusted age) after their baby is born (see [www.brazelton-institute.com/cnbas.html](http://www.brazelton-institute.com/cnbas.html)). It is vital that we find ways to move training in such core competencies into professional education, as well as provide clinical support and reflective mentoring for providers working to advance and maintain related clinical skills after completing their formal professional education.

The Napa Infant-Parent Mental Health Fellowship/Postgraduate Certificate Program provides just such interdisciplinary training, and this book captures the essence of the program. I am proud to have participated in the development of the program, and since its inception I have been a faculty member working with and being inspired by each class of fellows. This program is a gold standard for training providers to address infant-parent and early childhood mental health needs in whatever setting and from whatever disciplinary perspective the child and family are being served. I have worked with Dr. Kristie Brandt since

1994 and have great admiration for her work in advancing the interdisciplinary field of infant-parent mental health. She has assembled here an excellent group of coeditors and chapter authors, all luminaries in this important field. This book will help guide our field for many years to come.

In this book, the editors and chapter authors describe from their perspective key concepts fundamental to infant-parent and early childhood mental health work. All of these facets and lenses are needed to construct and expand this comprehensive and interdisciplinary field. The core concepts are laid out in a coherent and clear way, with clinical applications provided to enhance the incorporation of these concepts into clinical practice. My dream is that every professional, regardless of discipline, will attend to and nurture the child's social and emotional development and the quality of the parent-child relationship in every contact with the family. I urge all providers working from the prenatal period through a child's first decade to read this book. I believe it will enhance that cause and advance the field of infant and early childhood mental health.

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