

**MassAIMH Membership Launch Event**  
**10-24-14**  
**Interventions Committee Notes**

There were several dozen attendees who participated in the Interventions discussion representing multiple disciplines across early intervention, family support, parent education, Head Start and early Head Start, home visiting, pediatric nursing, social services, psychology, psychiatry, early education, and pediatrics; and numerous public and private non-profit agencies and systems of care. MassAIMH Intervention Committee Chair Dr. Jayne Singer facilitated the discussion and MassAIMH Board member Dr. Claudia Gold scribed. Dr. Brazelton was in attendance and participated.

There were several main themes that emerged from a very rich discussion by a clearly dedicated, experienced, and knowledgeable group of practitioners. These themes reflected concerns about understanding the needs of families with young children in the Commonwealth and related accessibility to support, understanding needs of the workforce in better equipping them with intervention strategies to meet family needs, exploring the potential sources of training and support for professionals, and importantly, looking for the will and the ways for parents, professionals, agencies, methods, and programs to work more effectively with each other rather than in silos .

**Themes:**

A practitioner began the discussion by speaking emphatically about the dismaying decline in exposure to the Brazelton newborn exam witnessed over time within Mass.; with less exposure to systematically observing newborn behavior being made a priority (e.g., for nurses in training). Multiple professionals expressed interest in promoting Brazelton's emphasis and learning his Touchpoints strategies for focusing on children's strengths and parent strengths; similarly expressing **concern about an increasing focus on behavior management of young children** rather than deep and more accurate understanding of the **meaning of children's behavior in terms of developmental processes**. Mention was made about the contrast to Europe, where, for example the entire National Health Service in the UK is currently requiring Touchpoints and NBO training for its system of home-visiting midwives and home health Nurse Practitioners. The Touchpoints Approach and the Newborn Behavior Observation were spoken about as potential catalysts in our state's initiatives (e.g., specific example of the NBO being incorporated into the MCPAP initiative); with ample evidence of the effectiveness of Touchpoints serving this organizing and galvanizing role in many other state's IMH associations (e.g., California, Florida, New Jersey) and/or early childhood prevention and intervention initiatives (e.g., West Palm Beach, FLA Coordinated Children's Services; Colorado State Department of Early Education and Care; Office of Head Start American Indian EHS/HS Services). It was agreed that there is great opportunity for Mass. to **communicate and strategize more effectively across the many excellent interventions** available in our state. It was also agreed that integration of **primary pediatric care into initiatives for emotional health promotion** in Massachusetts will be key to accessibility and success of preventive and intervention goals.

Discussion of developmental processes led to addressing the topic of “self-regulation” in children and in parents; with a wish for Regulation to be supported as a more essential “R” in the education of young children before the sometimes **over-emphasis on early exposure/pressure for reading, writing, and arithmetic**. The many comments from participants aggregated to convey the idea that more services for young children and their families need to focus on supporting capacity for the development of self-regulation; with **goals for prevention and intervention** to optimize this capacity in families. Defining a major goal of **promoting self-regulation as a primary factor in social-emotional and family relational health** launched a portion of the discussion of how defining a common mission towards regulatory functioning could assist in greater collaboration among such institutions as DMH, CBHI, DPH, EI, WIC, DCF, EEC, and DOE. There was great concern within the group about **more adequate accessibility** for families not just to intervention but to **preventive support** as well.

The concept of MassAIMH being able to lead cross-state and cross-agency discussion *including the parents and families* of **Best Practices** was promoted in service again, of more regulated relational functioning and environments for children in the face of **multiple stressors** facing families and practitioners. There was general agreement about the need for more united definitions of best practices, outreach and standards in training for child *and* adult practitioners, finding and re-tooling practitioners who are currently serving young children but who do not necessarily have adequate training in **IMH core competencies**, and therefore, support for the potential for **MassAIMH to serve a unifying function** in Massachusetts joining the League of States who have adopted and implemented the **MI-AIMH Infant Mental Health Endorsement Standards**.

Action steps proposed include:

- specific mindful outreach to diversify representation the community of IMH practice and advocacy.
- Use of Social Media to disseminate information and an integrated mission to a wider public about the goals for early childhood preventive emotional well-being.
- Pursue MI-AIMH Endorsement Standards and process with an initial needs assessment: identify who is practicing and what intervention strategies they're using.
- Training and knowledge of infant development for people who work with parents.
- Embedding a unified framework for enhanced IMH from top down and bottom up approach throughout Commonwealth systems of care.
- First identify people in organizations who already are doing this work.
- Ensure outreach across multiple disciplines and points of contact: libraries, WIC, food pantries, museums, never only clinical practices (Intervention as a public health initiative).