

# *Advancing Early Relational Health within Early Childhood Intervention*

Toby Long PhD, PT, FAPTA  
Jen Drake-Croft MSSW, IECHM-E  
David Willis, MD  
Neal Horen, PhD

Thrive Center for Children, Families and Communities  
Georgetown University



# *Disclosure*

- No relevant financial relationships exist

ISEI



# Introductions

*Toby Long, PhD, PT,  
FAPTA*

- Professor, Department of Pediatrics,
- Director of Workforce Development, Education, and Training at the GU Thrive Center,
- Founder of the GU Certificate in Early Intervention Program,
- Director of the Graduate Education Of Related Service Providers at Georgetown University in Early Intervention: A Washington Area Consortium (GEORGE),
- Faculty of the GU Minors in Education, Inquiry and Justice and Disability Studies,
- Editorial Boards of Physical and Occupational Therapy in Pediatrics, and Infants and Young Children



*Jen Drake-Croft MSSW,  
IECMH-E*



- Project Director of the Infant and Early Childhood (IECMH) Technical Assistance Center at Georgetown University,
- Faculty Director for the Georgetown Infant and Early Childhood Mental Health Consultation Certificate Program,
- Developed Building Strong Brains Tennessee “training for trainers” curriculum focused on brain development, ACEs, and strategies to foster resilience

# *David Willis, MD*

- Professor, Department of Pediatrics,
- Professor, Psychiatry Academic Department,
- Founder and Director of Nurture Connection,
- Director, Nurture Connection Learning Collaborative,
- Co-Chair of National Academy of Sciences, Engineering and Medicine's Forum on Children's Wellbeing



# Neal Horen, PhD



- Associate Professor, Department of Pediatrics,
- Director, Division of Early Childhood and Relational Health
- Co-Director, Head Start National Center on Health, Behavioral Health and Safety,
- Director, Center of Excellence for Infant and Early Childhood Mental Health Consultation, the Infant Early Childhood Mental Health TA Center,
- Co-Director of the National Training and Technical Assistance Center for Children's Mental Health

## *Description*

During this symposium we will

- discuss the integration of the Early Relational Health (ERH) framework within ECI
- discuss how ECI providers can use principles of ERH to enhance their family partnerships, and
- introduce Infant Early Childhood Mental Health Consultation (IECMHC) as a strategy for ECI providers to incorporate into their intervention plans

**THRIVE  
CENTER**

*for Children,  
Families, and  
Communities*



ISEI



*ECI Around the Globe: What Do We Know, What Do  
We Need?*

**GEORGETOWN  
UNIVERSITY**

## *Who Are the Children?*

- 240 million children worldwide have a disability
  - 53 million are < 5 years old
  - 95% reside in LMICs (WHO,
  - Likelihood of a child having a disability before age 5 is 10 times higher than the likelihood of dying (GBD, 2019)
  - More than 85% of CwD in LMIC are primary school age and have never gone to school
  - CwD experience more discrimination, poorer reading/numeracy skills, lack of schooling (UNICEF, 2021)



## *What Services do They Receive?: Country Examples*

<b>USA</b>	<b>UK</b>	<b>India</b>	<b>Japan</b>	<b>Nambia</b>
<ul style="list-style-type: none"> <li>• ~3 million children aged 0-3 served</li> <li>• ~6 million 3-5 year old children served</li> <li>• CwD make-up ~13% of Head Start</li> </ul>	<ul style="list-style-type: none"> <li>• Twin-track approach               <ul style="list-style-type: none"> <li>• inclusive general ECD</li> <li>• separate services for CwD</li> </ul> </li> <li>• Multidisc. approach               <ul style="list-style-type: none"> <li>• Coop. between health &amp; educ.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Dual track system               <ul style="list-style-type: none"> <li>• Universal ICDS</li> <li>• RBSK special centers</li> </ul> </li> <li>• 86 million identified via 1.2B screened</li> </ul>	<ul style="list-style-type: none"> <li>• 92.7% nursery schools provide integrated ECI counseling and teacher support and guidance from experts</li> </ul>	<ul style="list-style-type: none"> <li>• Specialized programs such as:               <ul style="list-style-type: none"> <li>• Horse Assisted Therapy for ~8–10 CwD</li> </ul> </li> </ul>

# Examples of Countries with Robust ECI Systems



And...

**Kosovo:** Building a family-centered, multidisciplinary community based

**Greece:** Exploring how best to create a contemporary system

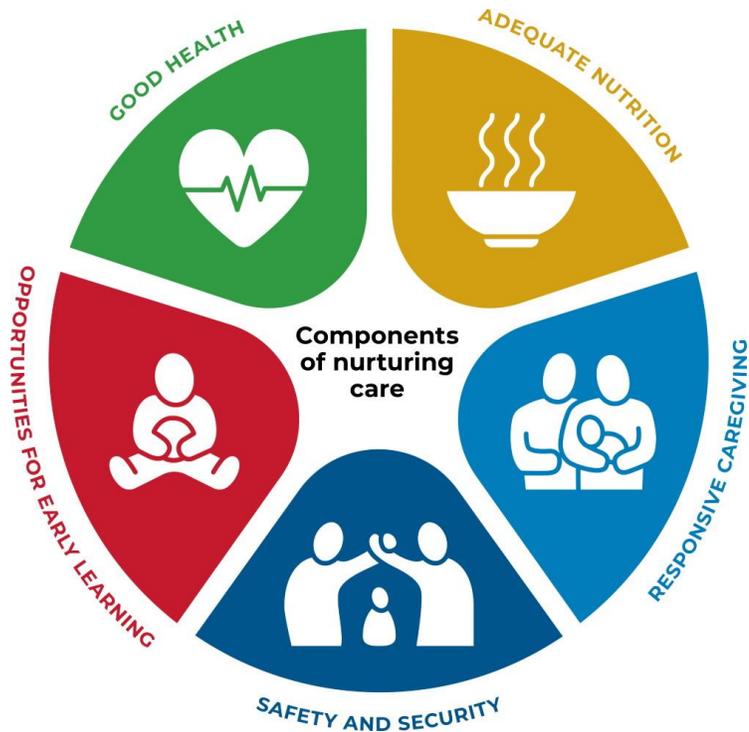
**Serbia:** Building a multi-sector system: health, education, child protection

**Belarus:** Embedding ECI in the health care sector

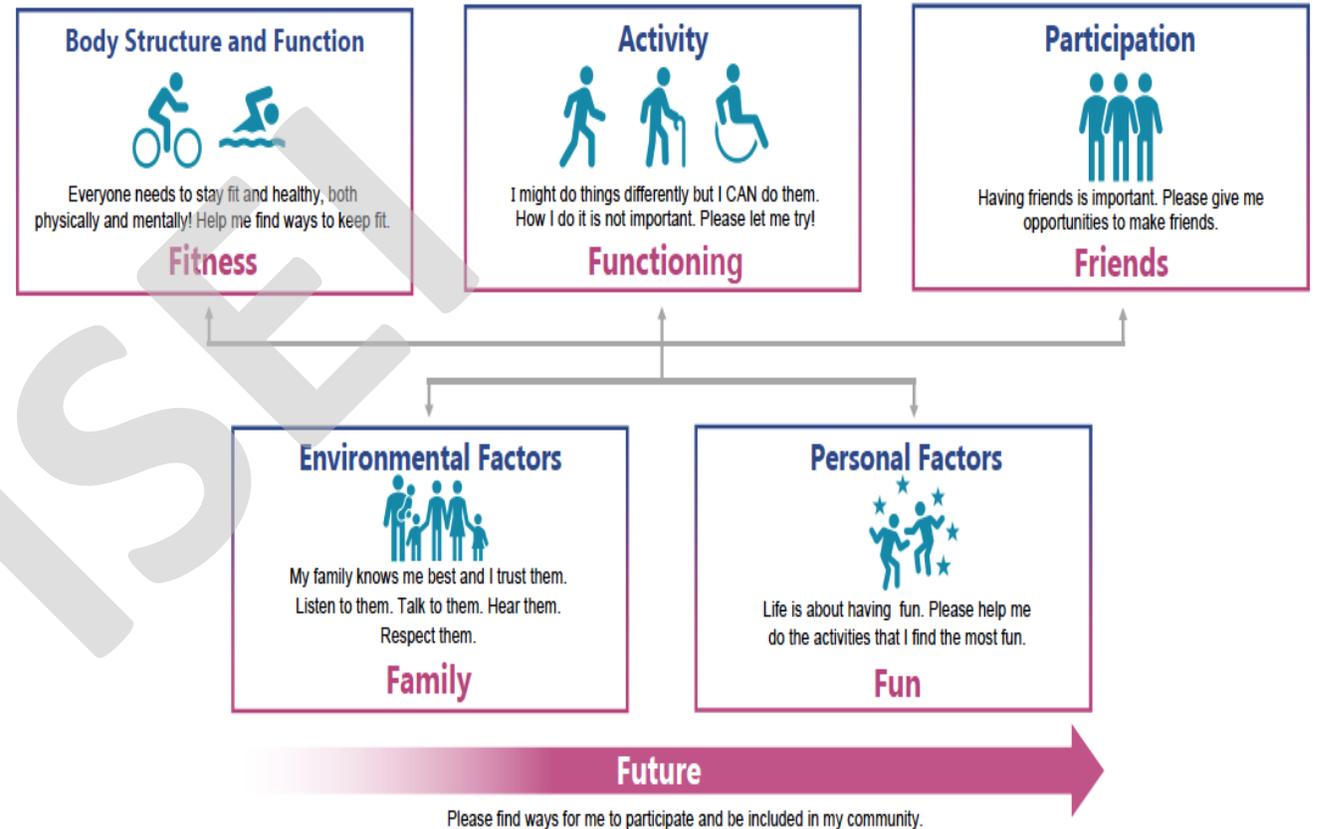
**Bulgaria:** Expanding ECI services as community-based social services

***Etc, etc, etc...***

# A Robust System



## The ICF Framework and the F-Words



For more information visit the F-words Knowledge Hub: [www.canchild.ca/f-words](http://www.canchild.ca/f-words)



1) World Health Organization. (2001) *International Classification of Functioning, Disability and Health (ICF)*  
2) Rosenbaum P & Gorter JW. (2012). The 'F-words' in childhood disability: I swear this is how we should think! *Child Care Health Dev.*; 38.

# Key Elements of a Robust ECI System

## Family Centered Care



- Respect
- Strengths
- Partner
- Collaborate
- Flexibility in service provision

## Natural Environments



- Community-based
- Routines
- Activities
- Natural Learning Opportunities
- Participation

## Individualized

**INDIVIDUALIZED FAMILY SERVICE PLAN**

Child's Name: \_\_\_\_\_ IFSP Meeting Date: \_\_\_\_\_  
Initial: \_\_\_\_\_ IFSP Type: Initial Annual  
Designated Service Coordinator: \_\_\_\_\_  
Service Coordinator Phone #: \_\_\_\_\_  
Date Due: \_\_\_\_\_ Date Completed: \_\_\_\_\_

No Month Review: \_\_\_\_\_  
Annual IFSP: \_\_\_\_\_  
Additional Review Date: \_\_\_\_\_  
Date Due: \_\_\_\_\_ Date Completed: \_\_\_\_\_

City: \_\_\_\_\_ Date Due: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Transition Dates: \_\_\_\_\_  
Date Due: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Approval of Local Education Agency (L.E.A.): \_\_\_\_\_  
Meeting Conference with Parents, Local Agency, L.E.A. and other Service Providers, as appropriate.  
All local policies, or any to be made known to which apply.

**Natural Environments Settings**  
In the maximum extent appropriate, services will be provided in natural environments, including the home, and community settings that are natural or customarily used by children with similar disabilities. Natural environments are those environments that are most similar to those in which children with similar disabilities live and learn. Services will only be provided in settings not included as the natural environment when it is determined that the desired outcomes cannot be reasonably achieved within the natural environment. This table and form:  
Includes the following information:  
\_\_\_\_\_

Approved by State of Tennessee: \_\_\_\_\_

- Flexible
- Responsive
- Outcomes based on needs
- Beyond development skills
- Can change in intensity, frequency, duration

## Teaming



- Transdisciplinary
- Primary Service Provider
- Coaching
- Cross Sector

## Evidence Based



- Participatory
- Self-directed
- Self-initiated
- Functional
- Goal-directed

*A Relationship Based System*

# *Role of the Early Childhood Interventionist*

Provide family-centered early intervention

- Primary Service Provider
- Individual Provider

Collaborate with team members

Support the attainment of IFSP outcomes



# Early Childhood Intervention System Considerations: Everywhere

## Identification

- Singapore: Higher SES-Increase recognition

## Personnel Shortages

- USA: All States report shortages of PT, OT, SLP, MH/behavioral specialists

## Stigma

- Israel: Schools based on diagnosis
- Ghana: Negative attitudes of teachers

## Access

- Thailand: physical inaccessibility
- Palestine: Lack of mobility devices

## Conflict/Crises

- Iraq: School facilities destroyed
- Syria: Refugee status continues

## Finances

- Kenya: Donor dependent
- Peru: Linked to conditional cash transfer; Decrease travel stipends for providers

## Intersection: Behavior and Disability

- USA: 75% of all preschool expulsions CwD



# *Development: A Systems Perspective*



# Babies + Very Young Children Develop in the Context of Relationships



*Strong Communities*

*Healthy Economy*

Successful Parenting of Next Generation

Educational  
Achievement

Economic  
Productivity

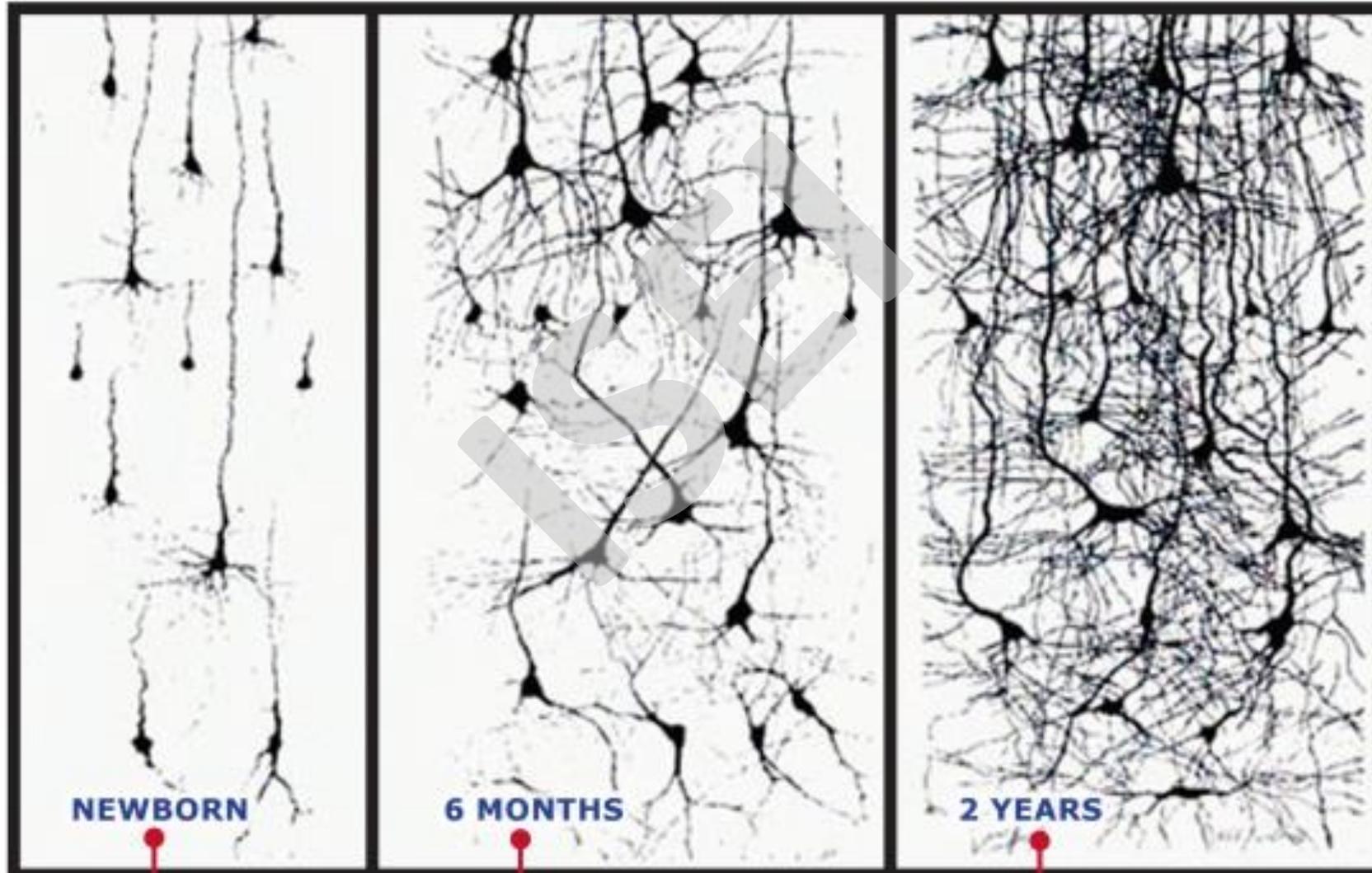
Responsible  
Citizenship

Lifelong  
Health

Healthy Child Development



More Than **ONE MILLION**  
New Neural Connections Per Second



Source: Center on the Developing Child at Harvard University, 2009

# Adverse Childhood Experiences (ACEs)



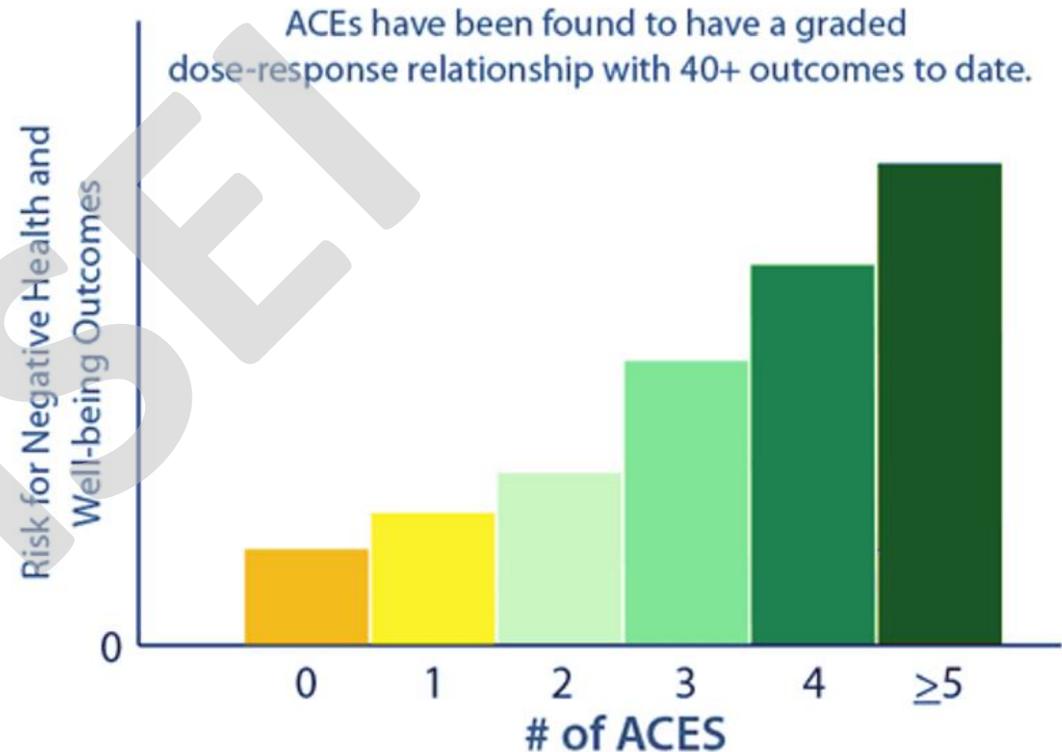
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



Life Potential (graduation rates, academic achievement, lost time from work)



\*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

# Defining Infant and Early Childhood Mental Health

## Infant and Early Childhood Mental Health The foundation of all future development

*Everyone who touches the life of a child can promote social and emotional well-being*

Social and emotional development, or **infant and early childhood mental health**, is the developing capacity of a child from birth to 5 years old to...



Form close and secure  
**adult and peer  
relationships...**



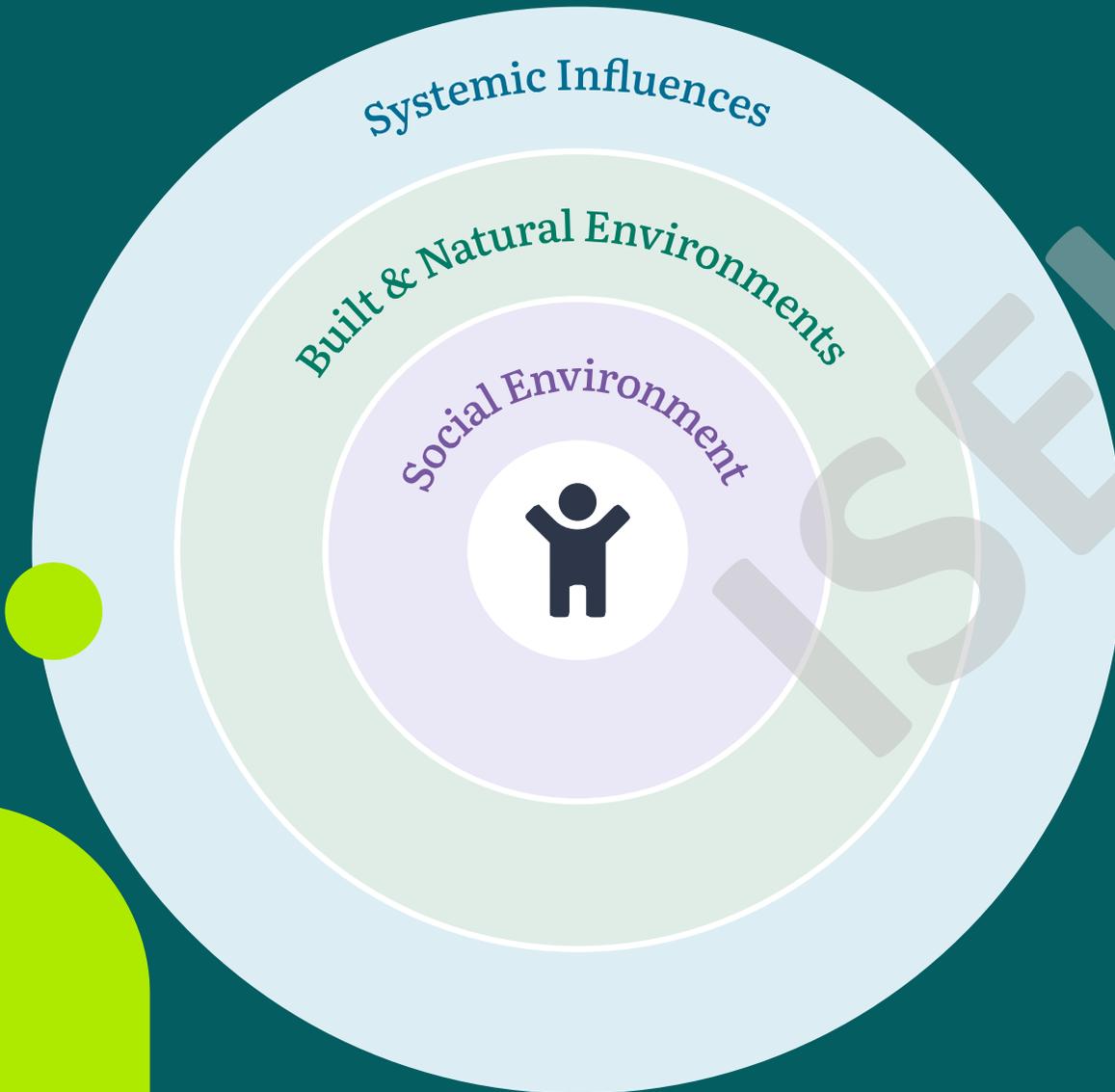
Experience, manage  
and express a **full  
range of emotions...**



**Explore the  
environment  
and learn...**

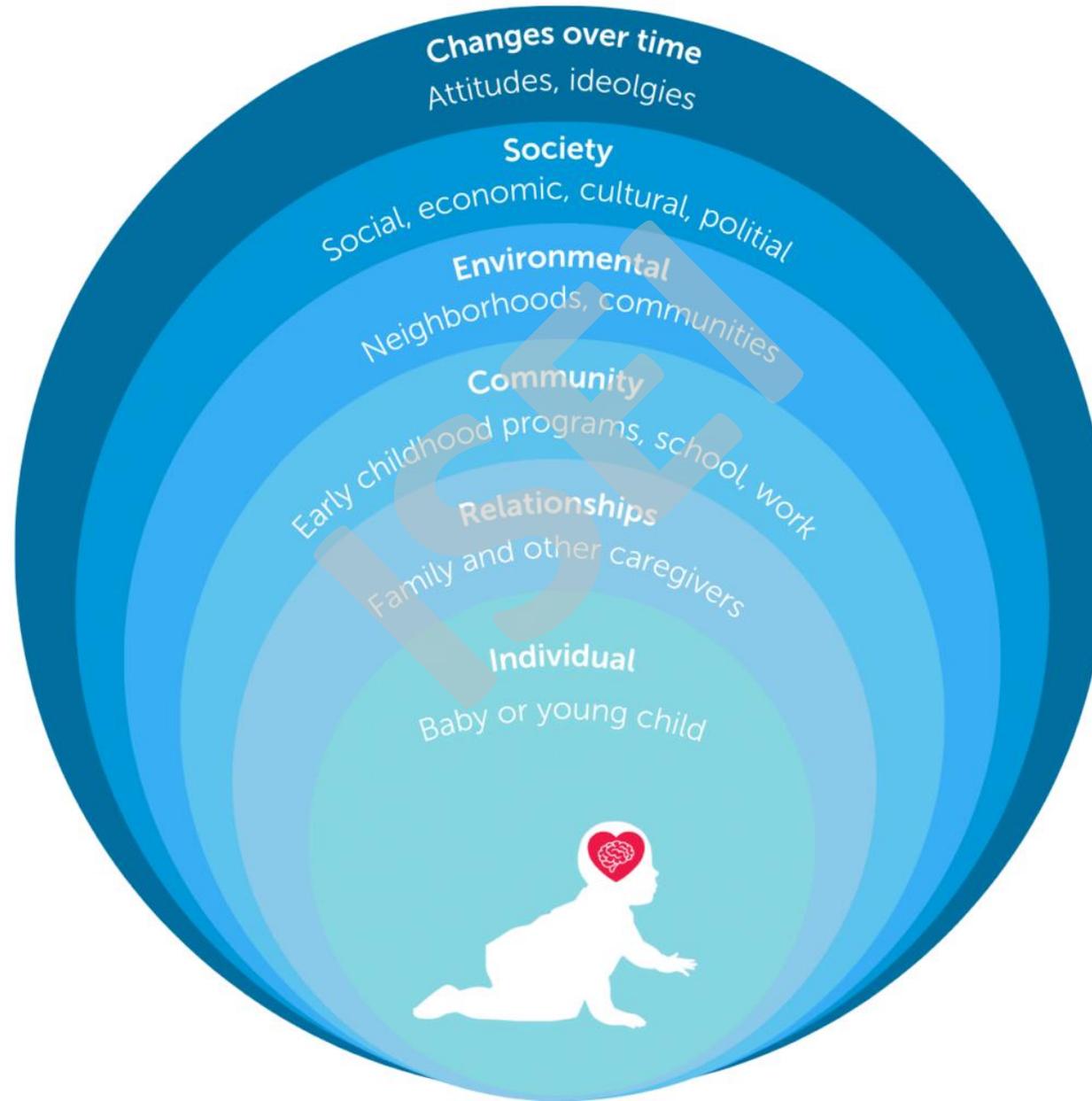
...all in the context of family, community, and culture.

# What Surrounds Us Shapes Us



The built and natural environments, and the systemic factors that shape those environments—such as the policies that influence where people are able to live and how resources are distributed—interact with each other and with a child’s social environment in deeply interconnected ways. Every environment is infused with a combination of influences, which can have positive and negative impacts on health and development. Knowing this, it’s important to recognize that levels of exposure to risk and access to opportunity are not distributed equally. **In short, place matters.**

# The Well-Being of Infants and Young Children are Influenced by Community



# Supporting Social and Emotional Development Needs Special Attention in Early Intervention



- Developmental delays can be caused by and/or exacerbated by an absence of safe, stable, nurturing relationships and environments.
- Caregivers of children with developmental delays and disabilities experience greater stress...compromising attachment and early relationships.
- Marginalized infants and young children represent a disproportionate number of children with developmental delays due to structural racism. They are less likely to have access to resources and are more likely to experience implicit bias when they do have access.

Sources: Zablotsky, B., Anyigbo, C. U., Ng, A. E., & Black, L. I. (2024). The Association Between Early Family Social Stressors and Emotional Well-Being Among Infants and Toddlers. *Academic Pediatrics*.

Vohra, R., Madhavan, S., Sambamoorthi, U., & St Peter, C. (2014). Access to services, quality of care, and family impact for children with autism, other developmental disabilities, and other mental health conditions. *Autism*, 18(7), 815-826. <https://doi.org/10.1177/1362361313512902>

Dennis, M.L., Neece, C.L. & Fenning, R.M. Investigating the Influence of Parenting Stress on Child Behavior Problems in Children with Developmental Delay: The Role of Parent-Child Relational Factors. *Adv Neurodev Disord* 2, 129–141 (2018). <https://doi.org/10.1007/s41252-017-0044-2>

# Infant and Early Childhood Systems of Care early relational health

Promotion

Prevention

Treatment



Supports and services for children, families & the workforce

delivery in naturalistic settings

capacity building

comprehensive & aligned service array

relationship-focused

developmentally appropriate

Strategic planning &  
supportive policies

Cross-sector partnerships

Diverse, well-prepared  
& supported workforce

Public & private  
funding

Research &  
evaluation

Child & multi-generational  
family driven

Trauma-informed

Community &  
strengths-based

Culturally &  
linguistically responsive

Equitable & inclusive

# Places to Promote Infant and Early Childhood Mental Health



**THRIVE  
CENTER**

*for Children,  
Families, and  
Communities*



*The Elevation of Early Relational Health  
within Early Childhood Intervention*

**GEORGETOWN  
UNIVERSITY**

## *Origin of Early Relational Health*

### *Stan Greenspan's DIR Model*

*Developmental  
Individual-Differences  
Relationship-based*

*“a framework for understanding and supporting children’s development, particularly in the context of ASD, developmental challenges and social-emotional growth”*

***Relationships are the engine of development***



## *Six core developmental stages*

1. Regulation and interest in the world
2. Engagement and relating
3. Two-way purposeful communication
4. Complex communication and problem solving
5. Representational and emotional thinking
6. Logical thinking

## **Greenspan Social-emotional Growth Chart**

Norms for GSEGC available in the  
Bayley Scales of Infant and  
Toddler Development – 4<sup>th</sup> Ed.



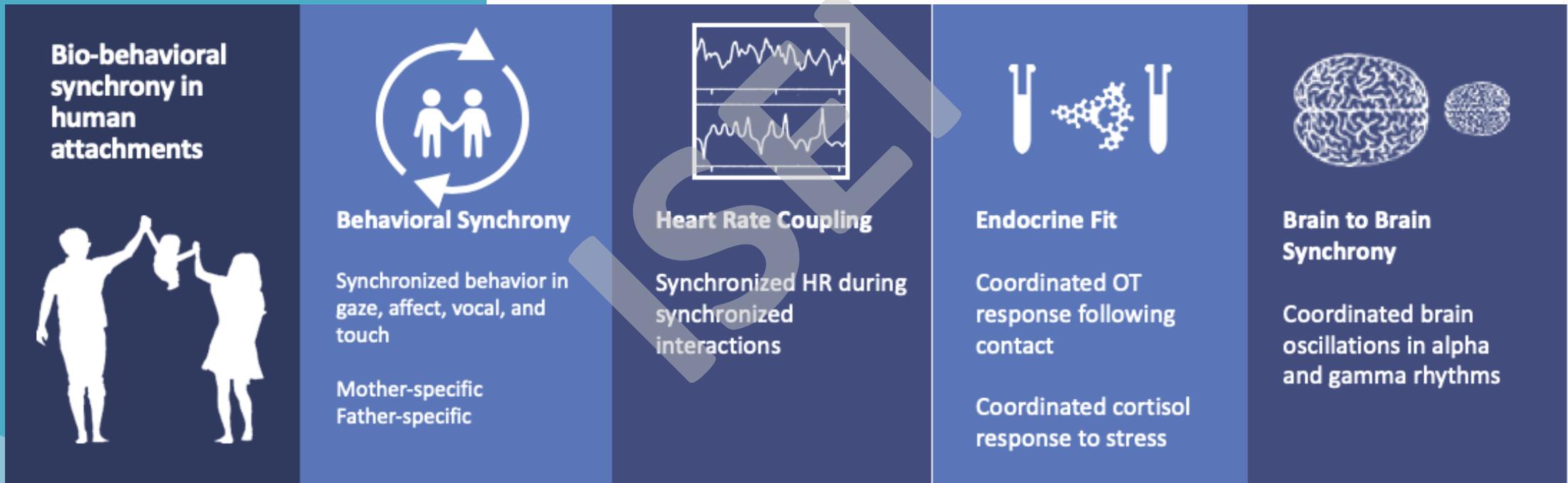
# *Relational Observations*

## **Relational Health Milestones**

- Shared interest in each other
- Engagement w/ each other
- Shared emotions between them
- Shared initiation to create interactions w/ each other
- Imitation of each other
- Use of symbols/gestures to communicate to each other
- Communicate ideas non-verbally



# Bio-behavioral synchrony and dyadic neurodevelopment



**THRIVE  
CENTER**

*for Children,  
Families, and  
Communities*



The Movement for Early Relational Health

**Early relational health  
rise to health, mental  
health, educational  
readiness, and flourishing**

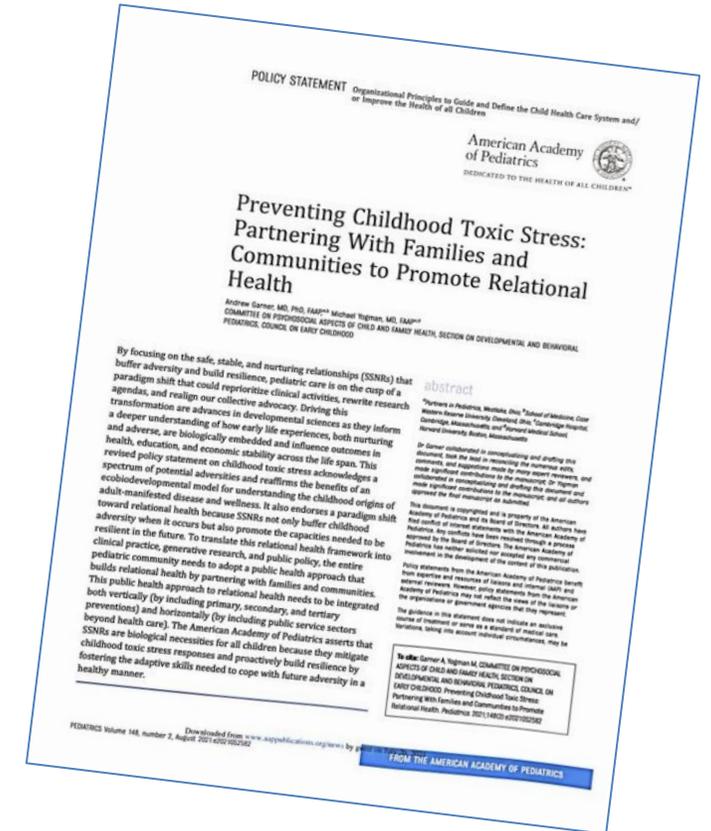


**GEORGETOWN  
UNIVERSITY**

# 2021 AAP Policy Statement

## Preventing Childhood Toxic Stress: Partnering with Families and Communities to Promote Relational Health

“By focusing on the safe, stable, and nurturing relationships (SSNRs) that buffer adversity and build resilience, **pediatric care is on the cusp of a paradigm shift that could reprioritize clinical activities rewrite research agendas and realign our collective advocacy.**”



# High Performing Medical Homes for Young Children to Promote Early Relational Health and Optimal Development

## Redesigned Well-Child Visits

- Holistic, **team-based care**
- Comprehensive **well-child visits** based on Bright Futures guidelines and EPSDT
- Family-centered, **strengths-based, relational**, holistic approaches
- **Recommended screening** for development, social-emotional health, maternal depression and SDOH/ SRHN
- **Reach Out and Read** for universal promotion

## Relational Care Coordination

- **Routine** care coordination as part of medical home
- **Intensive care coordination** for more complex medical conditions or social risks
- **Relational care coordination staff** (e.g., community health workers, peer navigators)
- More **effective responses to needs, completed referrals**, and **partnership** with community

## Other Services and Enhanced Supports

- **Co-located programs in primary care** to promote ERH and development (e.g., DULCE, Healthy Steps, VIP)
- **Integrate mental health**
- **Families engaged** as advisors and partners
- **Referrals and/or linkages** to other services (e.g., home visiting, early intervention, dental care, early care and education, parent-child mental health therapy, nutrition, and other programs)

Adapted from: Willis DW, Paradis N, Johnson K. The paradigm shift to early relational health: A network movement. *Zero to Three*. 2022;42(4):22-30.  
Johnson K, Bruner C. *A Sourcebook on Medicaid's Role in Early Childhood: Advancing high performing medical homes and improving life long health*. Child and Family Policy Center. 2018. [https://www.inckmarks.org/docs/pdfs\\_for\\_Medicaid\\_and\\_EPSDT\\_page/SourcebookMEDICAIDYOUNGCHILDRENATL.pdf](https://www.inckmarks.org/docs/pdfs_for_Medicaid_and_EPSDT_page/SourcebookMEDICAIDYOUNGCHILDRENATL.pdf)

# The Relational Health and Community Workforce

*Relational care coordinators  
Family development specialists  
Family service workers  
Community health workers  
Home visitors  
Family coaches  
Promotores  
Doulas  
Family navigators*

## Connection as a Social Determinant of Health

Research repeatedly demonstrates that social connection strongly influences health. Feeling connected to a community was one of the strengths identified in the community engagement data from this assessment.

“The work of creating health is the work of creating connection.”  
- DIDI PERSHOUSE



# *Community-powered transformation*

**THREE-LEGGED STOOL OF SYSTEM BUILDING FOR ERH**

**Child health system leaders  
Early childhood system organization  
Parent leaders**

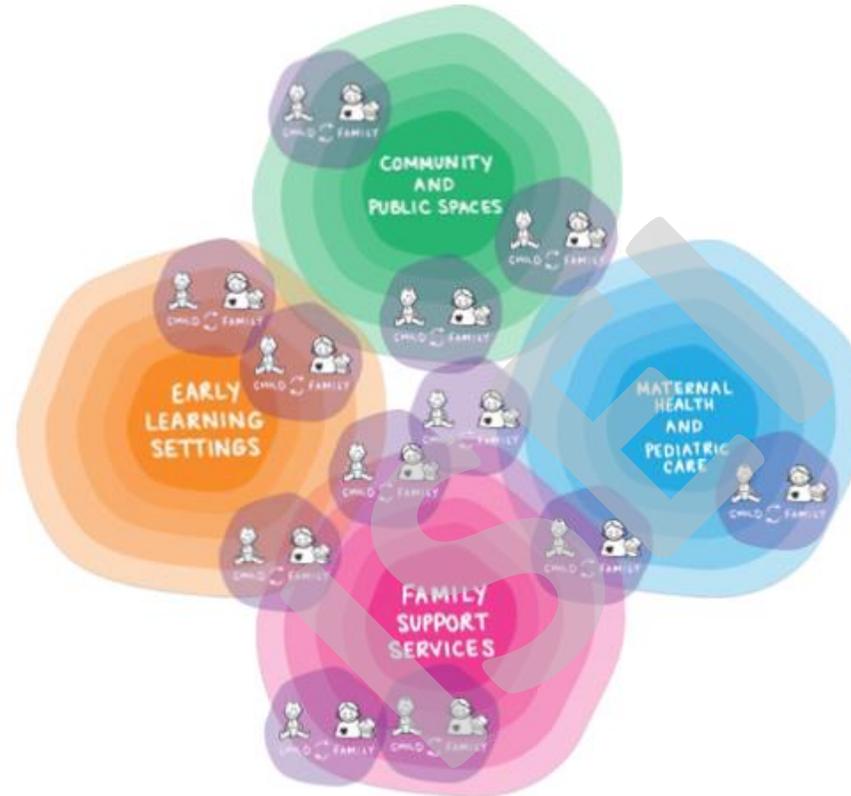
# Reflective Practice

*“How you are is an important as what you do”*

*Jeree H. Pawl, 1930-2023*

Early interventionists  
Early childhood system workforce  
Early relational health and community workforce  
Families

# early relational health ecology



Simple  
interactions  
Positive, supportive  
and nurturing



# About Nurture Connection

*A national impact network that partners with families and communities to promote Early Relational Health*

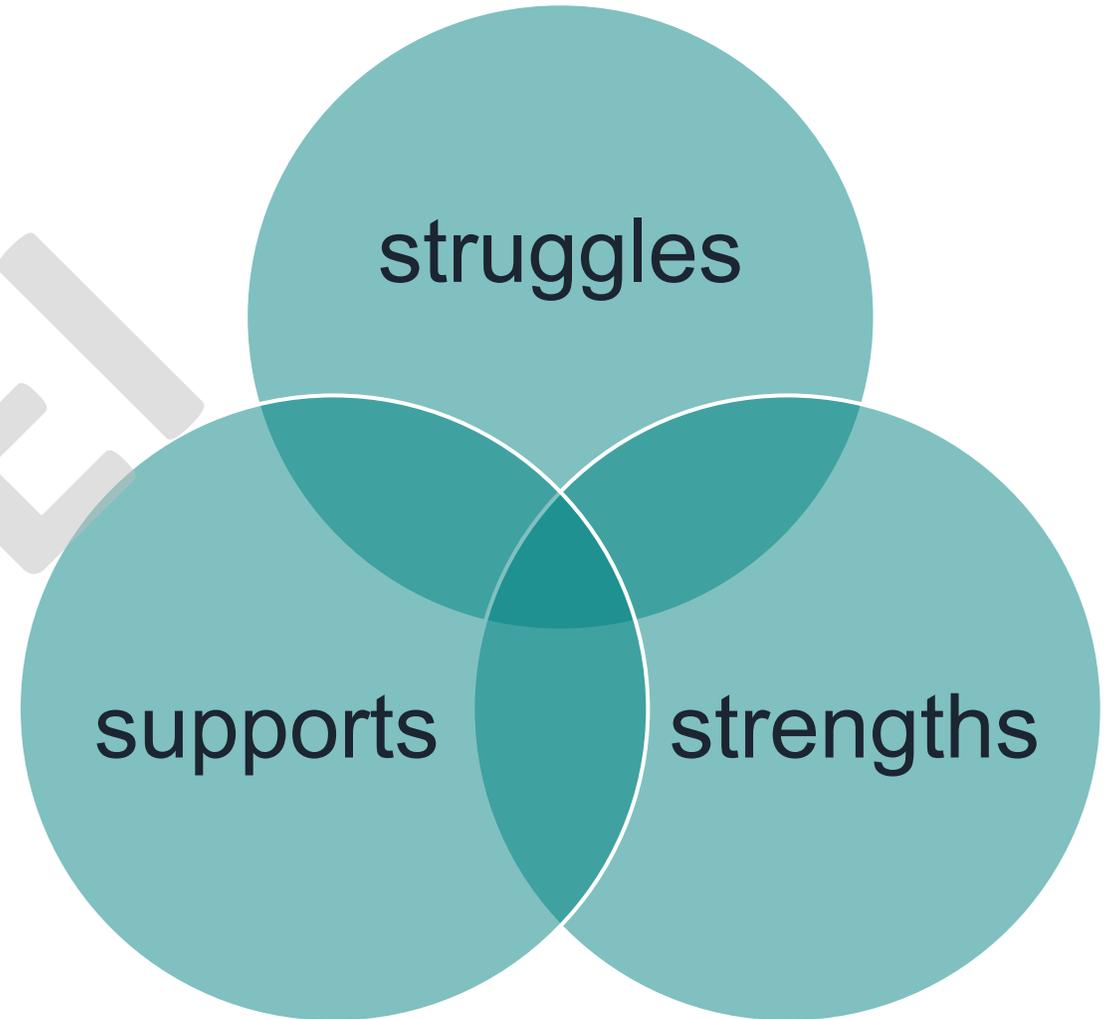
<https://nurtureconnection.org>



*Infant and Early Childhood Mental Health  
Consultation*

# Current Challenges

- Staff shortage: 30% unfilled positions
- Heightened staff stress: 25%–40% of Head Start early care providers reported symptoms of depression and high stress pre-pandemic.
- Increase in child incidences
- Increase in children's mental health concerns in both quantity and severity
- Increase in families' material and emotional needs: job loss, food insecurity
- Finding qualified mental health consultants



# How can MHC help address challenges?

- Focus on staff well-being.
- Build adults' capacity and resilience.
- Focus on fostering healthy social and emotional development of ALL children while also attending to mental health concerns.
- Address unhelpful neurological patterns and interruptions to viewing the “whole” person.
- Attend to ALL levels of the system.



# Infant and Early Childhood Mental Health Consultation (IECMHC) Defined

IECMHC is an evidence-informed, multi-level mental health strategy that spans the care continuum from promotion to prevention to intervention.

The indirect practice pairs a mental health professional with other providers who care for or offer services to infants, young children, and their families.

The capacity-building relationship is aimed at increasing social and emotional awareness and knowledge and enhancing reflective confidence and competence in the adults who support young children.

# IECMHC

Infant and early childhood mental health consultants help caregivers support healthy growth and development in young children.

It's not about "fixing" children or providing therapy.

## **Mental health consultants:**

- Promote strong relationships and a supportive environment for caregivers, such as home visitors and childcare professionals, along with families and tribal communities
- Partner with parents and caregivers to understand what babies and young children are telling us with their behaviors, and to co-create solutions
- Equip caregivers with the tools and insights to nurture social and emotional development and healthy behaviors in infants and young children
- Help our children feel safe, supported, and valued where they are

# What IECMHC Is and Is Not

## What IECMHC Is

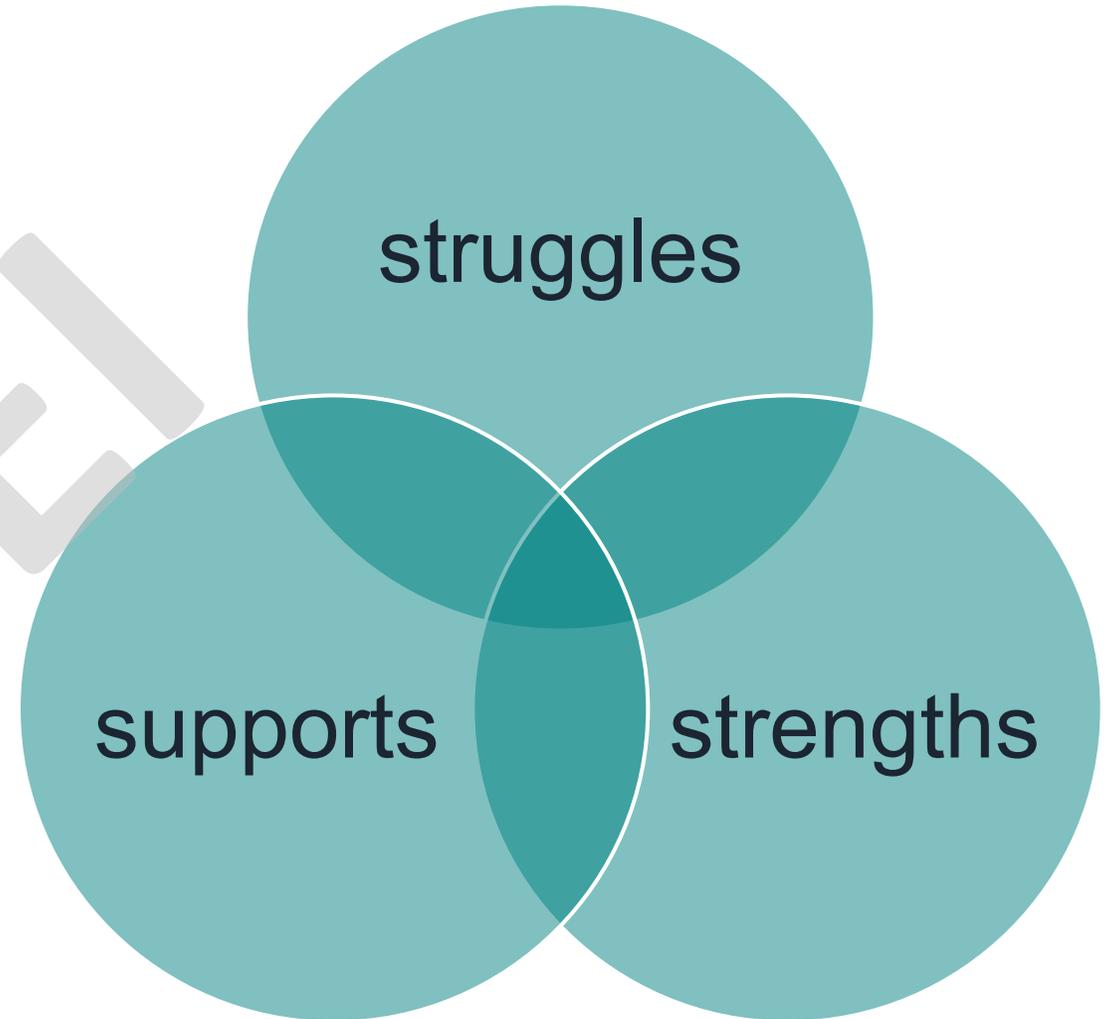
- Indirect service that benefits young children
- Promotion based
- Prevention based
- Provided by a master's-prepared mental health professional
- Builds the capacity of families and professionals
- Supports and sustains healthy social and emotional development of young children
- Delivered in a variety of child-serving systems (Early Childhood Education, Home Visiting, etc.)
- Delivered in a natural or community setting

## What IECMHC Is Not

- Direct service and/or therapy
- Focused solely on families
- Always provided in a center-based setting
- Group therapy
- Psychological treatment for staff, families, or children
- Training and technical assistance (TTA)

# Current Challenges

- Staff shortage: 30% unfilled positions
- Heightened staff stress: 25%–40% of Head Start early care providers reported symptoms of depression and high stress pre-pandemic.
- Increase in child incidences
- Increase in children's mental health concerns in both quantity and severity
- Increase in families' material and emotional needs: job loss, food insecurity
- Finding qualified mental health consultants



# How can MHC help address challenges?

- Focus on staff well-being.
- Build adults' capacity and resilience.
- Focus on fostering healthy social and emotional development of ALL children while also attending to mental health concerns.
- Address unhelpful neurological patterns and interruptions to viewing the “whole” person.
- Attend to ALL levels of the system.



# Infant and Early Childhood Mental Health Consultation (IECMHC) Defined

IECMHC is an evidence-informed, multi-level mental health strategy that spans the care continuum from promotion to prevention to intervention.

The indirect practice pairs a mental health professional with other providers who care for or offer services to infants, young children, and their families.

The capacity-building relationship is aimed at increasing social and emotional awareness and knowledge and enhancing reflective confidence and competence in the adults who support young children.

# IECMHC

Infant and early childhood mental health consultants help caregivers support healthy growth and development in young children.

It's not about "fixing" children or providing therapy.

## **Mental health consultants:**

- Promote strong relationships and a supportive environment for caregivers, such as home visitors and childcare professionals, along with families and tribal communities
- Partner with parents and caregivers to understand what babies and young children are telling us with their behaviors, and to co-create solutions
- Equip caregivers with the tools and insights to nurture social and emotional development and healthy behaviors in infants and young children
- Help our children feel safe, supported, and valued where they are

# What IECMHC Is and Is Not

## What IECMHC Is

- Indirect service that benefits young children
- Promotion based
- Prevention based
- Provided by a master's-prepared mental health professional
- Builds the capacity of families and professionals
- Supports and sustains healthy social and emotional development of young children
- Delivered in a variety of child-serving systems (Early Childhood Education, Home Visiting, etc.)
- Delivered in a natural or community setting

## What IECMHC Is Not

- Direct service and/or therapy
- Focused solely on families
- Always provided in a center-based setting
- Group therapy
- Psychological treatment for staff, families, or children
- Training and technical assistance (TTA)

# Mental health consultants support providers.

There are three types of mental health consultation services:

## Child/Family

Help adults understand and address the child's needs by developing an individualized plan with the parents, providers, and home visitors.

## Classroom/Group

Work with childcare providers, teachers, and home visitors to improve care offered to all children by helping to identify and address attitudes, beliefs, practices, and conditions that may be undermining quality relationships between adults and children.

## Programmatic

Support administrators, directors, home visitors, and other program leaders in making changes in their care practices and policies for the benefit of all children and adults in their setting.

*New strategies and approaches are not necessarily child- and family-focused but may include changes to policy and practice.*

# Broad-based approach is best.

- Focuses on fostering healthy social and emotional development of ALL children
- At the same time, prevents and addresses mental health concerns
- Builds the capacity of adults
- Best accomplished when the MHC is predictably present



# Roles and Responsibilities of the MHC

- Support staff in addressing individual challenges that affect work
- Provide crisis stabilization
- Work with families on resolving behaviors that are challenging to them
- Refer to outside, complementary services when indicated



# MHC by Level



# Impact of MHC on Child-Level Outcomes



# Provider-Level Outcomes

## Gain Skills

- ECE: Teaching feelings, managing behavior
- HV: Engaging families

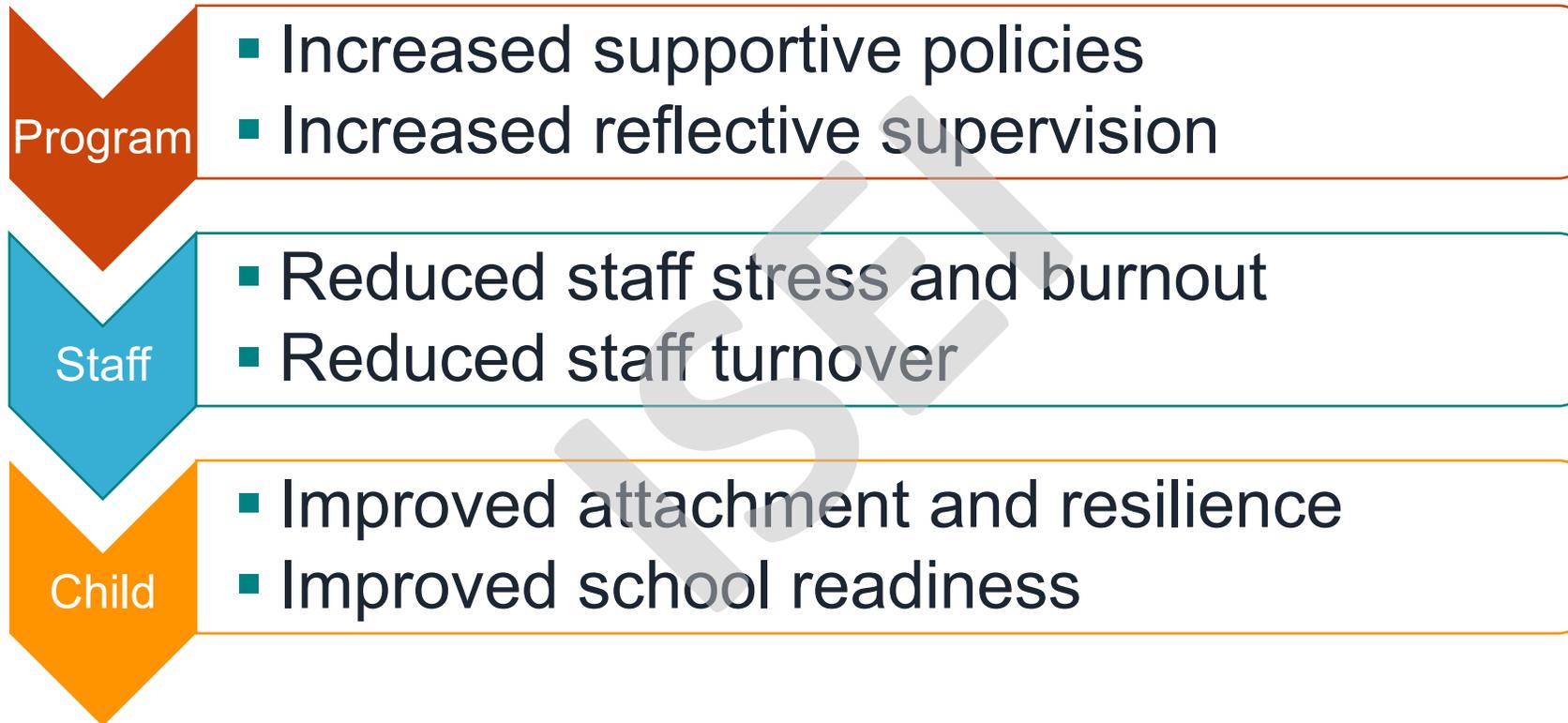
## Improve Fidelity

- ECE: Teacher–child interactions
- HV: Dosage

## Improve Outcomes

- ECE: CLASS scores
- HV: Retention

# Program-Level Outcomes



Hepburn, Kathy S.; Perry, Deborah F.; Shivers, Eva M.; Gilliam, Walter S. "Early Childhood Mental Health Consultation As an Evidence Based Practice." *Zero to Three* 33 (2013): 10–19.

# System-Level Outcomes



Hepburn, Kathy S.; Perry, Deborah F.; Shivers, Eva M.; Gilliam, Walter S. "Early Childhood Mental Health Consultation As an Evidence Based Practice." *Zero to Three* 33 (2013): 10–19.

# From Well to Well



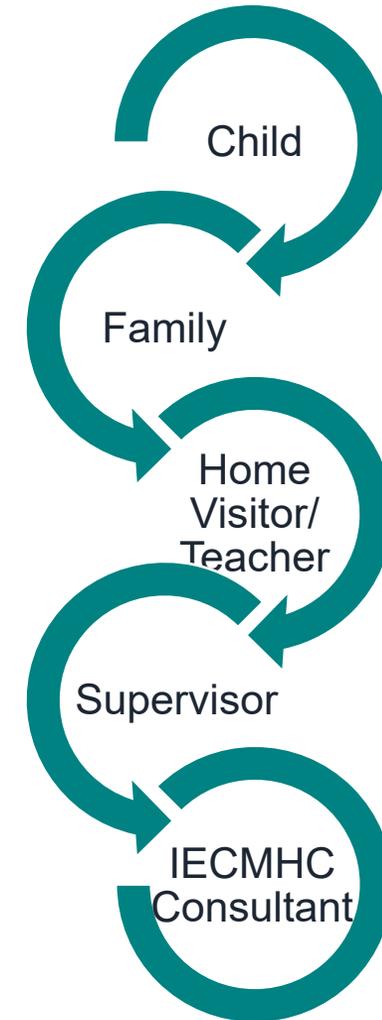
**Mental Health  
Consultation can  
support a culture  
of wellness.**



# Parallel Process and Levels of Influence

“Take care of staff so she can take care of parents and they can take care of children.”

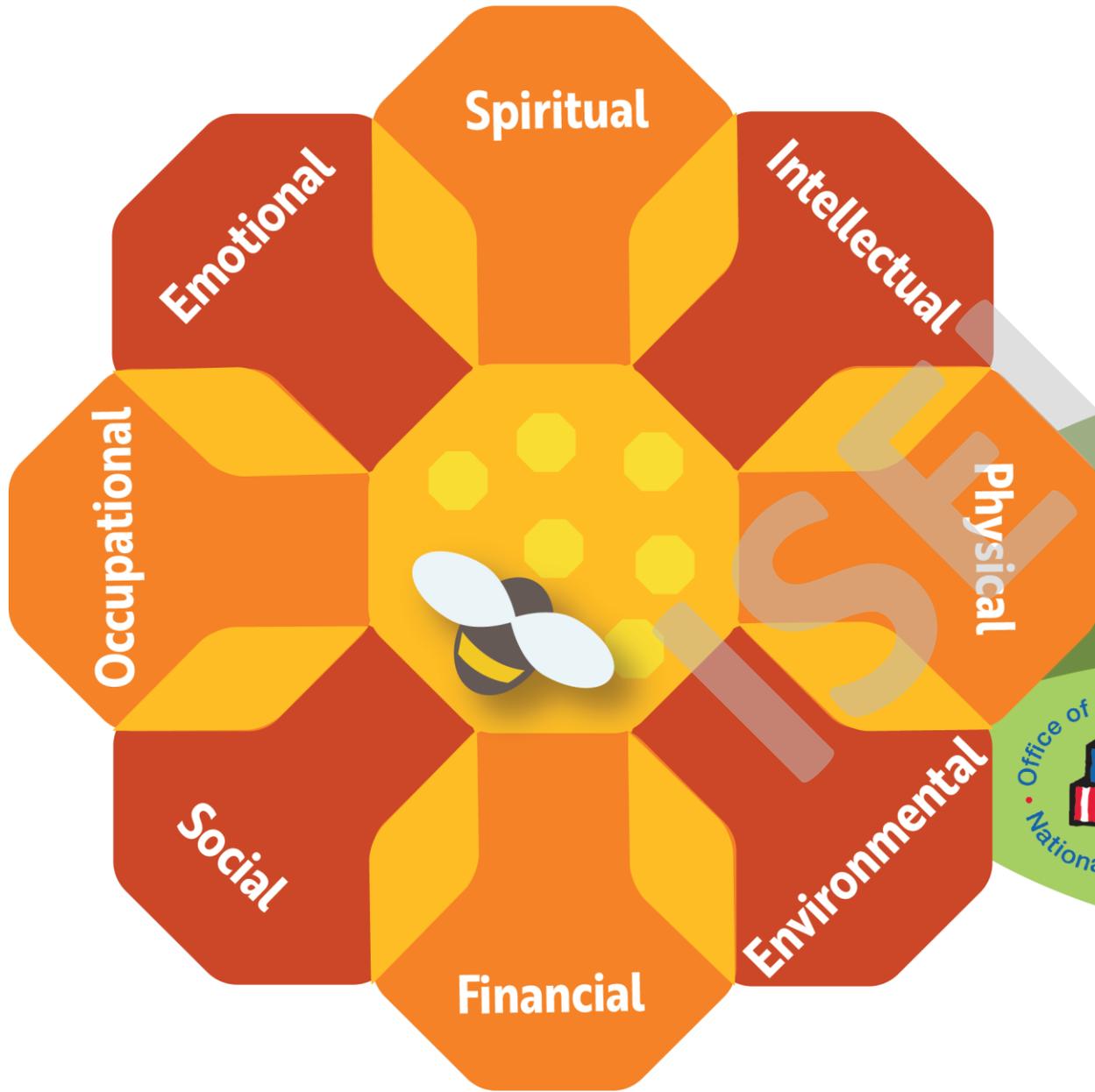
—Brenda Jones Harden



# Adult relationships matter.

- The Quality of the IECMH consultant–staff relationship is the single most significant predictor of perceived positive effect
  - *The Evidence Base for How and Why Infant and Early Childhood Mental Health Consultation Works*, Horen et al., 2022.





## Cultivating Wellness



National Center on  
Health, Behavioral Health, and Safety

Adapted from SAMHSA: <https://store.samhsa.gov/>

# Resources



# Mental Health Consultation Landing Page

Headstart.gov has a suite of mental health consultation resources that includes, webinars, downloadable forms, professional development material, and more.

## Mental Health Consultation



Mental health consultation (MHC) is an evidence-based approach for mental health professionals with people who work with young children and their families. Explore these resources to learn about [MHC](#), including how to choose a consultant and deliver effective [MHC](#) services.

### Understanding Infant and Early Childhood Mental Health Consultation

This video shows how IECMHC can address challenges such as staff wellness, staff morale, and challenging behavior. It is a new course on the Individualized Professional Development (iPD) Portfolio.

### Foundations of Infant and Early Childhood Mental Health Consultation

Learn important information about the foundations of infant and early childhood mental health consultation in the Individualized Professional Development (iPD) Portfolio.

### Essential Elements of Effective Mental Health Consultation

This webinar describes activities that an IECMH consultant engages in on behalf of children and families. Learn about engagement strategies that promote positive relationships to achieve better outcomes.

### Infant and Early Childhood Mental Health Consultation: Information for Families

This tip sheet for families explores how mental health consultants help adults build strong relationships with children and help families address concerns about children's social-emotional development.

[Give us feedback](#)

ISEI



## *Conclusion*



- Focus on health & resilience
- Support positive, stable relationships
- Build upon everyday moments
- Listen to parents & caregivers
- Recognize that parents want to do what's best for their children
- ECI collaborate with MH consultants and MH Consultants collaborate with ECI
- Partner with community resources

# *ERH and EI: Principles*

Principles of Early Relational Health	Principles of Early Childhood Intervention
<p>Li, J., &amp; Ramirez, T. (2023). Early Relational Health: A Review of Research, Principles, and Perspectives. The Burke Foundation</p>	<p>Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2008, March). Agreed upon mission and key principles for providing early intervention services in natural environments. Retrieved from <a href="http://ectacenter.org/~pdfs/topics/families/Finalmissionandprinciples3_11_08.pdf">http://ectacenter.org/~pdfs/topics/families/Finalmissionandprinciples3_11_08.pdf</a></p>
<p><b>Trust Parents</b></p>	<ul style="list-style-type: none"> <li>• All families, with the necessary supports and resources, can enhance their children’s learning and development</li> <li>• IFSP outcomes must be functional and based on children’s and families’ needs and family-identified priorities</li> <li>• Coaching</li> </ul>
<p><b>Focus on Simple Everyday Interactions</b></p>	<ul style="list-style-type: none"> <li>• Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts</li> </ul>
<p><b>It Takes a Village to Raise a Child</b></p>	<ul style="list-style-type: none"> <li>• Community-based services and supports</li> <li>• Team-based services and supports</li> </ul>
<p><b>Meet Families Where They Are</b></p>	<ul style="list-style-type: none"> <li>• All families, with the necessary supports and resources, can enhance their children’s learning and development.</li> </ul>
<p><b>Build Parallel Relationships</b></p>	<ul style="list-style-type: none"> <li>• The primary role of a service provider in early intervention is to work with and support family members and caregivers in children’s lives</li> <li>• Transdisciplinary teaming</li> </ul>

A photograph of a man and a young child sitting at a wooden table, playing with toy cars. The man is smiling and looking at the child. The child is focused on the toys. On the table, there are several toy cars, a glass bowl of popcorn, and a basket of oranges. The image has a blue tint and a large, semi-transparent watermark in the center.

*“Early childhood programs that actively involve families, serve children in natural contexts, incorporate evidence-based interventions, and take a comprehensive approach to intervention are associated with greater improvements in developmental outcomes.”*

Adapted from: U.S. Department of Education  
(2021). Supporting Child and Student Social,  
Emotional, Behavioral and Mental Health, P.4

# Resources

- Advancing Early Relational Health: Transforming child health care and early childhood system building. Available at <https://cssp.org/our-work/project/advancing-early-relational-health/>
- Annie E. Casey Foundation (2016, February 9). Compared to Their Classmates, Kids of Color More Likely to Be Removed by Schools. The Annie E. Casey Foundation. <https://www.aecf.org/blog/compared-to-their-classmates-kids-of-color-more-likely-to-be-removed-by-schools>
- Bani Odeh, K., & Lach, L. M. (2024). Barriers to, and facilitators of, education for children with disabilities worldwide: a descriptive review. *Frontiers in public health*, 11, 1294849.
- Bellis, M., Hughes, K., Hardcastle, K., Ashton, K., Ford, K., Quigg, Z., & Davies, A. (2017). The impact of adverse childhood experiences on health service use across the life course using a retrospective cohort study. *Journal of Health Services Research & Policy*, 22(3), 168-177.
- Centers for Disease Control and Prevention. (2016, April 1). About adverse childhood experiences. [https://www.cdc.gov/violenceprevention/acestudy/about\\_ace.html](https://www.cdc.gov/violenceprevention/acestudy/about_ace.html)
- Center of Excellence for Infant & Early Childhood Mental Health Consultation. (2020). *Center of Excellence for Infant and Early Childhood Mental Health consultation competencies*. <https://www.iecmhc.org/documents/IECMHC-competencies.pdf>
- Childhood Education International-Supporting Children's Mental Wellbeing: Trauma and Resilience. Available from <https://www.tandfonline.com/journals/uced20/collections/Child-mental-wellbeing>

# Resources

- Dennis, M.L., Neece, C.L. & Fenning, R.M. (2018). Investigating the Influence of Parenting Stress on Child Behavior Problems in Children with Developmental Delay: The Role of Parent-Child Relational Factors. *Adv Neurodev Disord* 2, 129–14. <https://doi.org/10.1007/s41252-017-0044-2>
- 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. <https://ectacenter.org/topics/iecmh/iecmhpartc.asp>
- Felitti, V.J. (2002). The relation between adverse childhood experiences and adult health: Turning gold into lead. *The Permanente Journal*, 6(1), 44-47.
- Garner, A, Yogman, M., Committee on Psychosocial Aspects of Child and Family Health; Section on Developmental and Behavioral Pediatrics, Council on Early Childhood, Preventing Childhood Toxic Stress: Partnering with Families and Communities to Promote Relational Health, *Pediatrics*, Vol 148(2), DOI: 10.1542/peds.2021-052582.
- Harper-Browne, C., Li, J., O'Connor, C., Russo, J. & Willis, D., (2024). Putting Principles into Action: Building an early relational health ecosystem, *Nurture Connection*, available at: <https://nurtureconnection.org/resource/early-relational-health-ecosystem/>
- Horen, N., Sayles, J., McDermott, K., Sippel-Klug, K., Long, T., Drake-Croft, J. (2024). Infant and Early Childhood Mental Health (IECMH) and Early Childhood Intervention: Intentional Integration. *International Journal of Environmental Research and Public Health*. <https://doi.org/10.3390/ijerph21070870>
- Li, J., & Ramirez, T. (2023). Early Relational Health: A Review of Research, Principles, and Perspectives. The Burke Foundation. Available at: <https://burkefoundation.org/burke-portfolio/reports/early-relational-health-a-review-of-research-principles-and-perspectives/>

# Resources

- National Scientific Council on the Developing Child (2010). Early Experiences Can Alter Gene Expression and Affect Long-Term Development: Working Paper No. 10. <http://www.developingchild.net>
- Sappiest, S.J.; Totsika, V.; Hastings, R.P. (2021). Factors influencing access to early intervention for families of with developmental disabilities: A narrative review. *J. Appl. Res. Intellect. Disabil.* 34, 695–711
- Smith, S., Ferguson, D., Burak, E. W., Granja, M. R., & Ortuzar, C. (2020). Supporting Social Emotional and Mental Health Needs of Young Children Through Part C Early Intervention: Results of a 50-State Survey. National Center for Children in Poverty, Bank Street Graduate School of Education
- Watson, C., Gatti, S., Neilsen. (2012). Professional Development Through Reflective Consultation in Early Intervention. *Infants & Young Children* 25(2):p 109-121.doi: 10.1097/IYC.0b013e31824c0685
- Willis, D., Long, D., & Johnson, K. (2024). Relational Health in Pediatrics, *Pediatric Clinics of North America*, Vol 71 (6), Dec 2024. <https://doi.org/10.1016/j.pcl.2024.07.011>.
- Willis, D.W., Johnson, K., Paradis, N., (2024). “The Paradigm Shift to Early Relational Health: From Disease Prevention to Promotion of Optimal Development”. In: Osofsky, J.D., Fitzgerald, H.E., Keren, M., Puura, K. (eds) *WAIMH Handbook of Infant and Early Childhood Mental Health*. Springer, Cham. [https://doi.org/10.1007/978-3-031-48631-9\\_24](https://doi.org/10.1007/978-3-031-48631-9_24)
- Vohra, R., Madhavan, S., Sambamoorthi, U., & St Peter, C. (2014). Access to services, quality of care, and family impact for children with autism, other developmental disabilities, and other mental health conditions. *Autism*, 18(7), 815-826. <https://doi.org/10.1177/1362361313512902>
- Zablotsky, B., Anyigbo, C. U., Ng, A. E., & Black, L. I. (2024). The Association Between Early Family Social Stressors and Emotional Well-Being Among Infants and Toddlers. *Academic Pediatrics*.

# Resources

- **GU Certificate in Early Intervention:** <https://bit.ly/3txp831>
- **GU Online Certificate in Infant & Early Childhood Mental Health Consultation:** <https://scs.georgetown.edu/programs/518/certificate-in-infant-early-childhood-mental-health-consultation/>
- Thrive Center: <https://thrivecenter.georgetown.edu/>
- EC Professional Development Center: <https://learningei.Georgetown.edu>
- Nurture Connection: <https://nurtureconnection.org>
- [National Center on Health, Behavioral Health, and Safety \(NCHBHS\)](#)
- [Center of Excellence for Infant and Early Childhood Mental Health Consultation](#)
- [The Infant and Early Childhood Mental Health Technical Assistance Center \(IECMH TA Center\)](#)
- Early Childhood Personnel Center (ECPC): <https://ecpcta.org/>
- Early Childhood Intervention Personnel Center (ECIPC): <https://ecipc.org/>
- Early Childhood Technical Assistance (ECTA) Center <https://ectacenter.org/>
- National Center for Pyramid Model Innovations (NCPMI) <https://challengingbehavior.org/>

# Contact Information

- Georgetown University, Thrive Center for Children, Families and Communities: <https://thrivecenter.georgetown.edu>
- Early Childhood Intervention Professional Development Center: <https://learningei.Georgetown.edu>
- GU Certificate in Early Intervention: <https://bit.ly/3txp831>
- GU Online Certificate in Infant & Early Childhood Mental Health Consultation: <https://scs.georgetown.edu/programs/518/certificate-in-infant-early-childhood-mental-health-consultation/>
- Nurture Connection: <https://nurtureconnection.org/>

Toby Long: [longt@georgetown.edu](mailto:longt@georgetown.edu)

Jennifer Drake-Croft: [jad421@georgetown.edu](mailto:jad421@georgetown.edu)

David Willis: [dww53@Georgetown.edu](mailto:dww53@Georgetown.edu)

Neal Horen: [horenn@Georgetown.edu](mailto:horenn@Georgetown.edu)

**THRIVE  
CENTER**

*for Children,  
Families, and  
Communities*



*Thank You*

