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# Locating Infant and Early Childhood Mental Health at the Heart of Social Work

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Infant and early childhood mental health (IECMH)—an interdisciplinary field dedicated to advancing understanding of early relationships, socioemotional development, and cultural and contextual influences on caregiving—offers essential tools for social workers to support the well-being of infants, toddlers, preschoolers, and their families. Even though social worker Selma Fraiberg was a founder of the field, and social workers are central to the work of assessment and intervention with young children and their caregivers in many settings, few schools of social work offer training in IECMH, and few social workers are familiar with its core principles, scholarship, and intervention approaches. In this article, faculty members from four U.S. social work programs address the vital role of IECMH in social work training, research, and practice as well as issue a call to the field to recover and renew commitment to a practice perspective and knowledge base with roots in social work. Twenty-five years ago, *Social Work* published a similar call, but the request has gone largely unheeded. The authors examine the changing landscape and argue that it is more important and timelier than ever for social workers to learn and integrate the relationship-based approach to promotion, prevention, intervention, and treatment offered by IECMH.

KEY WORDS: *early interventions; infant and early childhood mental health; parent-child relationships*

Almost 45 years ago, social worker Selma Fraiberg and her team published the classic article “Ghosts in the Nursery” (Fraiberg, Adelson, & Shapiro, 1975) about the influence of unresolved issues from the parental past as parents establish their relationship with their new baby. Understanding that stressed and vulnerable parents of young children often cannot garner the resources to arrive at an outpatient setting but need sophisticated intervention, Fraiberg integrated social work methods with psychoanalytic ideas to create a new, two-generational, relationship-based approach to treat young children and parents together (Shapiro, 2009). Her innovative work brought infant and parent treatment into the home and jointly addressed the family’s needs for psychological support and concrete assistance through social services (Weatherston, 2002). Fraiberg founded and spurred the growth of the infant mental health (IMH) field, a burgeoning field for social work that has since expanded to encompass a focus on pregnancy to age six and become known as the infant and early childhood mental health (IECMH) field.

Infancy and early childhood are unique developmental periods during which the brain is developing at a rapid pace (Shonkoff, Phillips, National Research Council, & Institute of Medicine, 2000). Brain development occurs in the context of the child’s developmental niche and is supported by the caregiving relationships and community context surrounding the family and child (Rosenblum, Dayton, & Muzik, 2019). Thus, interventions to support healthy development are typically not aimed at the child but at the caregiving system. This period of development requires a specialized interdisciplinary knowledge base of IECMH theory and practice.

Today, the interdisciplinary field of IECMH draws on knowledge and methods from social work, child psychiatry, child development, developmental psychology, nursing, pediatrics, occupational therapy, and special education to better understand the needs of infants, toddlers, young children, and their families as well as to promote lifelong mental health by supporting children’s social and emotional development in the context of family, community, and culture (Lieberman, 1998;

Weatherston, Ribaud, & Glovak, 2002). The principles and perspective of IECMH have a vital role to play in informing contemporary social services research, delivery, and policy. Biological and broader environmental influences on early development are well documented (Shonkoff et al., 2000). In addition, it is now well established that the origins of mental health challenges can begin in early childhood (Green & Goldwyn, 2002; Sroufe, 2005) and that early developmental intervention and evidence-based IECMH treatment can promote growth, learning, and healing (Zeanah, 2019). Neuroscience points clearly to the effect of early experience on brain development and social science points to the primacy of positive early relationships in mental health (Thompson, Kiff, & McLaughlin, 2019). The immigration crisis at the U.S. borders became a national emergency when the public recognized the trauma of broken attachment bonds that resulted from separations of babies and parents (Noroña, Flores, Velasco-Hodgson, & Eiduson, 2018).

On another front, concern for young children has increased given the devastating opioid epidemic in the United States that necessitates more foster placements and child welfare involvement. Infants and young children of caregivers who misuse substances, including opioids, are at higher risk for long-term health and developmental outcomes in part because of in utero exposure and also because of parenting practices in families struggling with substance misuse (Finger, Jobin, Bernstein, & Hans, 2018). Structural factors—including Big Pharma, poverty, traumatic stress, disparities in access to various forms of care, and other sources of discrimination and oppression—that affect mothers and other caregivers, infants and young children, and communities contribute greatly to the opioid epidemic and its sequelae.

Nearly 30 years ago, *Social Work* published a call to the field (Bonkowski & Yanos, 1992) to recover and renew commitment to an IMH practice perspective and knowledge base. That request was largely unheralded to the detriment of the profession and our youngest clients. Today, social workers are increasingly engaged with young children and their parents in a variety of contexts: families involved with the child welfare system, in which the largest percentage of children coming into care are younger than one year (U.S. Department of Health and Human Services, 2018); the escalating

number of pregnant women and parents of young children struggling with life-altering addictions (Paris, Sommer, & Marron, 2018); and the growing number of young children who are identified with significant social-emotional and behavioral problems that often are linked to distress and disruptions in the caregiving relationship (Brauner & Stephens, 2006). Social work researchers are making a growing contribution to the IECMH knowledge base, identifying strategies to prevent and intervene with young children and their caregivers who are facing hardship and adversity. Yet few social work practitioners and researchers have access to IECMH training in their graduate programs, and IECMH remains underacknowledged in the field of social work.

In this article, we—four social work professors who are IECMH specialists from across the United States—highlight advances in the field and reissue the call for greater acknowledgment of IECMH in social work. We review the major principles of IECMH and their alignment with the values of social work, explore the multiple settings wherein social workers are engaged in IECMH practice, highlight selected recent social work research that is informing the IECMH field, and examine the inclusion—and omission—of an IECMH perspective in social work education. We propose that the principles and competencies of IECMH should serve more broadly as a foundation for social work practice, research, and education. We also offer recommendations for a reorientation within social work to center the developmental knowledge and relationship-based approach of IECMH.

## IECMH PRINCIPLES AND ALIGNMENT WITH SOCIAL WORK VALUES

Our call to action rests on the alignment of the IECMH principles with social work values. These principles offer tools to strengthen social work education, research, and professional practice with infants, young children, and families. In 1989, the Michigan Association for Infant Mental Health (MI-AIMH) began to detail the principles of IECMH, which essentially elaborate the perspective that “all young children benefit from a **sustained primary relationship** that is nurturing, supportive and protective” (Weatherston & Tableman, 2015, p. 4). Particularly salient to social work practice is the belief that the parental capacity to nurture an in-

fant or young child depends on the extent to which the parent is “supported and nurtured, as well as her [mother’s] ability to use the support available to her [mother]” (Weatherston & Tableman, 2015, p. 5). Like the early IMH practitioners, contemporary practitioners embrace the effect of multiple caregivers on the developing child: mothers, fathers, grandparents, and other important relationships.

Social work also tasks us with attending to the social environment and commitment to the amelioration of structural inequalities. In the context of broader environmental factors (for example, socioeconomic factors, neighborhood violence, disparities in access to quality health care, and other sources and structures of oppression and discrimination), IECMH assumes that parental responsibility is affected by current supports and stressors, the parent’s own history in early childhood (Bowlby, 1940), and the particular characteristics of the child (Weatherston & Tableman, 2015). A parent’s unresolved trauma poses risk to their ability to sensitively parent (Lyons-Ruth, Yellin, Melnick, & Atwood, 2003). This, in turn, influences the development of attachment in the child and may contribute to the intergenerational transmission of trauma. The child’s characteristics also play a role in the parent’s experience of parenting. Fraiberg saw the IMH specialist as a careful observer and translator of infant behavior who helps parents understand their baby’s individuality and developmental agenda (Fraiberg et al., 1975). Support for parents’ development as well as efforts to strengthen the infant–parent relationship are essential means of improving child well-being. An understanding of the child’s development, the parent’s relational history, and the interaction between these influences and community and cultural context is essential to the provision of mental health services to infants and young children (Weatherston, Ribaud, & Michigan Collaborative for Infant Mental Health Research, 2020).

Also critical is understanding the provider’s use of self in the context of the infant–parent relationship (Heffron, Ivins, & Weston, 2005; Tomlin, Weatherston, & Pavkov, 2014; Weatherston et al., 2020). The opportunity for the provider to grow in self-awareness and self-efficacy through reflective practice and reflective supervision are essential to IECMH and social work practice (Heffron & Murch, 2010; Heller & Gilkerson, 2009; Weatherston & Tableman, 2015). The value for reflection

extends to models of relationship-based organizations within which optimal IECMH work can occur (Bertacchi, 1996). Organizations that center relationships seek to create affective safety to fuel and sustain social workers as they engage in emotionally challenging work with families, many of whom have suffered individual and historical trauma (Frosch, Varwani, Mitchell, Carraccioli, & Willoughby, 2018; Paris, Gemborys, Kaufman, & Whitehill, 2007; Shea et al., 2020). The role of self-awareness and intentional action to address societal inequities and injustices is detailed in the *Diversity-Informed Tenets for Work with Infants, Children, and Families*, which was developed to “expand the core principles [of IECMH] through a diversity, inclusion, and fairness lens” (Seymour, Thomas, & Noroña, 2013, para. 15) and call on the field to jointly prioritize the promotion of nurturing early relationships and a just and equitable society (St. John, Thomas, & Noroña, 2012; see also the tenets Web site at <https://diversityinformedtenets.org>). The tenets recognize that structural forces impede the capacity of some groups of infants, children, and families to thrive, and providers have a responsibility to deepen understanding and build skills for individual, organizational, and systemic change (Thomas, Noroña, & St. John, 2019).

The person-in-environment perspective at the heart of social work is reflected in the integrated focus of IECMH on development and context. Young child well-being is nested in the context of relationships with their parents, and these relationships unfold and develop in social and cultural context. Similar to social work, IECMH practice may seek to promote change at the micro, mezzo, or macro systems levels. The social work values of dignity and respect for the individual, social justice, and service over self-interest are integral to IECMH.

### **IECMH IN SOCIAL WORK PRACTICE**

Although social work education does not emphasize preparation for practice or research with infants, young children, and their families, social workers are found in large numbers in the field of infancy and early childhood. Social workers provide services in early intervention programs for children with developmental delays and disabilities, Early Head Start, Head Start, child welfare agencies, hospitals, and community mental health

programs (Azzi-Lessing, 2010). They provide a range of services, including psychosocial support, psychotherapy, and care coordination in family-centered medical homes (Rushton & Kraft, 2013) as well as mental health consultation in preschool expulsion prevention programs (Carlson et al., 2012). They are a vital source of treatment of perinatal mood disorders and often are preferred by mothers who seek treatment (Keefe, Brownstein-Evans, & Rouland Polmanteer, 2016). Often, social workers are employed in neonatal intensive care units (NICUs), where they provide psychosocial support to parents of medically complex infants and consultation to the NICU staff. Given the oversized role of social workers in providing needed services to infants, young children, and families as well as the complexity of this work, practice with infants, young children, and families should have a greater platform within the field, and social workers should receive dedicated training and support for this specialization in graduate education and beyond.

Currently, specialized training and support is most readily available through employers to those who provide IMH treatment services. In the United States, social workers are the primary providers and supervisors of IMH treatment services (Shea, Goldberg, & Weatherston, 2016), although globally it is hard to quantify any set of professionals who provide services in the infancy and early childhood community because the field does not have a clearly defined discipline associated with it (Huang, Macbeth, Dodge, & Jacobstein, 2004). Following Fraiberg's example, providers of IMH treatment today maintain a relational focus, an ecological perspective, and a commitment to translating theory and research to practice. Relationship-based interventions target change through multiple points of entry (Stern, 1995), and many models have evolved that address the relationship between parents and their young children (Zeanah, 2019). In the tradition of Fraiberg's "psychotherapy in the kitchen" (Fraiberg et al., 1975), many infant/family services take place in the home.

Effective IECMH practice requires specialized knowledge and skills. Since its establishment in 1977, MI-AIMH has been a leader in advocating for and developing the expertise of professionals serving families with young children. It is a professional organization comprising physical and mental health, child care, and education professionals

working with children from birth to age six and their families (MI-AIMH, 2014). In 1996, MI-AIMH undertook a process that defined and codified a set of IECMH competencies, the *MI-AIMH Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health*<sup>®</sup> (Weatherston & Tableman, 2015), into a system that is used in 30 U.S. states, Ireland, and Australia to endorse IECMH professionals at the associate, interventionist, treatment, and leadership levels. These competencies require that early childhood practitioners be familiar with pregnancy and early parenthood; infant/young child development and behavior; relationship-focused assessment and therapeutic practice; family relationships and dynamics; attachment, separation, trauma, and loss; psychotherapeutic and behavioral theories of change; disorders of infancy and early childhood; mental and behavioral disorders in adults; and cultural competence (MI-AIMH, 2014). Although this knowledge is essential to providing mental health services for young children and families, there are limited opportunities within social work education to develop IECMH competencies (Huang et al., 2004), especially the deep knowledge of infancy and early childhood required. Thus, most social workers rely on their agency to support further training, often taxing already underresourced nonprofit organizations, community mental programs, and school districts.

Alternatively, the burden may fall to the individual practitioner, and trainings or professional memberships may be prohibitively expensive. Access to high-quality IECMH training must be broadened to ensure adequate numbers of well-prepared professionals to meet great need throughout the United States for support to infants, young children, and families facing profound stresses. The most effective way to expand access is through inclusion in social work education.

#### **SOCIAL WORK RESEARCH INFORMING IECMH**

A small but growing number of social work scholars now conduct primary research studies and train doctoral-level social work researchers with the potential to enrich and move forward the larger field of IECMH. Social work scholars typically conduct studies deeply informed by person-in-environment or ecological perspectives and often draw on past or ongoing practice experience and collaborations with community practitioners. These schol-

ars study the experiences of infants, young children, and families within real-world contexts, developing specific interventions to prevent or treat their life challenges or suggesting social policies to address and improve their quality of life. Although social work scholars are conducting IECMH research in many domains, just a few are reviewed here as exemplars. They include studies within the child welfare, home visiting, pregnancy, and parenting intervention domains.

The child welfare realm is often the one most associated with social work, and unsurprisingly, many social work scholars focus their research in this area (for example, Bellamy, 2009; Marcenko, Lyons, & Courtney, 2011; Mennen, Brensilver, & Trickett, 2010). A few hold an explicit IECMH lens and incorporate either attachment theory or developmental psychopathology into understanding young children who have experienced maltreatment (MacKenzie, Kotch, & Lee, 2011; Ribaud, 2016). Others study the child welfare system itself, including how decisions are made at the individual, organizational, and systems levels, and they work to have research findings incorporated into practice in state child welfare systems (Bosk, 2018).

Adjunct to child welfare is the field of home visiting, which typically focuses on supporting vulnerable families and preventing child maltreatment. Social work scholars have had a significant effect by evaluating the efficacy of statewide evidence-based home visiting initiatives (LeCroy & Davis, 2016), encouraging participation of fathers in home visiting programs (Guterman, Bellamy, & Banman, 2018), incorporating mental health screenings for mothers receiving home visiting interventions (Price & Masho, 2014), and developing home visitor reflective capacity through specialized training in the FAN (facilitating attuned interactions) approach (Gilkerson et al., 2012).

Challenges during pregnancy and early parenting are closely related areas in which social work researchers have made their mark in both understanding the phenomena and developing or evaluating interventions. Social workers have examined screening for maternal perinatal depression (Price & Masho, 2014) and the effects of maternal depression or domestic violence on young children (DeVoe & Smith, 2002; Mennen, Negriff, Schneiderman, & Trickett, 2018) as well as developed and evaluated interventions to treat maternal post-

partum mood disorders and promote optimal parenting (Grote et al., 2015; Paris, Bolton, & Spielman, 2011). In addition, they have examined the role of fathers in pregnancy and early parenting (Dayton et al., 2016; Walsh, Tolman, Singh, Davis, & Davis, 2017) and have developed and tested interventions for fathers of young children, including in the military domain in which high-stakes separations from primary caregivers are commonplace for young children (DeVoe, Paris, Emmert-Aronson, Ross, & Acker, 2016; Paris, DeVoe, Ross, & Acker, 2010; Walsh, Dayton, Erwin, Busuito, & Rosenblum, 2014). Demonstrating the interplay of physical health, mental health, and relational issues, in the military context, social worker researchers have found that preexisting child or adult health problems, service-related injuries, and trauma compound vulnerability for families facing the stresses of deployment, including relationship disruption. These studies have contributed to the development of best practices for women and infants, fathers, and families.

The parenting intervention domain has long been an area of research for social work scholars. Studies have examined programs that address parental mental health challenges, substance misuse, and vulnerability resulting from the effects of poverty (Harden & Whittaker, 2011; Paris, Herriott, Holt, & Gould, 2015; Paris, Spielman & Bolton, 2009). These studies all place primary importance on the parent–young child relationship and work to understand the effectiveness and mechanisms of change central to the intervention. The relationship focus is a hallmark of IECMH research, and it resonates with social work researchers because the approach is syntonic with social work theory and practice.

## **IECMH COMPETENCIES AND SOCIAL WORK EDUCATION**

Social work graduate programs offer scant training for working with or conducting research on the mental health needs of infants and young children (Fox, Mattek, & Gresl, 2013), and training for in-home intervention is particularly sparse (Mattek, Jorgenson, & Fox, 2010). The skill sets needed to intervene with or examine the quickly changing developmental needs of young children and their families are complex. Through emphasis on the person-in-environment perspective, human behavior and development, social justice, diversity,

and humility (Berzoff & Drisko, 2015), social work curricula prepare social workers to meet some criteria for IECMH competency. However, psychodynamic theories, including object relations and attachment theory, which help the IMH specialist to recognize the “ghosts in the nursery” (Fraiberg et al., 1975), have been reduced in many social work curricula.

At present, few BSW, MSW, or PhD programs formally include IECMH coursework or specialized training. Given the paucity of graduate coursework, MSW-level social workers typically receive IECMH training through interdisciplinary, postgraduate online, or on-campus certificate programs often not sponsored by schools of social work, or they receive training through professional development offered by their employing agency. The following are examples of such programs:

- The Merrill Palmer Skillman Institute at Wayne State University offers an interdisciplinary graduate certificate program in IMH (see <https://mpsi.wayne.edu/training/infant-health/>).
- The University of Wisconsin Department of Psychiatry offers an infant, early childhood, and family mental health capstone certificate program (see <http://infantfamilymentalhealth.psychiatry.wisc.edu/>).
- The Erikson Institute offers one of the nation’s only IECMH concentrations within an MSW program (see <https://www.erikson.edu/graduate-education/masters-degrees/master-social-work/infant-early-childhood-mental-health-concentration/>).
- A handful of other MSW programs, including those at Boston University and University of Michigan, offer a course in IECMH but not a concentration.

Access to IECMH knowledge and skills for social work students could be expanded through greater availability both in and outside of schools of social work through cross-listed courses, team teaching, and other avenues of interprofessional education to bring together students from across disciplines (for example, social work, health, mental health, public health, education) to gain understanding and strategies for promoting the well-being of infants, young children, and their families.

Social workers participate in additional training to learn age-specific assessments, early childhood mental health diagnosis, or evidence-based treatments. Doctoral-level training for social workers interested in IECMH is offered at the few schools of social work in which faculty are conducting IECMH research. Although slowly growing within academic social work, IECMH scholars are still underrepresented given the numbers of social workers practicing in the field.

A promising recent initiative is the development of a model course on IECMH for schools of social work. Under the leadership of the University of Maryland School of Social Work as part of the Substance Abuse and Mental Health Services Administration-funded National Technical Assistance Network for Children’s Behavioral Health’s (TA Network) Behavioral Health Curriculum Development Initiative, leaders from four institutions collaborated to develop the syllabus for a three-credit course focused on knowledge, values, and skills for IECMH social work practice. The course has been piloted at Boston University, the University of Maryland, and the University of Memphis Schools of Social Work, and the syllabus is now available by request from the University of Maryland School of Social Work Institute for Innovation and Implementation (<https://theinstitute.umaryland.edu/>). This social work offering can augment existing interdisciplinary training opportunities. Social work has something particular and valuable to contribute to the interdisciplinary field of IECMH and can do so through both expanded partnerships and leadership.

### **RECOGNITION OF IECMH AS A VALUABLE FRAMEWORK FOR SOCIAL WORK**

All social workers should be exposed to the principles of IECMH. An IECMH framework guides social workers to be mindful of early relationships as the foundation for a child’s developmental trajectory and relational capacities across the life course; the potential lifelong effect of exposure to early adverse experiences, including trauma and toxic stress; and the potential of evidence-based IECMH interventions to promote growth and healing (Shonkoff et al., 2000). Across domains and settings, understanding these principles can inform and enhance practice.

In addition, social workers who aim to support infants, young children, their parents, and care-

givers through practice, policy, or research need more specific training and skills. Locating the IECMH perspective at the heart of social work would strengthen the capacity of social workers to respond effectively to multistressed families with young children who face a variety of risks. Toward that end, we offer a set of directions for development in the areas of social work practice, research, and education.

## **FUTURE DIRECTIONS**

### **IECMH Social Work Practice**

Recognizing the field of IECMH as an important and distinct domain of social work preparation would generate a corps of well-prepared, IECMH-trained social workers. IECMH-trained social workers are urgently needed as mental health consultants in early care and education programs as well as staff in NICU and pediatric units, early intervention, home visiting programs, and child welfare, in particular. We endorse community mental health agencies employing IEMCH-trained social workers to provide relationship-based treatment to young children and their caregivers.

In addition to direct service to caregivers and infants, experienced social work clinicians who have received reflective supervision and consultation are well situated to provide reflective consultation to programs. By offering well-trained support to the systems of care that serve families with young children, social workers are vital to promoting responsive, sensitive, and attuned relational experiences for infants and young children.

### **IECMH Social Work Research**

IECMH scholarship within social work shows promising growth. If we increase support to doctoral students who are interested in infancy and early childhood, we will encourage a new generation of social work researchers who can contribute to, continue to grow, and provide leadership in the IECMH field. In particular, social workers from diverse cultural groups should be recruited to doctoral education because training these scholars is central to building robust and relevant research. A well-supported and increasingly diverse group of social work scholars will be able to conduct research with an explicit IECMH lens within fields dominated by social work, such as child welfare and home visitation.

Given the centrality of clinical practice with children and families within social work, we must encourage more community-based research studies to develop, test, improve, and disseminate effective early childhood interventions. Furthermore, social work researchers should be encouraged to conduct implementation studies of evidence-based practices for young children and families in community settings to tailor effective interventions for specific populations. At a foundational level, as mentioned earlier, a social work IECMH lens would bring greater relevance to research that strives to understand the effects of culture and context on caregiving and early development. This research is needed to inform both social work practice and policy.

### **IECMH Social Work Education**

Currently, professional training at all levels often does not match what is necessary for the provision of mental health services to infants and young children as well as research focused on their needs (Huang et al., 2004). The IECMH framework should be integrated into curricula such that all students of social work receive training in IECMH principles. This content can be integrated into existing coursework, including human behavior in the social environment, clinical practice, and child welfare. Students wishing to concentrate their practice or research on infants, young children, and expectant and new parents should have access to specialized courses that address IECMH competencies for developmental and relationship assessment, parent-child relational therapy, and family support interventions.

Recognizing the need to offer social work education programs resources to integrate training on IECMH, the Council on Social Work Education (CSWE) launched a special project to develop a curriculum guide for social work programs on IECMH and developmental neuroscience. All schools of social work were invited to participate in the process. Cochaired by Erikson Institute faculty and the institute's clinical director, the CSWE process includes the development of competencies and curriculum resources for each competency; these resources will be finalized into a publication and disseminated electronically to all accredited social work programs in Fall 2021/Winter 2022. The curricular guide will propel the field forward by establishing IECMH as a specialty area of practice and by providing social work educators with the

knowledge and resources to teach the next generation of IECMH clinicians and leaders.

Graduate training should include reflective supervision, which is similar to, but differs from, the traditional case supervision of social work in that multiple layers of relational dynamics are attended to (Ganzer & Ornstein, 2004). Often confronted with confusing, distressed, or hostile interactions, the IECMH specialist's capacity to retain a *mentalizing stance* (Fonagy, Steele, Steele, Moran, & Higgitt, 1991)—to think about one's own or another's inner states—is often taxed. In the space of reflective supervision, the clinician is invited to ponder their own thoughts, feelings, and reactions to the families they are seeing and reflect on new ways of considering the dilemmas in the relationship between the infant or young child and their caregivers (Gilkerson & Heffron, 2016; Shea et al., 2016). Graduate training should be designed to align with the IECMH endorsement because this content will provide strong preparation, and the recognition will be advantageous for social workers seeking positions in the IECMH field.

We call on social work professional associations to support these critical directions for the field by recognizing IECMH as a specialization in social work; developing the IECMH workforce; and advocating for research, services, and policies to advance the well-being of vulnerable young children and families. Because social workers are increasingly in demand across early childhood service settings (Azzi-Lessing, 2010), and infants and young children need specialized service planning to decrease the iatrogenic effects of early adverse experiences, it is more important than ever for social workers to learn and integrate relationship-based theories and approaches to promotion, prevention, intervention, and treatment. On the front lines of work with and on behalf of families at high risk, social workers are optimally positioned to both contribute to and apply emerging knowledge about early relational development to clinical practice, program development, policy, and systems change.

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