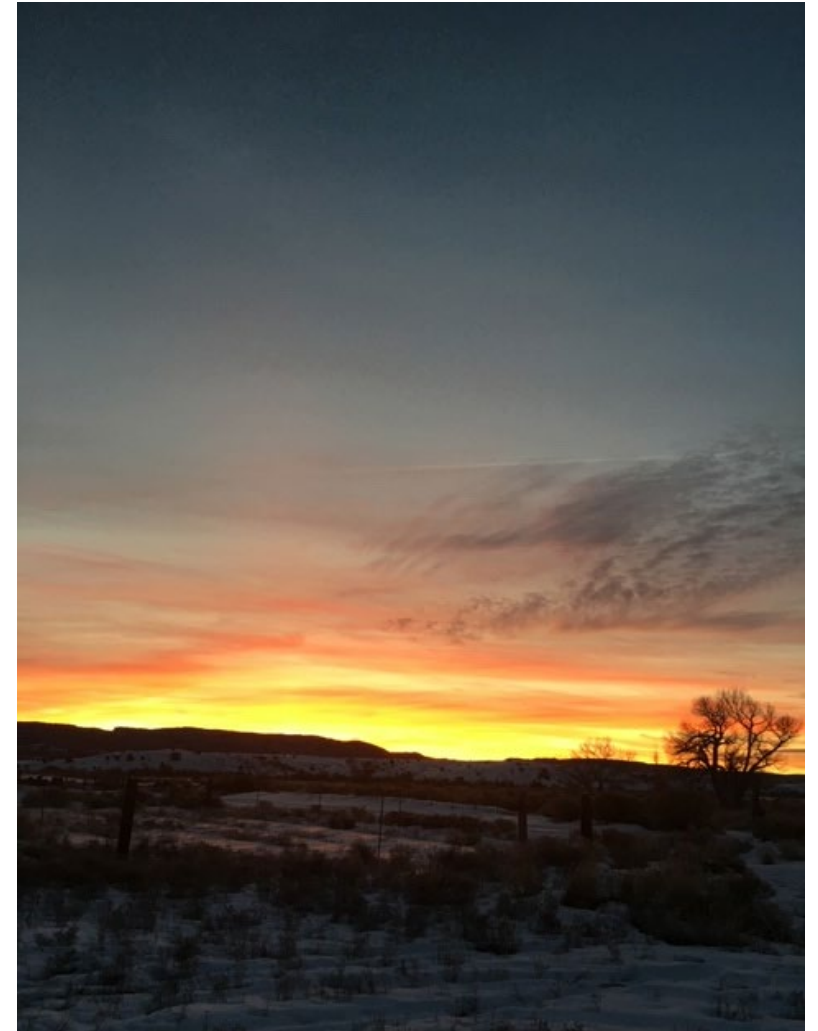


Indigenous Cultures as a Foundation for Understanding Infant and Early Childhood Mental Health and Child Behavior

Dawn A. Yazzie, MA, NCC

Framing our Discussion

- Cultural differences and commonalities among Tribal Communities whether living in urban areas, on ancestral lands, or on reservations.



Hold a Child in Mind

- What child will you hold in mind during presentation?

Ancestral and Current Protective Factors

For thousands of years before European contact, Indigenous peoples had their own systems of care throughout the lifespan that integrated spirituality and all of nature in the universe. Many still have this way of being, and are reclaiming this way.

Doctors

Psychologists

Bone specialists

Midwives

Pharmacists

Forms of governing and justice

Systems of community/family support (PARENTING)

Stories/Kinship

Astrologists

What is Infant-Toddler Mental Health?

(also known as social-emotional development, early childhood mental health)

- Infant-early childhood mental health, sometimes referred to as social and emotional health, is the developing capacity of the child from birth to 5 years of age to **form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; and explore the environment and learn**— **all in the context of family, community, and culture**. Strategies to improve I-ECMH fall along a *promotion, prevention and treatment continuum*.

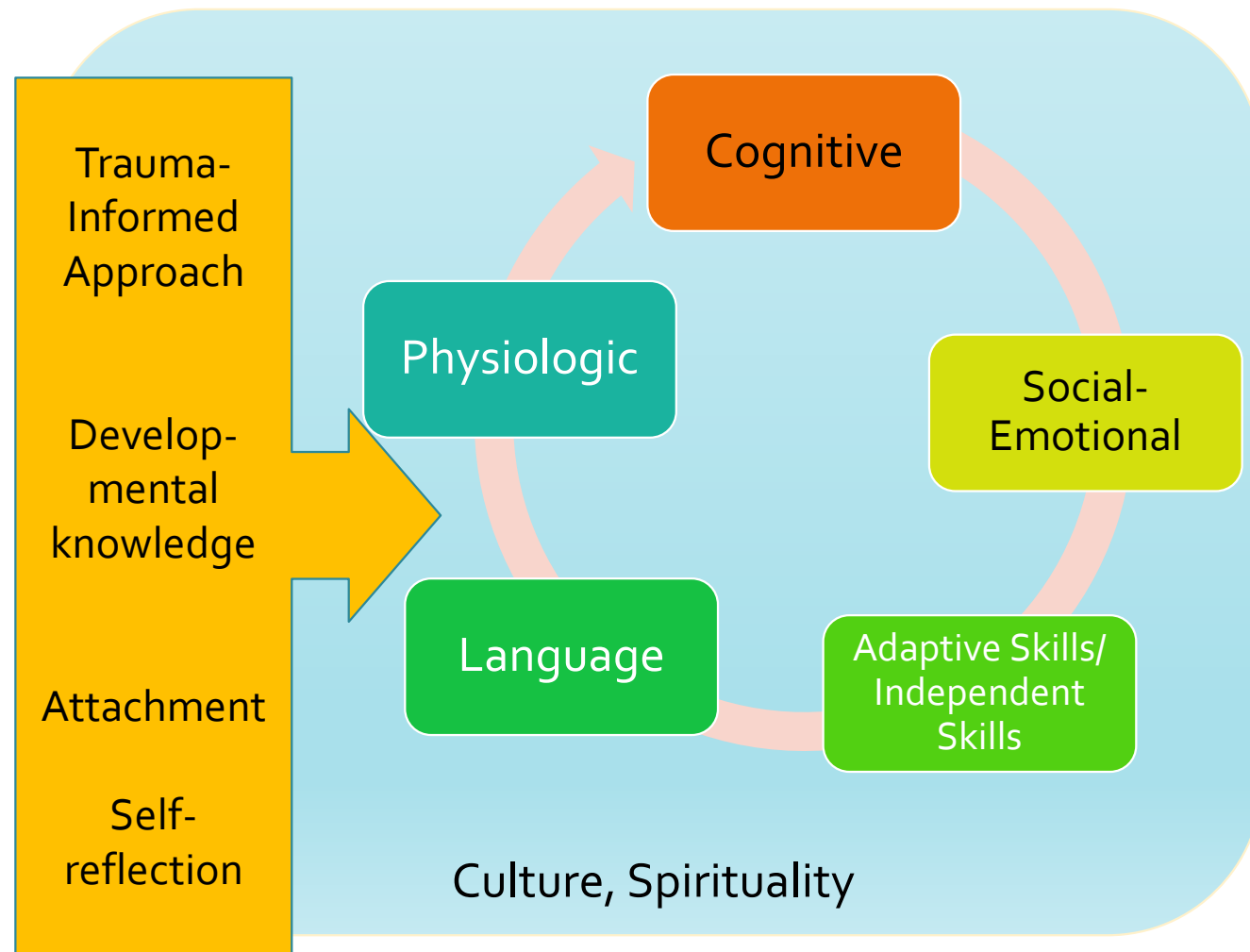
- *ZerotoThree*

- **Relationships (caregiver/child)** – clan membership, birth, connected to nature/ universe
- **Emotions** – modeling: parents, grandparents, extended family
- **Environment/Growth-** home, animals, plants, trees, rocks, mountains, streams, rivers, lakes, clouds, wind, fire, geography, etc.
- **Family, community, and culture-** creation stories, ceremonies, songs, acknowledging seasons, stars/constellations, teachings, etc.

- D. Yazzie, 2021

Infant and Early Childhood Mental Health

Children grow in these areas when they are in a good relationship with their caregivers/ teachers

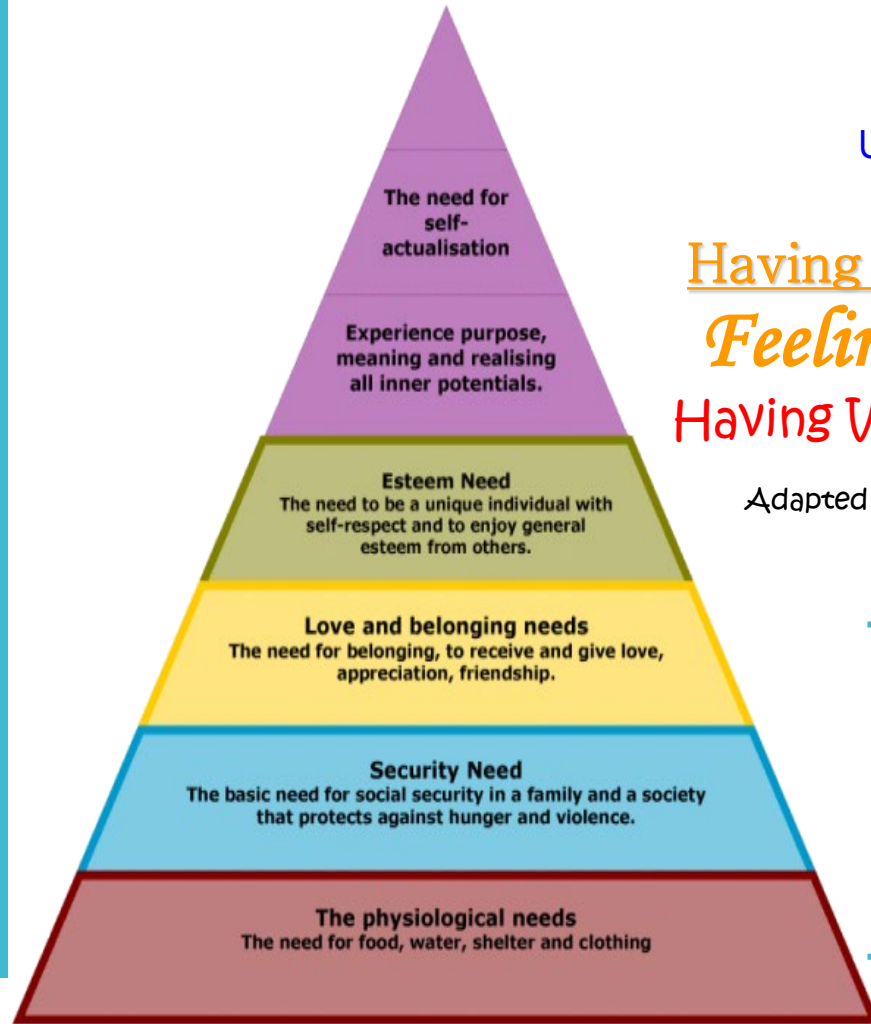


Early Childhood Domains

All Domains Have
Developmentally
Appropriate
Strategies

- **Cognitive**- early learning, academic, choices
- **Social** – taking turns with toys, standing in line, manners, greeting others, social boundaries
- **Emotional** – regulating feelings, not hurting others when upset/angry, co-regulation when crying/sad, expressing feelings.
- **Language/communication**- helps in expressing feelings, helps in greeting others, helps to build relationships, helps to express needs,
- **Physiologic**- nap time, healthy meals/snacks/portion size, large motor and fine motor skill development, play, coloring, painting, sensory.

What do all human beings need to survive?



Hajooba' Ayoo'o'nih

Doing things to make others happy/help
Understand life / Haashiit'ao kot'eh?
Haala anisht'eh? Self Identity

Having a connection /relationship/K'eh
Feeling like you're loved/belong
Having WATER, FOOD, SHELTER, Safety

Adapted from Maslow's Hierarchy of Needs



YOUNG CHILDREN ARE DEVELOPING THEIR SENSE OF SECURITY IN THE FIRST FEW MONTHS/YEARS OF LIFE. Same as food/water.

Maslow's Hierarchy of Needs – Adapted from Blackfeet Nation

Let's start with
brain
development.
When does the
brain begin to
develop?

In the womb.

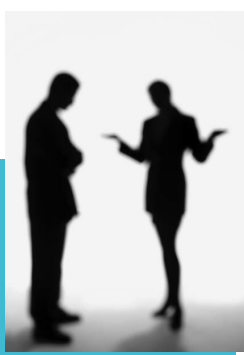
At what age is
90% of our
brains
developed?

- By 5 years of age, 90% of brain cells are connected.

What do you think of when you hear the words, 'mental health?'

- Adult mental health is different from young children's mental health.

REVIEW –
Adult Mental
Health
and
Infant-Early
Childhood
Mental Health is
different.



- Adults show 'feelings' by talking, label our feelings, we use our language.
- Young children show feelings using whole body. Do not have language until they are 2 or 3 years old, and cannot label their feelings unless we teach them. Usually cry and show us how they feel through their behavior.
- ADULTS ARE RESPONSIBLE FOR CHILDREN'S MENTAL HEALTH AND THEIR OWN MENTAL HEALTH



3 Main Areas of Brain Connections and Development

- INNER BRAIN – BODY TEMPERATURE, HEART RATE, DANGER RESPONSE, 3 F's (fight, flight, freeze) – When sick, temperature goes up. Newborns and infants can get too cold or too hot very easily, by 2-3 weeks old they can regulate body temperature. (newborn – 3 mos. old)
- MIDDLE BRAIN – EMOTIONS, FEELINGS
 - Infants, toddlers, young children learning how to regulate this, temper tantrums are typical. (12 mos. – 3.5 yrs. old)
 - Two years old, start to realize they are separate from caregiver (differentiation). Developing awareness of body.
- OUTER BRAIN – THINKING, PROBLEM SOLVING
 - Give choice to toddlers and young children, feel independence, using new part of brain, learning something new. Fitting blocks into spaces, etc. Activity to get brain working, pretzel and arm folds. (birth – 5 yrs. old 90% connections made)

Brain Video:
'Early
Experiences
Build Brain
Architecture'

- 1 min., 56 sec. :
https://www.youtube.com/watch?v=VNNsNgIJkw_s
- 5 mins., 48 secs. :
https://www.youtube.com/watch?v=SpqLzFewgb_s

Brain Video:
'Serve & Return
Interactions
Shape Brain
Circuitry'

- 1 min., 42 sec.:
https://www.youtube.com/watch?v=m_5u8-QSh6A
- 4 mins., 53 sec.:
https://www.youtube.com/watch?v=m_5u8-QSh6A

Our
brain/bodies
need energy to
work well.

What happens
when we get
too hungry or
too tired?

- We function from our inner/middle brain.
- We stop thinking and problem solving.
- We stop learning.
- We stop functioning from our outer brain.

What happens
if a parent
/caregiver is in
middle and
inner brain ?

(had a long
day/tired)

- How do we address our young children if they are tired or hungry?
- As teachers/caregivers, we need to stay in calm (outer brain), even if we are really tired. Ask for help if you have help.

Outer Brain Caregiving Response by Adult

- If a child spills juice/milk, what do we do? How do we respond?
- Hagoo' shiyazhi, hasht'e' nileh, shika nilyeed, dii k'ot'ao hasht'e' nileh.
- We have a calm voice, we clean up with them, we show them how to clean it.
- They may not do good job, but as long they try, praise them.

How do we stay calm (outer brain)?

How do you know when you are stressed?

- Teachers/caregivers need to take care of themselves.
- Tell yourself to 'Stop, Slow down.' And then take several deep breaths.
- Ask someone to help with caregiving if you have help.
- Calm yourself down, move from inner/middle brain to your OUTER BRAIN.

Who is responsible?

- Who is responsible for adult (caregiver) mental health?
- Who is responsible for young children's mental health?

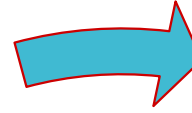
Brain Video: 'Toxic
Stress Derails
Healthy
Development'

- 1 min., 51 sec. :
<https://www.youtube.com/watch?v=rVwFkcOZHJw>
- 5 mins., 54 sec. :
<https://www.youtube.com/watch?v=kivv2BJhzbA>

“There is never just a BABY, there is a BABY IN A RELATIONSHIP”

- D.W. Winnecott

BUILD
RELATIONSHIP
Learn by seeing,
doing, responding



NEED – Baby
is hungry ,
sleepy , cold,
dirty diaper

Children want to know that every time they cry or need help, someone will help them.

BABY IS
CALM-
Laughs,
interacts,
smiles,
LEARN.



MEET THE
NEED-
Feed
baby, take
nap, wrap
baby in
cradle



CRY-
Baby
cries, gets
angry,
whiny

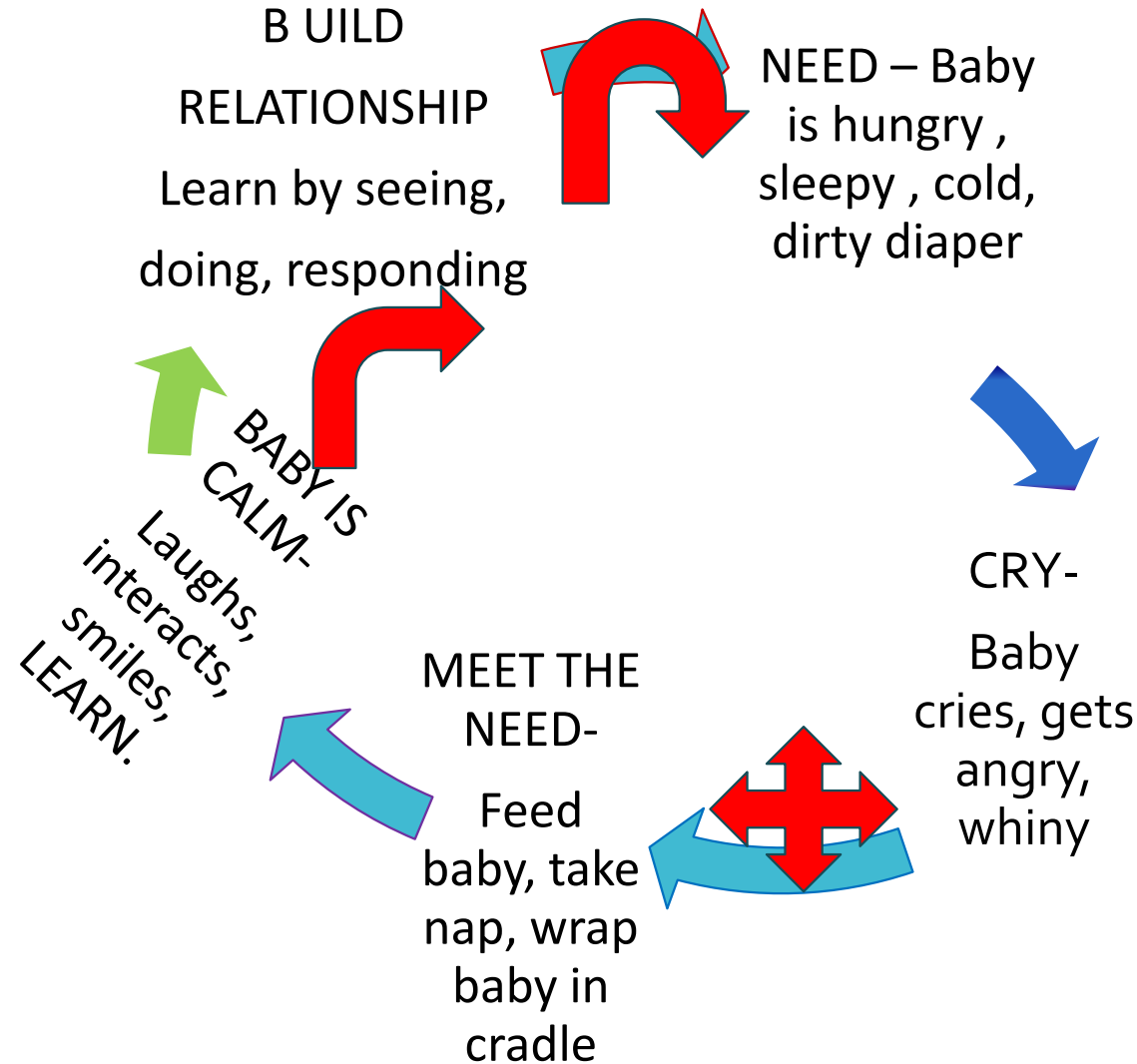
This is when TRUST and SELF-ESTEEM starts to develop. When a sense of feeling SAFE and SECURE develops. ‘Everything will be okay.’



Children want predictability and structure.

“There is never just a BABY, there is a BABY IN A RELATIONSHIP”

- D.W. Winnecott



What could cause a disruption in the secure and safe feeling/ relationship?

How might caregivers accidentally disrupt a child's sense of feeling SAFE and SECURE?

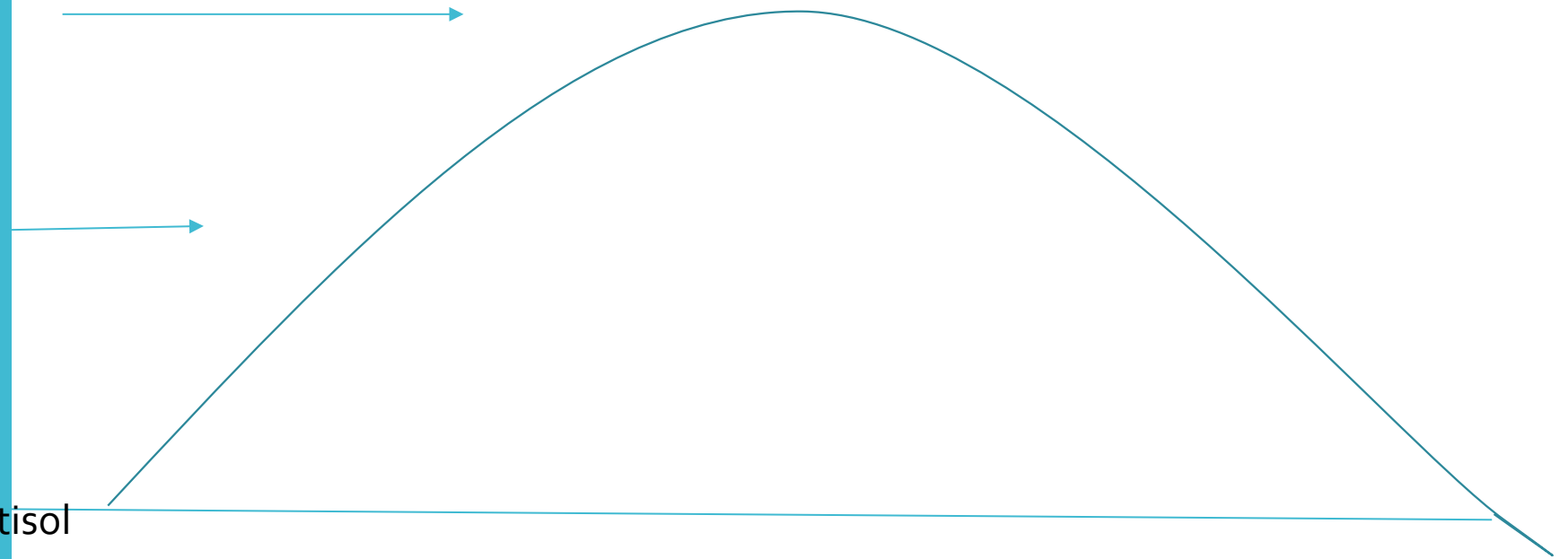
What might make children think: 'Everything will not be okay.' ?

Relationships, Relationships, Relationships

- All children need connection, like all adults need connection.
- We all need consistent, nurturing caregivers/relationships.

Teachable moments for parents/teachers

Heart rate, breathing, cortisol



All behavior
communicates
something to us.

- Unmet needs
- Developmental need

- Food, water, warmth, cold, safety - connection.
- How can we address what they are communicating to us? (needs, safety – connection, etc.)

Parents/Care-givers have A LOT of POWER in shaping how your children will be as an adult.

- There is a lot of potential to help young children **grow**,
AND,
there is a lot of potential to do **damage** during these critical years of growth.

How do we stay in OUTER BRAIN?

- As parents/caregivers, we need to become aware of ourselves. Our feelings, body sensations, thoughts.
- Stop! Take several deep breaths.
- Step back and ask someone to help with parenting/teaching.
- Find a way to calm yourself down, move from inner/middle brain to your OUTER BRAIN.

Other considerations:

Navajo and Indigenous Perspective of Mental Health

- All health is connected to spirituality, it is not separate.
- Quote from Navajo medicine man - prefers treating the mental health of patient as opposed to the physical ailment only.
- Personal experience – practitioner provides guidance, use story telling. Patient thinks about their own life, their peoples' history, family history, etc. Encourages self-reflection.
- Lakota Mental Health and Resilience youtube webinar. Lakota Worldview – 10 poles of tipi, 7 Spiritual Laws and 3 stars (morning, north, evening)

Relationships/Kinship is Central to Navajo/Indigenous Way of Life

Review:

What is the most important thing for young children's mental health?

Relationships
Relationships
Relationships

Natural Mental Health system tied into clanship, creation stories, spirituality:

- Clanship system, characteristics
- Addressing others through clan relationship
- Establish proper relationships through each other's clans, newly addressed as: mother, father, etc.

What pulls us away from supporting young children's mental health?

Does our western way of life that we exist in incorporate Natural Mental Health systems? (clanship, creation stories, spirituality)

- What is our culture?
- Do we have stories to teach our culture?
- Where do we as parents/caregivers learn about our culture?

Building a Relationship with your child.

- Have one-on-one time with your child/grand child EVERYDAY.
- Start with 1-2 minutes, then build up to 5+ mins.
- Child-led play, child-led conversation
- Talk WITH your child – What was it like playing with your friends today at recess? Did you see the clouds outside? What colors are the trees right now? What do you want to eat for dinner? Tell me about your tv show? Let me tell you a story about your grandparents, or when you were born, etc.
- Do NOT talk 'at' child – Examples: 'get your jacket, eat your food, go to sleep, brush your teeth, etc.'
- Other ideas?

Reminders for this fall / winter season...

- Set up routines for school year, week, and weekend, holidays, etc..
- Let children know about upcoming changes, people moving out, moving in.
- Don't allow young children to watch violent movies, scary movies. They don't have a developmental understanding of what is real and not real. This could disrupt their sense of safety, cause nightmares, etc.
- Don't raise your voice when talking with infants and children.
- Don't talk about violent incidents or accidents, share adult stories around young infants and children.
- Other ideas?

Type in Chat
or Raise Hand

- What will you take with you today?
- What will you start doing today moving forward to support staff, to support children, to support families?

References

- National Child Traumatic Stress Network- www.nctsnet.org
- Southwest Human Development, **Birth to Five Helpline**-
1-877-705-5437
- *Unsmiling Faces: How Preschools Can Heal*- Lesley Koplow
- *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others*- Laura van Dernoot Lipsky with Connie Burk
- Navajo Nation – First Things First – Family Resource Guide:
- <https://files.firstthingsfirst.org/regions/Publications/2020%20Online%20Navajo%20Nation%20Resource%20Guide.pdf>
- www.zerotothree.org (infants/toddlers)
- www.CSEFEL.org or www.challengingbehavior.org
- www.eclkc.gov (head start / early head start)
- www.tacsei.org
- <https://www.childwelfare.gov/topics/preventing/overview/framework/aces/>
- Lakota Mental Health and Resilience - Great Plains Tribal Chairman's Health Board: <https://www.youtube.com/watch?v=t7x9QoYmLzo>

References

Adverse Childhood Experiences Study. (n.d.). Retrieved November 12, 2015, from <http://www.acestudy.org/>

Bath, H. (2008). The three pillars of trauma-informed care. *Reclaiming children and youth*, 17(3), 17-21.

Center for Early Childhood Mental Health Consultation. Recognizing and addressing trauma in infants, young children, and their families. (n.d.). F *ECMHC.org*. Retrieved May 2015 from <http://www.ecmhc.org/tutorials/trauma/index.html>

Center on the Social Emotional Foundations for Early Learning. (2008, July). *Preschool training modules*, Retrieved from http://csefel.vanderbilt.edu/resources/training_preschool.html

Child Trauma Toolkit for Educators / Caja de Herramientas Para Educadores Para el Manejo de Trauma Infantil. (n.d.). Retrieved May 16, 2015, from <http://www.nctsnet.org/resources/audiences/school-personnel/trauma-toolkit>

Clervil, R., Guarino, K., DeCandia, C.J., & Beach, C.A. (2013). *Trauma-Informed Care for Displaced Populations: A Guide for Community-Based Service Providers*. Waltham, MA: The National Center on Family Homelessness, a practice area of American Institutes for Research Health and Social Development Program.