

## Ask the Expert

HARRY H. WRIGHT

ZERO TO THREE Board Members share their expertise and insight regarding important issues affecting infants, toddlers, and their families.

**MEET:** Harry H. Wright, MD, MBA, is professor, Department of Neuropsychiatry and Behavioral Science, University of South Carolina School of Medicine, Columbia, SC. Dr. Wright's research interests include psychiatric genetics, psychiatric epidemiology, multicultural issues, health services research, and infant and preschool mental health issues. His clinical practice is focused on young children and on children and adolescents with developmental disorders. Dr. Wright's current research is on the genetics of Autism Spectrum Disorder and Anxiety Disorders in young children.



## Collaboration in Infant Mental Health

### Q: Why is there so much talk about collaboration in infant Mental Health?

**A:** Practitioners, educators, and researchers often define mental health in young children as the development of socio-emotional competence and self-regulators across multiple contexts. The goal of those of us who work with young children and their families is to promote optimal mental health. To achieve that goal, for example, my involvement as a psychiatrist is to integrate with other disciplines like pediatrics, psychology, social work, early childhood education, and a long list of others depending on the system involved with the family. Collaboration is essential to be successful. It really does "take a village" to achieve optimal mental health for these young children. We hear a lot of discussion about collaboration in infant mental health because it is essential but very difficult to achieve. Most practitioners have little experience with true collaborative work.

### Q: How can practitioners get experience and feel comfortable with collaboration with others?

**A:** If practitioners train in multidisciplinary settings they are more likely to get experience and feel comfortable with collaboration. While there has been movement toward multidiscipline training in the last decade, there is still a lot of training that occurs in isolation. So initial training and/or early work experience in settings that promote collaboration would be one of the best ways to help the practitioners. For example, the infant program that I'm associated with was started with a multidiscipline staff including a psychiatrist, psychologist, a social worker, nurse, a speech and language therapist, and a nutritionist. We also had a diverse group of trainees that included psychiatric residents, medical students, psychology interns, social work students, and others. It is getting increasingly more difficult to maintain settings

like this because of cost and decreasing or lack of reimbursement. The majority of the trainees who come through this program report they were comfortable in seeing young children and their families in a collaborative practice model.

### Q: What do you see as the future of collaboration in infant mental health?

**A:** I see more involvement in collaboration by infant mental health practitioners. There will be new cost effective models of collaboration with increased use of new technology, such as video conferencing collaboration between systems, which should reduce the cost of care and training. Collaboration between families and among practitioners would ensure a bright future for infant mental health practice training and research.

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