

# Infant and Early Childhood Mental Health

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Wisconsin Alliance For Infant Mental Health



# Wisconsin Alliance for Infant Mental Health

## Our Vision:

For every infant and young child in Wisconsin to have his or her social and emotional developmental needs met within the context of their family, community and culture.

# Infant and Early Childhood Mental Health

- What is it?
- What does it look like?
- Why is it important?

# Infant Mental Health

- “The developing capacity of the child from birth to five to:
  - Experience, regulate, and express emotion
  - Form close and secure interpersonal relationships
  - Explore the environment and learn

All in the context of family, community and cultural expectations for young children”

*Adapted from a working definition by Zero to Three: National Center for Infants, Toddlers and Families—Infant Mental Health Task Force*

# Infant Mental Health

- Involves the development of trust, self confidence, motivation, persistence, and self-control
- Is synonymous with healthy social and emotional development

# Healthy Social Emotional Development: What is It?

- A sense of confidence and competence
- Ability to develop good relationships with peers and adults/make friends/get along with others
- Ability to persist at tasks
- Ability to follow directions
- Ability to identify, understand, and communicate own feelings/emotions
- Ability to constructively manage strong emotions

# Social-Emotional Skills

- Young Infants: Birth to Nine Months
  - Beginning ability to self-calm
  - Responds to familiar adults
  - Depend on adults to help calm them
  - Trusts, bonds, attaches
    - *Lally, Griffin, Fenichel, Segal, Szanton, & Weisbourd, 2003*

# Social Emotional Skills

- Mobile Infants: 9-18 Months
  - Imitates
  - Separation anxiety
  - Developing sense of self
  - Beginning socialization
    - *Lally et al., 2003*

# Social Emotional Skills

- Toddlers: 18 Months to 3 Years
  - Tests the limits
  - Pretends
  - “Fears”
  - Gains control
  - Empathy
    - *Lally et al., 2003*

# Why care?

- Healthy social and emotional development is a protective factor against child abuse and neglect
- Social and emotional development linked to success in school and beyond

# Why care?

- Social and emotional development is firmly tied to all other areas of development
- Economic benefits of healthy social and emotional development

# What determines healthy Social-Emotional development/Infant Mental Health?

- Biology (temperament, genetic influences)
- Relationships (quality of attachment)
- Environment (prenatal, family, community, quality of child care)

# Relationships: The Key Ingredient

Development is the outcome of relationships between interacting individuals at every phase of life.

# Qualities of Optimal Parent/Caregiver-Infant Interaction

- Each partner must possess a certain set of behaviors
- The responses of caregiver and infant must be contingent (connected in a timely way) to each other
- Richness of the interaction
- Interactions must change over time.

An *Intimate Connection* exists between the *capacities* of the infant and the *stresses* and *supports* in the environment.

# Emotional Goals—4 years of age

- Form healthy, warm, and trusting relationships
- Experience self-esteem, feel good about themselves and what they do
- Use good impulse and behavior control
- Show a rich, emotional imagination and use words to express needs and feelings.
  - *Stanley Greenspan, 1985*

# Emotional Goals

- Separate make-believe from reality and begin to adjust to reality's demands
- Begin to deal with loss and show empathy and concern for others
- Concentrate, focus, and plan in order to be able to learn

*-Greenspan, 1985*

Even risk factors, such as prematurity or difficult temperament, may be moderated by the effects of the infant-parent/caregiver relationship.

Minde, 2000

# Interactions between caregivers and infants/children

Are like “DANCING”

# Attachment

# Attachment

- Is a reciprocal, profound, emotional and physical relationship
- Between a child and his parent/primary caregiver
- Sets the stage for all future intimate, trusting relationships
- Endures over time and place

Mary Ainsworth, 1973

# Attachment

- The ‘Protective Factor’
- Attachment system activated whenever safety is threatened
- Infants show attachment behaviors/seek contact with their parent/caregiver
- Try to get the parent/caregiver to respond through crying or clinging

John Bowlby

# Attachment System

- Quality of parents/caregiver responses to their infants determines whether infants learn to feel
  - safe with their parents/caregivers
  - secure that their parents will be there when needed

# Attachment

- The feeling of being protected gives infants the confidence to explore the world.
- Infants develop expectations of how their caregivers will respond to them at times of distress based on repeated daily experiences with their caregivers.

# Attachment

- Expectations described as “internal working models” which shape infants’ feelings about themselves and how they relate to others in the future.

- Attachment addresses 4 major elements of close relationships:
  - Social relationships
  - Emotional bonds between people
  - Cognitive schemes/memories formed
  - Behaviors (tend to maintain the attachment style)

# Attachment is bi-directional



# Patterns of Attachment

- Secure
- Avoidant
- Resistant
- Disorganized

# Implications of Patterns of Attachment

- Quality of attachment in first year related to:
  - Sociability with peers
  - Learning/Cognitive development
  - Problem-solving skills
  - Risk for behavior problems

# Implications...Attachment

- Secure children can explore both the social and physical world freely without being preoccupied with needs for protection.

# Implications...Attachment

- Avoidant children
  - Learn to avoid caregivers and “hold in” their feelings of distress to avoid feeling rejected by caregiver.
  - Often shift their attention to play with objects as avoidant strategy
  - Show limited explorations and opportunities for learning new skills
  - Are preoccupied with protection and safety.

# Implications...Attachment

- Resistant
  - Children learn that the caregiver is unpredictable
  - Mothers may even seek comfort from infants
  - Children are preoccupied with getting/keeping caregiver's attention or comforting their caregiver
  - Children have difficulty moving off to explore
  - Preoccupation interferes with exploration, limiting opportunities for learning new skills

Ainsworth

How do we know when an infant or young child is at risk emotionally?

# Possible Signs

- Poor weight gain or growth (“failure to thrive”)
- Delayed developmental milestones
  - Motor
  - Communication (Speech and Language)
  - Personal Social

# Possible Signs

- Difficult behaviors (poor self-regulation)
  - Sleep
  - Feeding
  - Crying / Comforting
  - Temperament

# Possible Signs

- Parent-Infant/child Interactions and Relationships
  - Lack of reciprocity
  - “Lack of Dancing”

# Possible Signs

- Hypervigilance—
  - Watchful, fearful approach to experiences
- Hyper compliance
- Lack of appropriate fear responses
- Self-stimulation
- Inhibited exploratory behavior
- Emotional blunting

# Caregiver Responsibilities and Opportunities to Achieve Emotional Goals

- **0 to 3 months:** Protection, comfort, interesting sights and sounds to feel regulated and interested in the world.
- **3 to 7 months:** Wooing and loving overtures to fall in love
- **4 to 10 months:** Sensitive, empathetic reading of cues to foster purposeful communication.

# Caregiver Responsibilities, cont'd

- **9 to 18 months:** Admiring, organized, intentional interactions to foster a complex sense of self
- **18 to 30 months:** Pretend play and use of language to foster emotional ideas
- **30 to 48 months:** Effective limits and use of logic in pretend play and language to foster emotional thinking

# Temperament and Goodness of Fit

# What is temperament?

- Biologically based individual differences in emotional, motor, attentional reactivity, and self-regulation
- These differences are relatively stable over time and consistent across situations

# Three temperamental types

- Thomas Chess
  - Easy (Flexible) 40%
    - Regular rhythms
    - Positive mood
    - Easy adaptation
    - Approachable

# Three temperamental types (cont.)

- Slow to warm up (Fearful) 15%
  - Shy, timid
  - May resist new things at first
  - Sensitive
- Difficult (Feisty) 10%
  - Intense and active
  - Irregular
  - Moody
  - Distractible

# Five Key Aspects of Temperament

- Intensity of reactions
- Activity level
- Frustration tolerance
- Reaction to new people
- Coping with change

Lerner and Dombro, 2004

# Goodness of fit

- A goodness of fit happens when the demands and expectations of the environment (parent, caregiver) are in accord and match with the child's capacities, style of behaving, and motivations.

# Traits Parents Found Hardest

- Birth to 1 year
  - Negative mood, low distractibility, not easily soothed
- 1 to 3 years
  - Low adaptability, negative mood, intensity, high activity, withdrawing

Carey & McDevitt, 1995

# Risk Factors in Parents

- Immaturity
- Isolation
- Substance abuse
- Childhood history of abuse
- Negative perceptions of child
- Unrealistic expectations of child
- Poor ability to handle stress

# Our Common Goal

## Children

- who can enjoy rich relationships
- who are healthy and trusting
- who feel good about themselves and what they do
- who are able to confidently express their feelings and needs

# Our Common Goal

## Children

- Who are able to control their impulses and behavior
- Who are able to empathize and care about others
- Who can be free to learn and creatively express themselves

# Suggested Reading/Resources

- Brazelton, T.B. and Greenspan, S.I. (2000). *The Irreducible Needs of Children*. Cambridge: Perseus Publishing.
- Greenspan, S.I. (1999). *Building Healthy Minds: The six experiences that create intelligence and emotional growth in babies and young children*. Cambridge: Da Capo Press.
- Greenspan, S.I. and Wieder, Serena. (2006). *Infant and Early Childhood Mental Health: A comprehensive developmental approach to assessment and intervention*. Washington: American Psychiatric Publishing.
- Lieberman, A.F. (1993). *The Emotional Life of the Toddler*. New York: The Free Press.
- Zero to Three Website: [zerotothree.org](http://zerotothree.org)