

# Infant and Early Childhood Mental Health

April 29, 2010

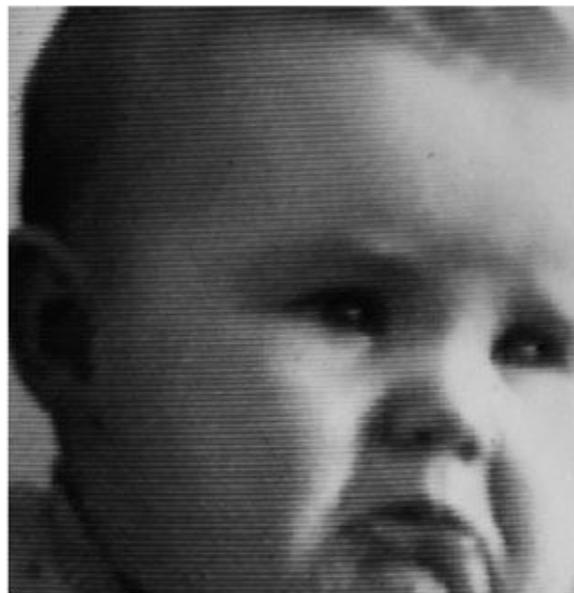
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Children's Behavioral Health Conference  
Norman, Oklahoma

- What is Infant Mental Health?
  - Definitions
- Core Strengths?
- What have we learned?
- Red Flags - Cause for concern
- Additional Resources - Ok-AIMH

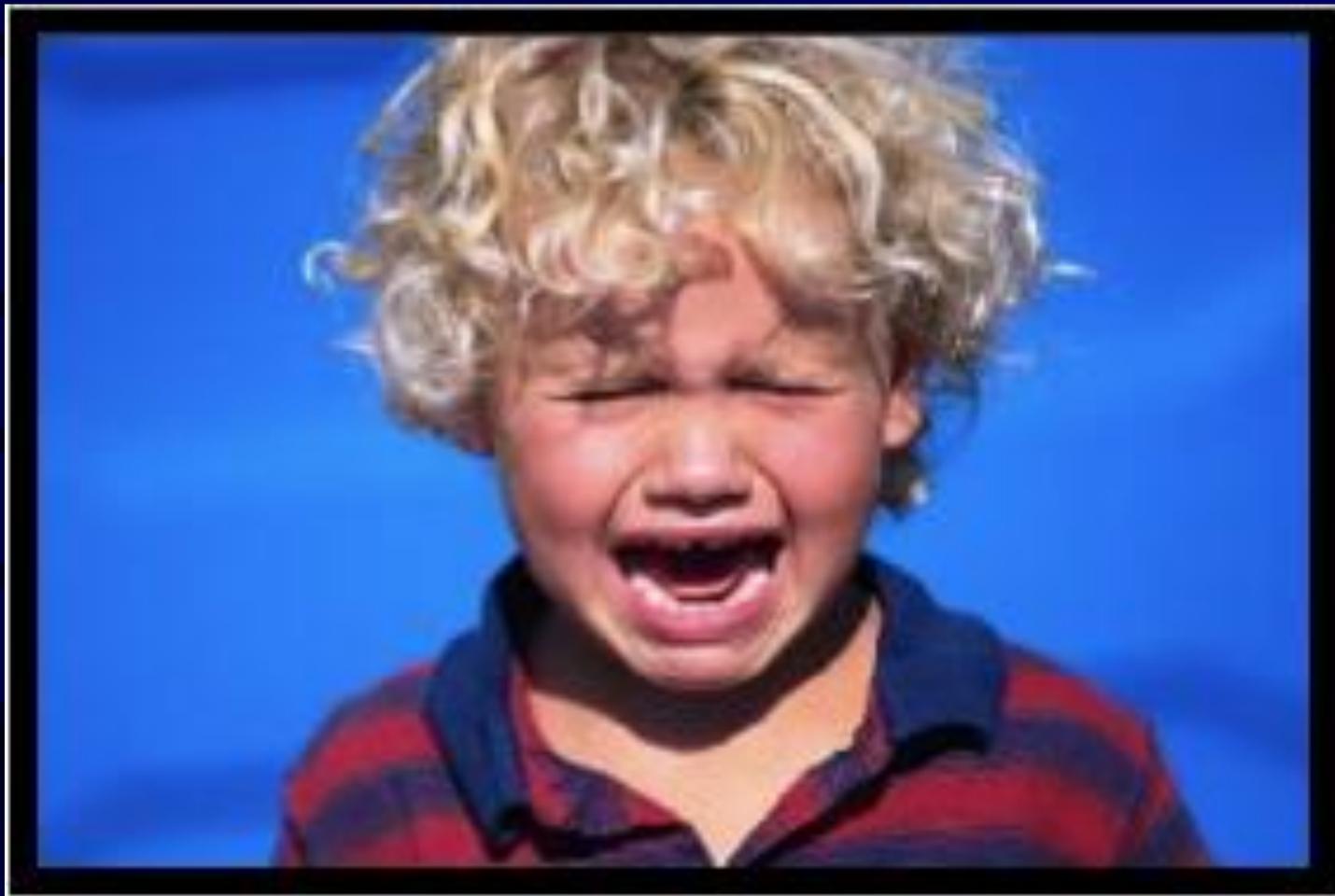
















# Mental Health

Mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience and self-esteem.

# Social-Emotional Development

The developmentally and culturally appropriate ability to:

- Manage emotions
- Relate to adults
- Relate to peers
- Feel good about oneself

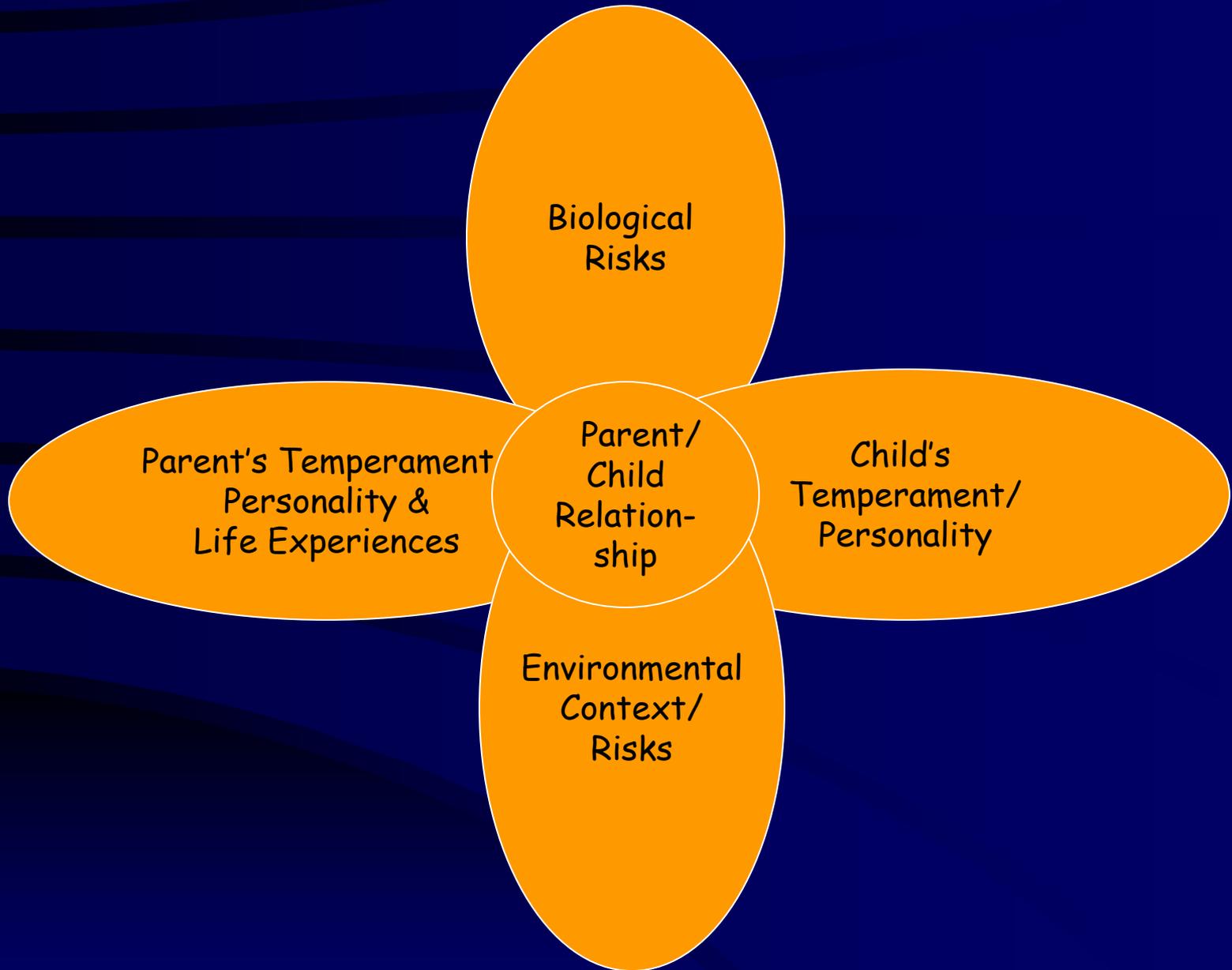
Social-Emotional Development  
is the *process*

Mental Health  
is the *state of being*

# Infant Mental Health

Is the state of emotional and social competence in young children who are developing appropriately within the interrelated contexts of biology, relationships, and culture.

# Intersecting Factors in Infant Mental Health



# Bridging Two Perspectives

## Education

- Positive Behavioral Support
- Origin: assisting children with disabilities
- Question: What is the motivation of the behavior? FUNCTION

## Mental Health

- Psychodynamic  
Therapeutic Support
- Origin: assisting children who have experienced difficult emotional environments
- Question: Why does the child behave this way?  
EMOTIONAL NEEDS

# Bridging

## Education

- Theoretical Orientation:  
Behavioral problems are not abnormalities, but reasonable adaptations necessitated by the abilities of our children and the limitations of their environments

## Mental Health

- Theoretical Orientation:  
Children are biologically set up to establish relationships with adult caregivers. As a result of early relationships, children develop a "mental model" of what they can expect from the world

# Bridging

## Education

- Traditionally, the emphasis has been on the role of the adult in the child's acquisition of **knowledge and skills**

## Mental Health

- Traditionally, the emphasis has been on the adult's role in assisting the child in **feeling secure and managing emotions**

# Changing Focus in Early Childhood

- Child-Centered
- Family-Focused
- Reflective (Self-Focused/Awareness of what clinician/teacher brings to the interaction)

# Six Core Strengths of Healthy Development

Bruce Perry

- Attachment: Making Relationships
- Self-Regulation: Containing Impulses
- Affiliation: Being Part of a Group
- Attunement: Being Aware of Others
- Tolerance: Accept Differences
- Respect: Finding Value in Differences

# Core Strengths and the Brain

Respect

Tolerance

Awareness

Affiliation

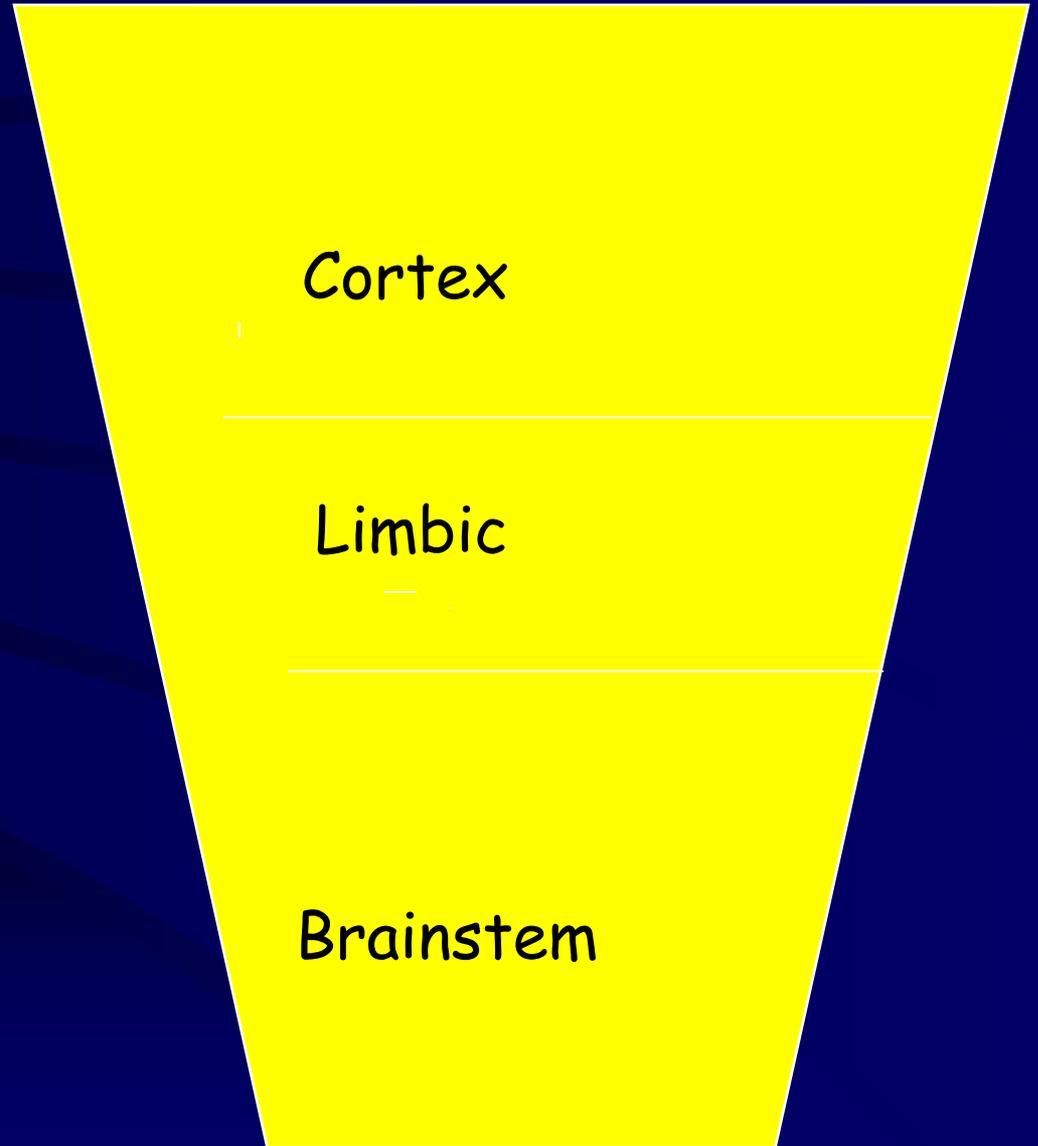
Self-regulation

Attachment

Cortex

Limbic

Brainstem





Attachment is a mutual, reciprocal relationship in which the child becomes a knowing partner. It is a relationship that develops gradually during the early months and years of a child's life

*Child-Adult Attachment - A Lens for Viewing Decisions that Affect Children and Families, Lyn Glen and Martha Farrell Erickson, PhD.*

# Attachment and Infant Mental Health

- Systems perspective
  - 4 patterned subtypes of infant-parent attachment behavior
    - Secure
    - Avoidant
    - Ambivalent
    - Disorganized/disoriented
  - Attachment system is activated by potential threat to proximity

# Attachment and Infant Mental Health

- Attachment system serves 2 related functions:
  - Reducing stress
  - Regulating emotion and promoting exploration
- Both of these serve the broader goal of survival and are filtered through the infants understanding of their position in the world....."working models".....which serve as guides for all future relationships

# Early Care

- The kind of attachment present at one year can predict teacher ratings, behavior problems, quality of peer relationships in preschool and social competency of 10 & 11 yr. olds. Also school achievement at 16. (Interpersonal relationships into 30's)
- There is mounting evidence that a secure attachment may affect emotional regulatory capacities and provide protective factors against stress.

# Attachment and "Working Models"

- Sensitive responsiveness - good data on this but it is not the only antecedent to attachment
- Infants learn how to regulate emotion to serve the function of maintaining proximity to their caregiver and what their understanding is of what may work.
  - E.g. haven't had needs met may minimize emotions

# Attachment and "Working Models"

- Separation and Trauma
  - Contributes to insecure attachments
- Adult Working Models of Attachment influence attachment security
  - Unresolved trauma of parents linked to disorganized attachment of infants

# Developmental Transitions During Infancy

- 2-3 month Transition
  - More focused, better organized, enhanced cognitive capacities, social smile
  - Vocal turn taking begins to appear
  - Joy begins to differentiate from content, sadness and later anger from general distress

# What might we look for in babies?

- Can infant be calm, recover from crying with comforting, be alert, looks at people when talked to and brightens up when something interesting happens -3 months
- Positive loving look toward primary caregiver and other caregivers, smiles spontaneously and responds to faces & voices of others by "cooing", smiling, or relaxing- 5 months



# Developmental Transitions During Infancy

- 7 to 9 month Transition
  - Onset of "focused attachment" with separation protest and stranger wariness
  - More feelings of efficacy in child... know more their thoughts and feelings can be shared
  - Also that others have feelings (social referencing)





# What might we look for in babies?

- Two way communication. Babies initiate signals to others and respond back to others signals (eg.using hand movements to indicate their wishes for certain toy) - 9 months
- Toddlers show a wide range of meaningful emotional behavior- feelings dealing with warmth, pleasure, assertion, exploration, protest, and anger - they also build on caregiver's responses - 13 months











# Developmental Transitions During Infancy

- 18 to 20 month Transition
  - Qualitative advances abilities in memory, sequencing of past events to inform the future
  - This is where we begin to get "internal working models" of how things are emotionally
  - Representation of the "self" ...subsequent to the ability to evaluate themselves
  - Emergence of self-conscious emotions (shame, guilt, embarrassment, true empathy)







# What might we look for in toddlers?

- Child creates pretend play around emotional themes - 2 yrs. (if you want to know what is going on with preschool children ...watch their play)





[woodleywonderworks@flickr.com](https://www.flickr.com/photos/woodleywonderworks/)







# Infant Temperament and Attachment

- Infant's role in development of secure attachment relationship has been area of DEBATE
  - Some say negative temperament traits can be a determinant of attachment patterns
  - Other say maternal sensitivity largest determinant
- Growing evidence for interaction of temperament & maternal characteristics as determinants

# Infant Attachment

## Implications for Intervention

- Obvious implication is need to change behavior of primary caregiver - may necessitate therapeutic intervention where IWM is unhealthy
- Interventions often need dual focus of environmental (poverty) and individual treatment (psychotherapy/family/substance)
- Minimize time child would need to spend in foster care....

# Emotional Regulation

- Cornerstone of social-emotional development during infancy
- Probably underlies secure attachments--- contribute to the achievement of autonomy----as well as contributing to the development of many behavior problems
- Parent-child interaction is the primary context in which this regulation occurs

# Emotional Regulation and Caregiver Influence

- **Maternal Sensitivity**- facilitates infants' emotional regulation and teaches them to use their caregivers to assist them in regulating emotions and emotion-related behavior.
- Paternal behavior is less documented
  - Fathers behavior during play with boys emotional competence

# Emotional Regulation and Caregiver Influence

- **Social Referencing** - Infants use parents as regulators through referencing and use the information they gain to guide and monitor future behavior
- **Maternal Affect** - infants of depressed mothers express more negative emotions and engage in more avoidant behavior during emotionally arousing mother-infant interactions

# Emotional Regulation and Caregiver Influence

- Familiar caregivers may buffer infants from some of the adverse effects of maternal depression on emotional regulation whether those interactions were withdrawn or angry

# Emotional Regulation and Caregiver Influence

- Implications for Intervention
  - Caregivers can be trained to respond both sensitively and appropriately
  - Increasing parental awareness that infants look to them for affective signals and use them to regulate their behavior may allow parents to anticipate these opportunities and provide clear and helpful signals for their infants

# Emotional Regulation and Caregiver Influence

- Implications for Intervention
  - Evidence that fathers and other caregivers buffer infants from the adverse effects of interacting with depressed mothers demonstrates the value in including them in interventions

# Autonomy and Compliance in the Second Year

- Changes occur that allow toddlers to consider the impact of their behavior on others..better memories of their goals...which often places them in conflict with others.

# Self-Regulation and Compliance

- Toddlers more likely to comply after first saying "no" when mothers combined control and guidance than when they used only control or only guidance in trying to influence behavior
  - Control - informing what you want them to do (adult goal)
  - Guidance - includes opportunities to "choose"....retain a sense of autonomy in relation to their goal.

# Self-Regulation and Compliance

- Contrast-----

- Mothers of 2 yr. olds who escalated control (threats, anger and criticism) were more defiant than toddlers whose mothers were less coercive in their methods
- When mothers used more negative control during goal oriented tasks toddlers show poor physiological regulation, less adaptive emotion regulation .....more noncompliance

# Self-Regulation and Compliance

- Appears mothers ability to share control during play and conflict, increases the likelihood that children will comply with mother's socialization goals
  - If comply out of fear may be form of avoidance and submission which serves as prelude to depression and suppressed hostility
  - If child complies because accepts mothers goals, child may be displaying self regulation & early form of internalization

# Self-Regulation and Compliance

- Fathers -
  - 2 yr old boys more compliant in particular with fathers than mothers
  - Toddlers with less emotionally supportive fathers were more disconnected (boys) and less task oriented about problem solving
  - Children with negative, intrusive fathers generally more negative and disobedient at 3
  - Likely that fathers have an impact on toddler regulatory capacities....we need to learn more about how that process occurs

# Implications for Intervention

- Once an attachment relationship is established it may take a consistent, effort and change in behavior on the part of the parent/mother to alter that pattern
- Interventions will be less effective if fathers influence is disregarded as impacting the young child and the mother.

# Developing Sense of Effectance

- They couldn't just say "I think I can make a difference"
- Believing in their capacity to effect change in the environment in the pursuit of a goal
  - **Competence** - is different... the successful achievement of some goal

# Developing Sense of Effectance

- Developmental Origins
  - Contingent Interactions - begins when you read your caregiver's emotional signals and respond appropriately...they like it. Repeatedly.....
  - Difficult to accomplish with depressed caregivers

# Developing Sense of Effectance

- Attachment Security
  - Insecure attachments allow for few feelings of effecting change in one's environment
- Parental Scaffolding/Teaching
  - Infants must experience a certain degree of independence before they will be able to feel they have accomplished something by their own effort and feel effective
  - Research indicates mothers who are controlling during play have toddlers who display less persistence in behavior and competence

# Implications for Intervention

- Research not abundant----
  - However there seems to be so much face validity for the importance of the belief that one's capacity to alter the environment in the pursuit of a goal is a basis for problem solving skills.
  - Thought to be an essential ingredient of resilience
  - Inclusion of both parents in play-based interventions early on is thought to be beneficial

What do we know in terms of prediction  
and developmental trajectories?

# Looking At Development In Context / Prediction

- Prediction of developmental trajectories doesn't come from individual differences in infant characteristics
- Infant-caregiver relationships are the most important experience context for infant development

# Developmental Trajectories and Prediction

- Positive qualities in infant-parent relationships have been linked to more optimal social, emotional, and cognitive development

# Developmental Trajectories and Prediction

- Infant-parent relationships also moderate intrinsic risk factors in infants. Complications with prematurity have better outcomes when their care-giving environments are supportive

# Developmental Trajectories and Prediction

- Infant-parent relationships are the conduits through which infants experience environmental risk factors
  - Poverty
  - Maternal mental illness
  - Violence (usually through effects on infant parent relationships)

# Developmental Trajectories and Prediction

- Regarding psychopathology in early childhood, research observations indicate that infants **construct different relationships with different people** and express different symptoms in the contexts of one relationship but not another

# Developmental Trajectories and Prediction

- Generally, infants are best understood, assessed and treated in the context of their primary care-giving relationship/s
- Conflict between parents is more of a risk factor than divorce itself

# Red Flags

- Parent's Mood/Behavior
- Child's Appearance and/or Behavior
- Parent-Child Relationship

# Red Flags

## Parent's Mood/Behavior

- Parent appears significantly depressed
- Parent appears extremely anxious, nervous, stressed, or overwhelmed
- Parent appears to have a serious lack of understanding of child development\
- Parent appears to have a serious mental disorder
- Parent appears to be abusing substances

# Red Flags

## Child's Appearance and/or Behavior

- Child's physical needs are consistently neglected
- Child is not developing as expected
- Child is frequently emotionally upset
- Child is frequently sad, anxious, or worried
- Child is unresponsive to parent and/or environment

# Red Flags

## Parent-Child Relationship

- Parent-Child have difficulty connecting
- Parent consistently fails to protect the child
- Parent is consistently cold or hostile to the child
- Parent attributes malignant motives to child's behavior

Resources?

Oklahoma Association for Infant  
Mental Health has links, resources  
and training available.

<http://www.ok-aimh.org/>

It's late in the day  
I'm not great at transitions  
Questions? Issues?

If not.....I'm finished

# Risk Factors

- Pre-term
- Born to depressed mother

Sometimes a single risk factor - **maternal depression** - increases risk for a variety of outcomes

- Insecure attachment
- Language problems
- Social interactive problems

# Risk Factors

- Multiple risk factors can increase risk of a single outcome—  
maternal depression, parental conflict, insecure attachment, maltreatment are predictors of aggressive behavior in toddlers
- Considerable evidence that risk factors are additive with the more you have increasing your vulnerability

# Risk vs Protective Factors

- Like risk factors, protective factors probably have a cumulative effect
- Central concern of Infant Mental Health is the balance between risk and protective factors and their mutual effects on one another

# Risk vs Protective Factors

- In the first few years of life, environmental risk and protective factors seem to matter more than intrinsic infant risk and protective factors

# Risk vs Protective Factors

- Longitudinal study—highly competent infants in high risk environments fared worse in terms of competence at age 4 years than did less competent infants in low risk environments

# Protective Factors

- Dispositional
  - Temperamental factors
  - Social orientation
  - Responsiveness to change
  - Cognitive abilities
  - Coping abilities

# Protective Factors

- Family Milieu
  - Positive relationship with at least one parent
  - Family cohesion
  - Family warmth
  - Family harmony
  - Absence of neglect

# Protective Factors

- Extra Familial Social Environment
  - Availability of external resources
  - Other social supports
  - Individual use of social supports

# Resilience

- Special form of competence in that it is a term used to characterize infants who achieve positive outcomes despite high risk status, maintain competent functioning despite stressful life circumstances, and recover from traumatic events and experiences
- Relationships are most important factor

# Protective Factors

- Promoting development of young children with disabilities - protective factors are the same
  - A strong consistent relationship between a primary caregiver and child may provide the most important protection against the development of a more severe disability

# Protective Factors

- Adequacy of resources available to family
- Parents sense of efficacy - if the parents expect to be able to positively influence their child's development, even if the process is slow and tentative

# Guiding Principles

- The relationships that infants, toddlers and families need are:
  - Individualized- attention must be paid to the individual needs of the infant

# Guiding Principles

- Strengths based - Early relationships must emphasize the strengths and resources of each participant. Parents need to understand strengths of infants and the strengths they bring to care-giving

# Guiding Principles

- Continuous and stable - for the infant, continuous and stable care-giving builds confidence that their needs will be met
- Accessible - Relationships need to be accessible and responsive to when and how the infant and parent need attention and support

# Assessment/Intervention

- Infant mental health assessment and intervention efforts are primarily focused around infant-caregiver relationships



**DC: 0-3R DIAGNOSTIC GUIDELINES - AXIS V: EMOTIONAL AND SOCIAL FUNCTIONING**

Observe the quality of the infant or young child's play with **each** of the significant people in his or her life then choose the rating that best fits the child's functioning with respect to each of the capacities listed below in interaction with **each** caregiver. *Primary caregivers may be biological, foster, and adoptive parent(s), as well as grandparents, members of the extended family, and caregivers outside the family.*

Emotional and Social Functioning Capacities	Functioning Rating (1-6, n/a) for Each Caregiver						
	A	B	C	D	E	F	G
<b>Attention and regulation</b> [p 63] <i>[typically observable between birth to 3 months]</i> From: Does the infant notice and attend to what is going on in the world through all the senses? To: Does the infant stay sufficiently regulated to attend and interact, without over- or under- reacting to external or internal stimuli?							
<b>Forming relationships/mutual engagement</b> [p 63] <i>[typically observable between 3 and 6 months]</i> From: Does the infant develop a relationship with an emotionally available caregiver for soothing, security, and pleasure? To: Is the child able to experience the full range of positive and negative emotions while remaining engaged in a relationship?							
<b>Intentional two-way communication</b> [p 63] <i>[typically observable between 4 to 10 months]</i> From: Does the infant use simple gestures, including purposeful demonstrations of affect, to start reciprocal "conversations"? To: Does the young child use a more complex sequence of gestures?							
<b>Complex gestures and problem solving</b> [p 63] <i>[typically observable between 10 and 18 months]</i> From: Has the toddler learned how to use emerging motor skills and language to get what he needs or wants? To: Does the young child use words as well as gestures for communication and problem solving?							
<b>Use of symbols to express thoughts and feelings</b> [p 63] <i>[typically observable between 18 and 30 months]</i> From: Does the child begin to use play and language to express thoughts, ideas, and feelings through symbols? To: Does the child project her own feelings onto the characters and actions of her imaginative play?							
<b>Connecting symbols logically; abstract thinking</b> [p 63] <i>[typically observable between 30 and 48 months]</i> From: Does the child connect and elaborate sequences of ideas logically and use logically interconnected ideas in conversation? To: Does the child understand abstract concepts, reflect on feelings, and articulate lessons that he has learned from an experience?							

(Number(s) in parentheses is the source page number(s) in the manual.)

Functioning Rating for Each Capacity		Caregiver List	
Rating	Description [p 62]	Name	Relationship
1	Age appropriate under all conditions and with full range of affects	A	
2	Age appropriate but vulnerable to stress or constricted range of affect or both	B	
3	Immature; has the capacity but not at an age appropriate level	C	
4	Functions inconsistently unless special structure or sensorimotor support is available	D	
5	Barely evidences this capacity	E	
6	Has not achieved this level	F	
n/a	Not applicable. Child is below the age level typically expected to have achieved.	G	

B/ITSEA  
Assessing Social-Emotional  
Functioning

# Measures of Social-Emotional and Behavioral Functioning are Needed

- Measures are needed for **service provision**:
  - Early detection and identification
  - Determining eligibility for services
  - Planning individualized treatments
  - Documenting treatment effects

# Measures of Social-Emotional and Behavioral Functioning are Needed

- Measures are needed for research on **etiology and course**:
  - To advance basic and intervention knowledge
  - Explore longitudinal pathways

# Challenges to Assessment of Early Problems and Competence

- Rapid developmental change in infancy and toddlerhood;
- Do we trust parents to report about their children's behaviors?
- Young children are likely more sensitive to contextual effects (behaviors may vary dramatically across settings and caregivers)

# Challenges to Assessment of Early Problems and Competence

- How do we distinguish normal from atypical development (i.e. quantify impairment)?
- Cultural expectations for age-appropriate behavior are more diverse at this early age

# ITSEA & BITSEA

- 12 to 36 months of age (an upward extension planned)
- Address problems and competencies
- Cover known symptoms in existing psychiatric diagnostic systems (both)
- Developmentally salient
- Reliable and valid

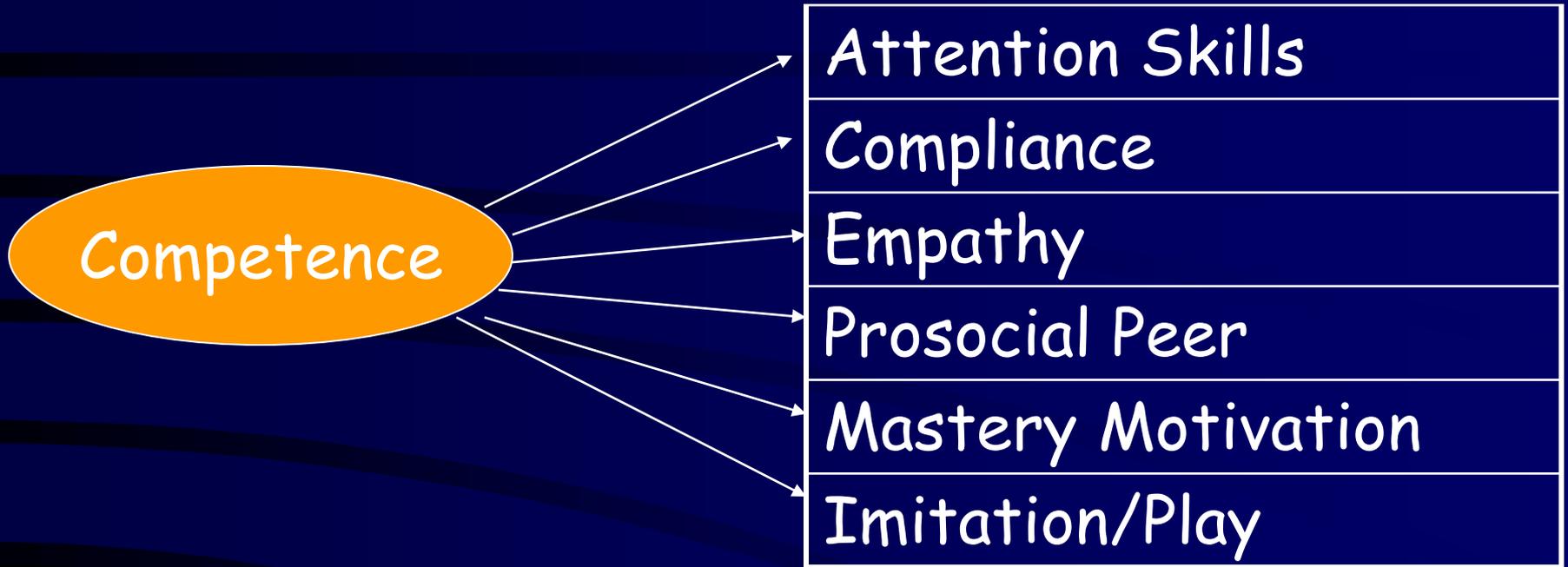
# Defining Problem Behaviors

- Two types of problem behaviors:
  - Problems of Frequency/Intensity  
Behaviors that have normal manifestations but are problematic when they are of **extreme intensity or frequency** (tantrums) or when they present as part of a **cluster of problem behaviors**.
  - Deviant behaviors that are never normal (autism spectrum behaviors, headbanging)

# Defining Competencies

- Competencies/Delay/Deficient - we expect children to acquire a set of social-emotional skills that aid them in self regulation and interpersonal relationships
- Delay/Deficit - an example is the toddler who appears insensitive to other's feeling states and has no words for his or her emotions despite age-appropriate abilities with respect to language and cognition

# Competence Domain



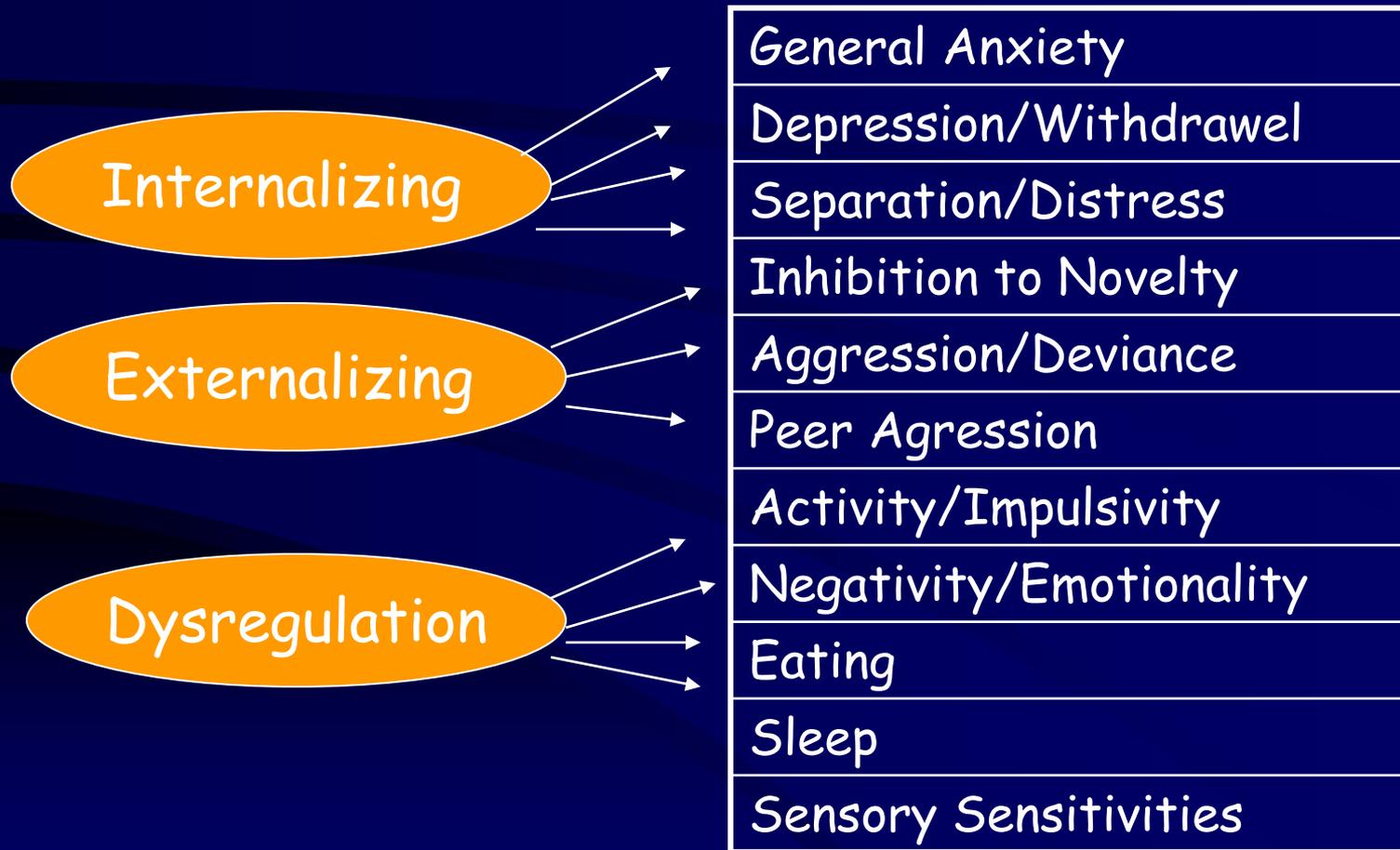
## Three Additional Indexes

Maladaptive

Atypical

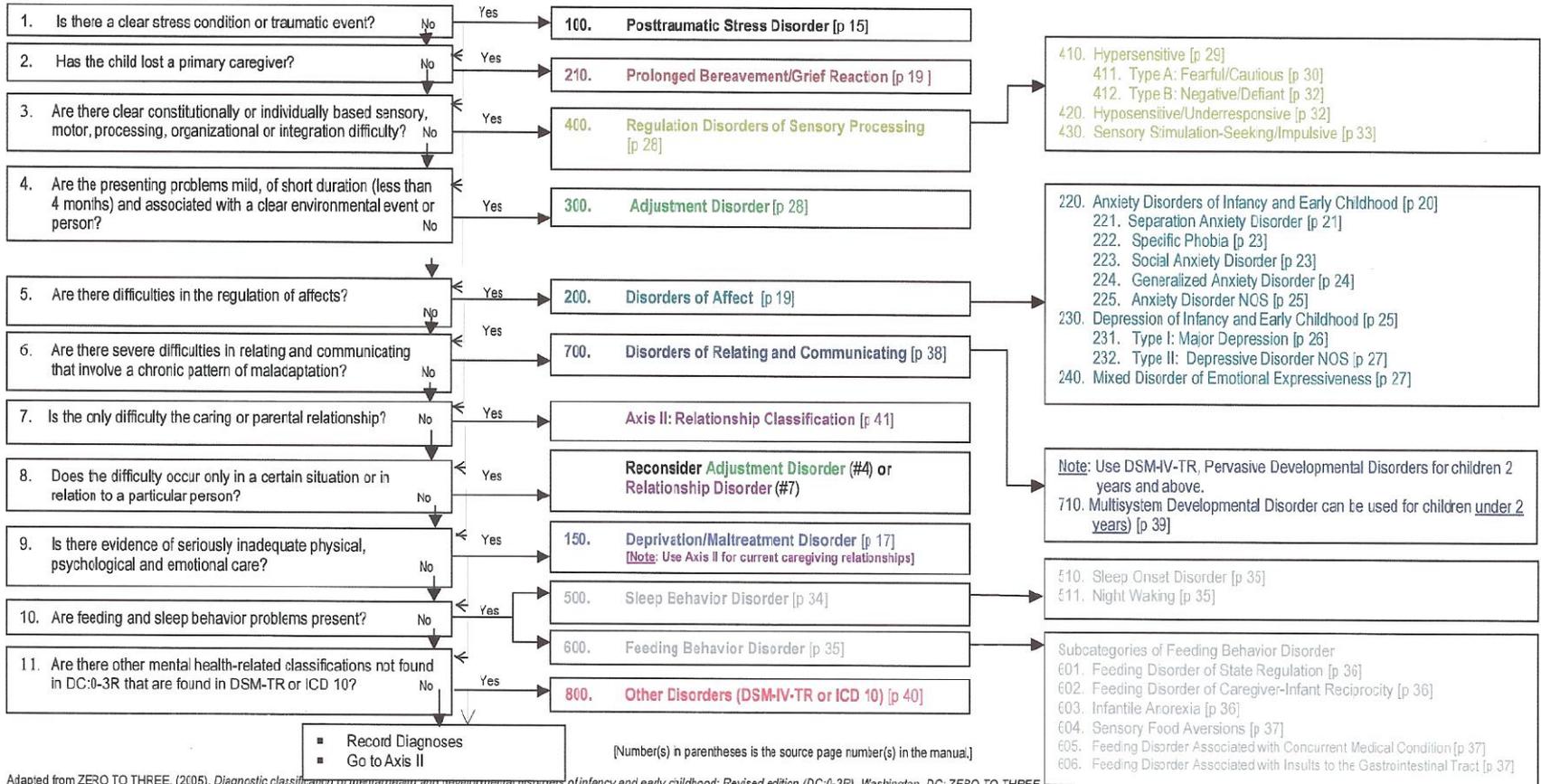
Social  
Relatedness

# ITSEA Problem Domains



## DC: 0-3R DIAGNOSTIC GUIDELINES - AXIS I: CLINICAL DISORDERS

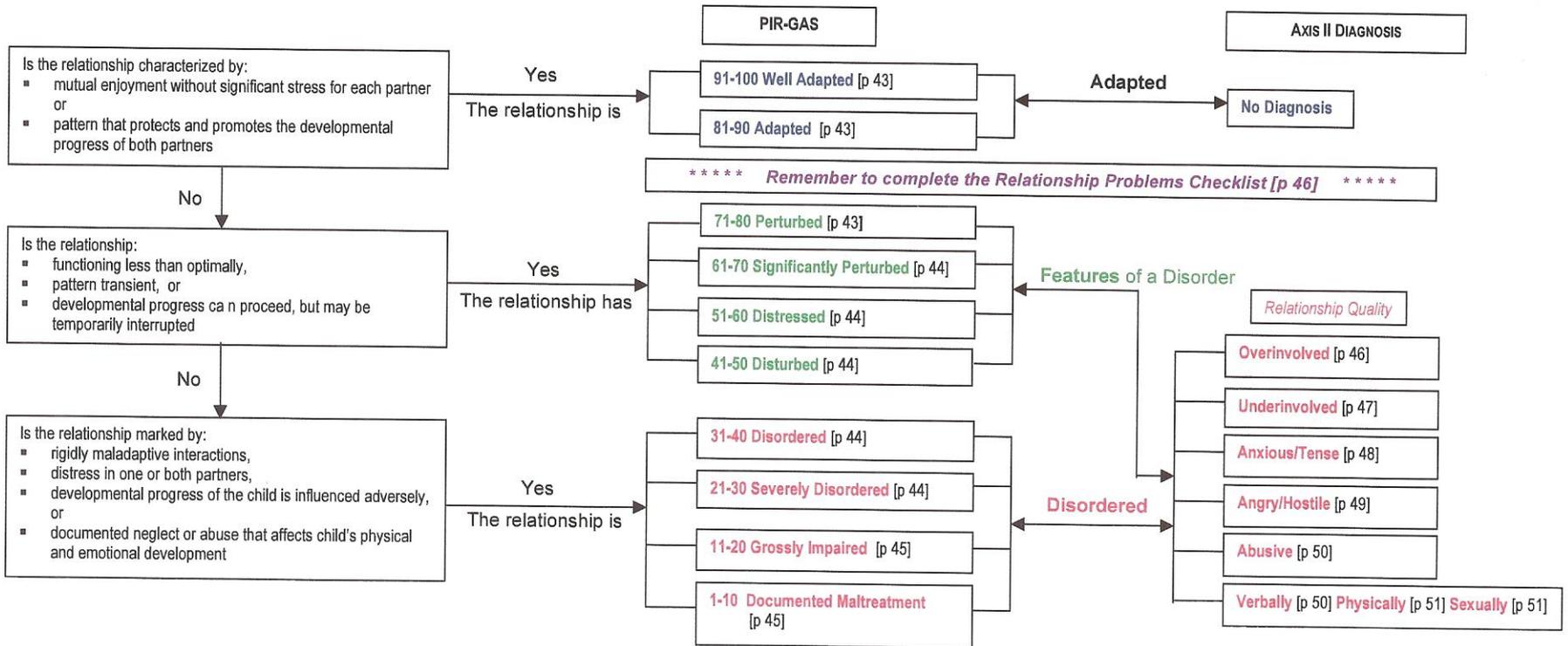
**Answer all the questions** (1-11). [See Appendix A, page 66]. More than one primary diagnosis may often be appropriate. All diagnoses that meet specific criteria should be used.



Adapted from ZERO TO THREE. (2005). *Diagnostic classification of mental health and developmental disorders of infancy and early childhood: Revised edition (DC:0-3R)*. Washington, DC: ZERO TO THREE Press.  
 C. Wright & C. Northcutt (2005).

## DC: 0-3R DIAGNOSTIC GUIDELINES – AXIS II: RELATIONSHIP CLASSIFICATION

**Assess the relationship between primary caregiver(s) and the infant or young child.** Primary caregivers may be biological, foster, and adoptive parent(s), as well as grandparents, members of the extended family, and caregivers outside the family. Consider multiple aspects of the relationship dynamic including the child and parent's overall functional level, level of distress, adaptive flexibility, and level of conflict and resolution between both the child and parent and the effect of the quality of the relationship on the child's developmental progress. A relationship disorder is specific to a relationship and symptoms may derive from conditions within the infant, from within the caregiver, from the unique "fit" between the infant and caregiver, from the larger social context or from a combination of these factors. When relationship difficulties are apparent, assess the intensity, frequency, and duration of the difficulties.



[Number(s) in parentheses is the source page number(s) in the manual.]

**TABLE 11.1**

Each Theory of Attachment has a Different Perspective on the Basis of Attachment and Attachment Related Behaviors, and Together the Four Theories Help to Explain the Complexity of the Attachment Relationship.

Attachment Theory	Basis of Attachment Formation	Attachment Related Behaviors
Psychoanalytic Theory	Feeding and responsiveness to infant's needs	Caregiver's responsiveness to infant's hunger and other basic needs
Learning Theory	Caregiver becomes secondary reinforcer following basic learning principles	Feeding and responsiveness to infant's needs Providing pleasant and rewarding experience to infant
Cognitive Developmental Theory	Level of cognitive development	Infant discriminates between caregivers and strangers Infant attains object permanence, recognizing that caregivers continue to exist even when absent from view
Ethological Theory	Innate behavioral tendencies ensure attachment and attachment ensures survival of infants	Imprinting in animals Infants have characteristics that elicit attachment from caregivers

