

Infant Mental Health: Relationships as Resilience Against Toxic Stress

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Agenda

▪ **Infant mental health** has been equated with **social-emotional development**; the growing capacity of the infant for self-regulation, to form close **relationships**, and to **learn** through exploration. Young children develop these capacities optimally through **nurturing, safe, and responsive caregiving**. In contrast, exposure to **toxic stress**, including abuse and neglect, places children at risk for adverse outcomes. This talk describes strategies for promoting high-quality infant-caregiver interactions that protect children from the adverse effect of toxic stress.

Part 1: "Infant mental health"

- **Defined as the healthy social and emotional development of a child from birth to 3 years; and a growing field of research and practice devoted to the:**
 - **Promotion of healthy social and emotional development;**
 - **Prevention of mental health problems; and**
 - **Treatment of the mental health problems of very young children in the context of their families.**
- ZERO TO THREE
 - <http://www.zerotothree.org/child-development/early-childhood-mental-health/#2>

Social Emotional Development

▪The “developing capacity to experience and regulate emotions, form secure relationships, and explore and learn - all in the context of the *child’s family, community* and *cultural* background”

▪ZERO TO THREE

The Development of Social-Emotional Capacities

- 0-1 Year
 - Sense of Body & Self
 - Body Image & Control
- 7-24 months
 - Attachment
- 2 years
 - Pretend Play & Symbolization
- 2-3 Years
 - Using Language & Communication
- 3 Years
 - Self-Esteem
 - Internalized Standards, Limits, & Rules
 - Regulate Emotions
- 4 to 5 Years
 - Concentration, Planning, & Problem-Solving
 - Empathy & Caring for Others
- Landy, 2002

Example: Self-Control

Tarullo et al. (2009)

- Infants have few self-control strategies
 - E.g. Looking away
- 0 to 3y children rely on adults for self-control
- 3 to 6y marks a “renaissance” in the ability for self control
 - Control Impulses
 - Shift Attention
 - Wait for Reward
- Brain regions implicated in self-control not fully mature until the end of adolescence... a long process!

BUILDING THE BRAIN

Plasticity

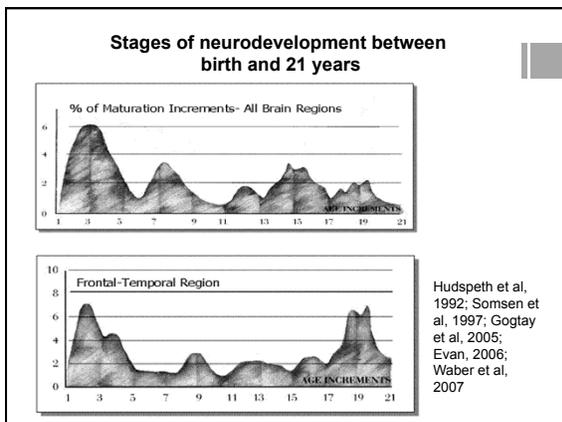
The capacity of the brain to change its structure and function in response to experience

- The brain is adaptable and can be influenced by positive experiences
- The brain is vulnerable and can be harmed by negative experiences

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RELATIONSHIPS ARE



...the "**active ingredients**" of the environment's influence on healthy human development



-
National Scientific Council on the Developing Child:
Harvard University
(2009)

Early Experiences Matter

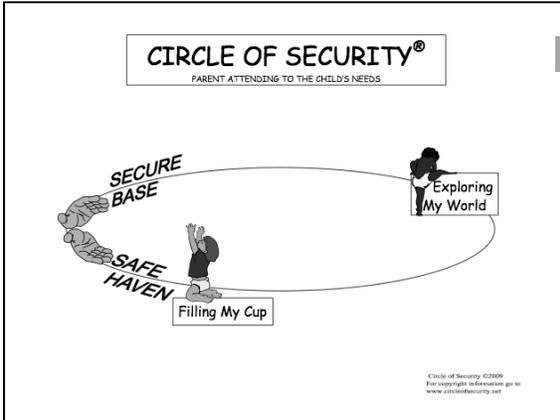
Extensive empirical research supports the finding that a **secure attachment** to a **nurturing, supportive, and reliable caregiver** provides the **foundation** for healthy development early in life, in multiple domains.

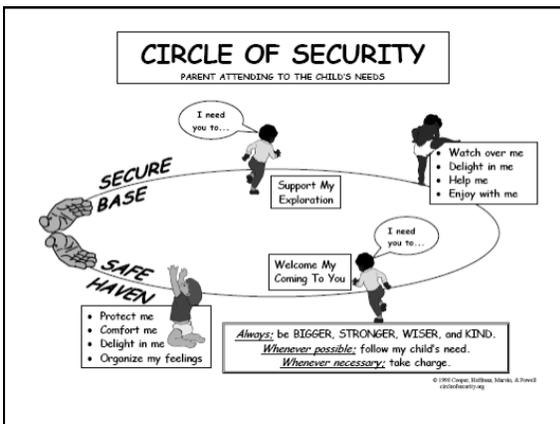
Luby & Rogers (2013)
Sroufe (2005)

Attachment Relationships

- Special affective bond that is
 - Persistent
 - Specific to a non-interchangeable person
 - Emotionally significant
 - Desire to maintain proximity
 - Provides security and comfort
 - Allows for safe exploration
 - Distress upon involuntary separation

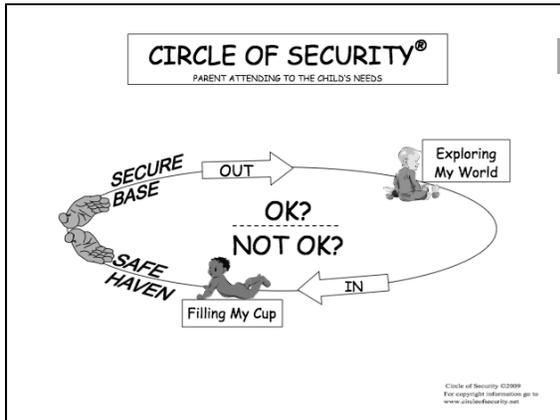
Edwards (2002)





A Secure Attachment allows children to....

- Regulate emotions and have better self-control
- Develop sense of trust, safety and security
- Engage in information processing and problem solving since they are free from worry about attachment issues
- Feel self-confident, enthusiastic, persistent, and effective as problem-solvers
- Form friendships and be well-liked by peers
- Secure base serves as protective factor versus future stressors and risk

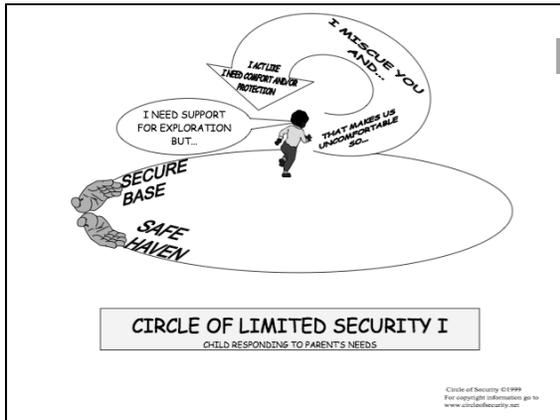


Miscues

- Misleading or contradictory cues used to protect the child from the pain of having a specific need exposed or unmet
- EX: When upset a child pouts and pulls away rather than directly showing need for comfort
- EX: Child reunion with parent child turns away from mother and demands to be alone

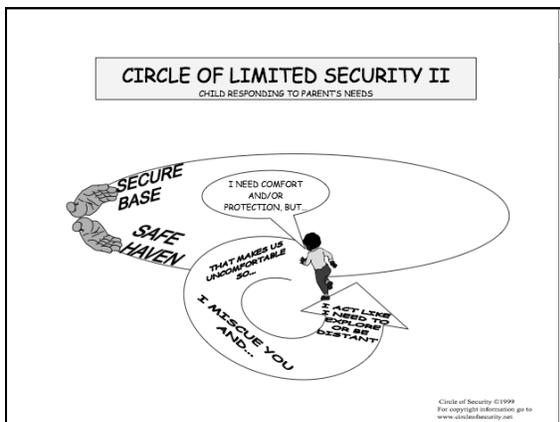
Ambivalent Attachment

- Overemphasis on closeness and proximity to caregiver, but difficult to satisfy
- Under-emphasis on exploration
- Child uses heightened emotionality and dependence to keep caretaker proximal
- Caregiver often anxious



Avoidant Attachment

- Overemphasis on exploration for regulation
- Under-emphasis on emotional closeness & comfort
- Stay close to caregiver while expressing minimal emotional need
- Caregivers tend to be more sensitive to distress & withdraw from rather than help their children



Disorganized Attachment

- Attachment to caregiver who is either frightened of or frightening to child (or both)
- Breakdown of organized behavior by child when needs comfort or protection, especially under stress
- Risk for psychopathology

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD

Early Childhood Stress Influences Developmental Outcomes

Positive	➤ Important to development & in the context of stable and supportive relationships
Tolerable	Potentially disruptive, but buffered by supportive relationships & safe environments
Toxic	➤ Disrupts brain architecture, increases the risk of stress-related physical and mental illness

Neglect is the Most Prevalent Form of Child Maltreatment

Maltreatment Type	Prevalence (%)
Neglect	~80%
Physical Abuse	~20%
Other	~10%
Sexual Abuse	~5%
Psychological Maltreatment	~5%
Medical Neglect	~2%

Each state defines the types of child abuse and neglect in its own statute and policy, guided by federal standards, and establishes the level of evidence needed to substantiate a report of maltreatment. The data above, from the National Child Abuse and Neglect Data System (NCANDS), reflects the total number of victims (defined as a child for whom the state determined at least one report of maltreatment was found to be substantiated or indicated) as reported by all 50 states, the District of Columbia, and Puerto Rico, between Oct. 1, 2009, and Sept. 30, 2010. "Other" includes abandonment, threats of harm, and drug addiction.

Source: U.S. Department of Health and Human Services (2012)*

NEGLECT

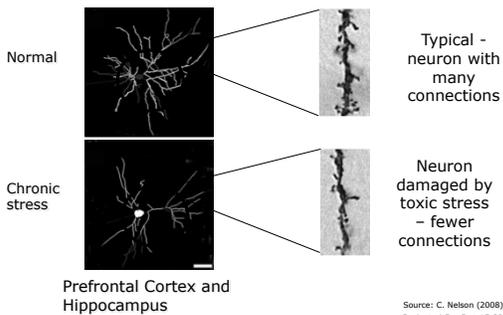
- ..an act of omission.
- ...failure to meet the minimum requirements for care; not a failure to provide ideal care.
- "Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious injury or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm."
- (42 U.S.C.A. *5106g(2))

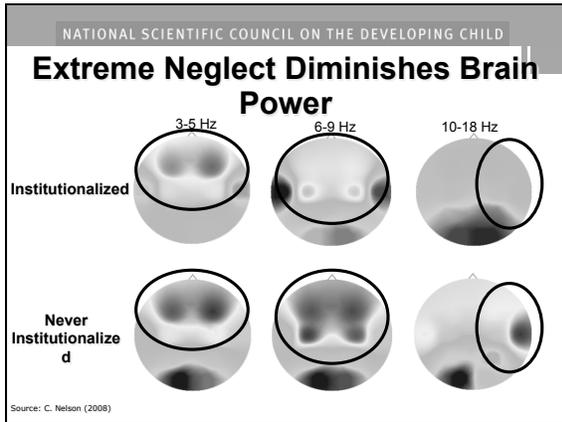
Risk Factors for Neglect

- Parental mental health problems ~ especially depression
- Substance misuse
- Domestic violence
- Poverty
- Cyclical and inter-generational nature of neglect
- Neglectful families often experience a variety and/or combination of adverse factors



Persistent Stress Changes Brain Architecture





The impact of neglect during childhood depends on the type, severity and frequency of maltreatment.

- **Physical Impact**
 - Potentially Fatal
 - Altered development of biological stress response systems in a way that compromises children's ability to cope with adversity
 - Increased risk for health problems
- **Cognitive/Learning Abilities**
 - Cognitive Delay
 - Academic Learning Delay
 - Lower educational achievement
 - Delayed Language & Adaptive Skills
- **Social-Emotional**
 - Executive function skill deficits
 - Attention regulation problems
 - Increased risk for mental health problems
 - Difficulties in maintaining relationships
 - Increased risk of substance misuse
 - Greater vulnerability to other abuse
 - Increased difficulty assuming parenting responsibilities later in life

Caregiver Behavior Affecting Attachment

- Severe neglect
- Abuse
- Dissociation
- Frightening behavior
- Frightened behavior
- Trauma state of mind
- Unpredictable
- Caregiver acts dysregulated and helpless when faced with child's attachment needs

Mary Rolla

Implicit Memory

- Previous experience aids in the performance of tasks without conscious awareness. A form of this (procedural memory) allows us to remember how to do already learned acts (e.g., ride a bike) without consciously thinking about it.

Implicit Memory



- “Ghosts in the nursery”
 - “In every nursery there are ghosts. They are the visitors from the unremembered past of the parents, the uninvited guests at the christening.”

▪ Fraiberg , 1987

“We learn the grammar of our being before we have the words.”

▪ Bollas (1987).

Limited Hands

I need you, but when you are Mean, Weak, or Gone so I have no one to turn to and I don't know what to do.



When we are "Mean, Weak, or Gone" our children feel afraid of the person they most need to turn to. When this happens repeatedly, our children learn to not turn to us, teachers, and other safe adults for help.

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How can we help?

- Improving Early Childhood Mental Health through Enhanced Child-Caregiver Relationships



Evidence-based Practices for Working with Parents of Young Children

- Emphasize parenting and child development
- Engage parent and child together
- Directly support Attachment Promoting Behaviors such as warmth, responsiveness, encouragement, teaching, conversation, etc.
- Collaborate with parents
- Involve other family members
- Build on family activities

Roggman, L.A., Boyce, L.K., Innocenti, M.S. (2008).

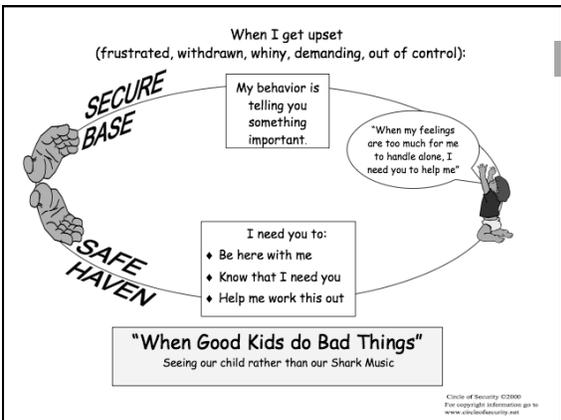
“Babies thrive when cared for by adults who are *crazy about them.*”
Bronfenbrenner, 1976

“Infants will do anything to be in a relationship...”
 -Bert Powell (2014)

Help show caregivers how to increase secure attachment by focusing on a child’s needs (and the caregiver’s state of mind) rather than the child’s behavior

- What does the child’s behavior mean?
- Focusing on needs rather than behavior increases empathy and responsiveness.

Adapted from slides presented by Bert Powell, 6/14

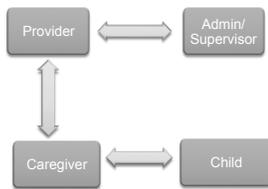


“How you are is as important as what you do.”

Jeree Pawl

Parallel Process

- The way people are treated affects how they feel about themselves, and how they subsequently treat others



“Do unto others as you would have them do unto others”

- Jeree Pawl

Models of Home Visiting

The image shows three panels illustrating different models of home visiting. Each panel contains silhouettes of a caregiver and a child. In the 'Child-Focused' model, the caregiver is holding the child. In the 'Parent-Focused' model, the caregiver is talking to the child. In the 'Relationship-Focused' model, the caregiver and child are sitting together and talking.

Kelly, Zuckerman, Sandoval & Buehman, 2003

Joining With the Caregiver*

- Enter the world of the caregiver and work to see the world from that perspective.
 - Ports of Entry
- Let them know that this perspective, and the emotions that go along with it are accepted, and understood.

*(Adapted from Promoting First Relationships 2008)
- “Whenever speaking directly to the parent or directly to the child, the clinician must keep the parent-child relationship in mind.”
 - Lieberman and Van Horn (2005)

Child Begins to Sense if Parents Are Angry or Sad and Can Be Affected by This

Age Group	Percentage
0-6 mo	34%
7-12 m	21%
1-2 yrs	24%
2-3 yrs	13%
3-5 yrs	5%
Older	2%

Likely achieved by 0-6 months

- Only 34% think a child can do this by age 6 months
- Those who think this occurs later than 6 months include
 - 65% of all parents
 - 62% of Whites
 - 72% of Hispanics
 - 72% of African Americans

ZERO TO THREE (2009). Parenting infants and toddlers. http://www.zerotothree.org/about-us/funded-projects/parenting-resources/youngchildren_hr.pdf

Developmental Guidance in Action

- Be a careful observer. Read your babies cues and respond sensitively.
 - EX: If he arches his back and turns away, he probably is telling you that he is overwhelmed, needs a break and wants to be soothed.
- Be protective of your baby and keep her safe. Avoid scary or over-stimulating environments.
 - EX: Exposed to loud arguments of crowded places
- Routines are very important for helping children feel safe and secure. Keep changes to a minimum.
 - ZERO TO THREE (2009). Parenting infants and toddlers. http://www.zerotothree.org/about-us/funded-projects/parenting-resources/youngchildren_hr.pdf

- Help parents feel competent and confident in their parenting.
 - Notice and describe when parents are warm, responsive, and nurturing
 - Help parents identify their own strengths as parents
 - Recognize when they are enjoying time with their child
 - Recognize when their child is enjoying time with them
 - Focus on strengthening the bond between parents and their children
- Provide extra support to parents when needed.
 - Sometimes a child's temperament, illness, behavior, or disability may be challenging for parents and they may need extra support to create strong, positive child-family attachment relationships.
 - Use home visits and individual time with the family to provide resources and information to match the unique needs of the family.
- Based on CSEFL- Handout 24

The interaction between the parent and child is a window into the ability of the caregiver to optimize their child's development

- Pipen & Bloom (2011)

Key Relationship Domains
 Roggman et. Al. (2013)

- Affection
 - Warmth
 - Physical closeness
 - Positive expression
- Responsive Interactions
 - Pays attention
 - Follows what child does
 - Responds to emotion
- Encouragement & Play
 - Waits for child's response
 - Supports child choices
 - Enthusiastic
- Teaching
 - Explains
 - Suggests activities
 - Repeats or expands child's words or sounds

Looking Through a Relationships-Based Lens

- Careful listening and reflective comments.
- Respectful “wondering together.” *
- Joint observation and problem solving.
- Positive perceptions (noticing strengths).
- Listening for the past.

* Cohen et al, "Watch, Wait, and Wonder", 1999

Resilience

- Ordinary Magic
 - A. Masten
- “Angels in the Nursery”
 - “...early benevolent experiences with caregivers can protect against even overwhelming trauma.”

▪ Alicia Lieberman, PhD, 2005



Security Priming

- When we are reminded of secure relationships and experiences, we feel safer and thus more able to engage, learn, focus, and be less defensive.

Bert Powell, 2014

Key References

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