Strategies in Infant Mental Health: 
What is Infant, Toddler, & Early Childhood Mental Health?

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“Infant mental health is the developing capacity of the child from birth to 3 to:

• experience, regulate and express emotions;
• form close and secure interpersonal relationships;
• and explore the environment and learn—
• all in the context of family, community, and cultural expectations for young children.”

--ZERO TO THREE Infant Mental Health Task Force, 2001
Understanding Infant Mental Health Strategies

• What are the necessary experiences that infants and young children need to have normal development?

• And what are the most common issues that derailed such development?
Group Activity- Angels in the Nursery

• Think of memories of time when you were little when you felt especially loved, understood and safe. Are these smells, sights, sounds or other sensations that are connected with the memory?
Relationships and the Brain
“We are hardwired for relationships.”

Allan Schore
Experience Changes the Brain

• “...our experiences are what create the unique connections and mold the basic structure of each individual’s brain.”

• Today will change your brain
Brain Development

Pruning

Newborn

Early Childhood

Later Childhood
Effect of extreme deprivation

Healthy Brain

Abused Brain

Center for Educational Enhancement and Development
From Neurons to Neighborhoods: The Science of Early Childhood Development

Committee on Integrating the Science of Early Childhood Development

Board on Children, Youth, and Families
Institute of Medicine
National Research Council

Center for the Developing Child at Harvard
How Early Relationships Come Into Being

• Babies develop generalized memories of ways of being with people

• These memories happen around the mutual regulation of meaningful states and experiences
  • Excitement, joy anger, anxiety
  • Sleep & eating
  • Play
  • Security
The Unexpected

• Babies notice when expectations are violated
  – Still-Face Paradigm
    Edward Tronick, Ph.D. Harvard University
What Babies Remember

“STILL FACE”
It’s All About Relationships

- What is most important for healthy social and emotional development is the important person (sometimes more than one) who interacts with the baby and is the most emotionally invested in the baby.

- “Who fills this role is far less important than the quality of the relationship she or he establishes with the child.”

  » From Neurons to Neighborhoods, National Academy of Science, 2000
Babies Can Attach To More Than One Person

• Baby can have distinctly different interaction patterns and patterns of attachment with several caregivers
• Attachment is “relationship specific”
Social Emotional Development is Impacted by Trauma

- Family Violence
- Substance Abuse
- Sexual Abuse
- Physical Abuse
- Exposure to disasters and war
- Neglect
The Adverse Childhood Experiences (ACE) Study

• The largest study of its kind ever done to examine the health and social effects of adverse childhood experiences over the lifespan (18,000 participants)

• Trauma exposure / trauma symptoms associated with a higher number of common health problems
Adverse Childhood Experiences--ACE Study  Felitti, Anda, et al. (1998)
Adverse Childhood Experiences
- Abuse and Neglect (e.g., psychological, physical, sexual)
- Household Dysfunction (e.g., domestic violence, substance abuse, mental illness)

Impact on Child Development
- Neurobiologic Effects (e.g., brain abnormalities, stress hormone dysregulation)
- Psychosocial Effects (e.g., poor attachment, poor socialization, poor self-efficacy)
- Health Risk Behaviors (e.g., smoking, obesity, substance abuse, promiscuity)

Long-Term Consequences
**Disease and Disability**
- Major Depression, Suicide, PTSD
- Drug and Alcohol Abuse
- Heart Disease
- Cancer
- Chronic Lung Disease
- Sexually Transmitted Diseases
- Intergenerational transmission of abuse

**Social Problems**
- Homelessness
- Prostitution
- Criminal Behavior
- Unemployment
- Parenting problems
- Family violence
- High utilization of health and social services

Data: [www.AceStudy.org](http://www.AceStudy.org), [www.nasmhpd.org](http://www.nasmhpd.org)
Evidence from ACE Study Suggests:

• Adverse childhood experiences are the most basic cause of health risk behaviors, morbidity, disability, mortality, and healthcare costs.

• Web site:  www.acestudy.org

Vincent J. Felitti, M.D.
Robert F. Anda, M.D.
Why Early Relationships Are Important

• Babies who had a positive experience with their primary caregiver will transfer those positive expectations to subsequent caregivers, making it easier for the new caregiver to understand the baby’s needs
• Early relationships form the basis for all later relationships

» Dozier, M., et.al (2001), Child Development, 72(5); Emde, IMHJ
Why Early Relationships Are Important

• Babies who had a negative experience with their caregiver will “continue to have low expectations for nurturing care and behave in ways that do not elicit nurturance”

• With sensitive foster mothering, the baby can still learn that its needs can be met and become securely attached

Why Early Relationships Are Important

• The hallmark of this important relationship is the readily observable fact that this special adult is not interchangeable with others

• Babies grieve when their attachment relationships are disrupted
  – Neurons to Neighborhoods, National Academy of Science, 2000
CIRCLE OF SECURITY
PARENT ATTENDING TO THE CHILD'S NEEDS

I need you to...

Support My Exploration
- Watch over me
- Delight in me
- Help me
- Enjoy with me

I need you to...

Welcome My Coming To You
- Protect me
- Comfort me
- Delight in me
- Organize my feelings

Always: be BIGGER, STRONGER, WISER, and KIND.
Whenever possible: follow my child's need.
Whenever necessary: take charge.

© 1998 Cooper, Hoffman, Marvin, & Powell
circleofsecurity.org
Infants At Risk

- Poverty
- Mental illness
- Maternal depression
- Substance abuse
- History of domestic violence
- Chaotic families
- Parental history of poor attachments
“Good Relationships Are Catching”

• How you are is as important as what you do.” — Jeree Pawl
Supporting Infant Mental Health: How You Are Is as Important as What You Do... in Making a Positive Difference for Infants, Toddlers and Their Families
(Jeree Pawl and Maria St. John)

• You are... (FULLY PRESENT)
Emotionally available, open, and responsive to children’s and family’s needs (both concrete and emotional)

• You are... (REGULATED)
Able to be with a child and caregiver(s) and can tolerate their “big feelings” (whether overwhelmed and dysregulated or overjoyed and excited)

• You are... (SAFE)
Able to create a safe and supportive environment so that your presence facilitates the child’s and family’s sense of security and confidence that their needs will be met
Supporting Infant Mental Health: How You Are Is as Important as What You Do... in Making a Positive Difference for Infants, Toddlers and Their Families
(Jeree Pawl and Maria St. John)

• You are... (REFLECTIVE)
Someone who reflects rather than reacts. You observe the child and caregiver(s) and changes in the child’s and caregiver(s)’s affect/behavior. You seek to understand what a child and caregiver are communicating when they exhibit socially inappropriate or negative behaviors.

• You are... (FOCUSED ON RELATIONSHIPS)
Someone who knows how important the child’s parents/caregivers are to him. You know that the best way to help a child is to help support the child’s caregivers so that they in turn, can support the child.
Supporting Infant Mental Health: How You Are Is as Important as What You Do... in Making a Positive Difference for Infants, Toddlers and Their Families
(Jeree Pawl and Maria St. John)

- You are... (A PERSON WHO ENGAGES IN SELF-CARE)
You know that in order to be fully present, regulated, safe, reflective, and focused on relationships, you must first make sure that your own needs are met. You seek supervision or consultation regularly and take care of yourself so that you can meet the needs of the caregivers and children with whom you work.
Supporting Infant Mental Health

• Embrace the complexity of an infant’s and a family’s special needs and characteristics
• Embrace the complexity of family, community and cultural practices and values
• Build upon strengths—remind and reinforce caregivers of their skill and competency
• Recognize the importance of reflective supervision in this very complex work for those who work with and care for the children and families.
RED FLAGS: Signs in Baby that Emotional Needs are Not Being Met

- Sad or bland affect (emotions)
- Lack of eye contact
- Non-organic failure to thrive
- Lack of responsiveness
- Prefers “stranger” to familiar caregiver
- Rejects being held or touched
RED FLAGS: Signs in Toddlers that Emotional Needs are Not Being Met

• Dysregulated, aggressive behaviors
• Problems with and deficits in attention
• Lack of attachment; indiscriminate attachment
• Sleep problems or disorders
• All beyond what is “usual” behavior for children of this age
What to Observe

• Eye contact between parent/caregiver and infant
• How caregiver holds baby
• Mutual touching of caregiver & infant
• Talking and other ways caregiver and infant communicate
• Responsiveness and reciprocity (give and take) between caregiver and infant
• Sensitivity of caregiver and infant to each other
What do Observations tell us?

- Does the infant or young child have a full range of affect (emotions)?
- Does the young child have any signs of abuse, neglect, or inadequate care?
- How does the infant relate to the caregiver/parent?
- How does the parent/caregiver relate to the infant?
- How does the infant relate to the examiner (stranger)?
The Importance of Developing Trauma-Informed Systems
(NCTSN; Judge Michael Howard and Dr. Frank Putnam, Ohio, 2009)

• A Trauma-Informed System of Care acknowledges and responds to the role of trauma in the development of emotional, behavioral, educational, and physical difficulties in the lives of children and adults.

• The System recognizes and avoids inflicting secondary trauma.
Secondary Trauma

• Secondary trauma occurs when child serving systems re-traumatize a child through policies and procedures

• Examples:
  – From child welfare: multiple placements; handcuffing parents in front of their children; visitation; change of caseworkers; foster care
  – From pediatrics: unavoidable separations of young children from caregivers; medical trauma
Implementation of Trauma-Informed Systems:

SAFE BABIES COURT TEAMS
Build Collaborative Partnerships for Children
When Problems are Identified with young children exposed to trauma: Implement Infant Mental Health Strategies

• Do not assume the 0-5 year old child is too young to have problems that can be treated
• Refer to clinician trained in infant mental health for relationship based evaluations
• Refer for evidence based evaluations and treatment for young children and families
Resources

• National
  – www.zerotothree.org
  – www.nctsn.org
  – http://developingchild.harvard.edu/
  – http://www.qicct.org/sites/default/files/QIC-CTProjectOverview%209.4.15.pdf