

## Defining and Understanding Infant Mental Health Issues and Strategies

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With thanks to:  
Susan Kaplan, Sarah Martinez,  
Nancy Segall, ILAIMH

## Workshop Objectives

- Participants will take away:
  - A working definition of Infant Mental Health
  - Guiding principles and best practices of infant mental health
  - 3 theoretical perspectives in IMH practice
  - An overview of social emotional development 0-3
  - Ways to integrate IMH principles into your program

“There is no such being as an infant,  
only an infant/mother couple.”

D.W. Winnicott



“...the infant-caregiver relationship is the central factor in the healthy development of infants.” Nancy Segall

## Infant Mental Health Is NOT:



## Infant Mental Health Is NOT:

- Focused on pediatric mental illness
- A philosophy that infants and toddlers need MH intervention to develop healthy personalities
- Focused on infants and toddlers already identified as having problems or being at risk
- Focused primarily on the child, but rather on the family in context in the community
- It is rarely about individual work with infants or toddlers

## Question:

What do you think of  
when you think of a  
“healthy” 0 to 3 yr old  
child?



## Infant Mental Health Is

The developing capacity of the infant and toddler to...

- Form close and secure relationships.
- Experience, regulate, and express emotions.
- 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).



## Infant Mental Health Is Important Because

- Development in other domains organized by social and emotional development of child
- Infant's development begins and continues within context of emotional relationship
- The sooner the better



## Guiding Principles

1. Babies *and* parents are social creatures
2. Birth to three critical for brain growth and formation of personality and sense of self
3. Everyone lives in an environmental context that affects functioning



## Guiding Principles

4. Pregnancy, childbirth, and parenting bring up past issues for parent and practitioner
5. Understanding the feelings behind the behaviors is important to assessment and treatment



## Best Practices in Infant Mental Health Are:

- Interdisciplinary
- Relationship-based
- Strengths-based
- Child focused and family centered
- Individualized
- Continuous and stable



## Best Practices in Infant Mental Health Are:

- Community-based
- Accessible
- Comprehensive, coordinated, and integrated
- Functions on many levels
- Culturally responsive
- Committed to continuous improvement and reflective supervision

## Infant Mental Health Services

- Concrete assistance
- Emotional support
- Developmental guidance
- Parent-child interaction guidance
- Early relationship assessment and support

Deborah Weatherston, The Infant Mental Health Specialist, 0-3 Oct/Nov 2000.

## Infant Mental Health Services

- Brief crisis intervention
- Advocacy
- Infant Parent Psychotherapy

Deborah Weatherston, The Infant Mental Health Specialist 0-3, Oct/Nov 2000.

## Theoretical Models

- Attachment theory
- Psychodynamic theory
- Ecological/Cultural perspective
  - Transactional theory

## Attachment Theory

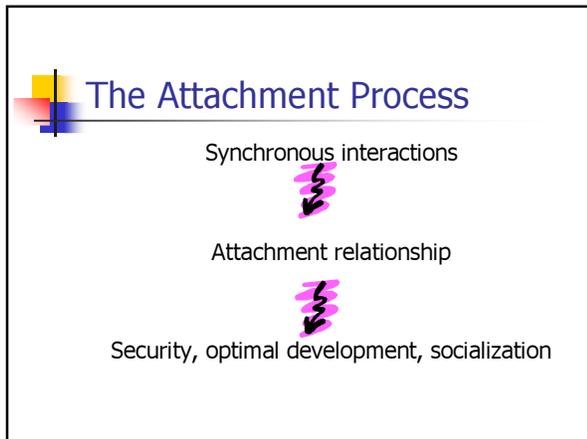
- The lasting and deep emotional relationship between child and caregivers
- Begins to develop in infancy
- Two-way process
- Development happens within context of attachment relationship

## Functions of Attachment

- Learn basic trust
- Exploration of environment with confidence and security
- Self-regulation and management of emotions
- Identity formation, sense of self-esteem

## Functions of Attachment

- Balance between autonomy and dependency
- Moral framework
- Internal working model allows separations and reunions
- Defense against stress and trauma



## How Does Attachment Develop? The ABCs of Attachment

- **Attunement**
  - Aligning the parent's internal state with those of the child
- **Balance**
  - Child attains balance of body, emotions, and states of mind through attunement with parent
- **Coherence**
  - Child gains *integration* (ability to be both differentiated and connected) through *relationship* with parent

Adapted from Siegel and Hartzell

## Attunement: Engagement Cues

<p><b>Obvious (Potent)</b></p> <ul style="list-style-type: none"> <li>■ Stilling (stops moving)</li> <li>■ Smooth movements of arms and legs</li> <li>■ Reaching out to you</li> <li>■ Turning eyes or head toward you</li> <li>■ Smiling</li> <li>■ Looking at your face</li> <li>■ Feeding sounds</li> <li>■ Cooing/Babbling/Talking</li> <li>■ Eye contact</li> </ul>	<p><b>Less Obvious (Subtle)</b></p> <ul style="list-style-type: none"> <li>■ Eyes wide and bright</li> <li>■ Face bright</li> <li>■ Raising head</li> <li>■ Hands open</li> </ul>
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## Attunement: Disengagement Cues

<p><b>Obvious</b></p> <ul style="list-style-type: none"> <li>■ Turning head away</li> <li>■ Crying/Fussiness</li> <li>■ Coughing/Choking</li> <li>■ Back arching</li> <li>■ Falling Asleep</li> <li>■ Struggling movements</li> <li>■ Pulling/Arching away</li> <li>■ Change in skin color</li> </ul>	<p><b>Less Obvious</b></p> <ul style="list-style-type: none"> <li>■ Looking away you</li> <li>■ Fast breathing</li> <li>■ Yawning</li> <li>■ Wrinkled forehead</li> <li>■ Closed or dull eyes</li> <li>■ Frowning</li> <li>■ Hand to mouth</li> <li>■ Hiccups</li> <li>■ Protruding Tongue</li> </ul>
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## Attunement: Six States of Arousal in Infants

- **Deep sleep:** The baby lies very still while sleeping and does not wake easily.
- **Light or active sleep:** The baby has rapid eye movement and sucking or mouthing activity. He is easier to wake.
- **Drowsy:** The baby is very easily awoken. His eyes may open and close, and he may yawn and stretch.

See: Klaus – The Amazing Newborn

## Attunement: Six States of Arousal in Infants

- **Quiet alert:** The baby looks around, interacts and responds to people and things. He is still but watchful. This is the best time to nurse.
- **Active alert:** The baby may be attentive; he moves his hands and feet and is wide-eyed. He may become fussy.
- **Crying:** The baby is agitated and needs attention quickly.

See: Klaus – The Amazing Newborn

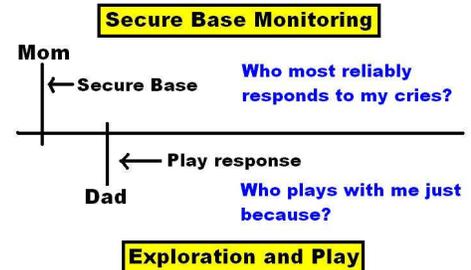
## Key Concepts: Outcomes of attachment (continued)

- **Self Regulation** - effective management of impulses and emotions
- **Resilience** - the ability to defend against stress and trauma
- **Empathy** - the ability to "relate"

If it never happens outside,  
it CAN'T get inside

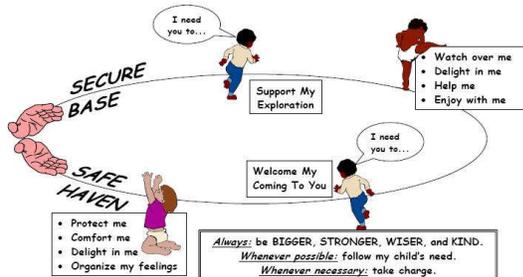
(Miller – Van Gulden)

## Two facets of primary attachment development (Richard Bowlby – Karen Grossman)



## CIRCLE OF SECURITY

PARENT ATTENDING TO THE CHILD'S NEEDS



## Primary Attachment – Who is your "secure base and safe haven?"

- "Who raised you?" (its not ALWAYS Mom)
- Post 9/11 survey – Who got the "I'm OK" call? Two groups emerged:
  - Mom
  - Partner (2 yrs in relationship)
- Two "Primary" Attachment Figures?
  - Mom - will forever impact the personal
  - Dad - will forever impact the public

Adapted from Richard Bowlby

## Strange Situation Paradigm

- 20 minute laboratory procedure
- Measures infant's and parent's response to separation and reunion
- Attachment classifications
  - Secure: group B
  - Anxious/Avoidant: group A
  - Anxious/Resistant: group C
  - Disorganized: Group D

## Attachment Categories

- **Secure:** child has a mother (or primary caretaker) who is warm, sensitively *attuned*, consistent, and quickly responsive to baby's needs
- 
- **Insecure:** 3 patterns, *Avoidant*, *Ambivalent*, and *Disorganized*. Parenting style is unresponsive, unavailable or hurtful

## Attachment Categories

- **Avoidant:** Parents are emotionally *unresponsive*
  - Predictive of difficulty relating to peers and poor autobiographical sense of self
- **Ambivalent:** Parents are *unavailable*
  - Predictive of uncertainty and anxiety in social situations

Adapted from Siegel

## Attachment Categories

- **Disorganized:** Parents are the *source of terror/alarm*
  - Biological paradox – the brain says move toward the caregiver for soothing, but caregiver is the source of terror
  - Dissociation – consciousness, emotion, and memory become fragmented from each other
  - PTSD risk factor (in all three categories)

Adapted from Siegel

## Measuring Attachment

- **The Strange Situation** (Ainsworth)
  1. Being in the playroom with mother.
  2. A stranger enters to join them both.
  3. The mother leaves, leaving the child with the stranger.
  4. The stranger leaves, leaving the child alone.
  5. The stranger returns to be with the child.
  6. Mother returns to be reunited with the child.
- Two aspects of the child's behavior are observed:
  - The amount of *exploration* (e.g. playing with new toys) the child engages in throughout.
  - The child's reactions to the behavior of the mother
- **Adult Attachment Interview**
  - 85% accuracy
  - **Coherent Narrative (has the adult made sense of their life?)**

## The building blocks of human bonding

- Eye contact
- Touch
- Smile
- Carbohydrates
- (Movement)

Cline  
Bell



Belonging is a Need  
Glasser

See also:  
J. David Hawkins, Seattle Social Development Project, inclusive of Project SOAR

## Better Bonding

9 simple steps to build secure attachment

- 1 The Name of the Game is Delight**  
Babies are "hard-wired" to experience joy with their caregivers in the early months of life. Researchers are finding that mutual joy is the basis for increased brain growth. A baby feels more secure knowing that "Life is good, because my parent enjoys life when s/he is with me."
- 2 Every Baby Needs a Holding Environment**  
Babies soak up affection and love through their skin. Gentle touch shares the tenderness that every infant requires. Playful touch encourages joy. Holding your baby not only provides pleasure and reassurance, it is essential in helping to soothe and organize difficult feelings.
- 3 "The Eyes Have It"**  
Gaze into your baby's eyes from the first day of life, and pay close attention to when your child wants to look back. At about six weeks, your child will regularly focus in on your eyes and read what they are "saying." Lots of pleasurable eye contact will translate into a feeling of reassurance and connection for your baby.
- 4 Whenever Possible, Follow Your Child's Lead**  
Security of attachment requires a caregiver who is sensitive and responsive to her/his child's needs. Your willingness to answer subtle requests for attention, comfort, holding, exploration, and discovery (with you nearby) will provide an increased sense of security for your child.
- 5 You Can't Spoil a Baby**  
Contrary to those who may be saying that you will harm your child if you are "too responsive" to her/his needs, it isn't possible to spoil a baby in the first 10 months of life. Researchers are finding that the most responsive parents actually have children who are less demanding and more self-reliant as they grow older.
- 6 Stay With Your Child During Difficult Feelings**  
Young children often have upset feelings (anger, hurt, sadness, fear) that are too difficult to manage on their own. When your child has an intense feeling, stay with her/him until the feeling has been worked through. Your child will be learning basic trust: "Someone is here with me when I am in difficulty and pain," and "I can count on a good outcome to follow a difficult experience."
- 7 Talk Out Loud about Feelings**  
From your child's earliest days, talking out loud about feelings (your child's and your own) will begin to help your child to eventually label feelings and realize that they can be shared. As your child gets older, s/he will realize that intense feelings can be named (mad, sad, glad, and afraid) and discussed with another, thus ending a need to act them out.
- 8 Mistakes Happen (You Only Need To Be "Good Enough")**  
Perfection is impossible in parenting. In fact, it isn't even recommended. A child who knows that everyone in the family makes mistakes, and that they will eventually be worked out, will feel more secure than a child who thinks everything has to be right the first time.
- 9 Be Bigger, Stronger, Wiser, and Kind**  
At the heart of secure attachment is a child's recognition that s/he has a parent who can be counted on to lovingly provide comfort, guidance and protection during the inevitable difficulties of life. If the truth be told, all of us have this need some of the time, no matter what our age.

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## Psychodynamic Theory

- "Ghosts in the Nursery" (Selma Fraiberg)
- Ways of relating to others internalized at early age
- Something occurs in present that reminds us of early patterns of relating
- We unconsciously act in the ways we internalized

## Psychodynamic Theory

- Recognizes "unconscious" motivations
- Recognizes that past is always with us
- Believes that coming to terms with past can improve present functioning, including parenting
- Goes back to "Guiding Principles"

## Transactional Theory

- Outcomes a product of combination of person and experience
- Parent-child relationships bi-directional
- Risk and protective factors

Arnold Sameroff

## Transactional Theory

- Series of risk and protective factors at multiple levels interact and shape how an infant will fare in life. No single factor is damaging or facilitating for children.
- Children raised in families where there are a large number of risk factors will do worse than children in families with few risk factors.
- "Competence is the result of a complex interplay of children with a range of personalities in different kinds of families in communities with varying economic and social resources."

Arnold Sameroff

## Transactional Theory

- Ecological / Cultural perspective

## Ecological model:

- Think of the baby as the center of the universe. She herself is a unique bundle of characteristics. She is surrounded by ever widening circles that represent her environment. She acts upon her environment and her environment acts upon her. First is the primary attachment relationship, then other attachment relationships, daycare, the community, the baby's culture, the broader culture, national and state institutions, social services, etc., etc. interactions with parents, caregivers, teachers and peers shape the child's experience of herself and others and help her to define herself and her role in her culture.

Bronfenbrenner

## Alligator River...

"Once upon a time there was a woman named **Abigail** who was in love with a man named **Gregory**. Gregory lived on the shore of a river. Abigail lived on the opposite shore of the river. The river which separated the two lovers was teeming with man-eating alligators. Unfortunately, the bridge had been washed out. So she went to ask **Sinbad**, a riverboat captain, to take her across. He said he would be glad to if she would consent to go to bed with him preceding the voyage. She promptly refused and went to a friend named **Ivan** to explain her plight. Ivan did not want to be involved at all in the situation. Abigail felt her only alternative was to accept Sinbad's terms. Sinbad fulfilled his promise to Abigail and delivered her into the arms of Gregory. When she told Gregory about her amorous escapade in order to cross the river, Gregory cast her aside with disdain. Heartsick and rejected, Abigail turned to **Slug** with her tale of woe. Slug, feeling compassion for Abigail, sought out Gregory and beat him brutally. Abigail was overjoyed at the sight of Gregory getting his due. As the sun sets on the horizon, we hear Abigail laughing at Gregory"

## The Importance of Culture

- Our own cultural heritage, beliefs, values and biases
- Understanding of specific ethnic groups/cultures
- Communication affected by culture

## The Importance of Culture

- Knowledge of developmental differences related to culture
- Influence of religion
- Family patterns

## Cultural Issues

- Beng culture: on walking
- Balinese culture: on temperament

## Culture...



- Learned, shared, & transmitted values, beliefs, norms, & lifeway practices of a particular group that guide thinking, decisions, & actions in patterned ways (Leininger, 1985)
- Family is a central focus of any cultural system
- Family is the way we pass culture to the next generation
- When you judge the way a child is raised by a parent, you are implicitly judging their cultural beliefs

## What is Cultural Competence?



A set of congruent

- Behaviors
- Attitudes
- Policies

that come together in a system, agency, or among professionals that enable them to work effectively in cross-cultural situations

(Source: Focal Point, vol. 3 #1, Fall 1988)

## Cultural Competence Continuum...



### 1. Cultural Destructiveness

Attitudes, policies & practices that are destructive to cultures & the individuals within the culture.

### 2. Cultural Incapacity

System remains biased, believes in the racial superiority in the dominant group.

### 3. Cultural Blindness

Color or culture make no difference and all people are the same

(Cross, 1988)

## Cultural Competence Continuum...



### 4. Cultural Pre-Competence

Desires to deliver quality services; commitment to civil rights

### 5. Cultural Competence

Acceptance and respect for difference. Expands cultural knowledge & resources

### 6. Cultural Proficiency

Holds cultures in high esteem. Agency advocates continuously for cultural competence throughout the system (Cross, 1988)

## Cultural Competence...



... is a process of continuing growth.

- Am I aware that differences exist (and can I accept them)?
- How well do I know myself and how my culture drives the decisions I make?
- Do I understand the dynamics of difference?
- Do I make efforts to learn?
- Do I incorporate what I learn into action?

## Strategies used by Infant Mental Health Specialists

- Building relationships and using them as instruments of change.
- Meeting with the infant and parent together throughout the period of intervention.
- Sharing in the observation of the infant's growth and development.

Deborah Weatherston, The Infant Mental Health Specialist, 0-3 Oct/Nov. 2000.

## Strategies used by Infant Mental Health Specialists

- Offering anticipatory guidance to the parent that is specific to the infant.
- Alerting the parent to the infant's individual accomplishments and needs.
- Helping the parent to find pleasure in the relationship with the infant

## Strategies continued

- Creating opportunities for interaction and exchange between parent(s) and infant or parent(s) and clinician
- Allowing the parent to take the lead in interacting with the infant or determining the "agenda" or "topic for discussion."
- Identifying and enhancing the capacities that each parent brings to the care of the infant.

## Strategies continued

- Wondering about the parent's thoughts and feelings related to the presence and care of the infant and the changing responsibilities of parenthood.
- Wondering about the infant's experiences in the present, inquiring and talking.
- Allowing for core relational conflicts and emotions to be expressed by the parent; holding, containing, and talking about them as the parent is able.



## Strategies continued

- Attending and responding to parental histories of abandonment, separation, and unresolved loss as they affect the care of the infant, the infant's development and the parent's emotional health and the early developing relationship.
- Attending and responding to the infant's history of early care within the developing parent-infant relationship.



## Strategies continued

- Identifying, treating and/or collaborating with others if needed, in the treatment of disorders of infancy, delays and disabilities, parental mental illness and family dysfunction.
- Remaining open, curious, and reflective.

Deborah Weatherston, The Infant Mental Health Specialist, 0-3 Oct/Nov. 2000.



## Major Tasks of Social-Emotional Development

- Infant-caregiver attachments and the development of relationships
- Internal working models
- Emotional regulation



## Common Behavioral Concerns

- Crying
- Tantrums
- Sleep
- Toileting
- Eating



## Red Flags For IMH Services

- Difficult/unwanted/unplanned pregnancy
- Perinatal depression
- Newborns with feeding, sleeping, regulation problems
- Families who have children with special needs



## Red Flags For IMH Services

- Families with few resources or low social supports
- Children with social or emotional delays
- Children with possible attachment disorders
- Families at risk for removal of child
- Families with little knowledge of infant care

## Integrating IMH Into Your Program

- Training
- Reflective supervision
- Screening



## Integrating IMH Into Your Program

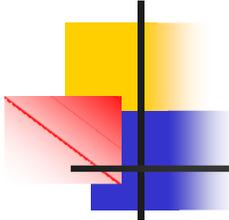
- Parent involvement
- Parent groups
- Home visiting



## Integrating IMH Into Your Program

- Collaboration
- Community involvement
- Advocacy





# Case Questions

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1. What kind of concerns does this child's behavior raise for you?
2. What might be the social/emotional concerns for this child?
3. How would you begin addressing these concerns with the parents?
4. What approach or strategies would you use in helping this family address their child's social/emotional development?
5. What resources and/or referrals might be useful with this family?