Infant Mental Health and children in out of home care

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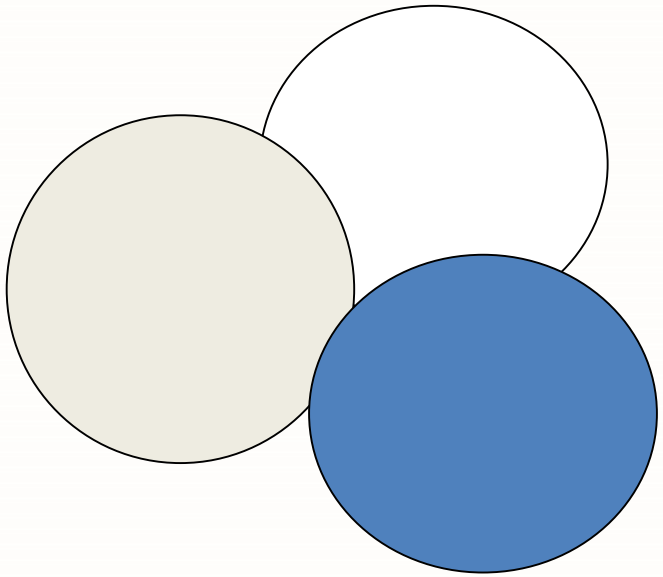
Classification- "PG"

Current Personal and Family Issues



Professionally Oriented Learning

Family of Origin Issues

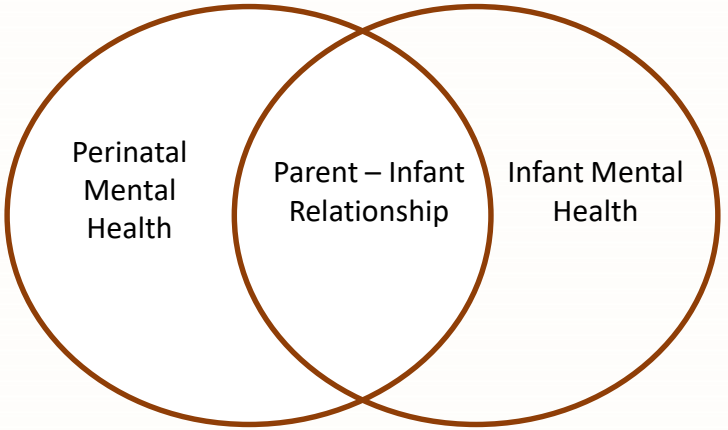
This evening

- The importance of early relationships
- Attachment theory-very briefly
- Reflective function
- Focussing on the infant
- How can we help? Intervention and the disorganised infant

What is Infant Mental Health?

Infant Mental Health:

Refers to the mental health and emotional wellbeing of the baby from birth until 4 years



- Refers to the capacity of the infant to form close and secure relationships
- Is the ability for the infant to express, experience and regulate their emotions

"Feeling lovingly protected is the cornerstone of early mental health"
(Lieberman & Van Horn, 2008)

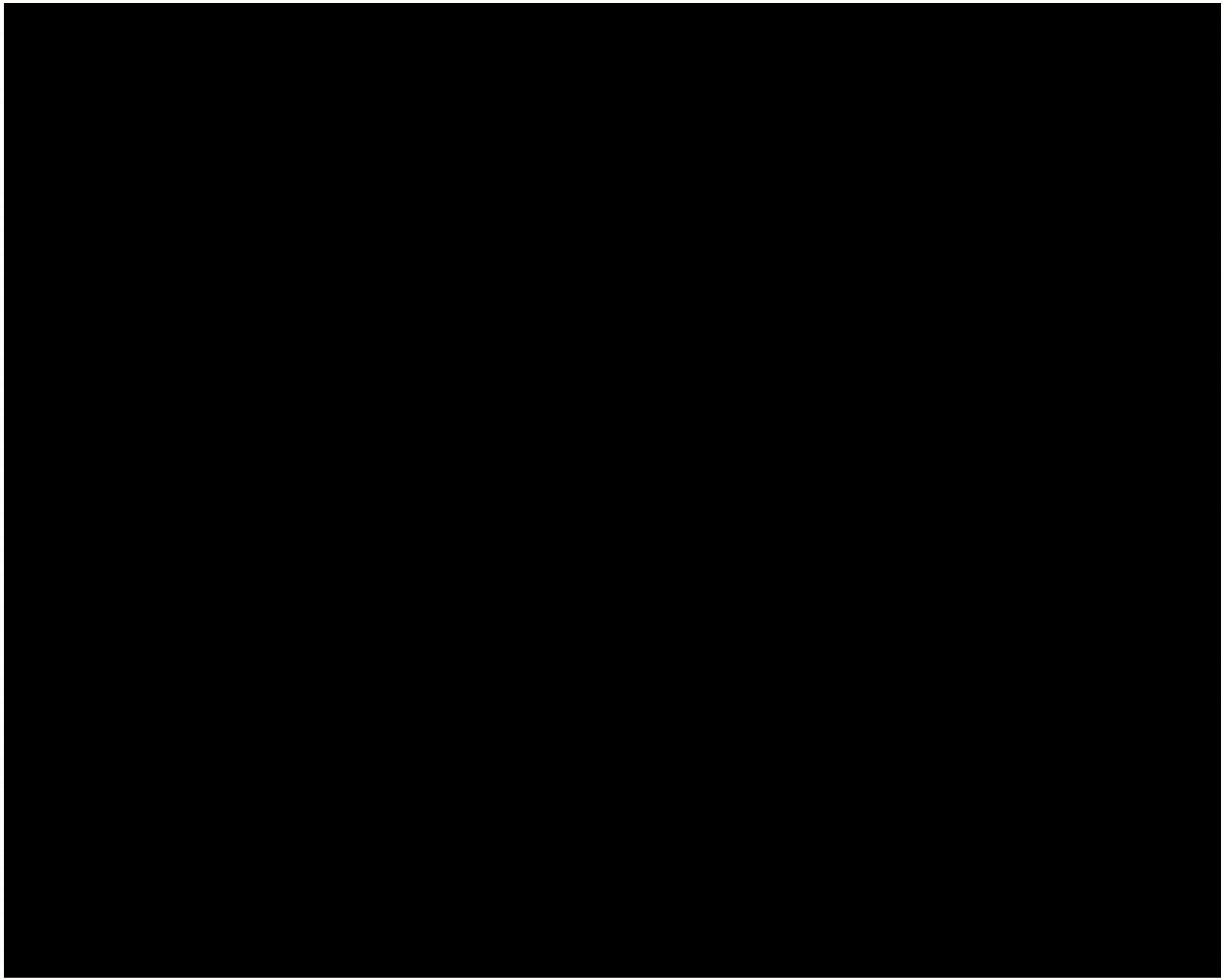
Relationships, relationships, relationships

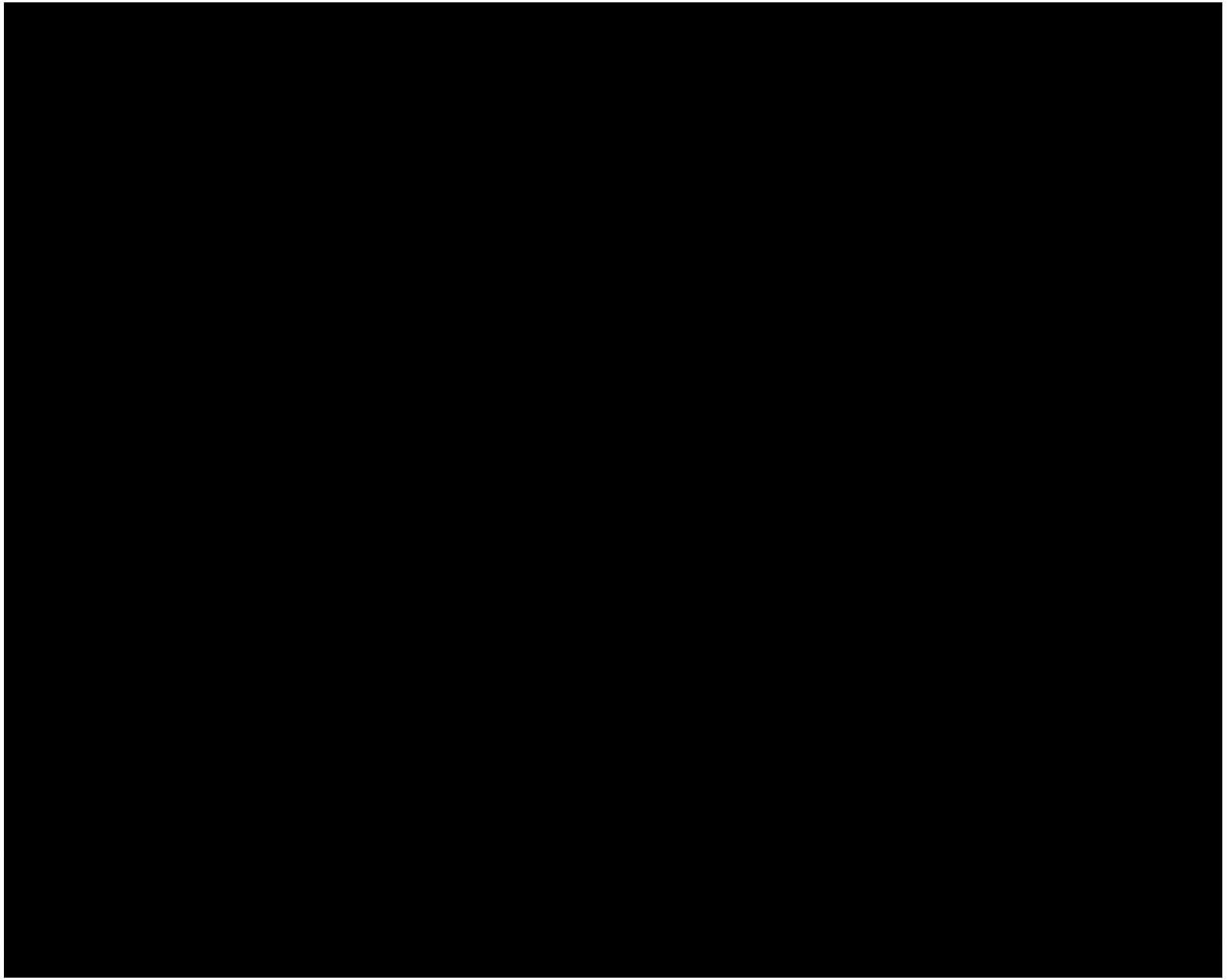
'Still face'

Still Face Experiment: Dr. Edward Tronick - YouTube

the antenatal period

- Possibly the most important time in our lives
- So much change in lives of parents to be = opportunity
- State of mind re attachment prebirth predicts post birth attachment SOM
- Epigenetics
- Caregivers and supports-develop special relationships in this time. Productive and preventative!
- Best value for our early intervention $$





Emotions:

- There are important regulatory mechanisms within attachment relationships, and emotions are the "language" of attachment.

- Are first expressed at the pre-verbal stage

- Individual differences in attachment security has much to do with how emotions are expressed, regulated and communicated within the attachment relationship.

Managing emotions

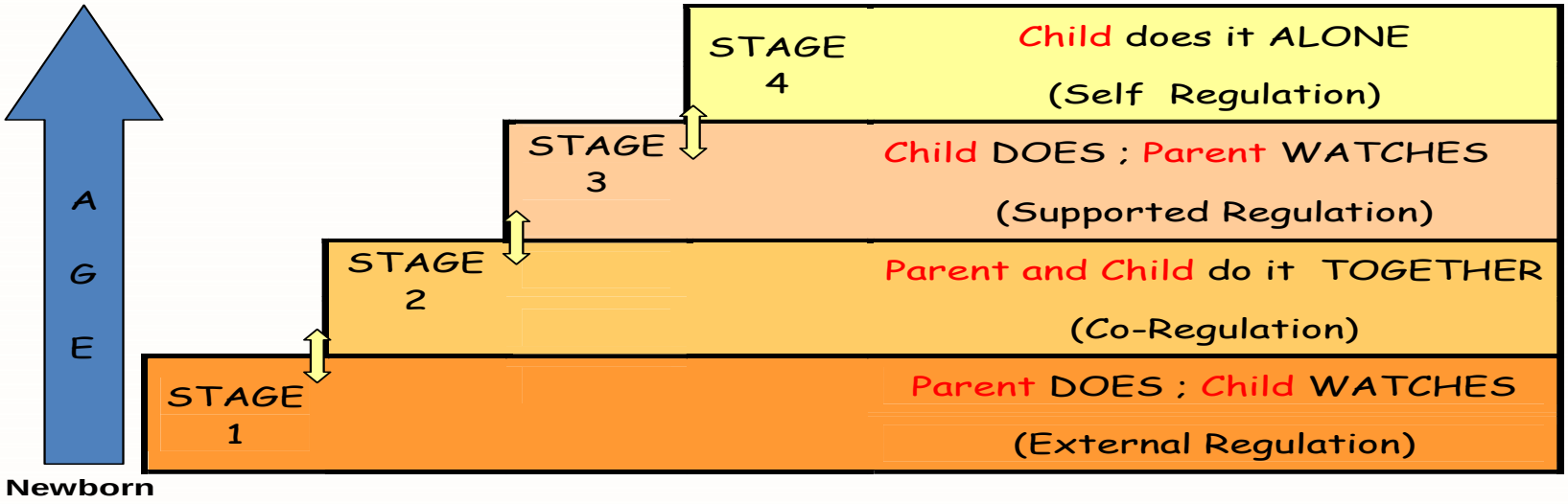
- The ability to modulate emotions is at the heart of the human experience
- Infants are not born able to regulate their own emotions
- Infants rely on their caregivers to interactively regulate their emotions and internal physiological states

ALL Behaviour has purpose and means something - EVEN misbehaviour!

- "I need you to help me with my feelings.
  - My behaviour may
- mean I can't manage strong emotions by myself yet"

"Attention" seeking = CONNECTION seeking

Stages of Emotional Development and the Ability to Self Regulate



Andrea Murray & Megan Huppert, Future Families

Emotion is initially regulated by others, but becomes increasingly self-regulated as the infant develops

The attuned caregiver:

- Helps the infant to develop a knowledge of their feeling states by giving words to their experience
- Helps the infant to regulate their physical body and to know physical boundaries by holding them, touching, playing and providing comfort

Without these experiences the infant:

- Lacks recognition and understanding of emotional and physical states
- Struggles to manage strong emotions
- Struggles to trust adults and consequently the world

Core functions of attachment

- *safe haven* provides a feeling of security (regulation of emotional distress)
- *secure base* fosters exploration of the outer world and the inner world, including exploring the mind (mentalizing)

Attachment theory-key Points:

- Attachment theory explains how human relationships develop and how resilience develops in children when they are loved and experience secure parent-child interactions. Without these positive experiences a child's brain doesn't develop the pathways needed to understand the social world, and the rules of relationships and doesn't develop a capacity to feel worthwhile, enjoy being with others or reach its potential.
- Traumatic experiences are a significant threat to emotional security and optimal brain development and have long-term negative consequences.
- Healing occurs in the context of relationship.

Key elements of the attachment system:

- Infants have a biological drive to maintain proximity to caregivers which exists across many species
- In humans this drive is to maintain an emotional sense of secure closeness to caregivers
- In addition, caregivers have a drive to care for their infants (bonding) and respond to their infants with countless moment-to-moment experiences
- This results in enduring emotional relationships (spans the lifecycle and across cultures)
- These relationships are reciprocal, created together in partnership and bring feelings of safety, comfort, soothing and pleasure

Key elements of the attachment system:

- Attachment relationships require a high degree of intimacy with a particular caregiver, and not just sociability
- Sociability is a need for social contact per se and can be satisfied by many reasonably warm and attentive people
- Infants enjoy being sociable but are not attached to everyone they meet
- A striking feature of a child's attachment is its adhesiveness. Children are predisposed to hold onto relationships with particular caregivers and to do so in the face of considerable adversity

Developing a secure attachment relationship:

Requires *sensitive* and *consistent* parenting:

- Nurturing touch
- Eye contact
- Smile
- Positive affect
- Need fulfilment - prompt response to distress
- Communication
- Moderate stimulation & non-intrusiveness
- Warmth, involvement and responsiveness
- Interactional synchrony – 'dance of attunement'
- Consistency
- Lack of traumatic events

Securely attached children do better over time with:

- self-esteem
- independence and autonomy
- resilience in the face of adversity
- ability to manage impulses and feelings
- long-term friendships
- relationships with parents, caregivers, and authority figures
- prosocial coping skills
- trust, intimacy, and affection
- positive, hopeful belief systems ~ self, family, society
- empathy, compassion and conscience
- behavioural performance and academic success in school
- promoting secure attachment with their own children when they become adults

Attachment-core functions

- Bowlby hypothesised 2 components to attachment system
- Proximity seeking to the attachment figure in times of internal or external threat
- and
- An "Internal working model" which account for the individual differences in attachment behaviours.
- This enables the infant to "know" what the caregiver will do next based on past interactions.

Internal Working Model

- The Internal Working Model gave Attachment a Cognitive component, a mental representation of the self, the attachment figure and the environment
- Tells us which situations to use in specific situations throughout life.
- These are models and should be open to modification based on new experience, they can be "updated" based on new and altered relations

Internal Working Model

- The "Internal Working Model" is established early in life as an Internal representation of the security of attachment.
- Allows us to see people as a source of comfort, or otherwise, depending on security of attachment.
- Gives us the belief that expressing emotions will lead to a good outcome.
- allows us to see ourselves as loveable and worthy.
- This is the basis for affect regulation.

Attachment behaviours

- Activated in the presence of a perceived threat
- Behaviours (smiling, vocalising, crying) are designed to bring the mother to the child to terminate them
- The mother will then release the infant who will continue with exploration.
- Also serves to enhance feeding, social interactions and learning from the environment
- Are active across the life

Remember:

- Infants are predisposed to attachment, and proximity seeking is a behavioural adaptation
- It is an inherent motivation
- Children become attached whether the attachment figure meets their biological needs or not
- They modify the attachment behaviours to maintain proximity to an inadequate attachment figure, and
- will then keep out of conscious awareness any feelings, thoughts and emotions likely to threaten this attachment style.

RF, attachment and emotional regulation

Secure

- caregiver able to organise child's disorganised emotions

Insecure/avoidant

- child learns to over-regulate emotions

Insecure/anxious

- child under-regulates emotions

Disorganised

- child is dysregulated

Attachment-classifying

- Secure 55-65% pop.
- Insecure – avoidant 20-30% pop.
- Insecure – ambivalent 5-15% pop.
- **Insecure-disorganized 10-18% pop.**

Reflective Function

Parental Reflective Capacity (RF)

- intergenerational transmission of attachment
- Human capacity to understand behaviour in terms of underlying mental states-feelings desires, beliefs, intentions
  (Fonagy, Steele, Steele, Moran & Higgitt, 1991).
- 'mentalization'
- Internal and interpersonal

The Social Stories Test (boys)

One day Peter went to school and during break he went out to the playground. A lot of other kids went out to the playground too, but Peter was the only one sitting alone by the tree. Nobody was sitting or playing with him.

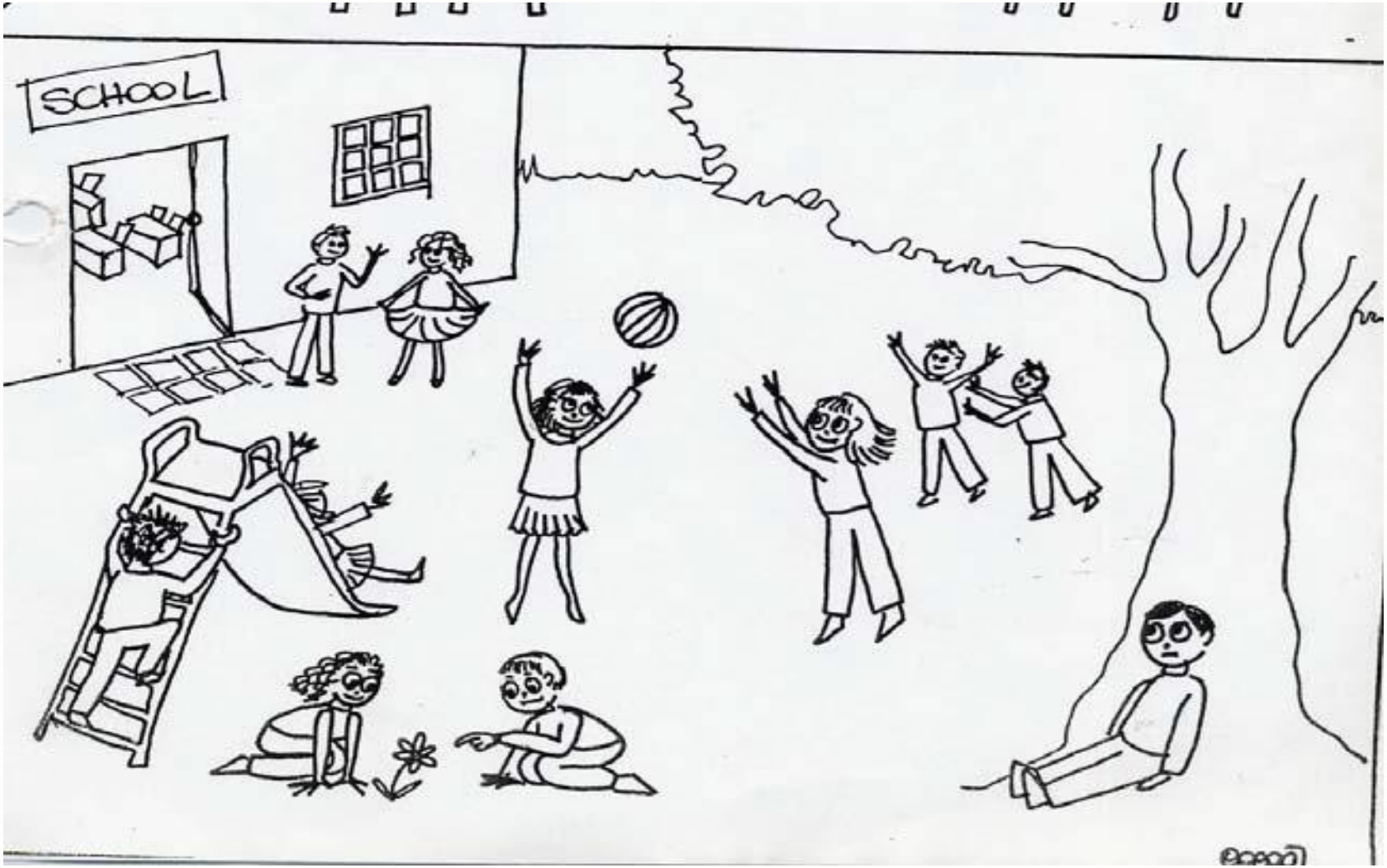
Imagine you are Peter. If you were, what do you think the other kids would be thinking about you?

a) They would think nobody likes me

b) They would think I'm just sitting down to have a think and a rest

c) They would think I'm cool not to play silly games with the rest of the kids

The Social Stories Test (boys)



What compromises reflective function?

- needs and emotional states not held in mind, misrepresented, distorted, misattributed, projections and "frank aggression" by primary care (Newman, 2008)
- Trauma, physical, emotional and sexual abuse
- long term parental psychological unavailability and psychopathology (Egeland and Erickson 2002)
- psychological abuses and psychological neglect as a "direct assault on the mind" (Allen, Fonagy and Bateman 2008)
- parental personality disorder, mental illness, substance abuse and domestic violence.
- 'authoritarian' parenting reduces opportunities for the playful interactions which in turn facilitate mentalizing (Fonagy, Gergely, Jurist & Target, 2002).

What does non-mentalizing look like?

- Excessive detail to exclusion of motivations feelings and thoughts
- Focus on external social factors ie school, council, neighbours
- Focus on physical/structural labels ie tired, lazy, clever, short fuse
- Preoccupation with rules and responsibilities, should and should nots
- Denial of involvement in problem I'm right your wrong
- Blaming or fault finding
- Expressions of certainty about thoughts and feelings of others

Parental Reflective Capacity (RF)

- Parent can
- reflect on child's mental state
- reflect on own mental state
- reflect on interaction between own and
- child's mental state understanding that
- own mental state affects child's mental state
- and the parent child relationship

(Allen et al., 2008)

Development of reflective capacities in the child

- Need a secure base
- Child discovers primary affect states, intentions and sense of self to discover via re-presentation by primary carer
- Regulatory-emotion and physical states
- Failure-psychopathology

(Michelle Sleed via Louise Newman, 2007)

An example-high RF (Slade, 2002)

Sometimes she gets *frustrated and angry* (child mental state) in ways that *I'm not sure I understand* (link to mothers mental state).

She points to one thing and I hand it to her but it turns out *that's not really what she wanted* (child mental state). It *feels very confusing to me* (mother mental state) when *I'm not sure how she's feeling* (link to child mental state) Especially when she's upset (child behaviour).

Sometimes *she'll want to do something* (child mental state) and I won't let her because its dangerous and so *she'll get angry* (child mental state).

I may try to pick her up and she obviously didn't want to be picked up because she's in the *middle of being angry* (appreciation of the process of the child's mental state) and I interrupted her. In those moments its *me who has the need to pick her up and make her feel better, so I'll put her back down* (distinguishes her own needs from those of the child)

Stress

- Don't feel safe, anxious
- Disengage from others, limited facial expressions, flat tone – in survival mode
- Avoid eye contact, scanning environment
- Body is unbalanced, state of high alert for danger, vigilant – fight, flight or freeze
- Our ability to keep others in mind, be mindful is blocked
- Past fears and negative experiences can be triggered, which then get in the way of connecting with others
- 'Flip our lid'
- All behaviour has meaning – be a detective and look beyond the 'flipped lid' to find out what triggered the 'alarm bell'

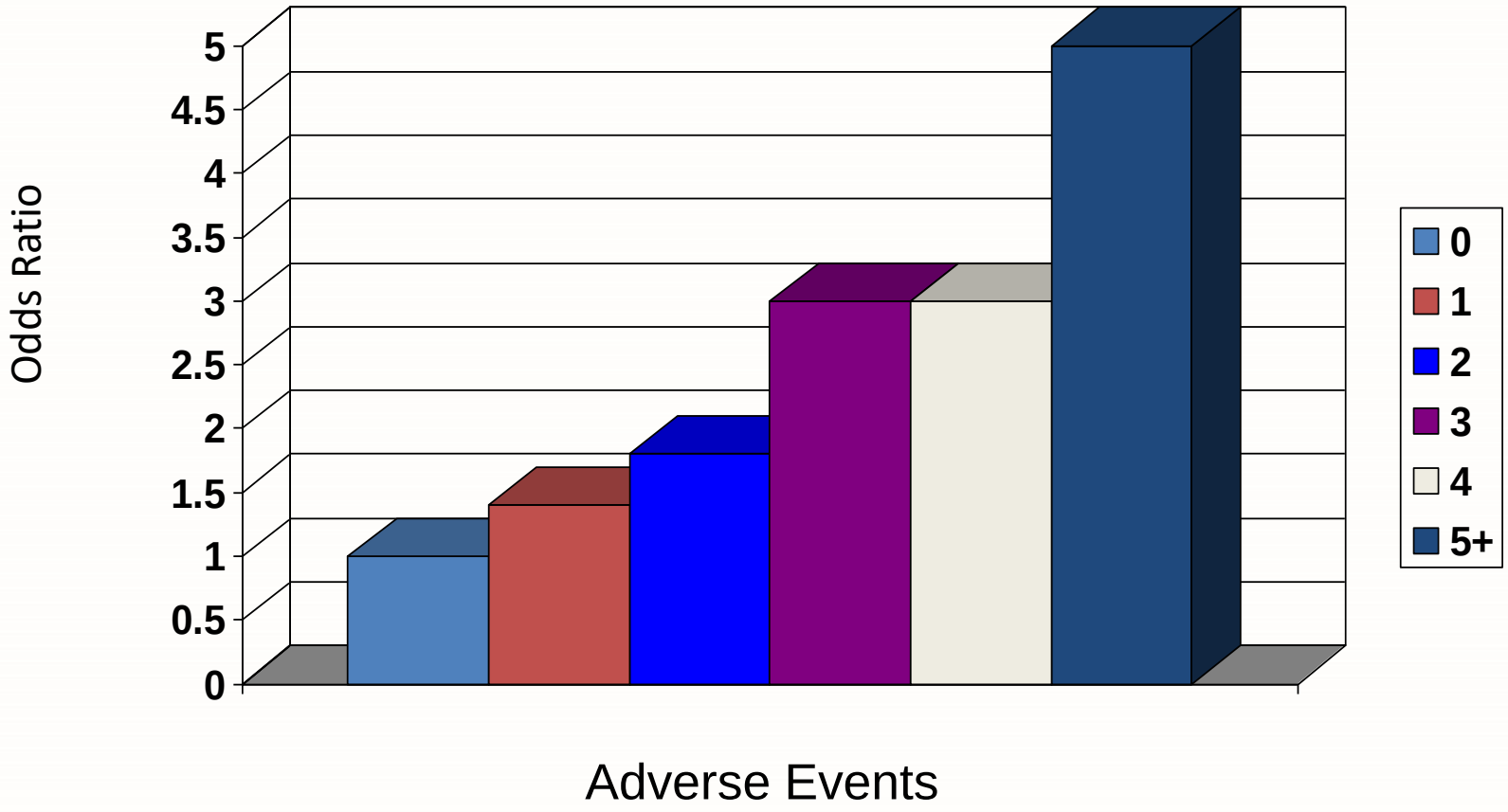
Positive Stress (Shonkoff, 2006)

- Moderate, short-lived stress responses, such as brief increases in heart rate or mild changes in stress hormone levels.
- Precipitants include the challenges of meeting new people, dealing with frustration, getting an immunization, or adult limit-setting.
- An important and necessary aspect of healthy development that occurs in the context of stable and supportive relationships.

Toxic Stress (Shonkoff, 2006)

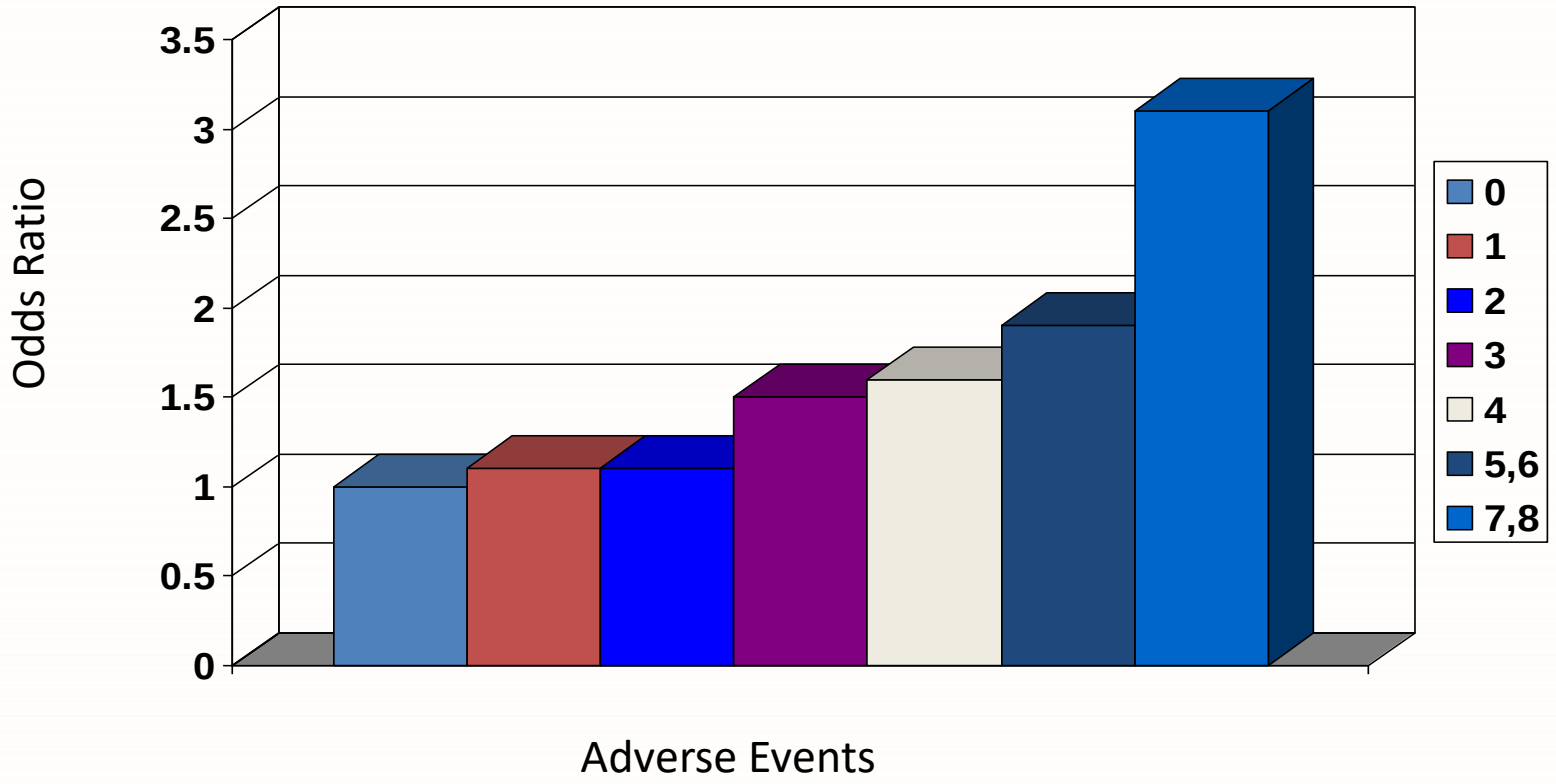
- Strong and prolonged activation of the body's stress management systems in the absence of the buffering protection of adult support.
- Precipitants include extreme poverty, physical or emotional abuse, chronic neglect, severe maternal depression, substance abuse, or family violence.
- Disrupts brain architecture and leads to stress management systems that respond at relatively lower thresholds, thereby increasing the risk of stress-related physical and mental illness.

Adverse Childhood Events and Adult Depression (in Shonkoff, 2006)

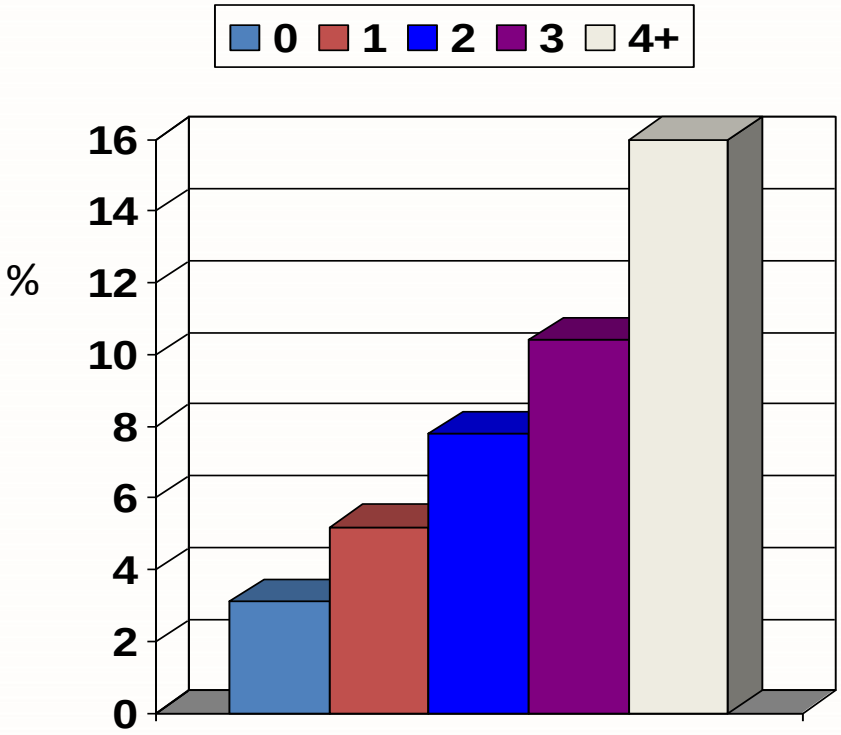


Adverse Childhood Events and Adult Ischemic Heart Disease

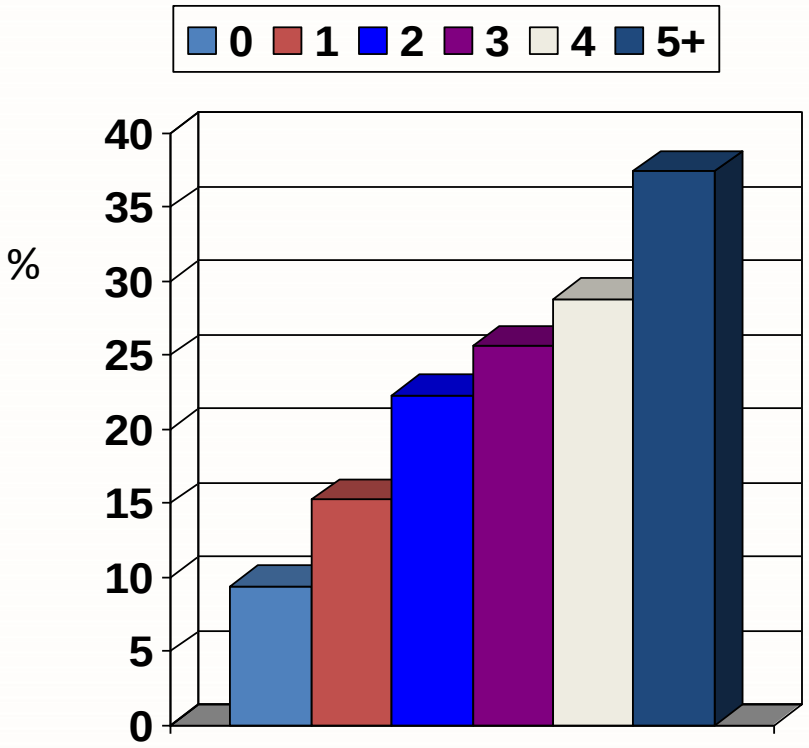
(in Shonkoff, 2006)



Adverse Childhood Events and Adult Substance Abuse (Shonkoff, 2006)



Self-Report: Alcoholism



Self-Report: Illicit Drug Use

Focus on the infant

- Infant has sleeping difficulties
- Infant has feeding problems
- Infant seems stressed or anxious
- Infant seems withdrawn or depressed
- Infant is unsettled or irritable
- Infant has aggressive behaviours
- Infant has developmental delays
- Infant "doesn't seem right"

Focus on the infant

Infant has sleeping difficulties

- Sleeps too much
- Unable to settle to sleep

  Disrupted or unsettled sleep

Infant has eating behaviour problems

- Infant not putting on weight
- Questionable feeding behaviour by caregiver i.e. prop-feeding; feeding solids to new baby
- Vomiting
- Constipation, diahorrea
- Poor sucking

Focus on the infant

- *Infant stressed or anxious*

- Infant seems vigilant about environnent
- Flinching, startles, "jumpy", scared
- Freezing or absence of appropriate responses
- Infant is overly friendly to strangers
- Restricted play or exploration of the environment
- Displays aimless motion, disorganised behaviours

Focus on the infant

Infant withdrawn or depressed

- Flat or frozen affect, dazed expression, little variation in expression
- Still/watchful behaviour
- Withdrawal
- Dull eyes without sparkle
- Avoids situations or reminders of a traumatic event
- Self-injury –i.e. head banging, biting self

Focus on the infant

Infant unsettled and irritable

- Inability to comfort or calm self
- Weak crying, whimpering and/or inconsolable crying
- Reduced ability to tolerate frustration
- Excessively fussy
- Difficult to soothe or console
- Repeated nightmares
- *Increased aggressive behaviours*
- increased aggressive behaviours ie Hitting or biting of others

Focus on the infant

Infant "doesn't seem right"

- Is there something about this infant that you feel is concerning but is difficult to describe?

Focus on observation of the primary caregiver-infant interaction

Would you describe the quality of the relationship as an

Anxious relationship

- excessively fearful of being separated from caregiver or familiar adults
- caregiver is over-involved and/or intrusive

Avoidant relationship

- poor eye contact between caregiver and infant
- caregiver negative about infant
- infant appears very independent or indifferent to caregiver

Focus on observation of the primary caregiver-infant interaction

Disorganised relationship

- caregiver seems *frightening* to infant
- caregiver seems *frightened* of infant
- infant resistant to cuddling, seems 'stiff as a board'
- infant very floppy when held, like a 'rag doll'
- infant/toddler scapegoated

Watch closely !

Are there protective or supportive factors evident ?

In the infant

- Self soothes/settles to sleep
- 'easy' temperament

- *In the parent*
- caregiver 'delights' in infant
- Commitment ,sensitivity and prioritising of infants needs
- Appropriate discipline, monitoring and supervision

How do you feel being with the infant and primary caregiver?

Your feelings might reflect the infants experience.

Your feelings and thoughts might reflect something of the current experience of the infant and/or carer or something of their own experience with their primary carer.

ie Positive Optimistic

Concerned Anxious

Hopeless

other feelings and thoughts?

an absence of feelings?

Intervention when attachment is disorganised

- Fragile connections
- Fear
- Extreme coping mechanisms
- Worker may begin to feel like parent and child - frightened and out of control Dolby, 2002

Intervention when attachment is disorganised

- Place family very carefully
- Reduce fear
- See world from child and parents perspective
- Go at child and parents pace
- In crisis, calm down with someone
- Invest in non-crisis times
- Support at the level of making relationships

(Dolby 2002)

Intervention when attachment is disorganised

Additional thoughts

- Limit to number of meaningful relationships
- Policy and service delivery needs to differ from generic work
- "best interests"- too late so intervention critical
- "least detrimental alternative" ie leave in foster care
- psychological vs biological parent -continuity

Attachment-assessment and formulation principles

History of child's attachments

- Significant attachment figures since birth
- Disruptions in care, abandonment, losses, alternate carers, neglect of care, abuse
- Availability of current primary carer, contact with other carers and child's behaviour with each
- Older child-describe relationships with peers and sibs

Attachment-assessment and formulation principles

History and details of infants and child's

- Emotional and behavioural problems
- Help/comfort seeking behaviour
- Response to pain or distress
- Ability to use care-giver or another adult for comfort
- Response to limit setting
- Responses to physical proximity

Attachment-assessment and formulation principles

Assessment of attachment behaviours, including

- Observations of attachment-related behaviours
- Quality of interaction with interviewer
- Interaction with current caregiver
- Ability to organise self in new setting
- Ability to play and explore

Exercise-removing baby and caring for baby until he / she is placed

A 9 mth old baby needs to be placed into out of home care.

What do you need from parents / family to facilitate transition to placement ?

Removing baby and caring for baby until he / she is placed (cont.)

- 24 hour routine - feeding (breast / bottle, other foods, favourite foods) sleeping, elimination, bathing, play / outside time
- baby's record book and info re weights, immunizations, health conditions ie. allergies, impairments, genetic inheritances etc
- nappies, clothes, blankets and other usually worn, used items

Removing baby and caring for baby until he / she is placed (cont.)

- Transitional objects ie. special toy, "smelly", mothers bangle, bracelet etc
- nickname, familiar words, other culturally relevant information
- pictures for a book of family members / important others in baby's life
- how is baby soothed / settled / put to sleep?

Removing baby and caring for baby until he / she is placed (cont.)

- your observations of parent-infant interactions – especially around separation from mother / main carer
- Key events which may have had an impact on the child ie. death of sib., important carer or separations ie. from mother or main carer and how infant reacted to these
- Important relatives / others in baby's life

Removing baby and caring for baby until he / she is placed (cont.)

- how does the infant show their distress?
- reaction of the parents when baby is removed- talk ? ie "we will see you as soon as we can "

if parents can't say these things, the worker can do so-baby is a person too !

IMPORTANT-

if possible, take time to remove baby to reduce shock baby experiences in this major transition.

Interventions and the infant-parent relationship

- Family support-critical
- Psychodynamic infant-parent therapy
- Interaction guidance
- Video replay work
- Baby massage-better interactions, better sleep(!),greater weight gain.
- Protective factor-mothers state of mind re attachment

Interventions and the parent-infant relationship

1. Encourage parents/carers to observe baby's behaviour

2. Parents to *think* about infants behaviour

3. Encourage different ways of understanding behaviour-in terms of desires, emotions, thoughts-do they think child has feelings, thoughts of their own?

4. Does parents/carers think that their emotions and expectations affect infants emotions? (adapted from Allen et al., 2008)

Interventions and the infant-parent relationship

- You be as consistent, sensitive and reliable as you can be- remember *relationships*
- Observing, listening and being "heard"

  (who holds you "in mind"?)
- Engage infant *equally* as the parent
- Developmental guidance ie "looking away is a normal thing when baby's get excited and need a rest" ; "separation anxiety is coming soon and that will look like...", "3 year old's stamp their feet and want to be in charge so maybe think about picking your battles" and so on

In summary-predisposing factors to consider from IMH:

- Attachment relationship → Trust, emotional regulation, brain development
- Brain Development
- Developmental factors – physical, social and emotional
- Parental reflective function – capacity to hold others in mind
- Temperament – goodness of fit with caregivers re early relationship and support
- Parental Mental Health Issues impacting on the relationship
- Other environmental factors impacting relationship
- exposure to trauma → impaired development physically, socially and emotionally (Frequency intensity and duration vs. support available) across time intrauterine, perinatal, infancy and early childhood periods