Infant Mental Health

I. Highlights

A. Infant mental health is a relatively new field. It's about early intervention to prevent or reduce long-term mental health problems.

B. The cause is very young children (6 weeks of age) being put into full-time group care where they get inadequate care without enough cuddle time and affection.

C. Must work with parents, primary caregivers/teachers, and the infant, not just the infant alone, because they all function as a unit.

D. New brain cells are still growing until 9-12 months of age. Hardwiring of the emotional brain happens through the first three years of life.

E. Infants form attachment relationships with caregivers in order to get their needs met. These relationships influence the infant's outlook on life in general: Do I matter? Will my needs get met? Is the world a safe place? This can have an impact throughout the child's lifetime.

F. Risk factors = parent health issues (physical or mental), substance abuse, socioeconomics, genetic predisposition, prematurity, illness, exposure to trauma/violence, or multiple changes in primary caregivers.

G. There are a few assessment tools available, but nothing has been standardized yet because this is a new field.

H. Therapy/intervention involves the parent and infant together, plus parent education to help the parent deal with their own emotional issues.

II. Homework

A. Final exam next week (12/10) then go home. Can use one side of one sheet of hand-written notes, just like midterm.

III. Infant Mental Health and Our Community

A. What is infant mental health?

1. Infant mental health = <u>early intervention</u> which aims to reduce long-term mental health disorders by working with infants and primary caregivers
2. Everyone has to work together (parents, teachers, caregivers)

B. Frequently asked questions

1. Do infants even have mental health?
    a) Yes!
2. Wouldn't it be easier to wait until they are older and can understand more?
    a) No, because it affects all aspects of development
    b) Early intervention is the key to success
3. Why not just work directly with the infant?
    a) Because infants are at the mercy of the adults in their lives; infants don't exist in isolation
    b) <u>Adults have to collaborate</u> for infant care. It's not a one-person job.

C. <u>Emotional regulation</u>

1. Emotions = feelings & how we deal with the way we feel
2. Emotional regulation = an individual's ability to monitor and adjust their emotional response to their environment in order to reach a goal
3. We all have our own ways of dealing with emotions: go for a run, take a bubble bath, call a friend to complain about life, listen to music, etc. This is a skill we've learned.
4. Bring a 2-month-old out of the home environment where they feel secure, into child care where they suddenly encounter new sights, sounds, smells, touches, faces... too much new sensory stimulation going on, uncomfortable, the child shuts down.

5. Very young children have no sense of time, so it doesn't help to know Mommy will be back in 10 hours. Just know they're uncomfortable right now with all this new sensory stuff going on and their familiar people gone.
6. Zone of optimal arousal = the point at which an individual is able to mobilize a response to his/her environment
    a) A given amount of noise in the classroom may be fine for one baby but too much for another baby (different for each infant)
    b) Hyper-arousal = over stimulation (more common in group care with too many colors, too much background music, loud adult voices, other babies crying, etc.) = crying, hands splay, arched back, stiff muscles
    c) Hypo-arousal = under stimulated = tunes out/zones out, looks away, overly limp muscles, not engaging with adults or other children
    d) Both of these mean we're not meeting the child's needs in this environment. Need to observe our kids to spot this and make changes.
7. Infants are born with a few strategies for regulating emotions:
    a) Sucking (if too overstimulated, will spit out a pacifier or bottle)
    b) Gaze aversion
    c) Crossing legs
    d) Arms to midline
8. Infants are born with communication strategies which attract people to help the infant regulate his/her emotion
    a) Crying (they cry, we come immediately to meet their needs)
    b) Smiling (when happy; intentional smile develops after a few months)
9. Over time, infants learn to regulate their emotions based on interactions with others. They learn from all interactions what they need to do to calm down.
    a) Maybe they find comfort in skin-to-skin contact or head on your chest to hear your heartbeat.

b) Infant who was missing her primary caregiver (absent that day) found the caregiver's jacket and pressed it to her face (familiar smell) to comfort herself.

D. Infant brain development

1. The human brain continues to grow new cells until 9-12 months of age (is why the first year of life is most important)
2. Hardwiring of emotional brain takes place during the first 3 years
   a) First year is most important, then the first 3 years, then the first 6 years. Dr. Montessori said a 6-year-old is most of who they're going to be as an adult.
   b) What might the experiences of an infant with a depressed parent look like?
      (1) Needs aren't met because mom with postpartum depression isn't responsive.
      (2) Missed social cues because of parent's flatter affect (less facial expression)
      (3) Care provided for the children, the love and attention and adoring words the baby needs, is not there.
   c) What might the experience of an infant with an emotionally healthy parent look like?
      (1) Happy, engaging, responsive care
      (2) Child learns if they call, adults will come, the child is important.

E. Infant-Parent Attachment

1. Infants form relationships with people "stronger and wiser" in their environment in order to be protected (parents, caregivers, etc.)
2. Infant needs to feel safe, needs adults to protect them

3. Over time, they develop mental representations of those relationships based on experiences
    a) Learn that mom will respond to crying this way, dad will respond that way, may change their cry accordingly
4. They use those mental representations to make predictions about future interactions as well as about the world in general
5. Outlook on life/society is based on the consistency of care they receive from parents and teachers in the early years.
    a) If caregivers meet needs quickly, child learns to trust caregivers
    b) If one caregiver is not meeting needs, child learns to mistrust that person and everyone else as well
6. Infants learn to regulate their emotions (i.e. not become "manic" or "depressed' in order to focus on their environment) within the context of relationships
    a) Caregiver has to focus on how to build relationships with babies to support babies' mental health
7. The brain develops most rapidly during the first year of life, and frequently experienced emotions become hardwired
8. Infants' feelings of security in their relationship with their parents (i.e. "Will I be protected form scary things?") influences mental health later in life
    a) Development of trust and attachment between parent and child is critical in infancy and for later life
    b) A lot of us have trust issues. These didn't develop overnight; it usually comes from the way they were brought up in the early years.
    c) Children who are misbehaving in schools are often dealing with trust/attachment issues deep down.

d) Hurts their attachment and trust when caregivers keep changing every few months. Children learn, "As soon as I learn to trust and love this person, they're going to leave, so the next person who comes, I'm just not going to trust anymore."
e) Children are often at the center longer than one teacher's shift, so have to bond with multiple caregivers.

F. Risk factors for mental health problems
1. "Risk factors" = characteristics that lead to a higher probability that a child will have a mental health disorder
a) Does not guarantee a person will have a disorder
b) Lack of risk factors does not guarantee a person will not have a disorder
2. Physical or emotional abuse or neglect
3. Drugs or alcohol abuse by the mother during pregnancy, especially if the child is born addicted
4. Lack of prenatal medical care for the mother (on average in the US, women go to the doctor at the 5th month, and by then the baby is fully formed)
5. Socio-economic status
6. Yelling or violence
7. Parent factors = mental health disorders for parents (such as depressed or bipolar), substance abuse by parents, teen parents, parents' physical health (can detract from care abilities)
8. Child factors = genetic predisposition, prematurity (not fully developed body + too much time in NICU incubator, can volunteer as a "cuddler" in a NICU to help with this), serious or frequent illness
9. Environmental factors = exposure to trauma (such as witnessing violence), multiple changes in primary caregivers (such as foster care, parental death/hospitalization/abandonment, frequent teacher caregiver changes)

10. We spend so much time with children that they get attached to us. Changes in primary caregiver (which may be the teacher at least as much as the parent) is as serious for infants' mental health as an abusive environment. We need to respect the children by not job-hopping!

G. Assessment, Diagnosis, Intervention

1. Begins with observation & documentation
2. Then assessment
    a) This is a new field, not that many experts around who can come help us yet, relatively few standardized assessments exist
    b) Infant assessments
        (1) Ages & Stages Questionnaire (ASQ): Social-Emotional
            (a) mental health is in the domain of social-emotional development
            (b) emotional health & social interactions are totally interconnected
        (2) Temperamental and Atypical Behavior Scales
            (a) Remember to recognize the child's temperament, recognize my own temperament, then put mine on hold and provide care to meet the child's temperamental need
            (b) From PITC, "Beginning Together" (5th module of PITC)
        (3) Infant Mental Health Screening
    c) Infant-Parent Assessments
        (1) Attachment Strange Situation Paradigm (Is the child comfortable going to a new person or new situation? Mother leaves, someone else comes in, child shows emotional reaction to the situation.)
        (2) Emotional Availability Scales
    d) Remember we are not trained psychologists. We read child's body language, document our observations, then ask for professional assessment. We cannot diagnose or label children!

3. Then <u>diagnosis</u>
    a) Diagnostic & Statistical Manual IV: Revised (DSM4-R) = the manual used by psychiatrists and psychologists to diagnose mental illness
    b) Diagnostic Criteria: 0-3: Revised (DC:0-3) = newer manual outlining descriptions of mental illness in infants and toddlers
        (1) From the group called Zero to Three
    c) To be considered a "disorder," it must be something that interferes with daily functioning. (Not just something that's quirky or different or slightly off from average. Must be something that really impacts their daily life.)
    d) Example: features of Generalized Anxiety Disorder
        (1) Excessive worry/anxiety more days than not for 6 months
        (2) Anxiety/worry occurs in 2+ settings
        (3) Child finds it difficult to control anxiety/worry
        (4) 1+ symptoms: restless/on-edge, fatigued, difficulty concentrating, irritability, muscle tension, sleep disturbance
        (5) Is not accounted for by another disorder or medication side effect
            (a) Example: bipolar parents take pills themselves, so when children act out, the parent thinks, "Maybe he has the same problem I do," and then gives half the pill to the young child. If it doesn't work, maybe gives another half. Many children have died from overdosing on bipolar medication! (The moms don't know this is life-threatening for tiny bodies.)
4. After official diagnosis, can begin intervention
    a) <u>Parent-Infant Therapy</u>
        (1) Everyone has to be involved; there's no way to "fix" the child alone

(2) Therapist regulates parents' emotions so the parent can regulate the child's emotions (focus most on the parent who's the primary caregiver at home)

(3) Therapist helps parents work through past experiences that are interfering with the infant-parent relationship (maybe they were abused by their own parents and are forever anxious that they'll repeat the pattern with their own child, but that anxiety gets in the way of providing good care for their children)

(4) Guide parent and child in play that helps the child work through emotions (have to work through emotional problems, then can be in a good emotional state to play together)

(5) Puts a lot of stress on the infants when parents and teachers don't get along. The infant picks up on whether mom is happy or not on the walk up the sidewalk into the center. (Also true in preschool.)

b) <u>Parent education</u>

(1) Teach parents to read their child's signals and respond appropriately.

(a) Normally naturally parents and children fall in love with each other after birth, become attuned to each other's signals.

(b) Pay attention, read the child's face and body language to understand their needs.

(2) Teach parents how their own emotions influence their child's emotions.

(a) Stressed-out parents (especially during the holidays right now) will have children act out more often.

(b) Parents say, "It's just me, we don't talk about this in front of the kids," but they need to realize the kids pick up on everything.

(c) We can't give what we don't have, so parents need to be "emotionally nourished" in order to be able to support their children.

(3) Teach parents to trust in their parenting instincts.

(a) Stop worrying about every word you say, every little thing you do. It's okay.

(b) Kids will pick up on that anxiety and self-doubt. If you're not comfortable, the child won't be comfortable. Let the worry go.

H. Infant mental health and our community

1. Why do we have infant mental health issues? Lack of attachment/consistent care. Why is that?
   a) Moms are working instead of at home, so kids are in group care at age 6 weeks.
   b) 98% of infant care in the US provides inadequate care. (Much better % for preschool. We're not good at infant care yet overall.)
   c) In care away from family 10-12 hours/day, plus that care is inadequate, starting from age 6 weeks = children will develop mental health issues.
2. First 5 California
3. Early Head Start
4. Community Resource Centers
5. Parent-run support groups (including PHP)
6. Mommy and Me type of classes: My Gym, Music Together, etc.
7. Infant Mental Health / Inclusion Collaborative

I. Infant mental health is a triangle: child -- caregiver -- parents. All are equally important players.

IV. Parent Involvement *(Didn't discuss this after all. Just written on the board.)*

A. Communication
B. Parents as supporters
C. Parents as learners
D. Parents as teachers
E. Parents as advisors & decision makers

V. Final Exam notes

A. Reversibility = child can do something (such as get to the bathroom from the classroom) but can't reverse the route to come back. This is typical in a 3-year-old. Need to make maps and signs to help them learn the route. Same with experiments: they can do something but not undo it. At 4 or 4½ they have learned to reverse it.
B. Social participation = the ability to go join in and socialize with a peer group. (Is a problem when the child is repeatedly invited to join in but is hesitant.)
C. Backchanneling = trying to find a different way to accomplish the same goal with a child. If you're trying help a child in one way and it doesn't work, try another way. Ex: you're trying to help a child stand up with braces on their legs. First you come from the front, but it doesn't work, so then you try to go sit behind them and massage the muscles.
D. Ittocutionary should say "illocutionary" (in the textbook in the communication chapter)
E. Natural consequences = if you sit in the water, you get wet and it might be uncomfortable. Logical consequences = some adult intervention, such as if you keep getting up from the table, you will be done with dinner.