Introduction to Infant Mental Health

IECC Conference 2012
Jennifer Nash, MOT, OTR/L
University of Washington

Who am I?

- University of Washington: MOT in 2004
- PhD in Rehabilitation Science
  - Teaching/Learning
  - Infant Mental Health (IMH)
  - Sensory Processing
- Graduate Certificate Program in IMH
- Seattle Children’s Hospital
- Stepping Stones Occupational Therapy
- Infant Massage Educator

Overview

1. Define Infant Mental Health (IMH)
2. Understand the difference between the four types of attachment
3. Recognize the social-emotional needs of infants and toddlers
4. Identify ways to meet the social-emotional needs of infants and toddlers

What is Infant Mental Health?

- Ability to develop physically, cognitively, and socially
- Master the primary emotional tasks of early childhood
- Grow in a context of nurturing environments
- Psychological balance of the infant-family system

Infant Mental Health

- Infant = birth-3 years of age; also 0-5
- Mental health depends on the interactions with others
- Relationship between caregiver and infant
- Social and emotional health
  - Positive, reciprocal, and nurturing caregiver-child relationship

WAIMH Handbook of Infant Mental Health, vol 1, p.25
Social-Emotional Development

- Mental health involves the sense of self
  - View and relate to others
  - Regulate behavior and emotions
- Healthy development occurs in the context of relationships
  - Especially first relationships
  - Between infant and caregiver(s)

In the First Year

- Relationship between caregiver and child is crucial
  - Determines the degree of trust
- These first relationships impact:
  - Expectations of self
  - Expectation of others
  - Expectation of the world

In the Toddler Years

- Relationships in the first year strongly influence a child’s sense of self
- Children internalize how they affect others
  - Influences the child’s view of himself or herself in social transactions
  - Thoughts about social interactions
  - Behavioral responses
    - Internalizing or Externalizing

Toddler Years Continued

- Children’s sense of self and language abilities influence:
  - Self-control
  - Emotional regulation
  - Exploration
  - Safety
- A secure child and parent create a partnership for developing and maintaining trust
Social-Emotional Needs of Early Childhood
For healthy social and emotional development, infants need:
• To feel safe and secure
• To feel worthy and loved
• To feel acknowledged and understood
• To feel noticed and receive attention
• To feel a sense of control and predictability

Social-Emotional Needs of Early Childhood
• To understand and be able to manage feelings of distress
• To feel powerful and independent
• To feel safe and stimulated in exploration
• To feel competent
• To have mutually enjoyable relationships
• To feel a sense of belonging

Parent-Infant Bonding
• Infants are actively involved in the socialization process
• First relationships focus on two essential needs
  1. Decrease fear in novel or challenging situations/helps to reduce stress
  2. Reinforce a young child’s sense of competence

Classification of Attachment Security
• Most infants become attached
• Quality of the attachment varies
• Ainsworth described three patterns of attachment quality (1978)
  1. Secure
  2. Insecure/Avoidant
  3. Insecure/Ambivalent
  4. Insecure/Disorganized
     • Discovered by Main and Hesse (1990)

Secure Attachment
Behavior of the infant
• Welcome mother’s return after separation
• Approaches mother immediately
• Seeks out and maintains close contact for comfort
• Easy to soothe
• Once comforted
  – Child returns to play and exploration
Secure Attachment
Caregiving characteristics
• Steady
• Dependable
• Responsive
Infant’s coping mechanism
• None needed
  – Child has learned to trust

Insecure/Avoidant
Behavior of the infant
• Avoids mother upon return
• Looks away
• Turns away
• Engages in superficial exploration
• Refuses interaction

Insecure/Avoidant
Caregiving characteristics
• Interfering
• Rejecting
• Neglectful
Infant’s coping mechanism
• Appearing independent

Insecure/Ambivalent
Behavior of the infant
• Exaggerated, heightened distress
• Unable to be comforted
• Fluctuates between protests and seeking contact
• Unable to return to play when reunited

Insecure/Ambivalent
Caregiving characteristics
• Inconsistent
• Sometimes responsive to child’s needs
Infant’s coping mechanism
• Clingy and fussy in hopes of gaining mother’s response
• Pushing away upon realizing mother’s unavailability
Insecure/Disorganized
Behavior of the infant
• Combination of strongly avoidant and resistant reunion behaviors and
• Fleeting fearful responses to mother
• Sudden motionless behavior
• Seeking proximity to caregiver in distorted ways (e.g. approaching backwards)

Caregiving characteristics
• Frightened or frightening behavior
• Intrusiveness
• Withdrawal
• Negativity
Infant’s coping mechanism
• Not yet developed an effective way to cope

Insecure/Disorganized
Caregiving characteristics
• Frightened or frightening behavior
• Intrusiveness
• Withdrawal
• Negativity

Secure Attachment in the Real World
Behavior of the infant:
• Keeps track of and seeks proximity
• Happily searches for contact after separation
• Demonstrates signs of trust and delight in caregiver’s presence

Caregiver and Child Contributions
• In the early phases of development
  – Caregiver sensitivity
  – Responsiveness of the caregiver
• Strong influence on the quality of caregiver-infant bond
• Child cannot obtain a secure attachment without a sensitive caregiver

Caregiver Contributions
• Sensitive and response caregiving
  – Notice infant’s cues
  – Interpret them accurately
  – Respond promptly
  – Respond appropriately
• Typically developing children and children with special health care needs (CSHCN)
"Reading" infant cues

Importance of “Reading” Cues

- Infants can only take so much stimulation
  - Interact (engage) for a while
  - Then need to take a break (disengage)
- Caregivers who allow infants to take breaks
  - More meaningful interactions
  - Longer interactions

Infant Cues

- Behavioral cues communicate
  - Infant's feelings
  - Infant's needs
  - Infant's wants
- Some are easy to read, others are challenging
- Observe and pay attention to the body language of the infant

Infant Cues

Engagement
- Potent
- Subtle
Disengagement
- Potent
- Subtle

Subtle and Potent Cues

- Mild messages (subtle) come first
- Followed by stronger (potent) ones
- Caregivers who recognize subtle cues respond more sensitively
  - Infant’s needs
  - Infant’s feelings

Engagement

- Indicates the best times to:
  - Talk to
  - Teach
  - Play with
- Example: eyes are wide and bright, rarely looking away
- This child is ready and open to seeing, hearing, and learning new things
Disengagement

- Indicates when a child isn’t sure or needs a break
- Attempting to teach when child is showing disengagement cues
  - Frustrating for both caregiver and infant
- If subtle cues are responded to, progressing to potent cues can be avoided
  - Crying, whining

Ways to meet infant’s and toddler’s social-emotional needs

Safe & Secure

- Watch over child as he/she plays
- Help child make meaning of his/her unhappy feelings
- Provide structure throughout the day

(Kelly, Zuckerman, Sendelock, & Buehman, 2003)
**Worthy & Loved**

- Tell child how special he/she is
- Say his/her name frequently
- Share your love with hugs and gentle touches

(Kelly, Zuckerman, Sandoval, & Buehman, 2003)

**Acknowledged & Understood**

- Try to understand what child is saying with his/her words and cues
- Respond sensitively to child’s needs
- Reflect child’s feelings through your voice, touch, and facial expressions

(Kelly, Zuckerman, Sandoval, & Buehman, 2003)

**Noticed & Receive Attention**

- Give child attention for positive behavior
- Redirect his/her negative behavior
- Smile and let child know you enjoy him/her

(Kelly, Zuckerman, Sandoval, & Buehman, 2003)

**Sense of Predictability**

- Structure days so he/she knows what to expect
- Help child to anticipate changes/transitions
- Try to keep child with caregivers he/she knows and trusts

(Kelly, Zuckerman, Sandoval, & Buehman, 2003)

**Understand & Manage Upset Feelings**

- Help child learn to express his/her upset feelings in okay ways
- Help him/her move on to a different activity
- Stay with child and comfort him/her

(Kelly, Zuckerman, Sandoval, & Buehman, 2003)
**Sense of Control**

- Give child lots of appropriate choices
- Let child do as much as possible for himself/herself
- Decide what is important for you to control and what the child can control

(Kelly, Zuckerman, Sandoval, & Buehman, 2003)

**Safe & Stimulated in Exploration**

- Help child explore new objects, people, and surroundings
- Give child gentle reminders of the rules – be consistent but flexible
- Welcome child back when he/she needs to touch base with you before child explores some more

(Kelly, Zuckerman, Sandoval, & Buehman, 2003)

**Competent**

- Give child lots of opportunities to learn something new or try to do something by himself/herself
- Give child just enough support so he/she can succeed at something new and not get too frustrated while trying
- Encourage child’s efforts, including times when he/she isn’t successful

(Kelly, Zuckerman, Sandoval, & Buehman, 2003)

**Mutually Enjoyable Relationships & Sense of Belonging**

- Interact with child, enjoy him/her, and accept child’s feelings
- Respond sensitively to his/her feelings, needs, and attempts to interact with you
- Tell child about your feelings and others’ feelings so that he/she learns to care about others

(Kelly, Zuckerman, Sandoval, & Buehman, 2003)

Thank you!!

Questions/Comments?!
References


Resources

- Websites
  - Promoting First Relationships
    - http://www.pfrprogram.org/
  - Washington Association for Infant Mental Health
    - http://wa-aimh.org/
  - Zero to Three
    - http://www.zerotothree.org/