THE EFFECT OF VISUAL IMPAIRMENT ON INFANT MENTAL HEALTH PRACTICES

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1. Describe the role of vision in infant mental health practices and strategies.
2. Articulate how having an infant or toddler with a visual impairment dramatically changes the landscape for the family.
3. Identify potential challenges to infant mental health and family resilience for the family of an infant with a visual impairment;
4. Give specific strategies and techniques to mitigate these challenges.

The real goal?

- That we begin to think deeply about how to help families who have a visually impaired baby navigate their reality in a supportive, thoughtful way.
What is IMH?

- IMH is the developing capacity of the child from birth to 3 to experience, regulate (manage), and express emotions; form close and secure relationships; and explore and master the environment and learn — all in the context of family, community, and cultural expectations for young children. (Zero to Three)

- Essentially, infant mental health focuses on the optimal social and emotional development of infants and toddlers within the context of secure, stable relationships with caregivers (Zeanah & Zeanah, 2001).

Role of Vision in IMH
What is disordered social-emotional development?

- Dull eyes without sparkle
- Back arching and stiffening as regular response
- Eye gaze avoidance
- Pushing away rather than relaxed molding into adult
- Limp, floppy, listless body (without illness)
- Rare smiles
- Difficulties sleeping
- Inconsolable crying
- Head banging
- Echoic verbalizations

- Wild tantrums
- Fearful withdrawal from caregiver
- Regular avoidance of/indifference to caregiver
- Anxious “shadowing” of caregiver
- Continuous biting/hitting with no provocation
- Little interest in peers or other persons

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• DECA-IT 18-36 month scale
Why IMH Practices?

Because the quality of the social emotional connection between parent and child has an impact on how effective our interventions are.

Risks to Attachment

Risk Categories

- Parental
- Environmental
- Biological:
  - Conditions that affect the child’s ability to send signals, to respond to parent's input.
  - Biological factors affecting the child – such as prematurity, low birth weight, disability, and difficulties in sensory processing and regulation may also present obstacles to healthy emotional development. Think about cumulative impact...
“Research on children with biological conditions suggests that secure attachment and responsive parenting, over time, have more impact on developmental outcome than the particular biological defect.”


“Attachment is Bi-Directional and Co-Created”

—Ann Heintzelman

Parents of sighted infants interact differently from parents of infants with severe visual impairments.
Blindness will influence the quality and quantity of an infant’s early social interactions. The blind infant’s signals may be difficult to interpret and hence may be ineffective elictors of responses by caregivers. The infant tends to look “disinterested,” and his or her smiles are muted.

In addition, severe visual impairment restricts the infant’s ability to perceive the caregiver’s presence and to attend and respond to stimulation.

The failure of infants to gaze decreases the caregivers’ visual attention to blind infants, adversely affects the caregivers’ vocal responsiveness, and underscores the need to assist caregivers in identifying and interpreting their infants’ other signals.

Visually impaired infants demonstrated fewer periods of positive vocalization and positive responses to the mother, fewer social initiations to the mother, more negative vocalizations, more periods of negative affect, and more ignoring of the mother than did the controls.

Mothers of visually impaired infants demonstrated less en-facing positioning, fewer positive vocalizations, and more periods of neutral vocalizations than did the mothers of nonhandicapped children.

“Development of the Secure Base. . . depends on how accessible the Parent is to Baby; how accessible the Baby is to the Parent.”

—Ann Heintzelman

For example, lack of eye contact between parents and children can reduce the frequency and duration of their communicative interactions. A mother may feel rejected or simply talk less to a child who does not make eye contact during feeding or diaper changing. She may be unaware of other, more subtle signals indicating that the child is engaged. Because the mother talks less, the child has less exposure to language and experiences fewer enjoyable stimuli. Because the child has fewer positive experiences, he or she may be less interested in being held or interacting at other times. It may be more difficult to interpret what the child is enjoying. Because the child may not express obvious pleasure in being held or interacting, the mother may leave the child in a crib and have fewer interactions with him or her. This cycle can continue indefinitely without intervention. Not all visual impairments will have negative effects on development as dramatic as described in this hypothetical situation, but visual impairments do influence developmental processes in many ways.
Both the caregiver's and the infant's actions must be considered, since the **caregiver's responsiveness** is itself highly **sensitive** to variations in the infant's cues and abilities, as well as to variations in the caregiver's skills.

From this perspective, the **unreadable, unresponsive infant** may **generate** feelings of **failure** or helplessness in a caregiver, **diminishing** both the caregiver's **desire for** and **ability to** participate in subsequent interactions.

The **infant's** failure to stimulate the **caregiver** in interaction may create an unfavorable **cyclic effect** as the relative **unresponsiveness** of the caregiver **inhibits** the relative efficacy of the infant's signals.

http://www.afb.org/afbpress/pubjvib.asp?DocID=jvib8903toc&All#jvib890305
If parents of children with visual impairments have difficulties recognizing their infants’ cues, the consolidation of attachment and the pattern in which it becomes organized can be impacted.

If a caregiver does not respond to her infant’s cues, the dyad will not have the history of exchanges necessary for attachment formation.

If caregivers to a greater degree miss their visually impaired infants’ cues, these children will experience their parents as less sensitive to their needs, which will increase the likelihood of the attachment being organized as insecure.

In a sighted child the mutual smile between infant and mother is the beginning of attachment, recognition, and communication.

The blind child will smile at 2 months in recognition of his mother’s voice, but only nuzzling or tickling will regularly elicit a smile.
In later years, the child appears to have ambivalent emotional involvement and appears disinterested, non-communicative, and uninformed about the rudiments of play with his peers. Consequently, he may be avoided by his peers and rejected or overprotected by strangers and relatives. All in all, his social interactions are more complicated because subtle visual cues are missing and facial expressions are lost.
Baby cues: ‘I want attention’

Eye contact is one of the ways your baby tells you he wants your attention. Turning his head and eyes towards you or reaching out to you are other baby cues that show he wants your attention.

If your baby turns her head away, arches her back or cries, she’s telling you she needs a break or a change of activity. Try putting your baby on the floor to play, or into bed if it’s time for sleep.

Baby cues: ‘I need a break or a change of activity’

If your baby is yawning, rubbing his eyes or jerking his arms or legs, he’s showing tired signs. Toddlers and older babies might grizzle, cry and demand attention. Try giving your child some quiet time in bed to help him settle to sleep.
Infants who are visually impaired seem to inhibit all motor arousal and demonstrate a bland facial expression when auditory input is available.

Parents often interpret this attentive stillness and flat affect as a sign that their infants are not interested in and are unavailable for social interaction, when the infants are actually using stilling as a strategy to attend more effectively to auditory stimuli.
The Landscape

Visual impairment changes everything.

Just found out my 6 month old is blind

Posted by proudmommy_2 on 4/4/2007 at 9:31 PM

“I found out today that my baby girl is blind. We thought there was a chance because of the way she behaved. I have no answers and no education about the blind. I am so scared for her and her future, along with what’s in store for me. If there is anyone who can help, please do.”

Responses

“I just found out that my 5 month old baby boy twin is blind too. Am crying a lot, holding him a lot and playing with him more, while my husband plays with my daughter the other twin. I don’t know how to handle or cope with my blind child. He doesn’t see me but hears me. I feel he doesn’t deserve this. What to do, what to do… just scared and sad”
“My Grandaughter was born blind and it took me 3 years to be able to deal with it, however the thing her therapist made me realize is that she is find with because that's all she knows and she think everybody in life sees what she sees. the hardest part of having a blind child is birthday party and things that consist of other children doings my granddaughter is 11 now and I still cry when she's invited to a birthday party and cant run play with the kids.

but keep the faith and God will see you thru this God Bless dear” [sic]

“Dear proud mommy (and you should be proud of your beautiful child) Believe me I know exactly what you are going thru. I have a 5 year old little boy who is visually impaired and only has some sight in one eye. The other is blind. I have cried so many days and nights. I would get so angry at god, for letting this happen, so angry at my Doctor and very depressed. I had no one to talk to and my family just kept telling me “God only gives you what you can handle” To this day i don't discuss my son's progress or condition with them, for they don't understand. I know they want to be positive for me, but it doesn’t help.

The only suggestions I can make is get to know your child and be close to them. know what makes her/him smile and build on that. Talk to her/him alot! Give them alot of different textures to explore and try and stay away from all of the hard plastic toys. Take her to the park and if a parent asks about her take pride in telling them about her/his strengths, smiles what she can do!

(continued)

My teacher for the visually impaired gave me a book, that i wish i would have gotten when my son was first born. I will have to look up the title for you. The best piece of advice in the book was “stop thinking about the future for your child and what he can and cannot, will and will not be able to do Focus on what your child CAN do and build and brag on that.” Take your child to get her picture taken and show off the pictures, I brag about my son any chance that I get. It has helped him be more outgoing and has built his self-confidence. Knowing that he has his mom encouraging him to do something, he will try it. He is now the loudest, most friendly little boy in his pre-school class.

Please write to me, I would love to stay in contact with you, you might just help me out too, who knows.

It will be okay, it just will take time.

I swear at the school, when my little joey crosses the road with his cane, one of these days we are going to cause an accident, they way every one stops and stares. But I just wave to them and enjoy the free path.

Take care

Dorothy
“She used to not even acknowledge you were there. Now she stares straight at your face. It’s so rewarding to see her SEE me!”

—a Grandmother
“They talk about how the child needs the eye contact to bond with us. But really, it’s us who need it. We feel like we are dying without it.”

— a Mother

“Right from birth, I told them that my daughter was averting her gaze — refusing to look at me. This was really hard for me as a dad because I really thought she didn’t want to look at me. Now, 18 months later, you’re telling me that she was actually TRYING to look at me? That she really did love me, even back then?

She doesn’t hate me?!”

— A Dad, after hearing his daughter’s CVI explained.

Resilience
Balance the demands of the child with the chronic condition with other family needs. This does not mean the family is never at its wit's end. It means that, more often than not, the family has enough energy to attend to the child's developmental needs as well as the need of the chronic condition. Normal family routines are maintained most of the time, and there is time for everyone in the family. In a balanced family, the universe doesn't always swirl around the child with the chronic illness or disability. It just feels like that sometimes!

Maintain clear family boundaries. While everyone needs to pitch in once in a while, these families have the time and energy to meet the need of unaffected children. Siblings may have responsibilities, but they aren't treated like little adults. While families need to develop connections to service providers, they also need to maintain their own integrity and sense of control over their lives. Resilient families are not over-directed by what professionals want them to do.

Develop communication competence. Effective families are able to solve problems, make decisions and resolve conflicts. They are able to express feelings, even when the feelings are negative and seem to be unjustified.

Attribute positive meanings to the situation. Families who are able to think positively about their situation and develop positive attitudes, manage better. These families often acknowledge the positive contributions their child brings to family life and how they have developed a new and more meaningful outlook on life.

Maintain family flexibility. Flexibility is one of those family resources that benefits all families, particularly when long-term demands are present and when day-to-day life is not predictable. Being able to shift gears, change expectations, and alter roles and rules contributes to better outcomes.

Maintain a commitment to the family. Of all the family resources, cohesion - the bonds of unity and commitment that link family members - is probably the single most important protective factor for families who have a child with a chronic illness or disability.

Engage in active coping efforts. Resilient families actively seek information and services, and work to solve problems.

Maintain social integration. The ability to maintain supportive relationships with people in the community is another important protective factor for the child and family. Support from other parents who have a child with a chronic condition has become a major resource to many families.

Develop collaborative relationships with professionals. The quality of the relationships families have with health care and other professionals is another protective factor. Taking time to share information, working together to make decisions about the child's care, respecting differences, and avoiding attempts to control the other [person], contribute to satisfaction for both parent and professional.
Strategies

Questions?
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