robin.balbernie@gmail.com

Risks, Relationships and Repair.

Early intervention with vulnerable families:

A view from infant mental health.

Royal College of Midwives Annual Conference.
Brighton.

14th November, 2012.

From the Mental Health Task Force of Zero to Three.

Infant mental health is the developing capacity of the child from birth to three to: experience, regulate, and express emotions; form close interpersonal relationships; and explore the environment and learn – all in the context of family, community and mental health expectations for young children. Infant mental health is synonymous with healthy social and emotional development.

"Human relationships, and the effect of relationships on relationships, are the building blocks of healthy development. From the moment of our conception to the finality of death, intimate and caring relationships are the fundamental mediators of successful human adaptation." (p. 27)

National Research Council and Institute of Medicine (2000) *From Neurons to Neighbourhoods: The Science of Early Childhood Development.* Committee on Integrating the Science of Early Childhood Development. Jack P. Shonkoff and Deborah A. Phillips, eds. Board on Children, Youth and Families, Commission on Behavioral and Social Sciences and Education. Washington D. C. :National Academy Press.

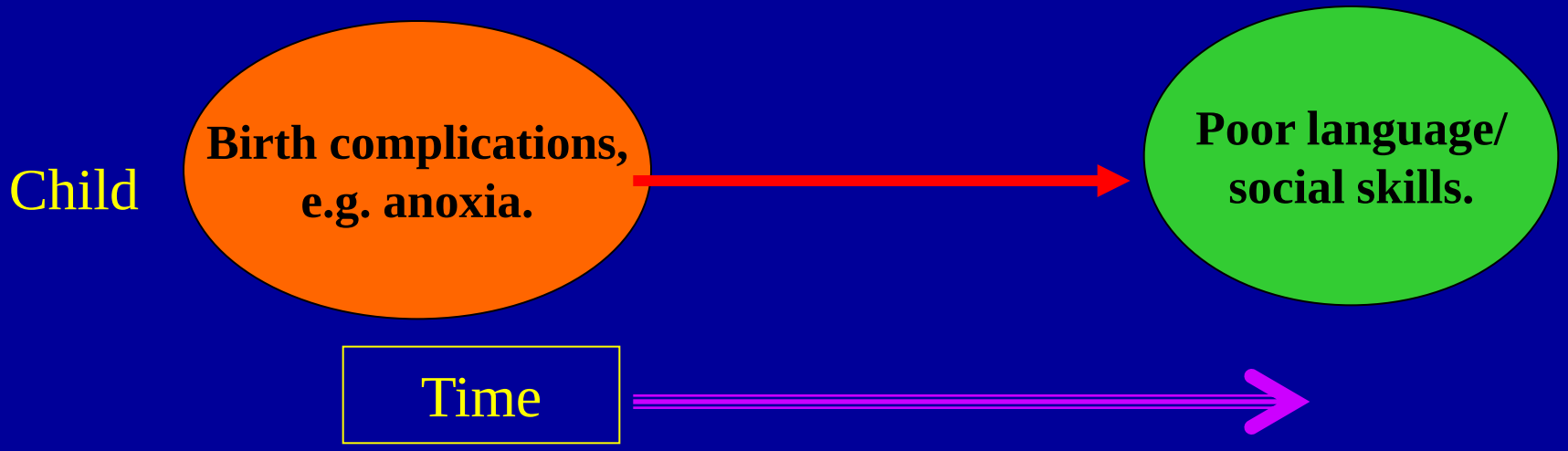
The first relationships may be the most important.

Positive predictable interactions with nurturing caregivers profoundly stimulate and organize young brains.

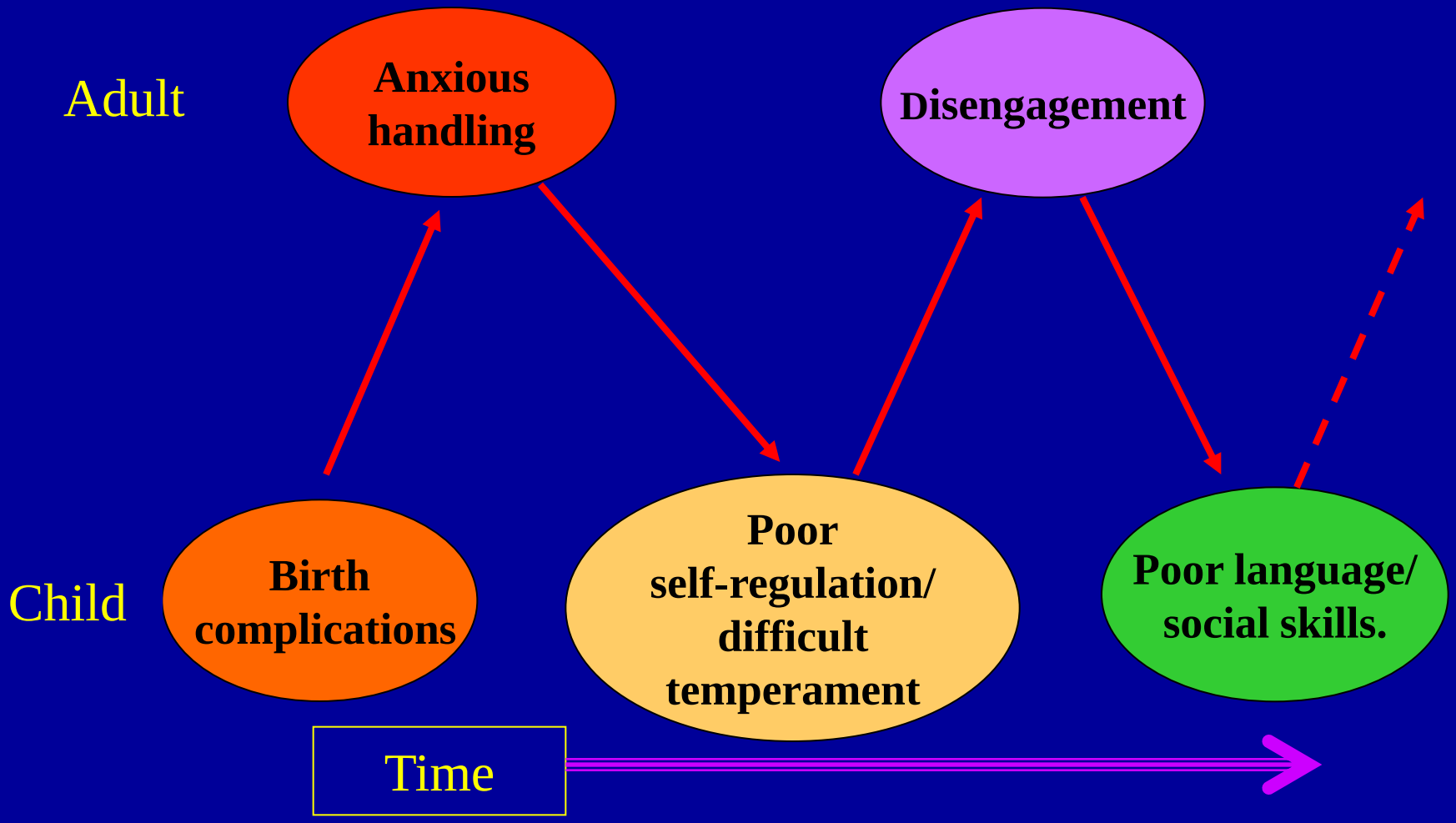
The quality of early caregiving has a long lasting impact on how people develop, their ability to learn, and their capacity to both regulate their own emotions and form satisfying relationships.

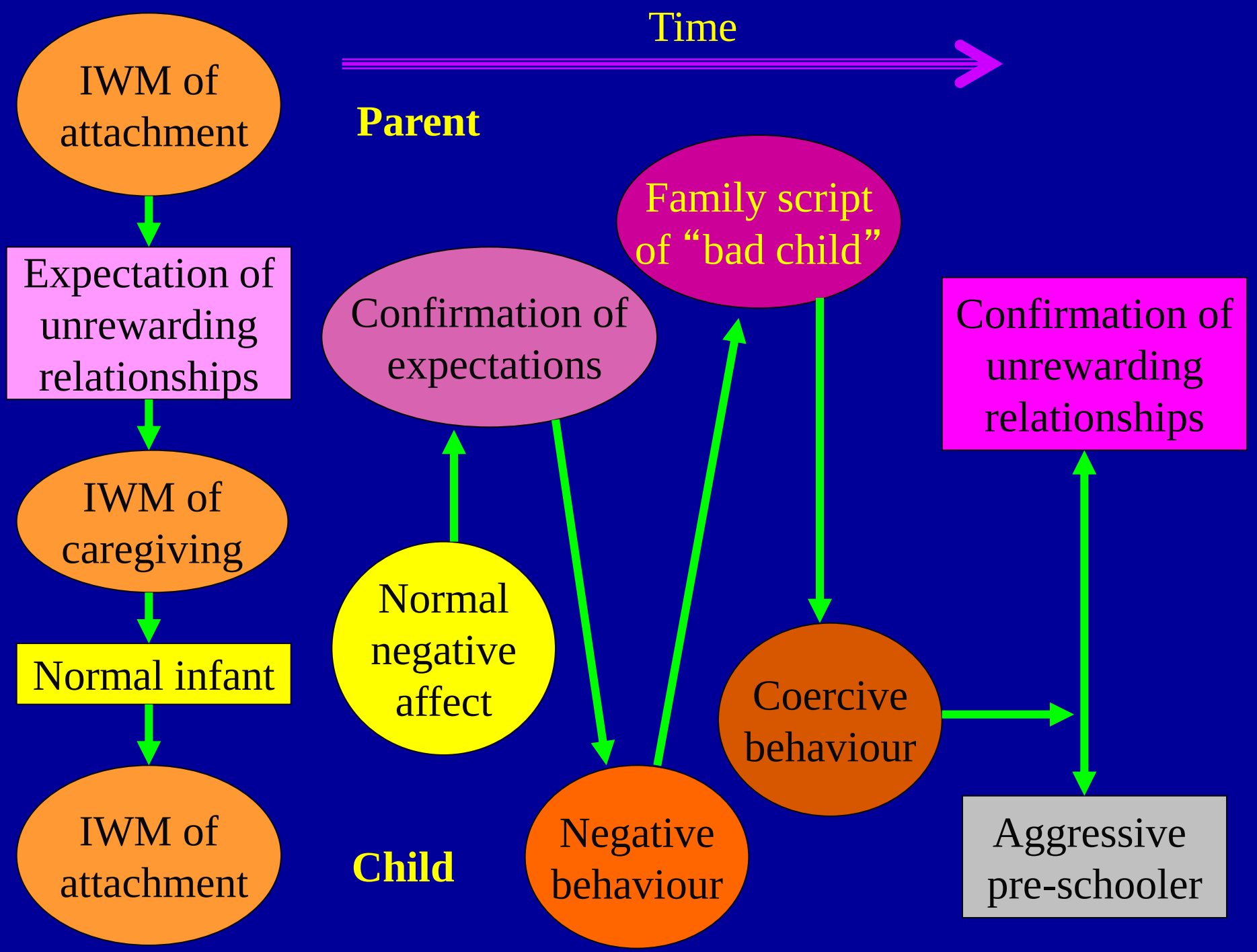
Relationships import the world.

An example of the old, linear, model of development.

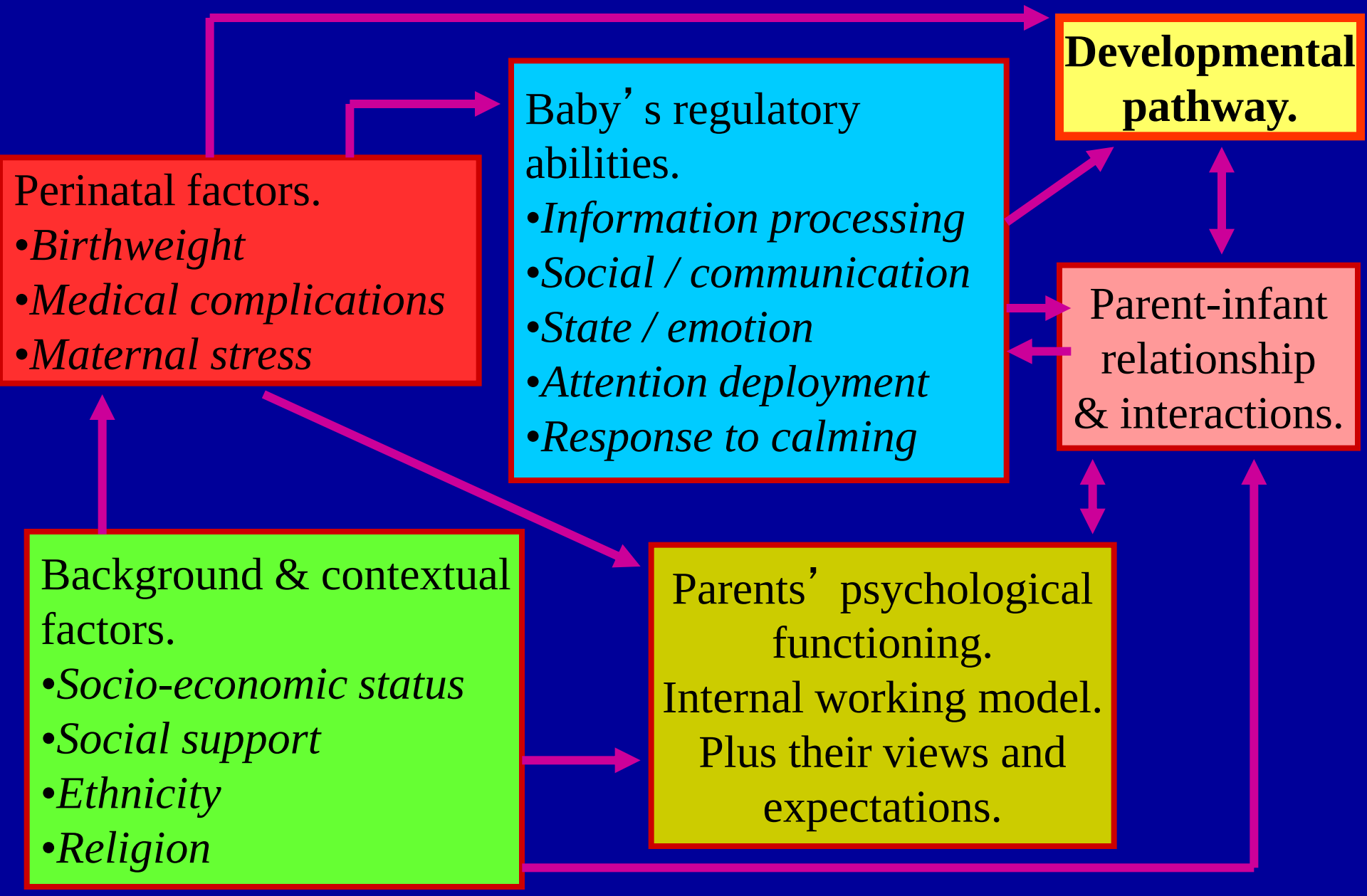


A transactional model for explaining developmental problems.

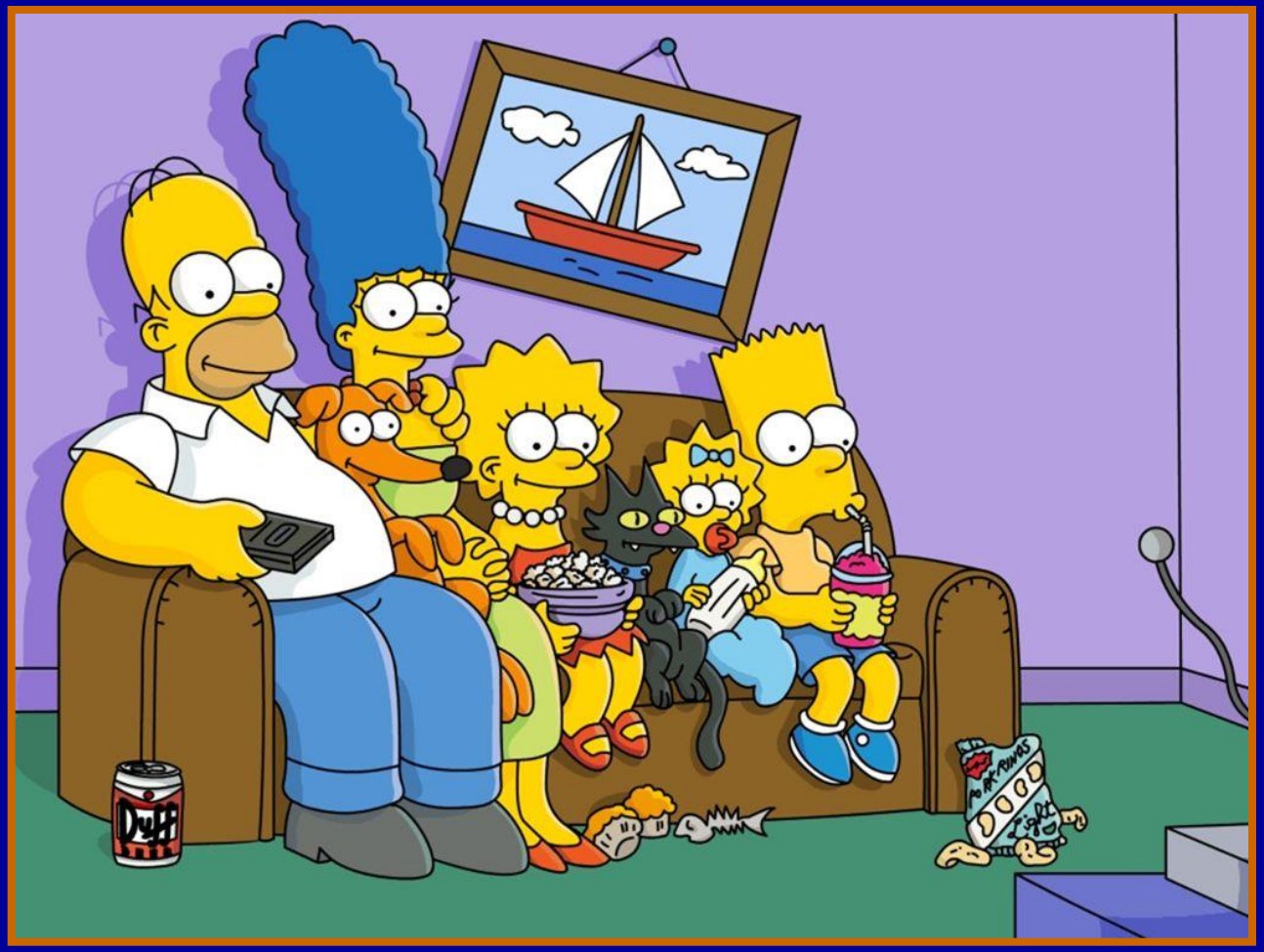



Time
IWM of attachment
Parent
Family script of “bad child”
Expectation of unrewarding relationships
Confirmation of expectations
Confirmation of unrewarding relationships
IWM of caregiving
Normal infant
Normal negative affect
Coercive behaviour
IWM of attachment
Child
Negative behaviour
Aggressive pre-schooler

Developmental outcomes for premature babies.



The infant has no comparisons, and family relationships are their world.



Environmental adversity will have a direct negative effect on maternal care.

Poverty.

Adverse life conditions

Adult health
Child health
Unemployment
Housing
Exposure to violence

Social network

Friends
Family
Community institutions

Psychological distress

Marital conflict
Maltreatment
Parental mental illness

Grandparent behaviour

Parent internalised working models

Partner relationship

Parenting behaviour

Infant mental health.

Infant Attributes:
e.g. health
temperament

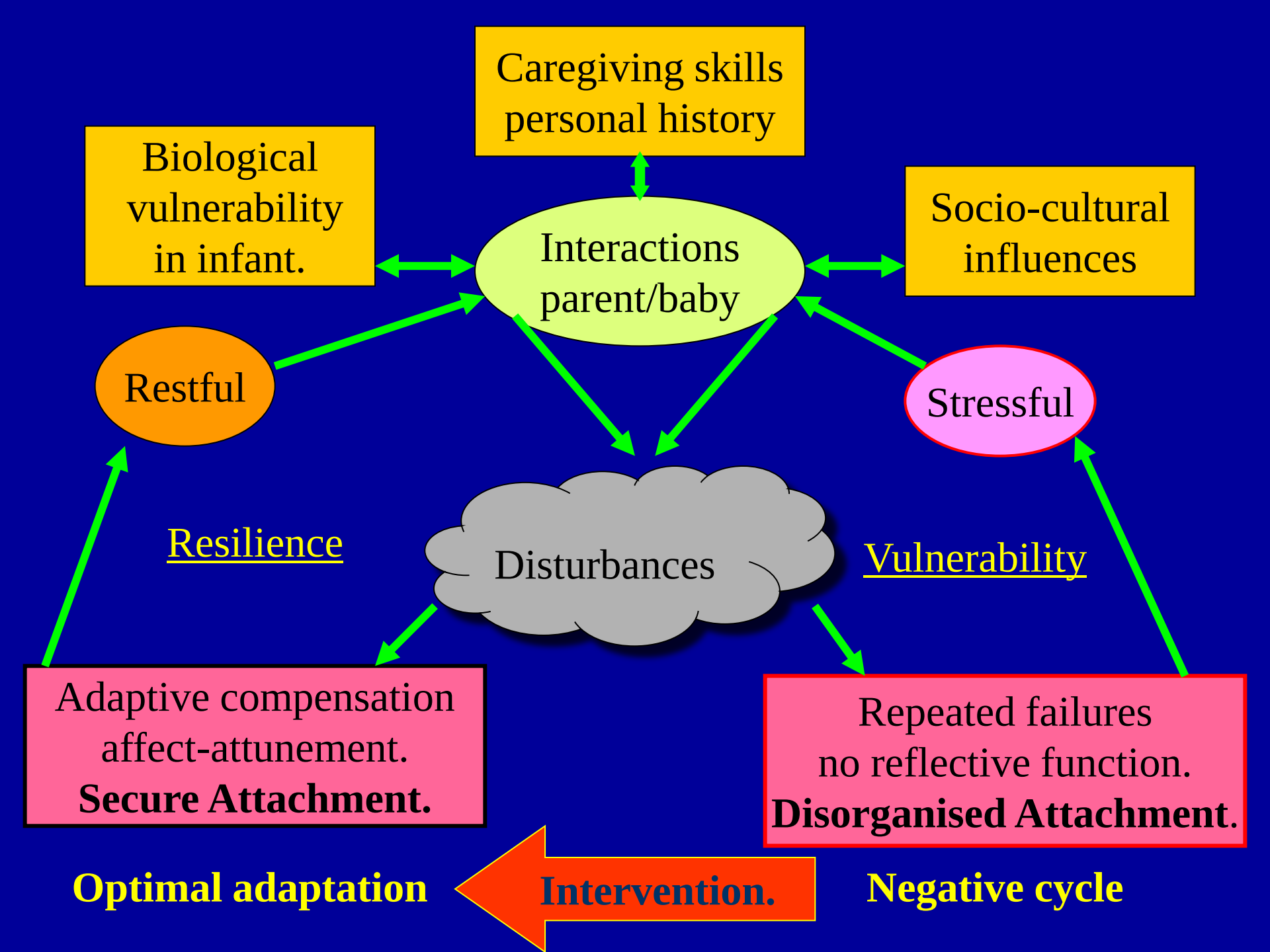
Sibling behaviour

An anthropologist's view of infancy.

"The hand that rocks the cradle rarely controls the world. But the voice that sings lullabies and barks cautionary messages in the first years of life provides critical information about the social niche into which the child has been born. Such experiences can have a lasting effect upon his mental and emotional outlook." (p.77)

Sarah Blaffer Hrdy. (2000) *Mother Nature.* London: Vintage.

The essential task of pregnancy and the first year of life is the creation of a loving and joyful relationship between baby and parent. In order to successfully enter into this emotional communication the mother must be attuned to the dynamic changes in the baby's state of arousal – appraising and then regulating these states, whether positive or negative.


Caregiving skills
personal history
Biological
vulnerability
in infant.
Interactions
parent/baby
Socio-cultural
influences
Restful
Stressful
Resilience
Disturbances
Vulnerability
Adaptive compensation
affect-attunement.
Secure Attachment.
Repeated failures
no reflective function.
Disorganised Attachment.
Optimal adaptation
Intervention.
Negative cycle

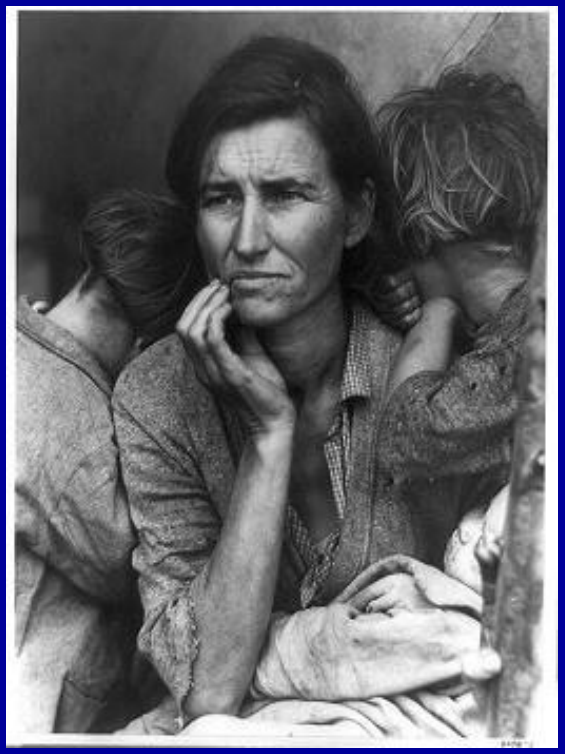
Stresses that impact the caregiving relationship.

1) Socio-demographic factors:

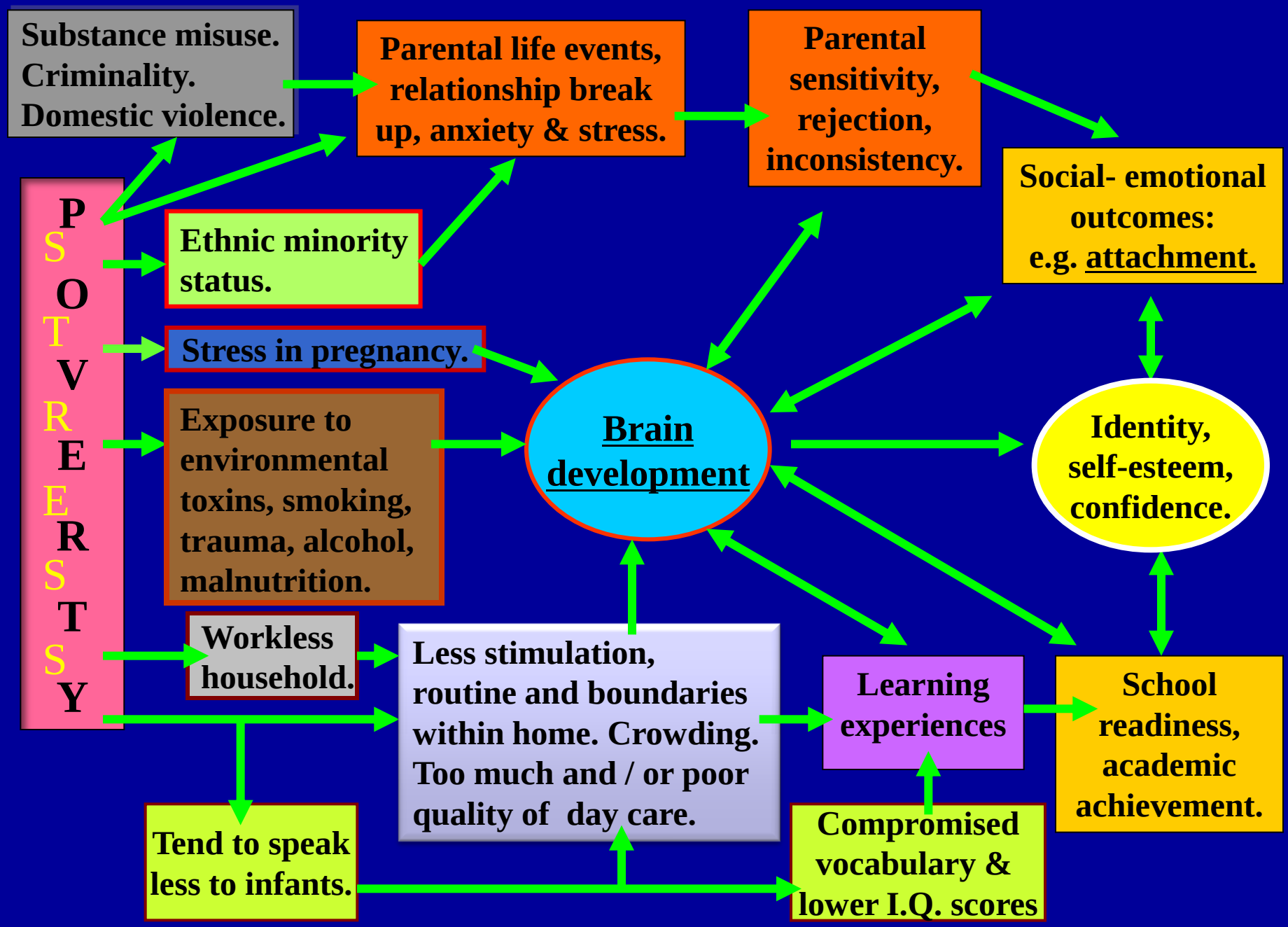
Chronic unemployment / poverty.
Inadequate income / housing / hygiene.
Overcrowding in household.

Single teenage mother without family support.

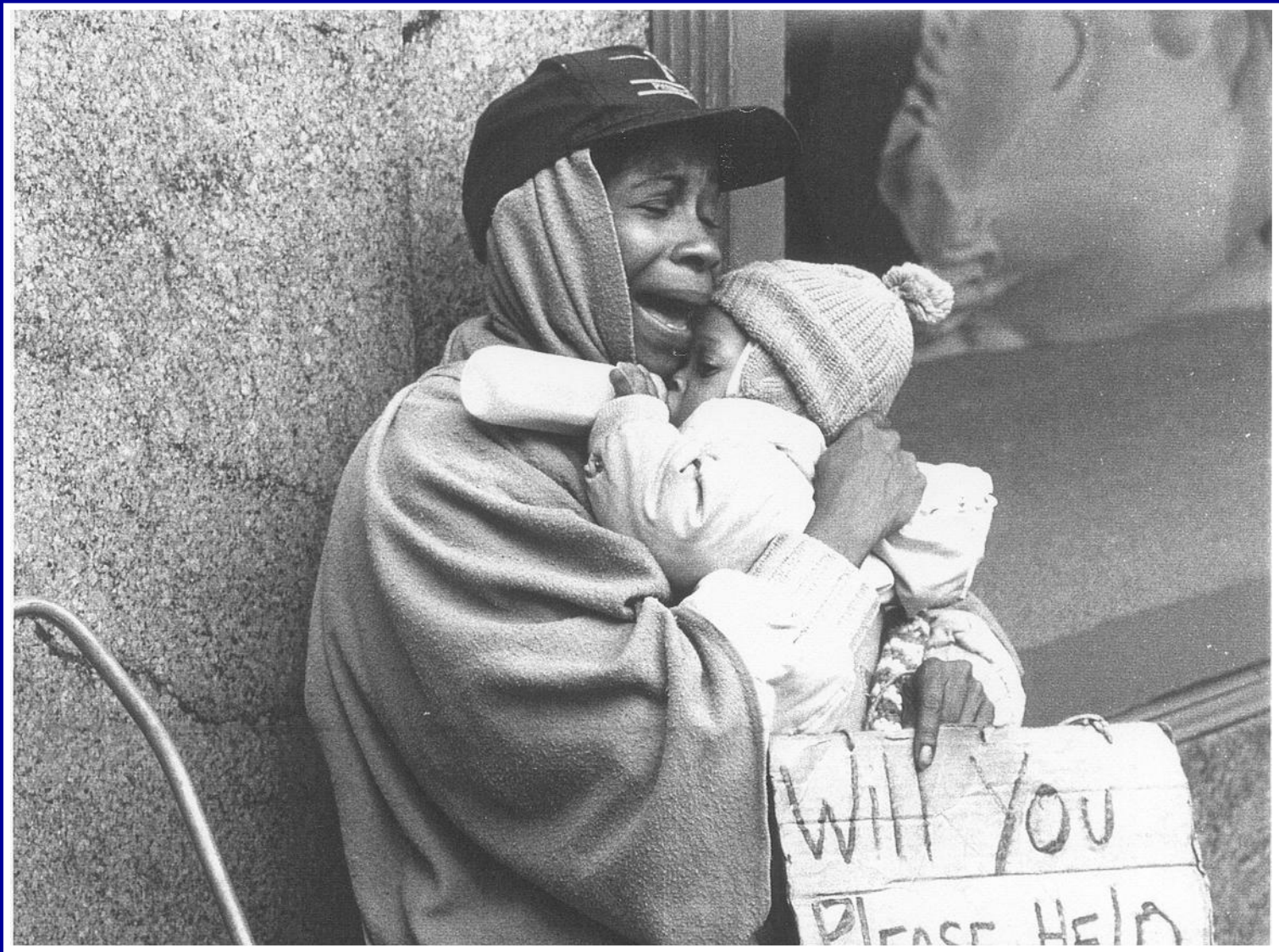
Severe family dysfunction; current and in background.
Lack of support / isolation.
Recent life stress (e.g. bereavement, job loss, immigration).



Influence of poverty on development.



Poverty acts to concentrate and amplify all the other risk factors.



2) Interactional or parenting variables:

Lack of sensitivity to infant's cries or signals.

Lack of 'serve and return' interactions.

Physically harsh / punitive towards infant.

Lack of vocalisation to infant, few 'conversations'.

Lack of eye-to-eye contact.

Quality of partner relationship.

Lack of consistent caregiver for infant.

Lack of preparation during pregnancy.

Lacks practical knowledge of parenting.

Negative attributions made towards child, even if ‘jokey’.

Infant has poor physical care (e.g. dirty, unkempt).

Does not anticipate or encourage child’s development.

Infant a victim of maltreatment, emotional abuse or neglect.

Any violence reported in the family especially if witnessed by child.

Negative affect / verbal abuse openly shown towards infant.

3) Parental history and current functioning:

Parent(s) seem incoherent or confused.

Learning disability / low educational achievement.

Criminal or young offender's record / has been imprisoned.

Previous child in foster care or adopted.

Mother has experienced death of a child.

Parent was in care (looked after) / adopted.

Previous child has behaviour problems.

Presence of acute family crisis.

Mental illness, including depression.

Alcohol and / or drug abuse past).

Serious medical condition / physical disability.

Own mother mentally ill / substance abused.

Background of abuse, neglect or loss in childhood.

Absent parent or stepparent in family.

The context of parental depression, effect on infant security.

Economic hardship.

Lack of pleasure in parenting.

Less affirming & more negating responses.

Less sensitive interactions

Infant attachment security.

Relationship stress.

Increase in frequency of spanking.

4) Biological vulnerability in the baby:

Delivery complications.

Head injuries.

Congenital abnormalities/illness.

Low or high muscle tone.

Very lethargic/non-responsive.

Very difficult temperament/extreme crying.

Chronic maternal stress / anxiety during pregnancy.

Regulatory / sensory integration disorder.

Resists holding / hypersensitive to touch.

Mother smoked during pregnancy.

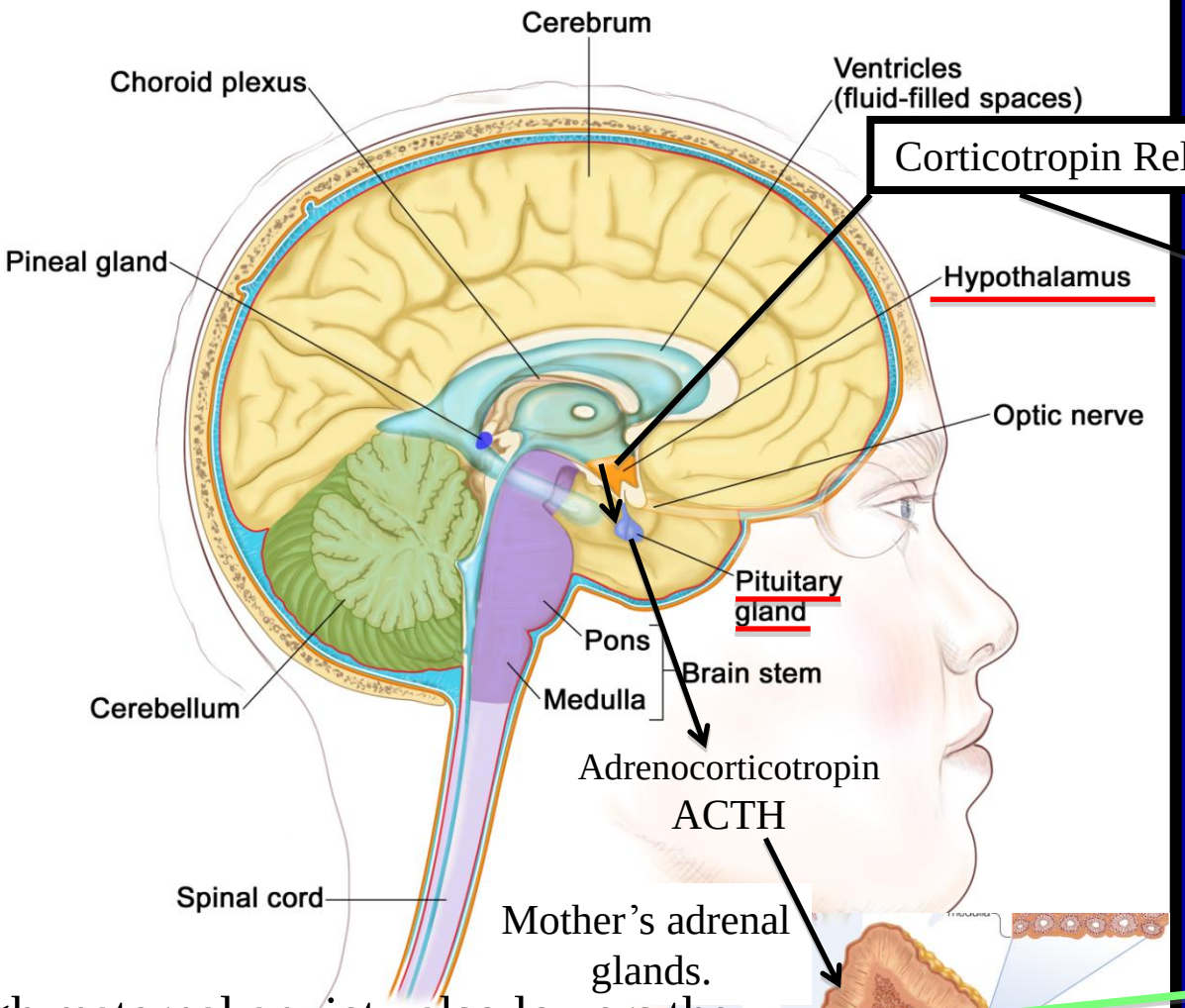
Mother drank alcohol during pregnancy.

Failure to thrive / feeding difficulties / malnutrition.

Mother substance abused / on methadone during pregnancy.

Very low birth weight / extreme prematurity.

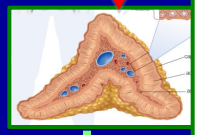
Passing on stress during pregnancy.



Corticotropin Releasing Hormone.

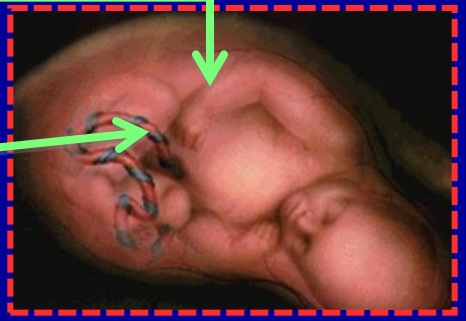
Foetus' pituitary gland.

ACTH



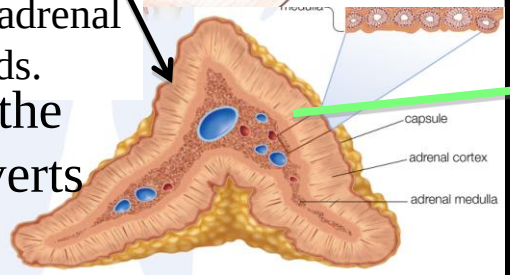
Foetus' adrenal glands.

Cortisol.



Adrenocorticotropin
ACTH

Mother's adrenal glands.



High maternal anxiety also lowers the expression of the enzyme that converts cortisol to a harmless substance.

Antenatal maternal stress, effects on child.

Foetal programming describes the physiological adaptations made to the characteristics of the intrauterine environment. If a mother is stressed while pregnant her child is substantially more likely to have:

- Emotional and / or cognitive problems;
- Increased risk of attention deficit/hyperactivity;
- Anxiety;
- Language delay.

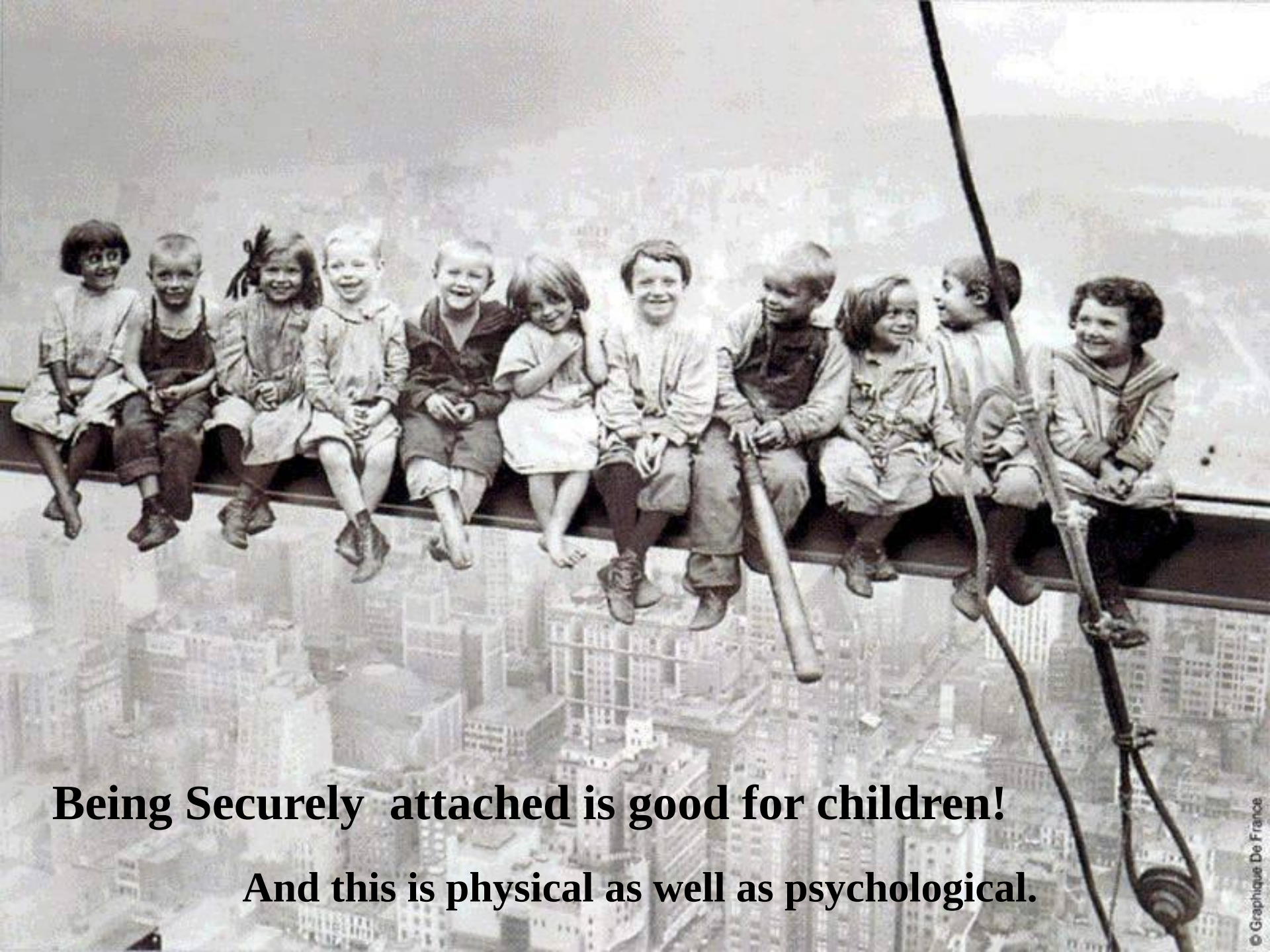
(Independent of effects of postnatal depression & anxiety)

Talge, N. M. et al. (2007) *Antenatal maternal stress and long-term effects on child neurodevelopment: how and why?* J.Child Psychology & Psychiatry, 48:3/4, 245-261.

This is likely to be associated with other risk factors.

The early attachment relationship influences later development in a combination of ways.

1) Experiences with the primary caregiver affect the neurobiology of the infant's developing brain.
2) It is the foundation for learning affect-regulation and impulse-control. The baby is soothed by the parent's responses, which then become internalised.
3) Here the infant learns relationship skills, especially empathy, behavioural regulation and synchrony.
4) *Internal working models* are derived from this time, as the infant begins to anticipate the responses to his actions and signals. These are the unconscious expectations of relationships that may last a lifetime.



Being Securely attached is good for children!

And this is physical as well as psychological.

Overall conclusions of the Adverse Childhood Experiences (A.C.E.) study.

The more Adverse Childhood Experiences an individual has endured, the greater the later incidence of:

1. Smoking, fractures, severe obesity, alcohol and drug use;
2. Ischaemic heart disease, stroke, chest diseases, cancer;
3. Diabetes, hepatitis, sexually transmitted diseases;
4. Depression, attempted suicide.

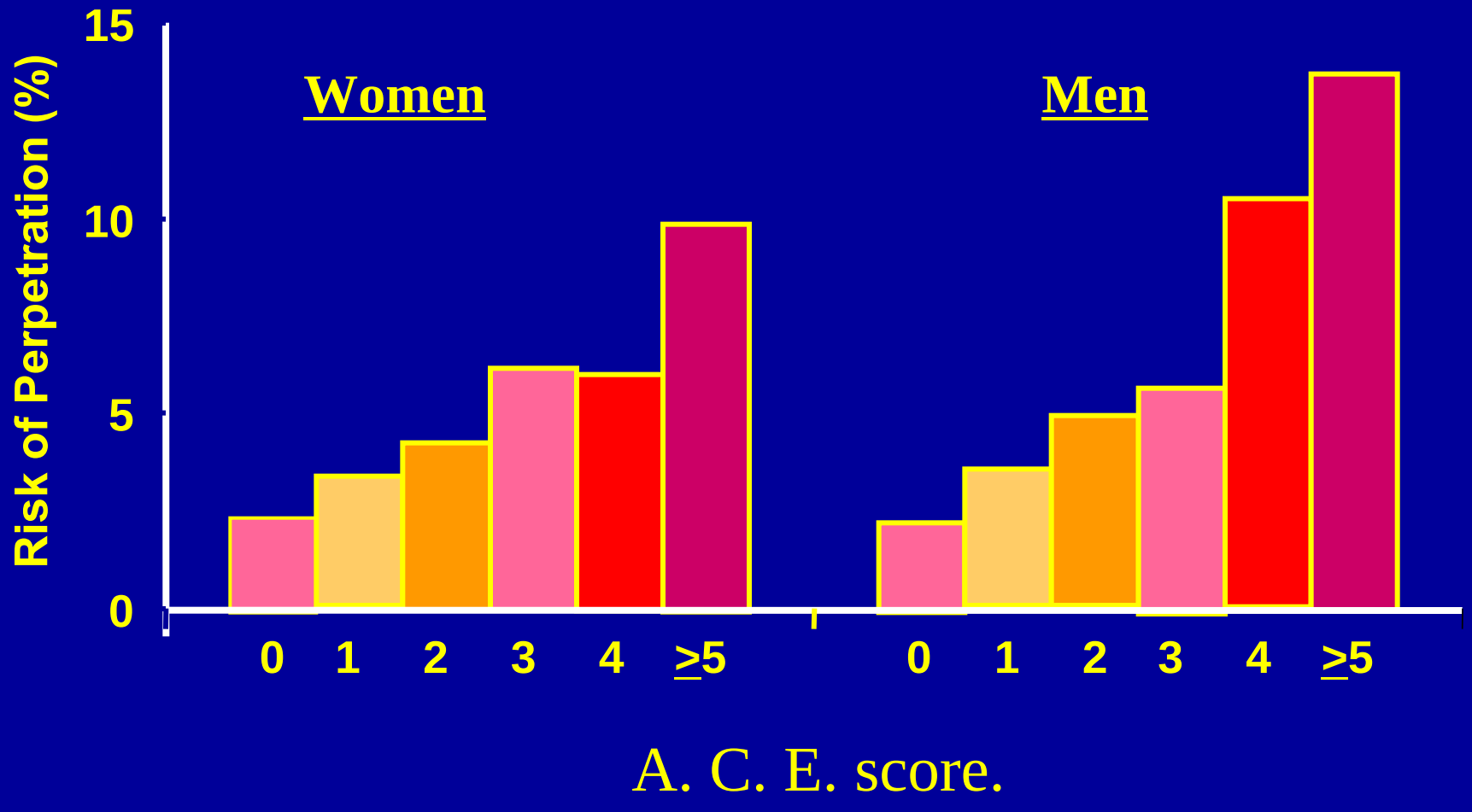
Felitti, et al. (1998) *Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults.* American Journal of Preventive Medicine. 14, (4)

The ‘Adverse Childhood Experiences’ were:

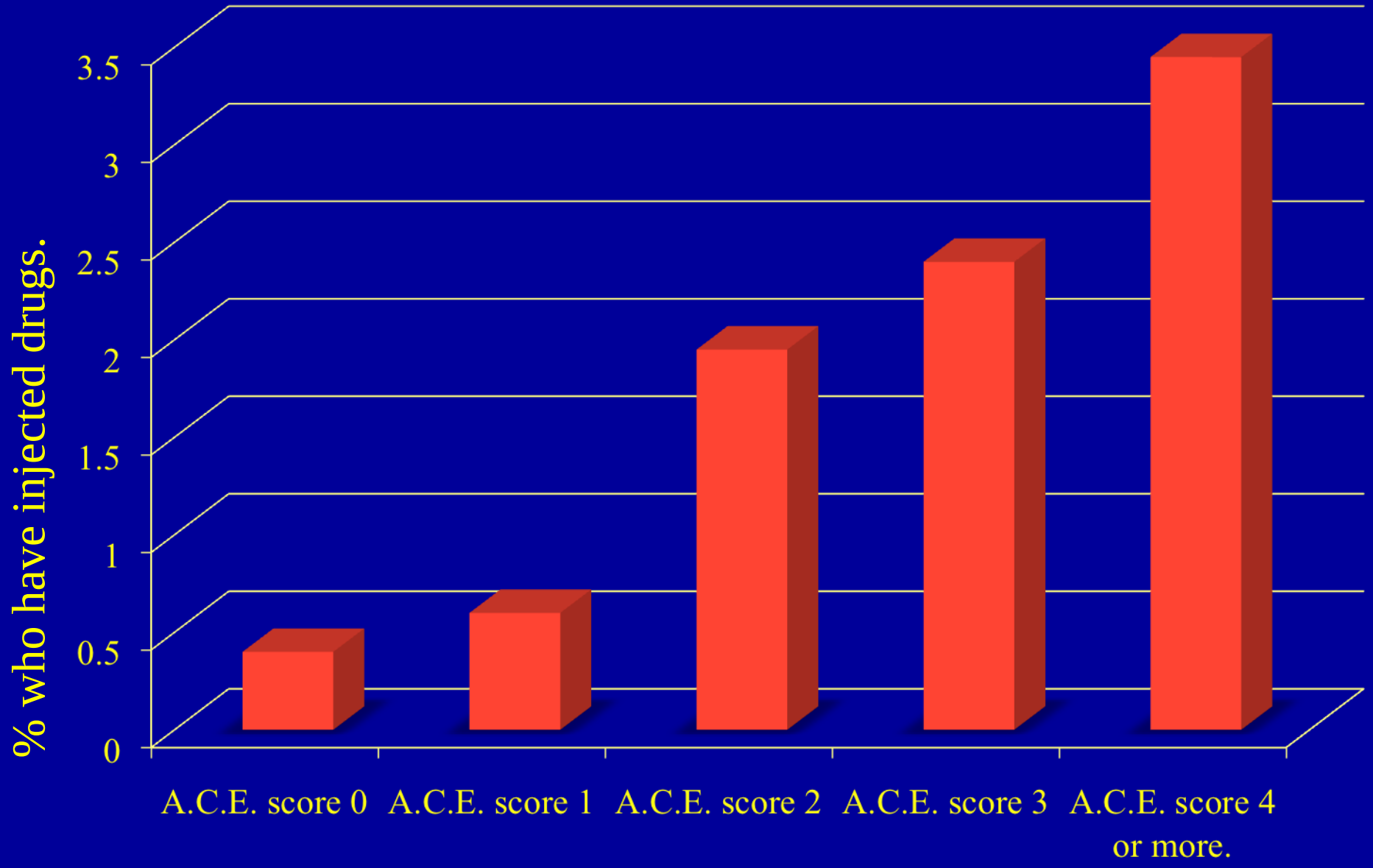
- Emotional abuse – recurrent humiliation.
- Physical abuse – beating.
- Physical neglect.
- Emotional neglect.
- Contact sexual abuse.
- Mother treated violently.

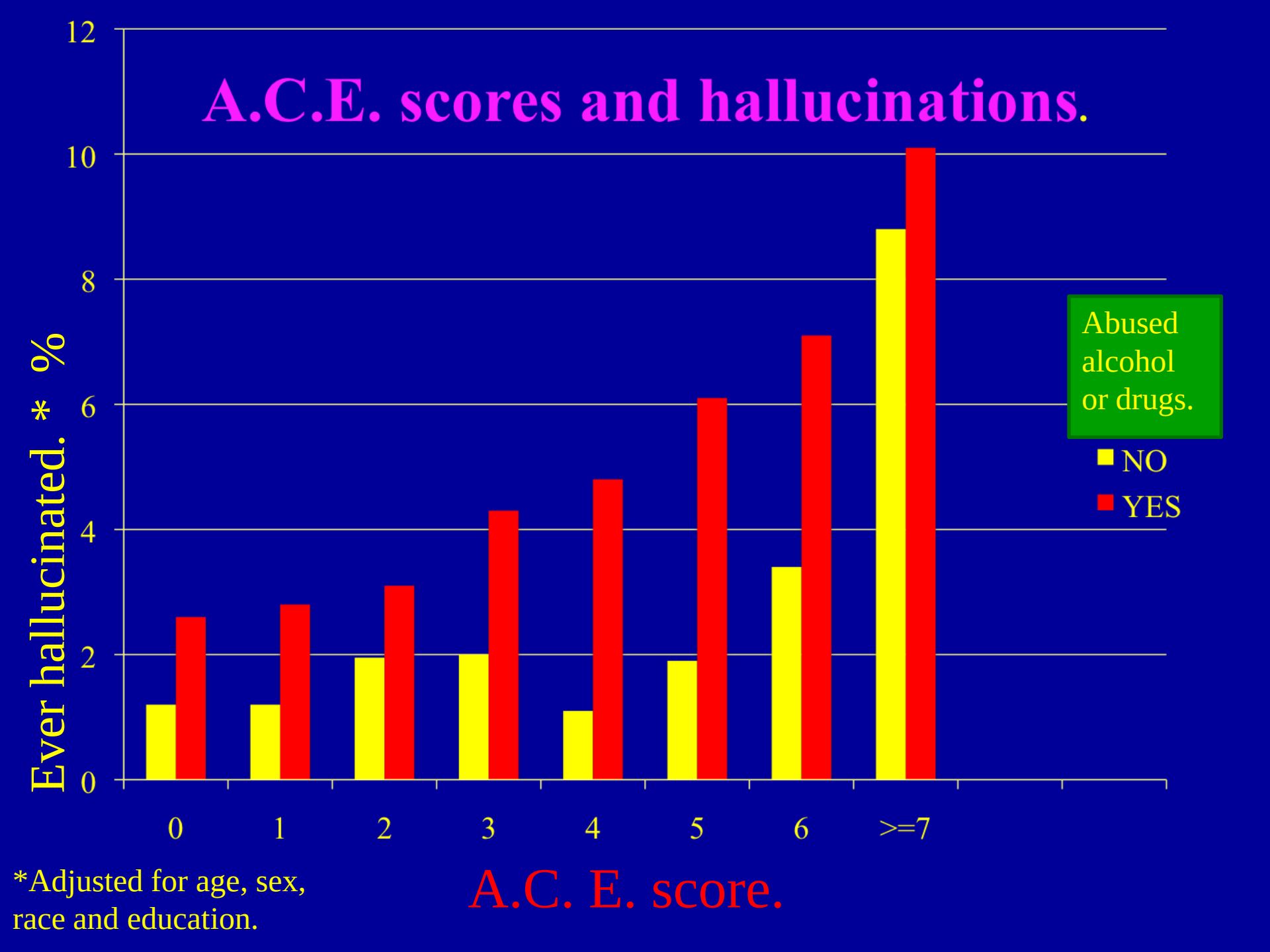
- Household member was alcoholic or drug user.
- Presence of mental illness.
- Parental separation or divorce – not raised by both biological parents.
- Incarcerated household member.

A.C.E. score and the risk of perpetrating domestic violence.

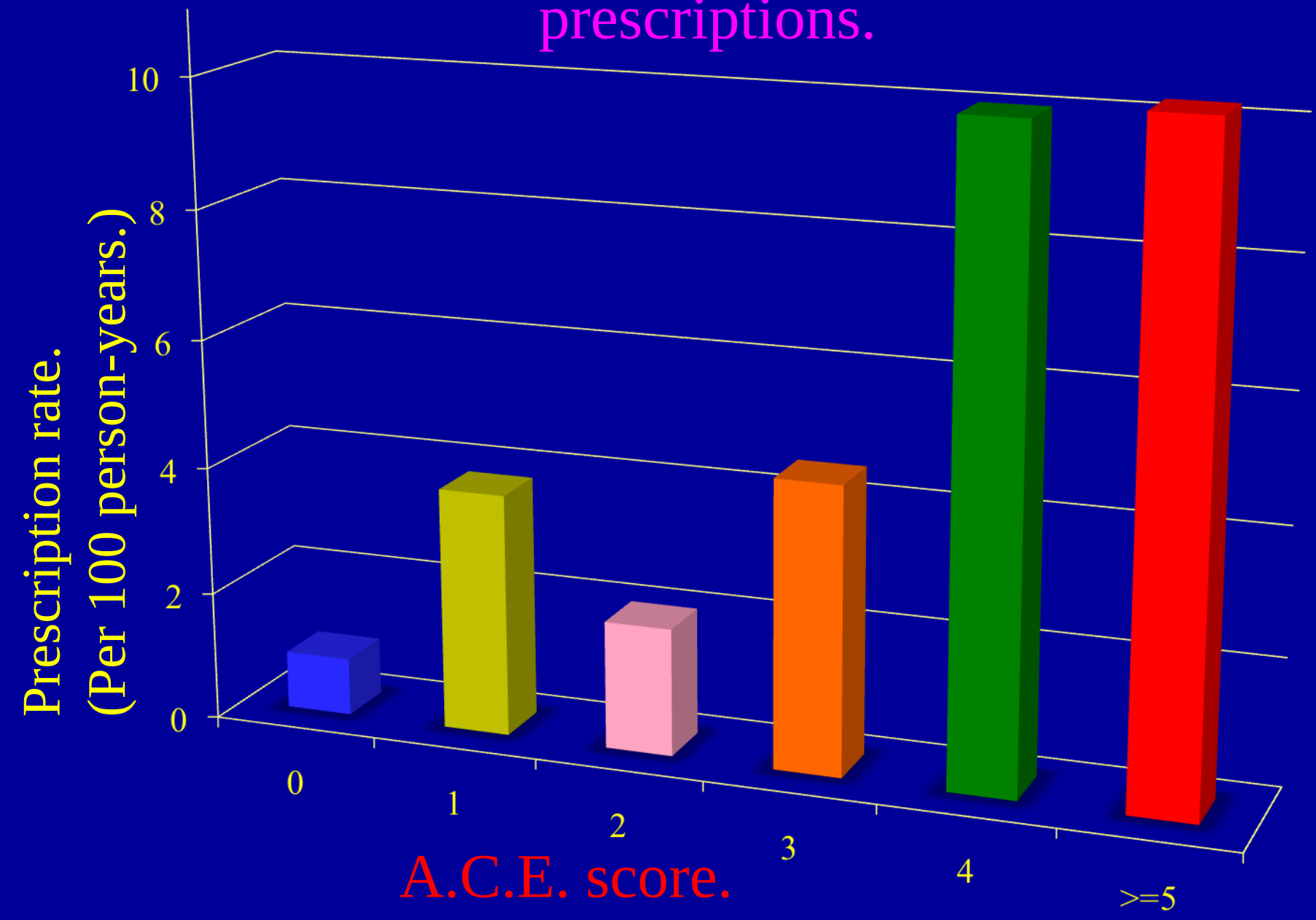


Adverse childhood experiences and adult intravenous drug use.

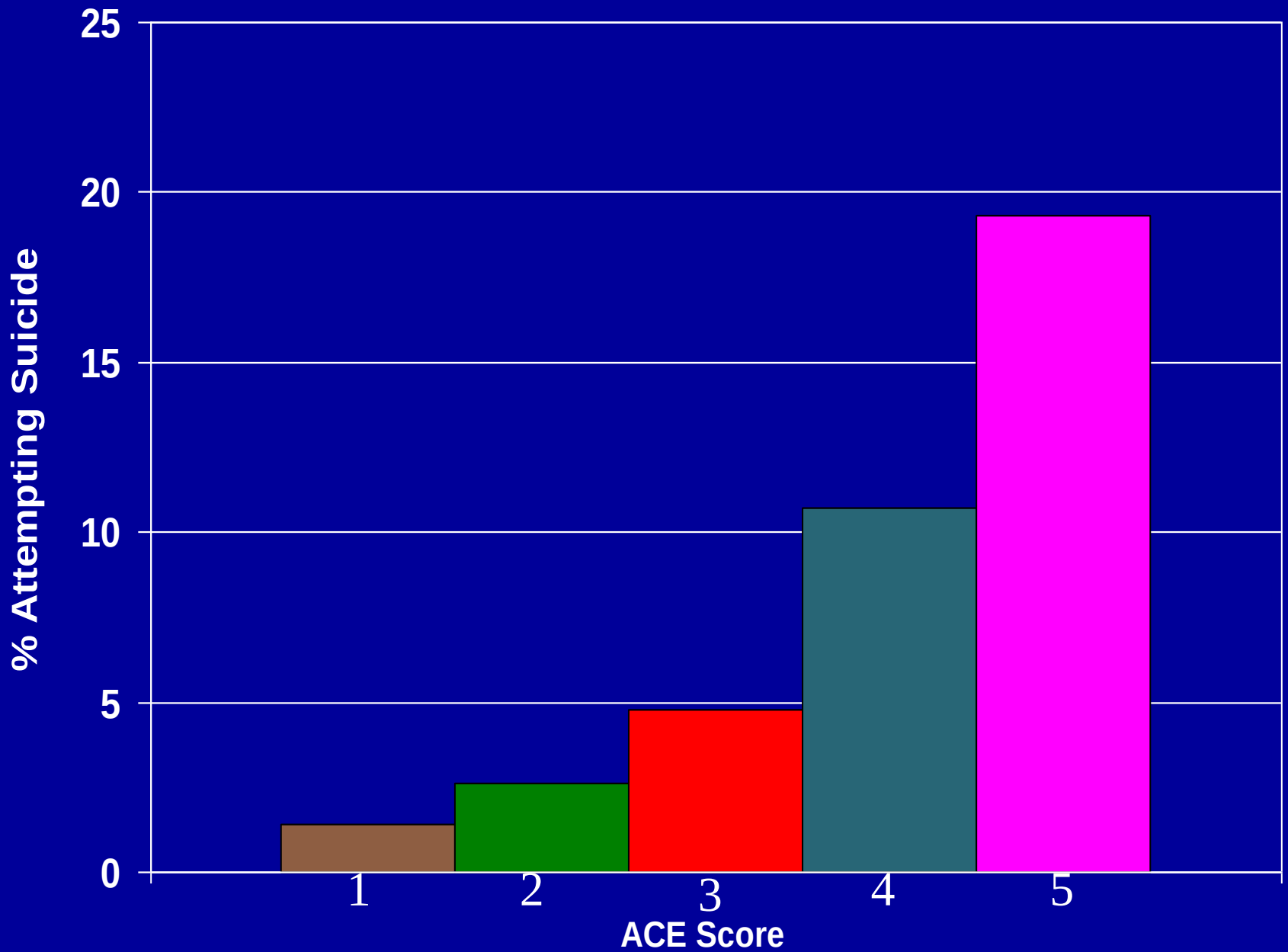



A.C.E. scores and hallucinations.
Ever hallucinated. * %
12
10
8
6
4
2
0
0
1
2
3
4
5
6
>=7
A.C. E. score.
Abused alcohol or drugs.
NO
YES
*Adjusted for age, sex, race and education.

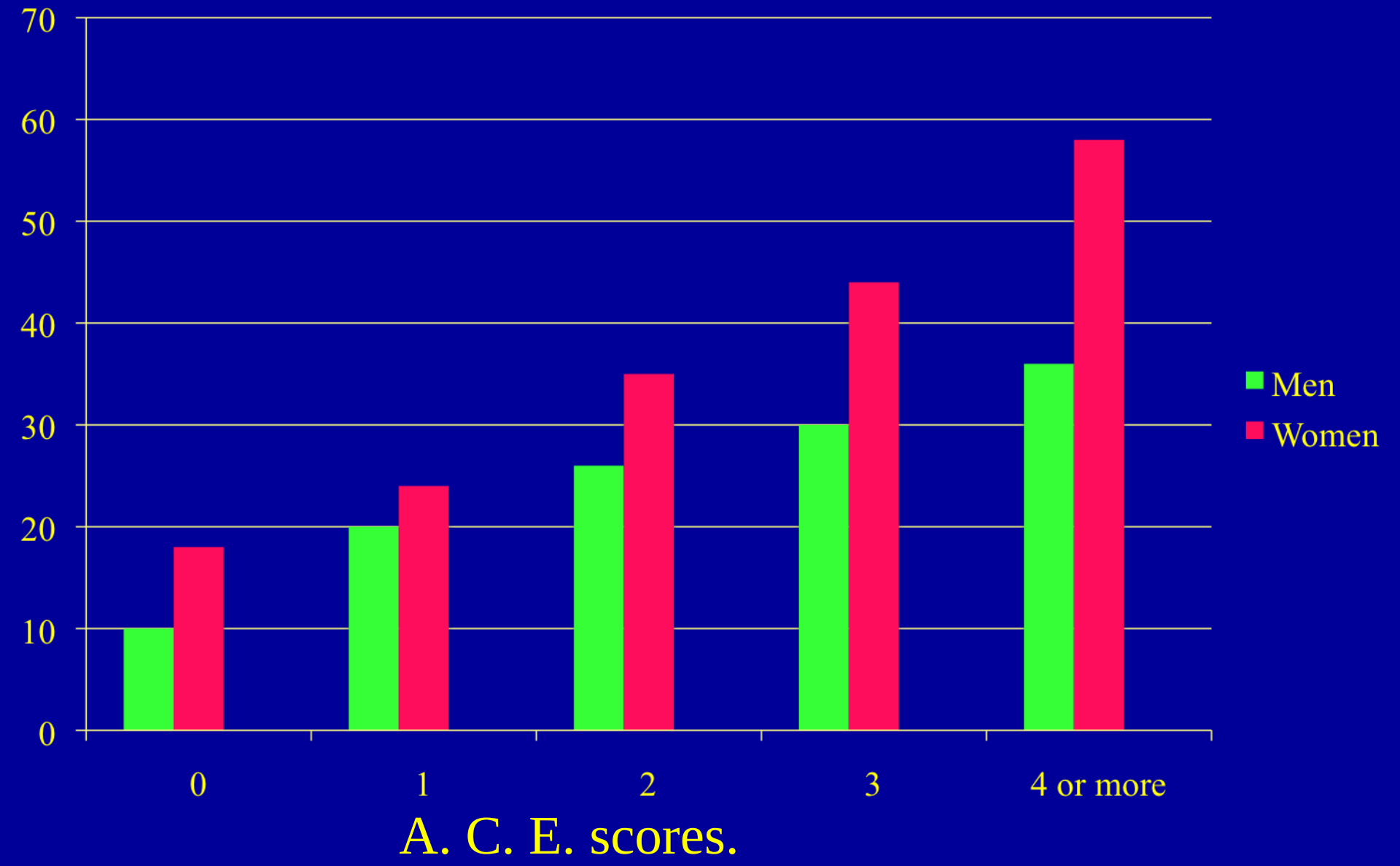
A. C. E. scores and rates of anti-psychotic prescriptions.



A.C.E. scores and later attempted suicide.



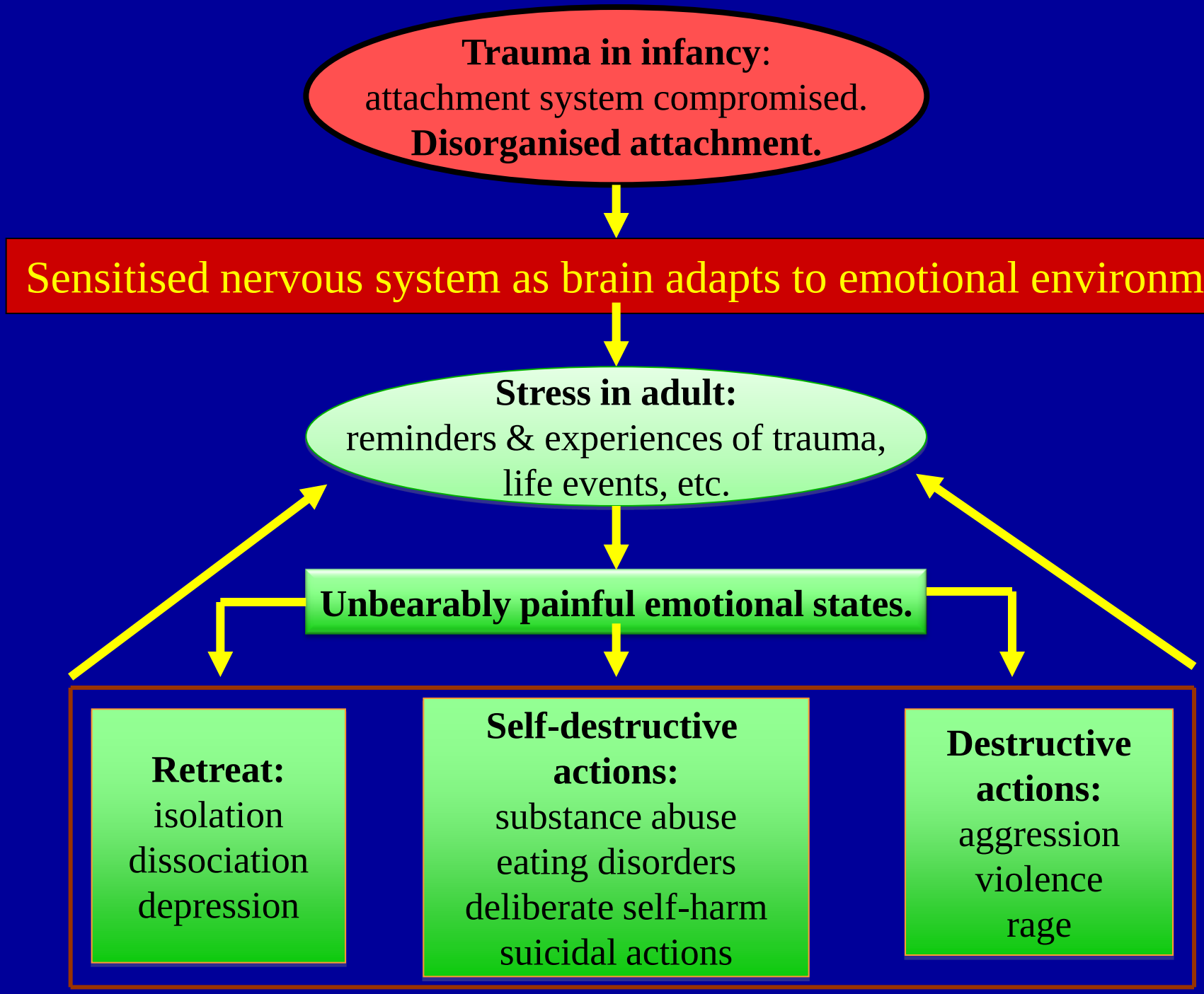
A.C.E. scores and self -acknowledged chronic depression.



Implications for the future.

"Because early attachment disturbance makes itself felt as dysfunction of self-organization (stress regulation, attention regulation and mentalization), and because these capacities are needed to deal with social stress, relationship disturbance in the early years together with additional social pressures does predict psychological disturbance." (p. 254)

Fonagy, P. & Target, M. (2003) *Psychoanalytic Theories: Perspectives from Developmental Psychopathology*. London: Whurr Publications.

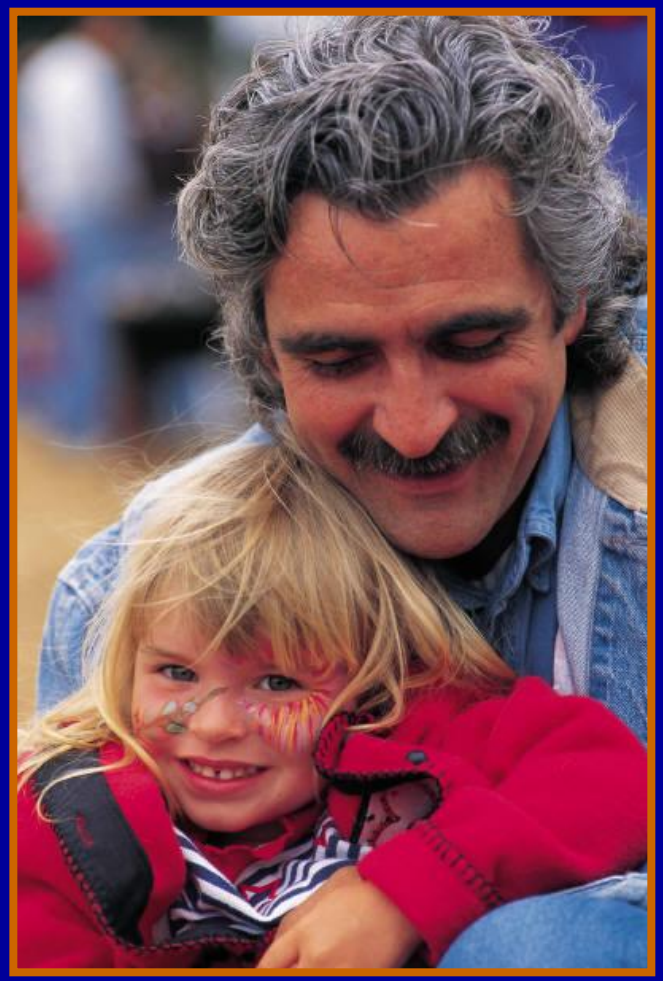

Trauma in infancy:
attachment system compromised.
Disorganised attachment.
Sensitised nervous system as brain adapts to emotional environment.
Stress in adult:
reminders & experiences of trauma,
life events, etc.
Unbearably painful emotional states.
Retreat:
isolation
dissociation
depression
Self-destructive actions:
substance abuse
eating disorders
deliberate self-harm
suicidal actions
Destructive actions:
aggression
violence
rage

“The value of early timed interventions is two-fold. They can prevent infant problems while containing and treating existing parental problems. They also provide a means of establishing positive relationships between families and service providers in the community.”

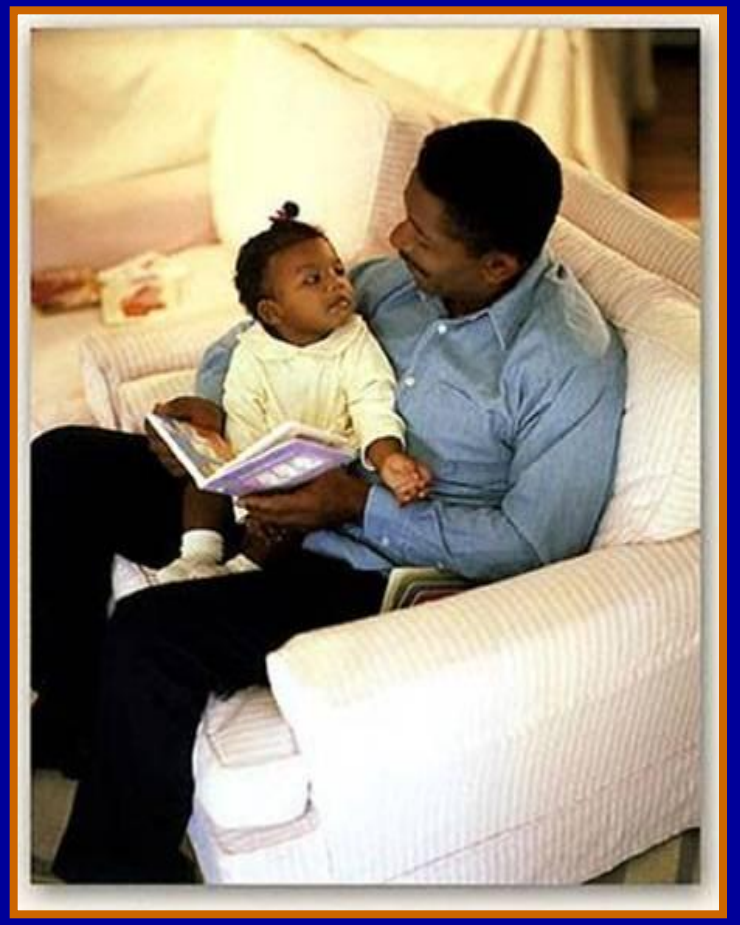
Barnes, J & Lagevardi-Freude, A (2002) *From pregnancy to early childhood: early intervention to enhance the mental health of children and families.* Vol1 – report. Mental Health Foundation.

Basic beliefs that support and sustain infant mental health interventions.

- Optimal growth and development occur within nurturing relationships.
- The birth and care of a baby offer a family the possibility of new relationships, growth and change.
- What happens in the early years affects the course of development across the entire lifespan.

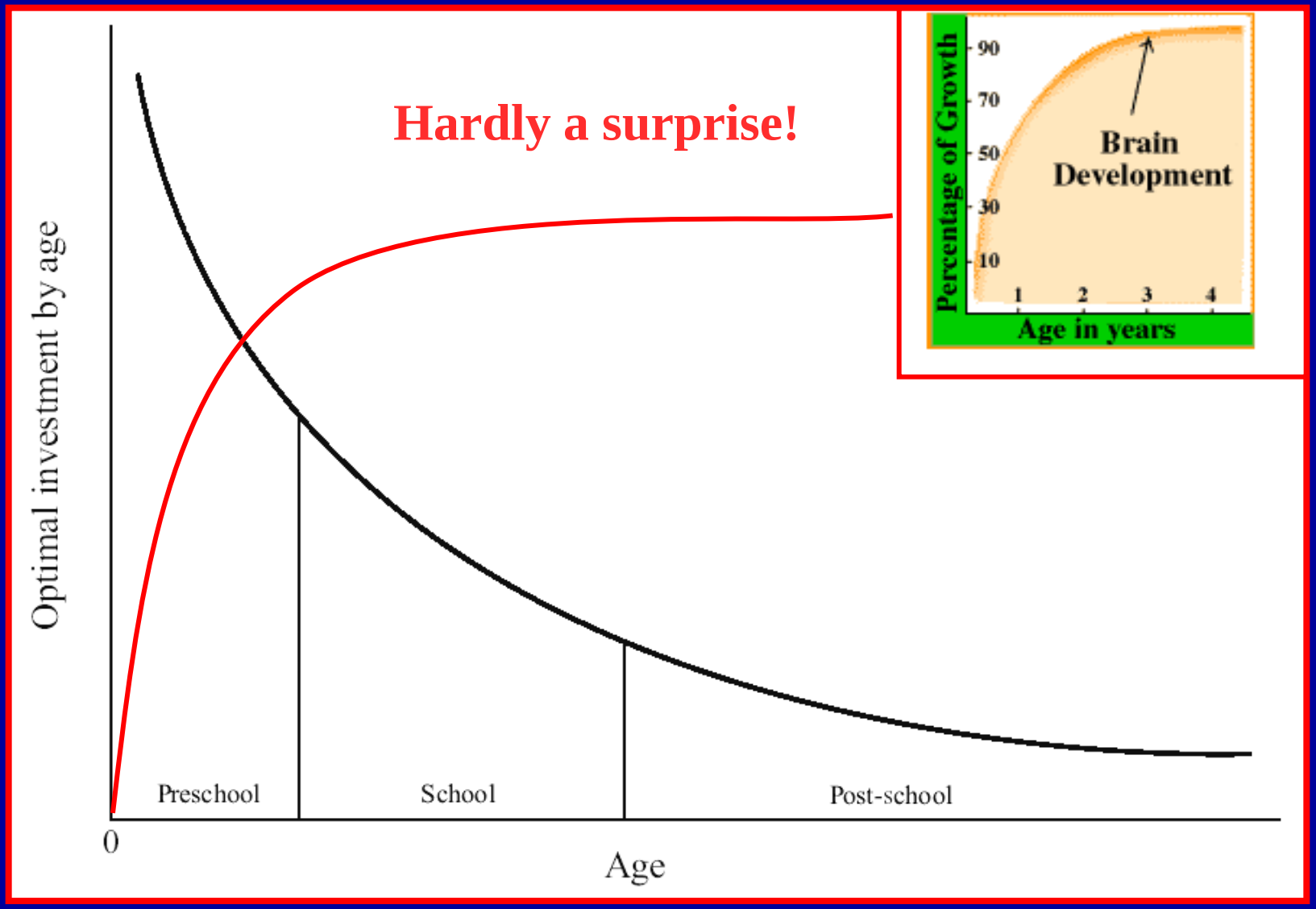


- Early developing attachment relationships may be distorted or disturbed by parental histories of unresolved losses and traumatic life events (the "ghosts in the nursery").
- The therapeutic presence of an Infant Mental Health Specialist may reduce the risk of relationship failure and offer the hopefulness of warm and nurturing parental responses.



Guidelines for Infant Mental Health Practice. (2000) The Michigan Association for Infant Mental Health.

The most effective time to allocate resources.



(Heckman, J. & Masterov, D. (2005) Ch 6, *New Wealth for Old Nations: Scotland's Economic Prospects)*

And this is why.

"Neurobiological, neuropsychiatric, and attachment data clearly indicate that prevention and intervention should begin even before the nursery, during pregnancy, and extend through the perinatal and postnatal period, the interval of the brain growth spurt." (p. 146)

Alan Schore. *Early relational trauma, disorganized attachment, and the development of a predisposition to violence.* pp. 107-167 in: Solomon & Siegal (Eds) (2003) Healing Trauma. The Guilford Press.

Characteristics of a preventative intervention.

- Its purpose is to increase the probability of normal developmental trajectories in later life.
- It aims to prevent conditions that have not yet occurred, risk proactive; increasing resilience.
- Generally conducted with families where the infant does not show a diagnosable disorder.
- The approach is based on a model of development where both risks and protective factors shape the paths whereby individuals may become vulnerable or resistant to later stresses and developmental deviance.

Stepping between an IMH team and children's centre.

Observation - Does the baby or toddler need individual treatment?

YES

Refer to specialist help, preferably centre based.

NO

Do the parents have adequate knowledge of childrearing?

YES

Assessment. Offer new strategies. Support groups, e.g. baby massage.

NO

Risk factor assessment. Are there stresses on caregiving relationship?

YES

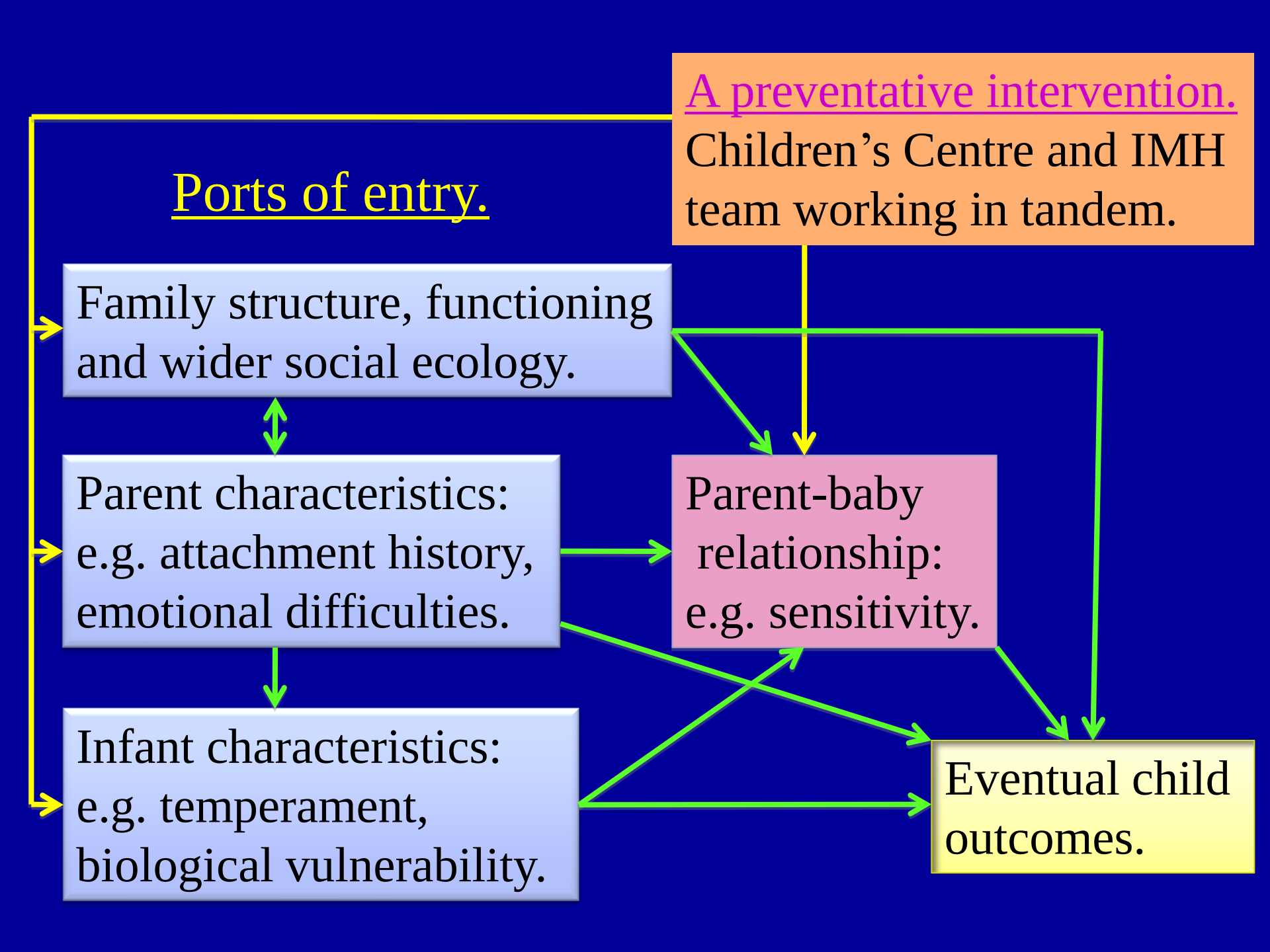
Parenting group. e.g. Mellow Babies, fathers' group.

Does the parent have a traumatic past or a mental health difficulty?

Infant mental health intervention.

Protective factors can be nurtured.

- For children growing up under adversity, a close and warm attachment with an effective and sensitive parental figure is a universal protective factor.
- As is an environment that reinforces and supports positive efforts made by the child.
- A powerful protective factor for parents is close relationships with other adults that afford social support and reduce isolation. A stable and supportive marital relationship is a powerful buffer against the effects of life stresses.
- Relationships with service providers who can provide long-term emotional and social support is thus an important intervention.

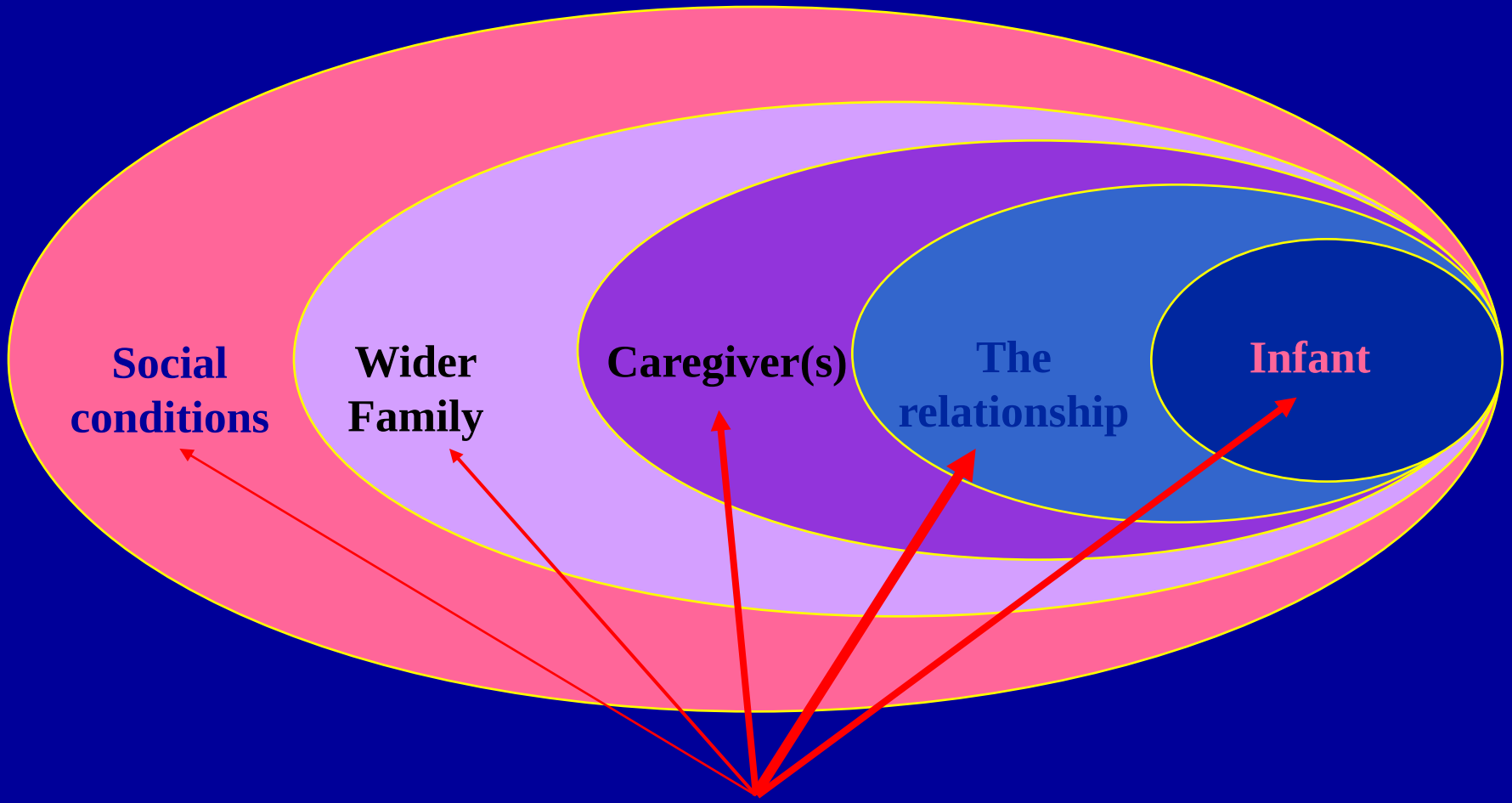

A preventative intervention.
Children's Centre and IMH team working in tandem.
Ports of entry.
Family structure, functioning and wider social ecology.
Parent characteristics: e.g. attachment history, emotional difficulties.
Parent-baby relationship: e.g. sensitivity.
Infant characteristics: e.g. temperament, biological vulnerability.
Eventual child outcomes.

"For young children where development may be compromised by an impoverished, disorganized, or abusive environment … interventions that are tailored to specific needs have been shown to be more effective in producing desired child and family outcomes than services that provide generic advice and support."

(Shonkoff & Phillips, 2000:360)

Infant mental health interventions.

Different systems need to be targeted.



Multi-disciplinary infant mental health team.

An infant mental health intervention.

1) ***Concrete service assessment of assistance.***

This looks at immediate physical needs; e.g. care of the baby, nutrition, hygiene, safety, housing, medical care.

2) ***Emotional support.***

This focuses on tuning into the caregiver's present realities; e.g. immediate concerns and feelings about the infant, adjustment to parenthood, birth trauma, perinatal loss, post-natal depression, relationship with baby, family and social issues, support network.

3) *Developmental guidance.*

This strengthens the parent's capacities to provide care by offering information about growth, change and development. An assessment of developmental level may be useful. One can use the technique of "speaking for the baby" as a way of articulating the infant's capacities and looking at risks in a given situation.

4) ***Interaction guidance.***

Uses video feedback in order to identify and then strengthen positive interactions between parent and infant, strengthening and encouraging the sensitivity and responses that lead to secure attachment.

5) ***Advocacy.***

Speaking up for the baby and family when there is a need for additional services. Helping parents to negotiate the different systems that may impact upon them.

6) *Infant-parent psychotherapy.*

A therapeutic intervention to look at parent's representations of caregiving as part of a move towards the secure attachment that derives from reflective function. The aim is to facilitate a positive parent-child relationship. It encourages positive interaction and affect regulation, supports the infant's and parent's capacity to engage and respond to one another. It is a safe 'holding' space to discuss significant issues within the family; e.g. loss, abandonment, abuse, neglect, separation, family deprivations, experiences of childhood.

7) Wait, Watch and Wonder.

For the first half of the session the parent is asked to:

- Get down on the floor with the infant.
- Follow the infant's lead.
- Not initiate any activities herself.
- Be sure to respond when the infant initiates but not to take over the activities in any way.
- Allow the infant freedom to explore.
- Remember to watch (carefully), wait and wonder.

Then the parent is asked to talk about what he or she observed about the infant's activities, experiences and states of mind during the session.

Enhancing intersubjectivity.

All these interventions aim is to increase and build on the intersubjective overlap which is the most important feature of the relationship between parent and baby. - When "Two people see and feel roughly the same mental landscape for a moment at least" (p.75, Stern, D. (2004) *The Present Moment in Psychotherapy and Everyday Life*).

Moments of emotional sharing, when baby and parent are engaged in reaching out to one another, are when both the child's psyche and neurobiology are being actively moulded to the mother's version of relationships and reality.

In conclusion.

Important relationships during the first years of life "form the foundation and scaffold on which cognitive, linguistic, emotional, social, and moral development unfold." (p.349) *Neurons to Neighborhoods.*

Association of Infant Mental Health (UK).

This is an organisation for those interested in all branches of infant development as well as early intervention with babies and their families. It has a newsletter twice a year, and offers reduced rate at conferences. Group membership for Children's Centres/Application forms from: Administrator AIMH(UK).

email: info@aimh.org.uk
website: www.aimh.org.uk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Tel 020 7373 2515. Fax 020 7244 1018

Some useful books.

- Zeanah, C. (Ed) (2009) *Handbook of Infant Mental Health (3rd. Ed)* The Guilford Press.
- Shonkoff & Phillips (Eds) (2000) *From Neurons to Neighborhoods: The Science of Early Childhood Development.* National Academy Press.
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