

“Doctor, there’s a baby on your couch:”
Understanding the scope of infant mental health & related parental psychosocial factors



Tracy E. Moran, Ph.D.
Assistant Professor
Erikson Institute
Chicago, IL
tmoran@erikson.edu

Author Disclosures

I have nothing to disclose that would create a conflict of interest.

Educational Objectives

- Enhanced understanding of the field of Infant Mental Health (IMH)
- Knowledge of the broader context of IMH (i.e., parental and relational components)
- Introduction to related assessment tools
- Introduction to intervention approaches

IMH: An Overview of the field



IMH Defined

- IMH is the capacity to Grow Well and Love Well
- Express, experience and regulate emotions and recover from dysregulation
- Form trusting relationships and repair conflict
- Explore and learn within society's values and manage fear and frustration
 - Zero To Three, 2001; Lieberman, 2010

The Lingo

- Infancy – first three years of life
- Mental health – successful performance of activities resulting in productivity, relationships, and adaptability
 - vs. mental illness or diagnostic categories

Core Values in IMH



- IMH is...
 - Contextual
 - Relational
 - In core and broader senses
 - Strengths based
 - Process rather than outcome oriented
 - Observational
 - Multi-disciplinary approach to care
 - Cultural sensitivity

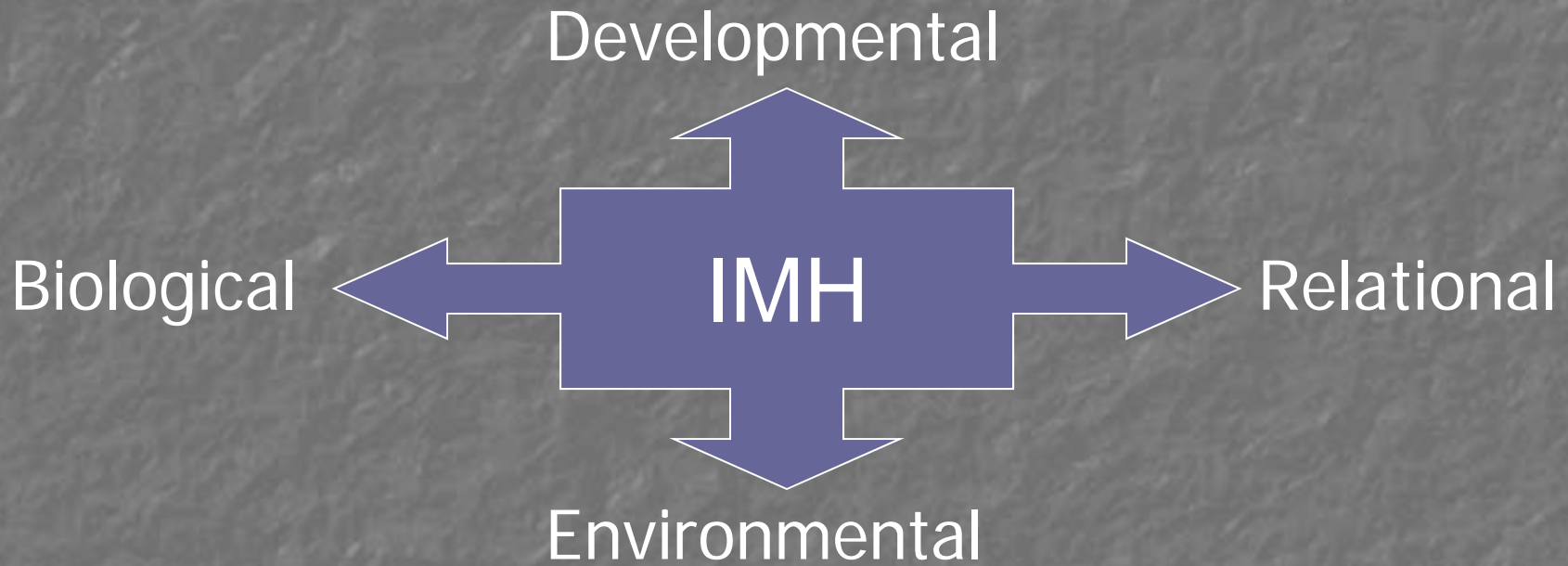
Multi-disciplinary Nature

- Multiple systems involved in IMH
- Team and multi-disciplinary approaches
 - Idiographic depending on child/family's needs and what treatments are available
 - Port of entry issue
 - Where to initiate treatment?

Roles of an IMH Specialist

- Consultant re infant development, relationship concerns
 - On site
 - Via supervision of provider
- Assessor of infant and/or relationship
- Provision of parenting guidance
- Direct provider of services

IMH Context



Exs of Interactions in Systems

- Maternal stress shown to alter infant
 - Stress regulation brain functioning
 - EEG activity
- Infant health & temperament can alter
 - caregiver responsivity to infant
- Poverty
 - Increased risk of exposure to violence
 - Decreased use of and access to care
 - Can both influence developmental and relationship factors



Identifying Risks

- Can be identified within infant, parent, home, daycare or overall context child is being raised in.
- Problems:
 - Many risks are high base rate (poverty)
 - Can forget to be hopeful and empowering if focus solely on risks

Risk factors

- Common link: transient, disturbed, or nonexistent primary relationship with caregiver due to...
 - abuse &/or neglect
 - caregiver mental illness &/or substance abuse
 - institutional or foster care
 - significant trauma

Cumulative Risk

- Prediction of later problems from social-emotional functioning in infants takes into account
 - Infant characteristics
 - Caregiver characteristics
 - Cultural context
- Combination of risk factors is a better predictor than any single risk factor

Presenting Concerns in IMH

- Range from parenting advice to developmental milestones to serious behavioral problems
 - Feeding, sleeping
 - Schedules, routines
 - Language, motor, cognitive development
 - Mental disorders
 - Child placement

Parental Psychosocial Factors



Parent Adjustment

- IMH symptoms and issues can impact parental perceptions of their ability to parent
 - parenting self-efficacy
- Mood symptoms in parents may be initiated by or worsened by infant concerns
 - vicious cycle

Science of Early
Childhood
Development:

Infants and
Young Children
are Amazingly
Responsive
Creatures

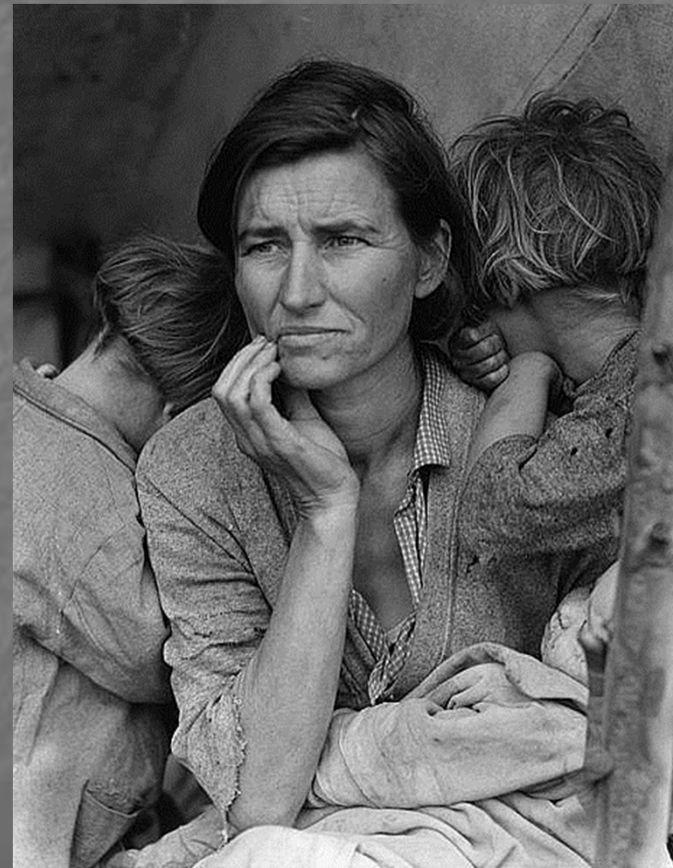


Working Model of the Parent

- By 1 year of age, infant has developed an internalized understanding of infant-caregiver relationship
 - Expectations regarding caregiver's availability
 - "Strategy" for regulating emotion/coping with distress
- Relationship specific
 - Infant can look different with different caregivers

When denied?

- If chronic inability to connect, infant development distorted or arrested
 - infants of depressed moms take on the characteristics of depression
 - Infant comes to expect negative relational experiences
 - Thereby also reinforcing them in mother
 - & the depression cycle continues



One Theoretical Foundation of IMH: Attachment Theory



Attachment theory

- Infants have an innate need for responsive care from a small number of consistent caregivers
- By the end of the first year, the child has developed behavior patterns that promote proximity to attachment figure(s)

Individual differences in quality of infant-caregiver attachment relationship

- Secure



- Insecure

- Avoidant
- Resistant
- Disorganized



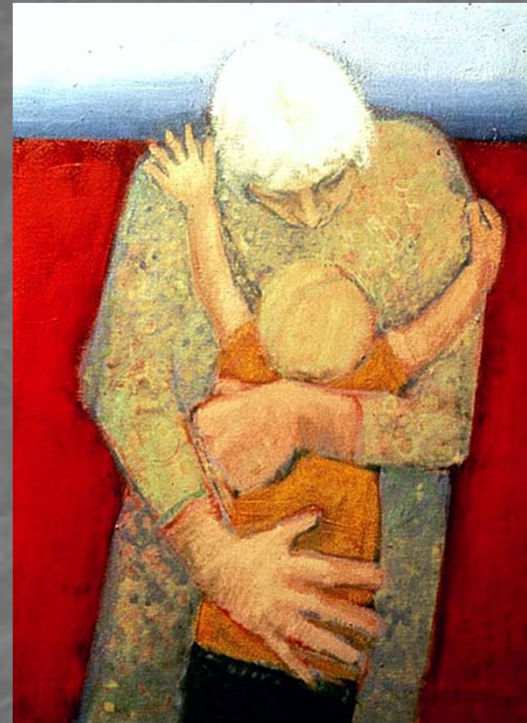
Secure infant-caregiver attachment

- Secure (B)
 - Seeks proximity and contact with caregiver when distressed
 - Readily comforted by caregiver
 - Balance between proximity to caregiver and exploration of environment

Ainsworth et al., 1978

Caregiver behavior associated with secure attachment

- Sensitive responsive to infant's signals
- Able to view situation from infant's perspective and respond to needs
- Frequent physical contact and comfort



Avoidant Attachment

- Avoidant (A)
 - Little proximity seeking or interaction with caregiver *when distressed*
 - Infant ignores and avoids caregiver upon reunion
 - Ainsworth et al., 1978

Caregiver behavior associated with avoidant attachment



- Less responsive to distress
- Less comfortable with physical contact

Resistant Attachment

- Resistant (C)
 - Seeks proximity and contact with caregiver *when distressed* but resists soothing
 - Infant is highly distressed and highly focused on caregiver
 - Infant cannot be settled by caregiver

Ainsworth et al., 1978

Caregiver behavior associated with resistant attachment

- Unpredictable responses to infant's signals
 - sometimes very attentive/intrusive
 - sometimes unresponsive



Disorganized attachment

- Absence of organized strategy for regulating distress
 - within relationship with primary caregiver
- Contradictory behavior
 - difficult to read
- Appears fearful or confused
 - in interactions with caregiver
- Exhibits approach-avoidance conflict towards caregiver
- Distress seems too intense to be managed

Caregiver characteristics associated with disorganized attachment

- Maltreatment of infant
- Clinical depression
- Frightening or frightened behavior



Problems r with Insecure Attachment

- At age 5...
 - Aggression
 - Oppositional behavior
 - Low frequency of social initiatives
- At age 17...
 - Teacher report
 - internalizing problems
 - Self-report
 - dissociative symptoms

Lyons-Ruth, 1996;
Carlson 1997

Temperament theories

- Individual differences in behavior tendencies
- Present early in life
- Stable across situations
- Stable across time



Temperament theory

- Infants are born with individual differences in
 - Reactivity/ responsiveness
 - proneness to distress or emotionality
 - Regulation of distress or emotionality
 - Activity level

Assessment in IMH



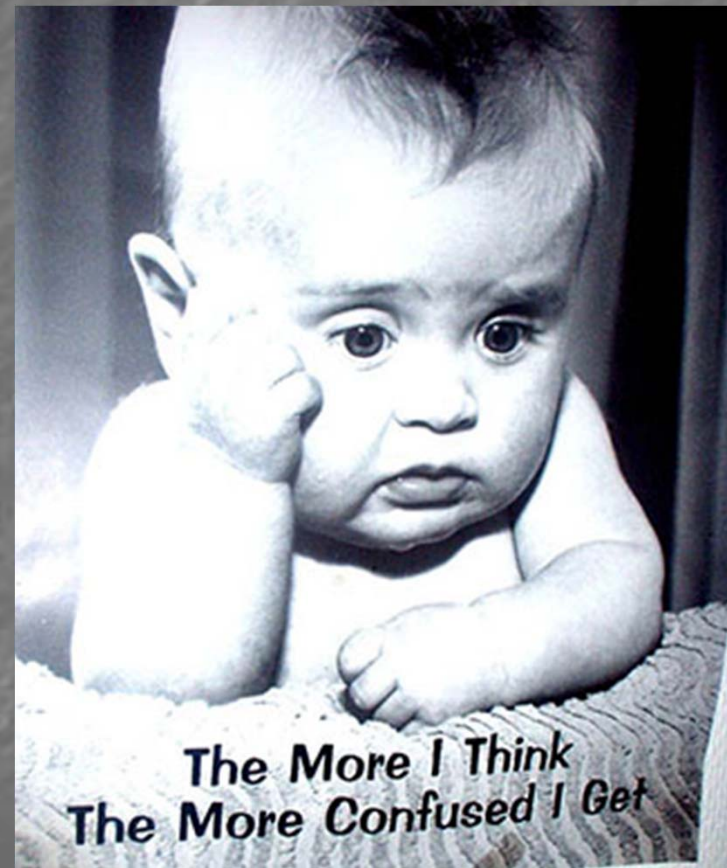
Foci of assessments in IMH

- 2 main theories of social-emotional development
 - Attachment
 - Temperament
- Child rearing practices that support social-emotional development
- Risk factors that may interfere with social-emotional development
- Relationship of infant social-emotional development to later development

Inherent limitations

Infants, by nature, show

- Restricted comprehension!!!
- Limited verbal and perceptual-motor abilities!!!
- Information-processing limitations!!!
- Difficulty understanding the requirements of a testing situation!!!



Assessment via Observation

- Differences in focus and process from typical mental health assessments.
 - More observational versus self-report or clinician rated measure focus.
 - Infant and parent observed together versus either in isolation.
 - Home versus a structured laboratory setting.
 - Often longer in duration.
 - Parents viewed as partners in assessment process, working relationship as primary.

Infant/Toddler Mental Status Exam

- Observational Tool with following categories:
 - Appearance
 - Reaction to Situation
 - Self-Regulation
 - Motor
 - Speech and Language
 - Thought
 - Affect and Mood
 - Play
 - Cognition
 - Relatedness

JAACAP, 1998

Parent-child Relationship Assessment

- Working Model of Child Interview
 - Assesses internal representations of parent's relationship with their child
 - Broad range of questions starting during pregnancy
 - Score coherence, richness, flexibility, involvement, sensitivity, & acceptance

WMCI Classifications

- **Balanced**
 - Coherent, +/-s, acceptance, respect, empathy
- **Disengaged**
 - Cool, emotionally distant, unelaborated
- **Distorted**
 - Inconsistencies, preoccupied, unrealistic expectations, confused, overwhelmed

WMCI classifications

- Useful to predict those at high risk for general, but not specific clinical problems
 - Sensitive, but not specific
 - 91% of mothers of infants with clinical problems classified as disengaged or distorted
 - Vs. 62% of nonclinical
 - So, WMCI classification NOT pathognomonic!
 - No clear signs in IMH!

Parent-Child Relationship Assessment

- Crowell Procedure
 - An observation of parents and young children
 - Semi-structured play session
 - 10 minutes free play
 - 5 minute clean up
 - Four graded by difficulty tasks
 - Separation and REUNION

DC 0-3 from ZTT

- A relationship oriented diagnostic approach
 - attention to the importance of the caregiving relationship as it pertains to the IMH disorder
- Broader range of diagnoses
 - Similar multi-axial diagnostic system
- PIR-GAS scores
 - Akin to a relationship oriented GAF

Bridging Assessment & Intervention



Implications for treatment

- Because development seen as due to interactions with others and environment, multiple opportunities for therapy focus
- Emphasis on multidirectionality of change parent to child and vice versa
- Can tailor treatment to minimize scope/cost/difficulty and maximize effectiveness

Stepped Continuum Care

- Designed to meet, but not exceed, needs of parents and infants
 - Time, labor and cost efficient
 - Minimize parent and infant burden

Stepped Care

Levels of Infant Mental Health Care



Universal/Preventive Services are aimed at improving child development, parenting knowledge and behavior, and infant mental health for all families within their service range. Strategies generally include promotion, screening and assessment, education and guidance, and referral for more intensive services when needed.

Focused Services are aimed at specifically identified groups considered at risk for developing potentially serious social or emotional problems that could lead to infant mental health problems. These approaches may be generated from any setting that serves individuals at risk. Examples include home visiting services for first time mothers, or preventive interventions for abused or neglected children.

Tertiary Intervention Services serve infants and caregivers experiencing current difficulties, such as recent significant trauma, and also attempt to prevent or lessen future problems. These services are most likely to come out of mental health programs.

Effect of Early Interventions

- Interventions that increase sensitive responsiveness to infant signals
 - decreased risk of insecure attachment
 - enhanced emotional & behavioral regulation
 - reduced parent stress
 - improved parent mood

Commonalities

- Focus of intervention is caregiver-infant relationship
- Promotion of secure attachment relationship
 - Highlight positive behaviors when occur
 - Focus on maternal responsiveness, sensitivity, & engagement
- Intergenerational considerations
 - Foster insight into current emotions & relationship

Means of Promoting Attachment

- Watching for signs of attachment
 - e.g., eye contact, joint laughter, soothing when held
- Highlighting signs to the parent
 - *"Isn't it good to have a mommy who knows just what you need?"*
- Natural, informal and nondidactic
 - comments regarding child's current development & needs of children at this stage
- Modeling for parents
 - Ask simple questions - *"why is he crying, why is he being stubborn, what could it be?"*
 - Parents learn to do so in reaction to infant cues

Parent Child Interaction Therapy

Eyberg & McNeil

- During PCIT parents learn play therapy skills to improve the parent-child relationship. They also learn effective discipline



PCIT

PCIT is a well-researched intervention for:

- Young children (ages 2 to 7) with disruptive behavior problems.
- Biological and/or foster parents of young children involved in the child welfare system due to physical abuse or neglect.
- For more information about PCIT in Iowa and Nebraska, go to:
 - <http://www.medicine.uiowa.edu/icmh/ParentChildInteractionTherapy.htm>

Thank you, Geaux Hawkeyes!

