

Missed opportunities. Detecting
emotional and behavioral
problems in infancy

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Parental concerns...

- My baby cries all the time..
- The baby wakes up all the time
- The baby does not sleep at night...
- My baby only eats when he is asleep
- The baby only eats when she is dozing off..

Parental concerns..

- The baby fusses all day long
- The baby wants to be constantly in contact with me
- He has to be moving all the time, changing what he sees
- I worry about the baby's reaction to our divorce...

Parental concerns...

- What should I do when he pinches me, kicks me, tries to bite.. Etc.?
- What can I do to deal with his temper tantrums?
- He has a very hard time at night, becoming “hyper” and is unable to settle down in less than two hours..

Parental concerns...

- The baby does not like to be held...maybe he does not like me?
- The baby does not look at me in the eye... does she have an attachment disorder?
- The baby is not progressing like my niece, he hardly talks and does not attempt to stand up..

Parental concerns...

- How can I stop the baby from hitting other children?
- I worry the baby will be spoiled if I hold her all the time as she wants..
- My husband and I argue a lot in front of the children, what effect does that have on them?

Primary health care setting.

- Primary resource for parents to consult regarding emotions and behavior of infants
- Most pediatricians and family physicians have little opportunity for training in child psychopathology... or infant mental health concerns.*
- Advice is based on personal experience or occasional readings...
- * Am.Acad. Pediatrics.

Primary health care settings.

- Frequent callers or frequent visitors to pediatrician have a higher rate of psychopathology (children)
- A sizeable proportion of telephone calls and consultations have to do with emotional and behavioral concerns.
- Mental health/emotional disturbances are not rare (at least 15% of children)

Perinatal period

- A sensitive period
- Baby and mother have a “shared mind”(Cramer and Palacio Espasa)
- Birth of a baby may be a “turning point” for parents
- Parents try to do their best for the baby

Parents need “mental health interventions”

- Emotional Support
- Containment
- Reassurance
- Advice
- Practical suggestions
- Obtaining further resources

Mental health interventions

- In primary care setting
- Overcome stigma of ‘mental health’
- Avoid barriers to intervention
- “Mental health” interventions are unavoidable
- Any response has a meaning within an emotional/psychodynamic framework.

Transition to parenthood

- An opportunity
- Need for time...
- To listen
- To contain
- To understand
- To explore further

Early identification

- Detection of “ alarm signs” when further exploration, observation, or intervention may be necessary
- Detection of “ at risk” signs, I.e. promotion of positive parenting, of empathy toward the baby, of a new way of thinking about the emotional life of the infant.

Need for collaboration

- Between busy pediatric and family care staff
- And
- Mental Health specialists or interventionists, in the primary care setting
- Accessible, practical, adaptable.