Infant Mental Health: A Primer of Strategies

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What is “infant mental health”?
What is infant mental health?

"Infant mental health" is a term that refers to:

- The healthy **social and emotional development** of a child from birth to three years; and
- A growing field of research and practice devoted to:
  - the **promotion** of healthy social and emotional development;
  - the **prevention** of mental health problems; and
  - the **treatment** of the mental health problems of very young children in the context of their families.

-- Definition of infant mental health developed by ZERO TO THREE's Infant Mental Health Task Force
What is healthy social and emotional development?
What is healthy social and emotional development?

- Confidence
- Curiosity
- Intentionality
- Self-Control
- Relatedness
- Capacity to Communicate
- Cooperativeness

--From *Heart Start: The Emotional Foundations of School Readiness* published by ZERO TO THREE in 1992
What is disordered social-emotional development?
What is disordered social-emotional development? (adapted from Alice Honig, 1993)

- 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
What is disordered social-emotional development?

DC 0-3 Diagnostic Classification system

• **Axis I - Primary Diagnoses**
  - Traumatic Stress Disorder, Disorders of Affect, Adjustment Disorder, Regulatory Disorder
  - Sleep Behavior Disorder, Eating Behavior Disorder, Disorders of Relating and Communicating

• **Axis II - Relationship Disorders**
  - Overinvolved, Underinvolved, Anxious/Tense
  - Angry/Hostile, Mixed Relationship Disorder, Abusive (verbal, physical, sexual)

• **Axis III - Medical and Developmental Disorders or Conditions**
What promotes social-emotional competence and infant mental health?

• A parent-child relationship that is consistently warm, sensitive, responsive, supportive, and respectful

• A parent-child relationship that includes developmentally appropriate limits but is not punitive or coercive

• Evidence base: primarily attachment theory and supporting empirical research; also brain research showing the importance of early relationships for the development of self-regulation
What is promotion, prevention, and treatment?

<table>
<thead>
<tr>
<th>Classic medical terminology=</th>
<th>Newer terminology</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary prevention=</td>
<td>Promotion</td>
<td>Programs are universally available to everyone, promote awareness, provide education</td>
</tr>
<tr>
<td>Secondary prevention=</td>
<td>Prevention</td>
<td>Programs target high risk groups, such as low income families, teen mothers, premies, etc.</td>
</tr>
<tr>
<td>Tertiary prevention=</td>
<td>Treatment</td>
<td>Programs provide therapy, early intervention, or remediation after a problem has been diagnosed or identified</td>
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</table>
Treatment (a few)

Prevention (targeted)

Promotion (universal)

Intervention/Prevention Pyramid
What are examples of promotion? (primary prevention)
What are examples of promotion?

- PAT: Parents as Teachers
- Healthy Start
- Pierre the Pelican
- Parenting the First Year
- Floortime
- Mediation Approach
- Touchpoints
Sitting Up Is Wonderful

Sitting up is wonderful. Babies can stand only so much looking. They don't like it any more than grown-ups do. So when she gets better control of crawling, she will be able to get the try trying, then you and she can make a little game out of it.

Feeding Herself With a Spoon

Along about now, when the baby is up in her high chair, and you are feeding her with a spoon, she may take hold of it. That means she is getting the idea that she would like to feed herself. But being able to really feed herself is a long way off.

Most mothers, I notice, give the baby another spoon to play with while they feed her, and sometimes she dips into the food which she tries to put into her mouth. When she does, she is so pleased! (You should be, too.)

Just remember that it takes a long time to develop the skill of feeding oneself. At first the baby will want to try it. Then weeks may go by when she doesn't seem interested, and then she will want to try it again. You will notice she can do it better after the writing period.

But it is a difficult undertaking when she begins to feed herself. She has no understanding of a sense of humor. Be patient and encourage her. Some mothers simply won't allow the child to try to feed herself. They don't want to get up with the "mess." But this is wrong. The baby has to learn sometime, and she is interested and is a good time to start.

Other mothers try to rush the child into feeding herself. But this is a mistake. The baby has to learn sometime. When the baby feels herself should be praised, but that is because she is now starting to use some skill that she has just learned. She should not be praised. If your child has had any help with her feeding, you should know she has had enough (of other help or food).

You must remember that your children do not like quick changes. In fact, there are very few adults who can change quickly. So, keep in mind that when you want to do something new with a child, you should plan the change in advance and do it gradually. There are cases of women who fed a child every day for her first two years, not allowing her to feed herself at all, and on her second birthday handed her a spoon and expected her to use it. How unreasonable! Could you master a new skill without any practice at all? Of course not. Growth is the word for most changes in child behavior.
Parenting the First Year Newsletters
(http://www.uwex.edu/ces/flyp/parenting/)

How baby is changing

Your baby is sitting up better as his lower back gets stronger. He may be able to keep busy for a while playing with toys on the floor.

If your baby isn’t moving on his tummy yet, encourage him. Sit in front of him and put a favorite toy just out of his reach. Praise him when he tries to get the toy.

When a baby rocks back and forth on hands and knees, crawling isn’t too far off.

Watch his hands. He can pass a toy from one hand to the other. Give him two toys at a time.

What does he do when you hand him a third toy? Your baby may like finger foods that let him practice picking things up and eating himself.

Baby is trying new sounds. Keep listening! He may choose a favorite or two that he says often. Imitate the sounds so he can hear them again. He will love to hear you saying his “words.”

Have you met other parents?

Out for a walk or at the market, you may meet other parents with their babies. Stop and talk. Ask how old their baby is.

It’s fun to compare notes. Try asking them:

- How has your baby changed in the last week or two? Has he or she learned anything new?
- What is his or her favorite time of the day? What does he or she enjoy doing the most?

You will have your own questions, too. Perhaps other parents know a trick to soothe a crying baby, or to make feeding easier. Ask them. They are like you: They have learned a lot, and they love to talk about their baby!

Child guidance: Keeping calm

When your baby is pulling leaves off your favorite plant one by one, or smearing cereal in his hair, it’s hard to stay calm.

If tempting things like house plants or washcloths are left in your baby’s reach, he will explore them. The easiest way to keep him out of trouble is to put things where he can’t see or reach them.

Small babies do things that are upsetting to parents. But they don’t do these things on purpose to annoy you.

Feeding babies is messy. They like to help, and their efforts help them learn to feed themselves.

You can reduce the mess, though, without spoiling the fun.

Let your baby help with less-mess foods. Feed only as much at a time as you’re willing to pick up off the floor. Try giving him two cubes of soft cheese. When he finishes, give two more.

Remember: Your baby does not drop food to upset you. He is just learning where things go when they fall.

When your baby bangs toys together, it’s because he likes the noise. If that gets on your nerves, give him a quiet toy and take the noisy ones away. He’s still just a baby. Try to see things from his point of view.
Floortime
(based on the work of Stanley Greenspan)

Step 1. Observe.


Step 3. Follow the child's lead.

Step 4. Extend and expand play.

Step 5. Child closes the circle of communication.

[video]
What are examples of prevention? (secondary prevention?)
What are examples of prevention?

Secondary Prevention (targeted)

- Low-Income
  - Early Head Start, Abecedarian Proj., etc.

- Premie
  - IHDP: Infant Health and Development Proj.

- Excessive Crying
  - Van Den Boom, Hunziker and Barr, etc.

- Teen Moms
  - PIPE: Partners in Parenting Education
What are examples of treatment?
(tertiary prevention)
What are examples of treatment?

Tertiary Prevention (therapeutic)

- Educational
  - Part C: Inf/Tod Services (HELP, AEPS, etc.)
    - Watch, Wait, and Wonder
      - Interaction Guidance/Seeing is Believing
        - Parent-Infant Psychotherapy
          - Circle of Security

- Infant Mental Health
What are examples of treatment? (tertiary prevention)

Parent-infant psychotherapy (Fraiberg, Lieberman)

- “Ghosts in the nursery”
- “Kitchen table therapy

**Goal:** to provide a corrective attachment relationship
What are examples of treatment?
(tertiary prevention)

**Video feedback approaches**

- McDonough: Interaction guidance
- Erickson: Seeing is believing
- **Goal:** to increase pleasure in mother-baby interactions (see video)
What are examples of treatment? (tertiary prevention)

Watch, Wait, and Wonder (Muir)

- "Infant-led" psychotherapy
- parent observes and follows the lead of the child in play room
- therapist encourages parent to reflect on and understand the child’s behavior

**Goal:** to enable the parent to become more knowledgeable about and sensitive to the baby (see video)
What are examples of treatment? (tertiary prevention)

**Circle of Security (Marvin)**

- group-based psychotherapy intervention
- parents watch edited video clips of self and child interacting
- concepts of a “secure base” and a “safe haven” are emphasized
- **Goal:** to increase security of attachment relationships
Compare and Contrast

- Sessions with individual dyads vs. groups
- Home-based vs. clinic based
- Focus on behavior vs. internal mental representations
- Short-term vs. long-term
- All seek to establish a partnership vs. expert stance of the intervener
Target of the intervention
(ports of entry)

--adapted from *The Motherhood Constellation* by Dan Stern, 1995
Target of the intervention
(ports of entry)

--adapted from *The Motherhood Constellation* by Dan Stern, 1995
Multimodal Parent-Infant Psychotherapy (Maldonado)

Continuum of Interventions

- Emotional support
- Advice
- Information
- Practical help
- Cognitive-behavioral intervention
- Psychodynamic interpretation
- Long-term corrective attachment experience
Who can provide these interventions?

- Michigan 4-level endorsement system
### Who can provide these interventions?

<table>
<thead>
<tr>
<th>MI-AIMH Levels of Competency</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Family Associate</td>
<td>CDA or Associate’s degree</td>
<td>Bachelor’s or Master’s degree</td>
<td>Master’s or Post-Graduate degree</td>
<td>Master’s, Post Graduate, Doctorate, Post Doctorate or MD</td>
</tr>
<tr>
<td>Infant Family Specialist</td>
<td>Two years in the infant, early childhood and family field</td>
<td>Two years in the infant, early childhood and family field</td>
<td>Two years post-master’s work in the infant, early childhood and family field</td>
<td>Three years post-master’s work in the infant, early childhood and family field</td>
</tr>
<tr>
<td>Infant Mental Health Specialist</td>
<td>30 hours</td>
<td>30 hours</td>
<td>30 hours</td>
<td>30 hours</td>
</tr>
<tr>
<td>Educational Degrees earned</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>Work Experience</td>
<td>N/A</td>
<td>Minimum 24 clock hours within a 2 year time frame</td>
<td>Minimum 50 clock hours within a 2 year time frame</td>
<td>Minimum 50 clock hours within a 2 year time frame</td>
</tr>
<tr>
<td>In-service Training</td>
<td>3 (at least 1 must meet requirements for Endorsement at Level 3 or 4)</td>
<td>3 (at least 1 must meet requirements for Endorsement at Level 3 or 4)</td>
<td>3 (at least one must be from supervisor/consultant guiding reflective practice)</td>
<td>3 (clinical leader: at least one must be from supervisor/consultant guiding reflective practice)</td>
</tr>
<tr>
<td>Written Exam</td>
<td>no</td>
<td>no</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>Service Examples include but are not limited to the following jobs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promotion</td>
<td>Promotion</td>
<td>Prevention/Intervention</td>
<td>Intervention/Treatment</td>
<td>Leadership</td>
</tr>
<tr>
<td>Childcare worker, play group leader, Doula</td>
<td>Home visitor, Early On service coordinator, NICU nurse, parent educator, child care consultant, child protective services worker, ISS/MSS staff</td>
<td>Mental health clinician/supervisor, infant mental health specialist, clinical nurse practitioner, lactation consultant, early intervention specialist</td>
<td>Infant and family program supervisor, administrator, researcher, faculty member, policy specialist, physician</td>
<td></td>
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</tbody>
</table>
States Adopting the Michigan Endorsement System (so far)

- Texas
- Oklahoma
- New Mexico
- Arizona
- Minnesota
- Kansas
Key Themes

• Relationship-based practice
  • Parent to infant
  • Professional to parent
  • Supervisor to professional

• Reflective practice
  • Reflective supervision
Paradigm Shift
(based on Deborah Weatherston, IMH Journal, 2007)

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>Working with the individual parent or infant</td>
<td>Working in the context of the relationship of the parent and infant</td>
</tr>
<tr>
<td>Working in the clinic or center</td>
<td>Working in the home or other natural environment</td>
</tr>
<tr>
<td>Talking and telling</td>
<td>Observing, listening, and reflecting</td>
</tr>
</tbody>
</table>
Paradigm Shift
(based on Deborah Weatherston, IMH Journal, 2007)

<table>
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<tr>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>Observing either risks or strengths</td>
<td>Observing <strong>both</strong> risks and strengths</td>
</tr>
<tr>
<td>Discipline-specific approach</td>
<td>Inter- or trans-disciplinary team approach</td>
</tr>
<tr>
<td>Focus <strong>only</strong> on external social and economic realities</td>
<td>Focus on internal psychological processes in addition to external realities</td>
</tr>
</tbody>
</table>
Endorsement Activities in Kansas

If you are interested in hearing more about the early childhood (prenatal through age 5) mental health endorsement process in Kansas, join the Yahoo Group for the *Kansas Association for Infant Mental Health (KAIMH)* by emailing to:

kaimh-subscribe@yahoogroups.com

If you would like to become a member of the Endorsement Committee, download an application from:

www.kaimh.org
The case of the clinging child
(excerpts from Supernanny)

• **What is the problem?**  (Whose problem is it? What theories are relevant? What else do you need to know? Is the problem narrow or broad?)

• **What are possible solutions?**  (What strategies would you use to intervene? What steps would you take? Why did you choose these strategies? What theory or theories are guiding your choice? Do you feel more comfortable using some strategies than others?)

• **How will you know if your strategies worked?**  (What evidence will you use? What will be your criteria for success? What happens if your approach didn’t work? What would you try next and why?)