

# Ways to Keep Babies and Young Children in Mind:

Principles and practices for behavioral  
health professionals working in home  
or community settings

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# Infant Mental Health

- Infant mental health is the developing capacity of the child from birth to 3 to:
  - experience, regulate, and express emotions;
  - form close and secure interpersonal relationships;
  - and explore the environment and learn;all in the context of family, community, and cultural expectations for young children.

Infant mental health is synonymous with healthy social and emotional development. (Zero to Three)

## Capacity to:

- Form relationships
- Express emotions
- Self-regulate
- Explore with security
- Develop “emergent” emotional literacy

## Capacity to:

- Feel confidence/ competence
- Develop relationships
- Make friends
- Persist
- Follow directions
- Be emotionally literate
- Manage emotions
- Be empathetic

**Birth**

**Five**

# Principles of IMH



- Relationships are central to mental health
- Knowledge about infant development is key
- Behavior has meaning
- Ghosts and angels in the nursery
- Disruption and repair
- Growing capacity for self-regulation essential
- Reflection and self-reflection
- Resiliency

# Development 0 - 3




- Infants and toddlers develop at a faster pace than any other stage of life
- At birth an infant's brain has about 100 billion nerve cells but they aren't "connected" yet
- Infants' capacities to **regulate** their emotions, to make relationships, to learn language, and to develop their motor and cognitive skills grow rapidly from birth

# Early Childhood Development

- Early childhood development is influenced by genetics, the environment, protective and risk factors
- Physical, cognitive, motor, social and emotional development are interdependent





➤ “everything the infant sees, touches, hears, feels, tastes... translates into electrical activity in just a subset of synapses, tipping the balance for long-term survival. Synapses that rarely are activated, whether because of the absence of appropriate parent-infant interaction, crying that never is relieved, smiles that never are reciprocated, or expressions that never are exchanged, will wither and die (Eliot, 1999).” (Nugent et al. 2007, p 13.)

# Social Development I

- Is about relationships
- Learning to form and value relationships with others
- The ability to form close and caring relationships is essential to all development
- Infants respond in specific ways to the familiar voice, smell and touch of important people in their lives





# Social Development II.

- Toddlers begin to learn to share, take turns, negotiate and compromise as they age and further develop
- Supporting social development is key in the early years and promotes learning in young children

# Emotional Development I.

- Infants and toddlers are learning about feelings all the time! They are developing an emotional vocabulary about themselves, the people around them and the environments where they live and play.
- “Emotions color the experience of every young child, whether they consist of exuberant delight, frustrated fury, or anguished distress...” (p. 9)

# Emotional Development II.

- Infant emotions are related to physical conditions like hunger, fatigue, discomfort and temperature
- Toddler emotions are still influenced by physical conditions while their maturing cognitive capacities begin to tie psychological meaning to emotions.



➤ “There is no such thing as a baby. . . .

➤ ...a baby cannot exist alone, but is essentially part of a relationship.”

Winnicott


# Relationships

- Fundamental to infant/toddler mental health
  - A secure attachment to a reliable, supportive and nurturing caregiver is a cornerstone of healthy development

# Relationships and the Brain

- Relationships shape the infant's brain!
  - Attentive care and stimulation from outside world
  - Parents, other caregivers including childcare providers and family members affect infant/toddler brain development through their interactions





It is in the context of early important relationships that infants/toddlers learn about themselves and that they can positively impact their world. They learn they can communicate a need or want and that need or want will be met. This is the beginning of developing an understanding of cause and effect... so even these early positive relationships are shaping the brain

# Self-regulation

“Regulation’ refers to processes that maintain feelings of well-being, control the amount of stimulation coming in, and modulate the degree of arousal.”

During infancy, infant is dependent on caregiver to provide support and regulation

For first 3 months – regulation of body rhythms and arousal are primary



# Self-Regulation

- Capacity of infant and toddler to modulate (manage) states
  - for typical, healthy infant can observe habituation to stimulation
  - Habituation supports the development of self-regulation
  - Infant's growing ability to maintain calm states supports orientation to external world

Davies , 2004

# Behavior Has Meaning

- Important to understand the “why” behind the “what”
- Behavior is communication; think about:
  - Infant’s cry
  - Toddler’s “No!”
  - Pre-schooler’s clinging to mother at goodbye

# Ghosts and Angels in the Nursery

- “In every nursery there are ghosts. They are the visitors from the unremembered past of the parents, the uninvited guests at the christening.” (Fraiberg)
- “Angels in the nursery provide the child with a core sense of security and self worth that can be drawn upon when the child becomes a parent to interrupt the cycle of maltreatment”. (Lieberman)

# Disruption and Repair

- “Successful repair turns despair into positive emotions.” (Tronick)
- “Repair is important in helping to teach the child that life is filled with inevitable moments of misunderstandings and missed connections that can be identified and connection created again.” (Siegel)

# Resilience

“Focusing on strengths, and actively working to support, enhance, and promote caregiver and family strengths are formative principles and traditions of infant mental health...”

Zeanah, C. & Zeanah, P., 2001

# What to look for in SE Health

- 0-3m: attention and regulation
  - Quiets when picked up (most of the time)
- 3-6m: forming relationships and mutual engagement
  - Cries when upset – seeks comfort
  - Can be comforted (most of the time)
- 6-9m: intentional 2-way communication
  - Responds to own name
  - Unsure of strangers



➤ 9-18m: complex gestures and problem solving

- Able to be happy, mad, sad
- Curious about people
- Explores confidently

➤ 18 – 30m: use of symbols to express thoughts and feelings

- Laughs
- Protests (no!)
- Loving towards others

# Positive Factors Fostering Development of Mental Health

- Warm, responsive care
- Safe environments
- Secure attachments to primary (and other) caregivers (parents, family, educators, teachers)



# Guiding Principles for “Being” and “Doing” with Infants and Toddlers and Families

- Behavior is meaningful
- Everyone wants things to be better
- You are yourself and your role
- Don't just do something – stand there and pay attention
- Remember relationships!
- Do unto others as you would have others do unto others

Pawl & St. John 1998

# Keeping Babies and Young Children in Mind

- In-home and community-based providers have ample opportunities to observe infants and young children



# On the front line with families with infants and young children

- Attend to how parents
  - Talk about their infants/young children
    - Attributions
  - Respond to their infant and young child's needs
    - Contingent
    - Comfortable
    - Sensitively
- Manage the normative stressors of parenting an infant or young child



➤ Observe – does the parent:

- laugh when the infant is upset
- speak to the infant/toddler in a spooky voice
- assign adult intent to child's expression of emotional needs or challenging behavior
- demonstrate intrusiveness or provoke fear in child
- leave infant in crib out of sight or pay no attention to the toddler

Weatherston, D & Tableman, B. 2015 Infant Mental Health Home Visiting: Supporting Competencies/Reducing Risks. Michigan Association for Infant Mental Health. P. 312

# Observable Risks

- Warm, responsive **holding** helps infants feel safe/secure
  - Risk indicators include
    - when a parent:
      - Holds their infant away from their body, stiffly or so tightly that it constrains movement
    - when an infant:
      - Arches away consistently, doesn't relax or clings

Weatherston, D & Tableman, B. 2015 Infant Mental Health Home Visiting: Supporting Competencies/Reducing Risks. Michigan Association for Infant Mental Health. P. 388



➤ Warm, responsive looking helps nurture both parent and infant

➤ Risk indicators include

when a parent:

➤ Looks at their infant in such a way that feels absent, prolonged or fleeting

when an infant:

➤ Looks away, rarely seeks out parent's face or seems fixated on parent's face for long periods

Weatherston, D & Tableman, B. 2015 Infant Mental Health Home Visiting: Supporting Competencies/Reducing Risks. Michigan Association for Infant Mental Health. P. 388



➤ Warm, responsive touching helps nurture both parent and infant

➤ Risk indicators include

when a parent:

➤ Rarely or never reaches toward or touches their infant OR “when close is always touching” their infant

when an infant:

➤ Rarely or never reaches toward or touches parent OR when close “is constantly touching or clinging to parent”

Weatherston, D & Tableman, B. 2015 Infant Mental Health Home Visiting: Supporting Competencies/Reducing Risks. Michigan Association for Infant Mental Health. P. 389



➤ Other factors to consider:

- Is infant/young child vocalizing? (cooing, babbling, words)
- Is infant/young child crying for prolonged periods of time and/or not easily soothed?
- Is parent and/or infant/young child consistently fearful, irritable or depressed?

Weatherston, D & Tableman, B. 2015 Infant Mental Health Home Visiting: Supporting Competencies/Reducing Risks. Michigan Association for Infant Mental Health.



# Observe and Respond to how you feel while sitting with parent(s) and young children

- When you are concerned about what you observe or hear when working with a family with infants and young children don't ignore your concern because that infant or young child is not your client. You are in an important position to make a difference not only for that young child, but for the entire family

# Engaging with Parents

- Wonder with them about what infant/young child is feeling or experiencing
- Speak for baby (Carter, Osofsky and Hann, 1991)
- Increase parents awareness of how they connect with their young child
- Join with their experience parenting young children
- Make appropriate referrals

# Resources

- [Infant and Early Childhood Mental Health Resources and Services: A Guide for Early Education and Care Professionals.](#)

<http://www.mass.gov/eohhs/docs/dmh/publications/cbhi-ecmh-guide.pdf>

- Infant Early Childhood Mental Health Professional Development Guide


<http://www.ecmhatters.org/ForProfessionals/Pages/IECMHProfessionalDevelopment.aspx>


- MA Early Intervention

<http://www.mass.gov/eohhs/gov/departments/dph/programs/family-health/early-intervention/>

- Zero to Three

<https://www.zerotothree.org>

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- National Scientific Council on the Developing Child (2004). *Young Children Develop in an Environment of Relationships: Working Paper No. 1*. Retrieved from [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu)
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  - Weatherston, D & Tableman, B. (2015) Infant Mental Health Home Visiting: Supporting Competencies/Reducing Risks. Michigan Association for Infant Mental Health.