

# An Introduction to Infant/Early Childhood Mental Health Concepts and Practices Webinar Series

## Module 2

**Gilbert M. Foley, Ed.D., IMH-E & Susan Chinitz, Psy.D.**  
**Wednesday, April 29, 2020**

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TTAC is a partnership between the New York Center for Child Development (NYCCD) and the McSilver Institute on Poverty Policy and Research

- **New York Center for Child Development** has been a major provider of early childhood mental health services in New York with expertise in informing policy and supporting the field of Early Childhood Mental Health through training and direct practice
- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and the Managed Care Technical Assistance Centers (CTAC/MCTAC), which offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers

TTAC is tasked with building the capacity and competencies of mental health and early childhood professionals through ongoing training and technical assistance

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# Climbing the Social-Emotional Developmental Ladder

(Greenspan & Wieder, 2006; Wieder & Foley, 2018; Zero to Three, 2005)

The following levels are the Functional Emotional Developmental Levels (FEDL), the Developmental component of The **DIR (Developmental, Individual Difference, Relationship-based) Model** originated by Dr. Stanley Greenspan and **Dr. Serena Wieder**, The Clinical Director of **Profectum**

Illustrating video clips are the generously lent by Serena Wieder, Ph.D., Clinical Director of Profectum DIR training Academy.





# Principles of Development

- Nature and nurture are co-determinants of development and largely experience dependent
- Development progresses in predictable patterns
- Higher more complex skills are synthesized out of the components of lower level skills
- The lines of development are intimately and inextricably interrelated in an interdependent fashion
- Development is relationship dependent
- Parenthood is a developmental process
- Development is both continuous and discontinuous-plasticity is normative
- Development is shaped by play, learning and mastery
- Individual differences are more the norm than the exception

# Principles of IECMH

- Promotion, prevention and intervention are the key components of IECMH
- Social-emotional development is an organizing theme
- The ability to regulate emotions and behavior is important to adaptation
- The centrality of relationship-based concepts and practices
- The ability to be emotionally available is a key practice principle
- Assume parents know their child best until proven otherwise
- Practice through a strength-based lens
- Treat to the relationship
- Maintain an optimal professional distance-a flexible balance between closeness and distance
- Parallel process is a powerful therapeutic tool
- Be attuned to how the past colors the present-Ghosts in the Nursery
- Exercise reflective practice
- Participate in reflective supervision

# Shared attention and regulation (birth -3 M)

- The infant notices and attends to what is going on in the world by listening, looking, touching and moving
- The infant can stay sufficiently state-regulated to attend and interact particularly with caregivers

# Related Developmental Domains

- **Motor**
  - Reflexive (inborn patterns of action and reaction)
  - Beginning postural control
- **Language**
  - Affective-vocal synchrony-joint attention, vocalizes/signals pleasure and displeasure
- **Play**
  - Sensorimotor-body discovery
  - First toys-object discovery
- **Regulation**
  - External regulation
  - Orient attention away from a stressor

FEDL 1



# Forming relationships and mutual engagement (3-6M)

- The infant forms an attachment with an emotionally available caregiver for safety, soothing and security
- Over time, with support from the caregiving environment, the infant develops a full range of positive and negative emotions

# Related Developmental domains

- **Motor**
  - Practicing central control
- **Language**
  - Affective vocal synchrony-varies volume and pitch, comforted by mother's voice, begins babbling
- **Play**
  - Object exploration
- **Regulation**
  - Mutual regulation-rupture and repair
  - Modulate sensorimotor responses and begin to select and shift attention.

FEDL II & FEDL IIb

# Intentional two-way communication (4 and 10 M)

- The infant uses gestures, including purposeful demonstrations of affect to start reciprocal “serve and return” conversations
- Simple gestures such as reaching to be picked up or pointing
- These evolve into more complex sequences of gestures during the second year
- This pattern of “opening and closing circles of communication” evolves into continuous flow, actual conversations, when the child has sufficient language

# Related Developmental Domains

- **Motor**
  - Dissociation of movement-ability to move one part of the body in relative isolation
  - Sitting with freeing of the hands
- **Language**
  - Participates in back and forth interactions
  - Shared Intentions
- **Play**
  - Exploratory actions-shaking, banging, mouthing
  - Early functional play
- **Regulation**
  - Mutual regulation
  - Growing awareness of own actions

FEDL III



# Complex gestures and problem solving (10 -18M)

- The junior toddler learns to use emerging motor skills and language to get what he or she needs or wants-that is to solve problems
- Gestural communications evolve into more complex sequences of gestures and actions such as leading the parent to a desired object
- Gestures plus words and increasing exploratory and manipulative skills expand problem solving abilities across contexts

# Related Developmental Domains

- **Motor**
  - Spontaneous rotation, trunk control, creeping, cruising, upright locomotion
- **Language**
  - Shared meaning in gestures and words
  - Opens and closes many circles of communication
  - First words
- **Play**
  - Functional play –beginning constructive play
- **Regulation**
  - Co-regulation
  - Greater self –soothing capacity

FEDL IV & FEDL IV-RUN

# Uses symbols to express thoughts and feelings (18-30 M)

- Using imaginative play and language, the child begins to express an increasing array of ideas, fantasies and feelings through symbols
- The child communicates what she imagines through roles, costumes, tales and toys
- Beginning with the enactment of real life experiences, play becomes increasingly characterized by pretense scenarios, projecting feelings, wishes and fantasies onto characters and actions

# Related Developmental Domains

- **Motor**
  - Progression-running, chase and catch, active exploration
- **Language**
  - Lexical spurt-large increase in 1 word vocabulary
  - Word combinations
- **Play**
  - Early representational –feeds doll; puts doll to bed
- **Regulation**
  - Self-observation-embarrassment-the beginning of self monitoring  
FEDL V-pretend



# Related Developmental Domains

- **Motor**
  - Combining and coordinating the components of movement
- **Language**
  - Early discourse-expresses a range of intentions; uses word combinations “That’s a bike”; asks questions “What’s That?”
- **Play**
  - Symbolic play characterized by: pretense, object substitution socio-dramatic quality, roles and rules
- **Regulation**
  - Beginnings of self or effortful control which emerge between 22-33 months expressed by the following markers: slowing down motor activity, suppressing or initiating activity to signal, lowering of voice, effortful attention, compliance to delay or inhibit a response on caregiver request with decreasing amounts of external mediation and increasing participatory regulation

FEDL V-VI



# Connecting symbols logically and the emergence of abstract thinking (30-48M)

- The child can build bridges between and among ideas constructing increasingly logical sequences
- Play and language tales take on a narrative quality with a beginning a middle and an end
- Characters emerge with clear motives and consequences that can be anticipated
- The child begins to understand abstract concepts, feelings and communicate lessons learned from experience

# Related Developmental Domains

- **Motor**
  - The ability to execute complex motor planning tasks-riding a tricycle
- **Language**
  - Vocabulary at age 3 equals about 1,000 words and continues to expand at the rate of about 50 words each month
- **Play**
  - Becomes a vehicle for reality testing
- **Self-regulation**
  - Beginnings of conscious inhibition of emotional expression and arousal

FEDL VI-Ari

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# Risks to Social Emotional Development and Infant Mental Health

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# Scope of the Problem

## Scope of the Problem

- Between 9 -14% of children birth to five years of age experience social-emotional problems that negatively impact their functioning, development, and school readiness
- Peak prevalence of recognized disorders (within this age group) is at 4 years of age but the origins of these can be, and often are, much earlier
- Some young children have more severe mental health disorders
- In all cases, the earlier the intervention the better
- Purpose of this part of the webinar is to clarify the pathways to disorders in the social emotional domain, and to consider approaches to intervention



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# Infant mental health

The roots of the field of infant mental health are explicitly relational

- Bowlby: “essential for mental health is that an infant and young child experience a warm, intimate and continuous relationship with his mother (or mother substitute) in which both find satisfaction and enjoyment”
- Winnicott: “There is no such thing as an infant”, meaning that whenever one finds an infant one finds maternal care, and without maternal care there would be no infant”
- **If the individual is not a suitable level of analysis for infant development, neither is the individual a suitable level of analysis for understanding infant behavioral disorders (Sameroff & Emde, 1989)**

# Foundational Concepts

- Social-emotional development is the foundation for mental health and well-being throughout the lifespan
- Critical social-emotional competencies develop during the earliest years of life
- **Social-emotional competencies develop in the context of children's earliest relationships and with the support of their caregivers**
- **Social-emotional development is a bi-directional process to which the child and caregiver(s) each contribute**

# Risk factors in social-emotional development

- Child-centered
- Parent or caregiver contributions
- Transactional risk factors (goodness of fit; capacity to accommodate)
- Family and environmental risk factors
- Cumulative risk





# Other contextual influences on social-emotional development

- Emotional climate of the home
- Child's relationship to siblings, grandparents, other household members
- Family resources and degree of social support
- Community resources
- Quality of childcare setting and child's relationship with childcare provider(s)

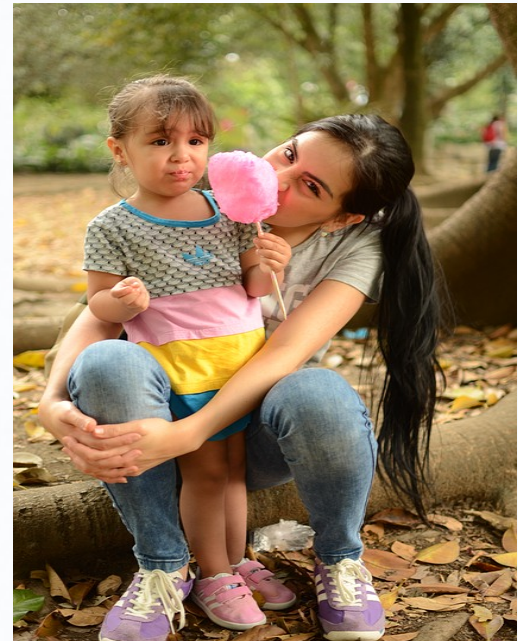


# Case description

- Nina – 4 year old child born with congenital deformity of one eye; otherwise healthy; normal birth and developmental history
- Intact family consisting of both parents, two older boys, and Nina
- Both parents were professionals and accomplished in their fields
- Mother described warm and loving relationship with her sons but is distressed that she does not love Nina in the same way
- Highly ego dystonic/disturbing to mother
- Lack of eye gaze during nursing impeded mother's feelings of attachment to baby
- A ghost in the nursery

# Child Factors

- Disability
- Prematurity
- Regulatory problems including  
Temperament/Fussy Baby Syndrome  
Sensory processing disorders and  
Overactivity Disorders



# Disability and the interface between social-emotional and other domains of development

- All of the developmental domains are inextricably linked
- Advances and competencies in one domain catalyze progress in the other domains
- Conversely, disability or disorder in any domain inevitably contributes to difficulties in other domains
- Children with sensory, motor or language delays and disabilities are at risk for problems in social emotional development

# Selma Fraiberg: Insights from the Blind

- Studied the effects of a single sensory deficit, blindness, on the organization of personality in the sensorimotor period
- Children enrolled between the ages of one and eleven months
- Impact of blindness discerned across all areas of adaptive functioning





# Impact of blindness on human attachments

- “extraordinary problems for the blind baby and his parents in making the vital human connections”
- Blindness had robbed the baby of a large part of the vocabulary of signs and signals which are read by his partners as “recognition”, “knowing”, “preference” and “valuation”
- Delays/differences in appearance of the social smile; absence of differentiated and modulated facial expressions
- Clinicians had to help parents understand babies’ signs of preference and valuation, often read through motor actions and vocalizations, and thus find reward in their babies
- Had to help the babies achieve focused human partnerships



# Blindness and attachment

- Onset of separation distress was delayed due to delays in child appreciating that the mother is an “object external to the self”
- Unique problems of the blind child in conferring objectivity on persons and things in the second half of the first year
- Problem for the blind child in the second year who does not yet have a mental representation of the mother that can sustain him in her absence
- High level of distress when mother left perceptual field or when child was separated from mother for a few hours or longer; speaks to the helplessness of the child when mother was not present
- The tactile-auditory vocabulary of discrimination and love available to the blind child could serve him well in human attachments; vision is not indispensable for the formation of human bonds

# Blindness and motor development

- During a period of development when the sighted child is achieving proficiency in the coordination of reaching for and attaining an object (3-7 months), blind babies did not reach for people or things, even when a voice or sound provided cues; Sound did not yet connote substantiality for the blind baby
- Where vision would have brought the hands together at midline, for mutual fingering, transfer and coordinate use, intervention was needed to provide the tactile-auditory lures to stimulate object exploration
- Postural attainments for crawling appeared within the range of sighted babies, but mobility was markedly delayed
- Blind child is impeded in locomotor development by absence of a lure or visual incentive; mobility as a form of reach to a lure in space

# Language Delays and Impairments

- The most common developmental problem that young children present
- Can be primarily receptive, primarily expressive, or a combination of both
- Sometimes also associated with articulation impairments
- There is high concordance between language delays/disabilities and behavior problems
- Primary function of communication is impacted; child cannot make his/her needs known and sometimes resorts to physical actions, including aggressive behavior, to solve problems or express negative emotions
- Receptive problems make it difficult for child to orient to what is happening around, or to, him, to engage in meaningful communicative exchanges, or to follow directions
- Parents can often describe children's language delays but do not always connect this to the child's behavior
- Social interactions and play with peers can be difficult if child cannot keep up with the play narrative or otherwise communicate as other children expect

# Language and self-regulation of behavior

- Language is a primary means by which we regulate our own behavior
- The process begins as dyadic regulation, with parent supplying much of the regulatory guidance (“don’t touch, that’s hot!”)
- Child then adopts the regulatory language of parents in their own, self-directed, still external (audible) speech
- Finally, this guiding language becomes internalized - inner speech - experienced as thoughts
- Vygotsky – the regulatory function of language
- Children with language delays or impairments do not have this capacity to the extent their same age peers do, resulting sometimes in less regulated behavior and fewer internal modalities for problem solving

# Language as a distal means of maintaining attachment and goal corrected partnerships

- As toddlers are able to create more physical distance between themselves and their caregivers - taking pleasure in their explorations and increased autonomy - language becomes an important means of sustained contact with attachment figures
- Difficulty relying on this type of contact over distance may shift the balance between attachment and exploration
- Also impacts on the dyad's capacity to engage in goal-corrected partnerships - negotiations about limits and allowances that are typical and important in the toddler years

# Children with physical and motor disabilities

- Physical or motoric disabilities may impede the way children learn about their world starting in infancy (manipulation of objects; perception of objects from different perspectives)
- From a social-emotional perspective, physical and motor disabilities impede the process of separation-individuation as children cannot as readily establish body boundaries, separate themselves from their caregivers, do not experience the “love affair with the world” or the “practicing” stage that locomotor skills catalyze
- Sense of autonomy
- Restrictions in activities that other children enjoy



# Relational Impact: Parental Response to Child's Disability

- The birth of a child with a disability, or the discovery of a disability in a child later on, usually constitutes a crisis in a family
- Coping and resilience is variable and associated with parents' mental health and capacities to cope with stress, the nature and extent of family support, families' resources, belief systems, and culture
- However, most parents experience strong emotional responses, either at the time of birth or at the time of diagnosis, and most need time to accommodate to a new reality that they did not expect

# The Loss-Grief Cycle

- Accommodation to disability in a child is a gradual, and an on-going process
- Learning of disability may bring a sense of disorientation and disequilibrium and intense anxiety about the unknown
- Search for answers, alternate opinions, a better prognosis
- Transition to stage of acknowledgement is still a difficult and stressful time, as loss of the expected child is affirmed
- While recovery is usually attained, feelings of loss and grief recur at various points and often around times of typically expected milestones or transitions

# Other Stressors Child's Developmental on parents/families Needs

Interface with doctors, clinicians,  
systems

Demands on time

Therapies and services for child

Possible changes in parents' capacity  
for work, socialization, meeting own  
needs

Impact on other children in the family

Response of extended family and  
social network

Parental disequilibrium, anxiety,  
multiple demands on time occurs at  
the same time as child's need for  
sensitive, responsive caregiving

Primary parental preoccupation with  
baby is re-directed to doctors,  
systems, clinicians

Normal parental ambivalence may be  
heightened

Impact on the attachment process

# PREMATURITY

- While prematurity does not always lead to disability, the premature arrival of a baby is often a time of crisis for a family
- Constant state of medical emergency is often a traumatic experience for parents
- High levels of physical and emotional stimulation in NICU, painful medical procedures, and lack of holding is highly adverse to the baby
- Inability of parents to care for the baby in the usual ways may preclude or forestall the attachment process
- Precariousness of child's survival is a traumatic stress for parents and sometimes an impediment to parents' attachment

# Fussy or High Need Baby

- Constellation of behaviors including excessive crying, inconsolability, fussiness, highly sensitive with intense responses, difficulties feeding and unpredictable sleep habits
- Puts severe emotional and physical strain on parent
- Difficult temperament: irregular body functions, negative mood, intense reactivity, low adaptability
- Temperament work introduced the concept of “goodness of fit”

# Sensory Processing Disorders

- Young child's irritable, aggressive, avoidant, or fearful behavior may be manifestation of a sensory processing disorder
- Sensory Processing Disorders are abnormalities or differences in how children regulate and cope with sensory input (e.g., sound, touch, light, smell, taste)
- Problems with sensory processing often create distress for the child and result in impairment in their ability to enjoy or participate in every day activities
- Behavior can be very confusing to parents because the child is unable to verbalize the source of their discomfort and parent does not know the reason for the child's difficult behavior or distress



# Sensory Processing Disorders

- Believed to emanate from the child's neurobiology; they are problems the child is born with
- Includes the child's response to lesser known sensory systems, such as the vestibular system - how the child responds to his body's movement in space
- Can be the only problem that the child has
- Can co-occur with, or be part of, other neurodevelopmental problems; such as autism spectrum disorders

# Sensory Over-Responsivity Disorder

- Stronger response to sensory input
- Quicker response to sensory input
- Slower recovery time to sensory input

Child may become fearful of these experiences, avoidant of them, or act out in a disruptive way when exposed to stimuli to which they are hypersensitive.



# Sensory Under-Responsive Disorder

- Persistent pattern of muted, minimal, neutral or very brief responses to sensory stimuli
- Occurs in more than one context and can involve one or more sensory domains
- May have a high tolerance or imperviousness to pain
- May be sensory seeking, e.g. show a constant need to touch people or things, or crave fast or intense movement in order to register sensations as other children more easily do and maintain arousal; may be too rough with other children

# Over-activity and Impulsivity

- Some young children present with extremely high activity levels, often combined with impulsivity
- The diagnosis of attention deficit disorder is reserved for children over three years of age; However, these behaviors often present before this age
- New diagnosis of Overactivity Disorder of Toddlerhood (OADT) in DC:0-5
- Excessively high activity “as if driven by a motor”, cannot be still even for short time; “into everything”; dangerous or high risk behaviors; Climbs on furniture or inappropriate things, Cannot sit for meals, circle time; Difficulty waiting for needs to be met; Difficulty taking turns; Intrusive in play

# Impairments in social emotional competencies

- Stress on parent-child relationship, especially if parent has other stressors
- Limits family activities and resources such as babysitters, child care or preschool programs
- Difficulty playing with other children
- Poor self-esteem due to frequent negative feedback or punishment
- Difficulty learning negotiation or social problem solving skills
- Difficulty developing expanded imaginative play

# Summary: Relational Context of Disability

- Impact of disability is mediated through the parent-child relationship
- Severity of disability is often in the eyes of the beholder
- Depends on parental mental health and stage of adjustment in the loss grief cycle
- Level of social support and the emotional climate of the child's caregiving network
- Family resources for securing interventions and for helping child with compensation



# Implications for Intervention

- Collaborate with your interdisciplinary peers (OTs, PTs, Speech/language therapists)
- Psychoeducation to parents about the interface between domains and implications for children's behavior and social-emotional functioning
- Provide support for parents including information, resources, parent-to-parent support, on-on-ongoing emotional support
- Monitor for level of stress in parents and in the family
- Support the relationship



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