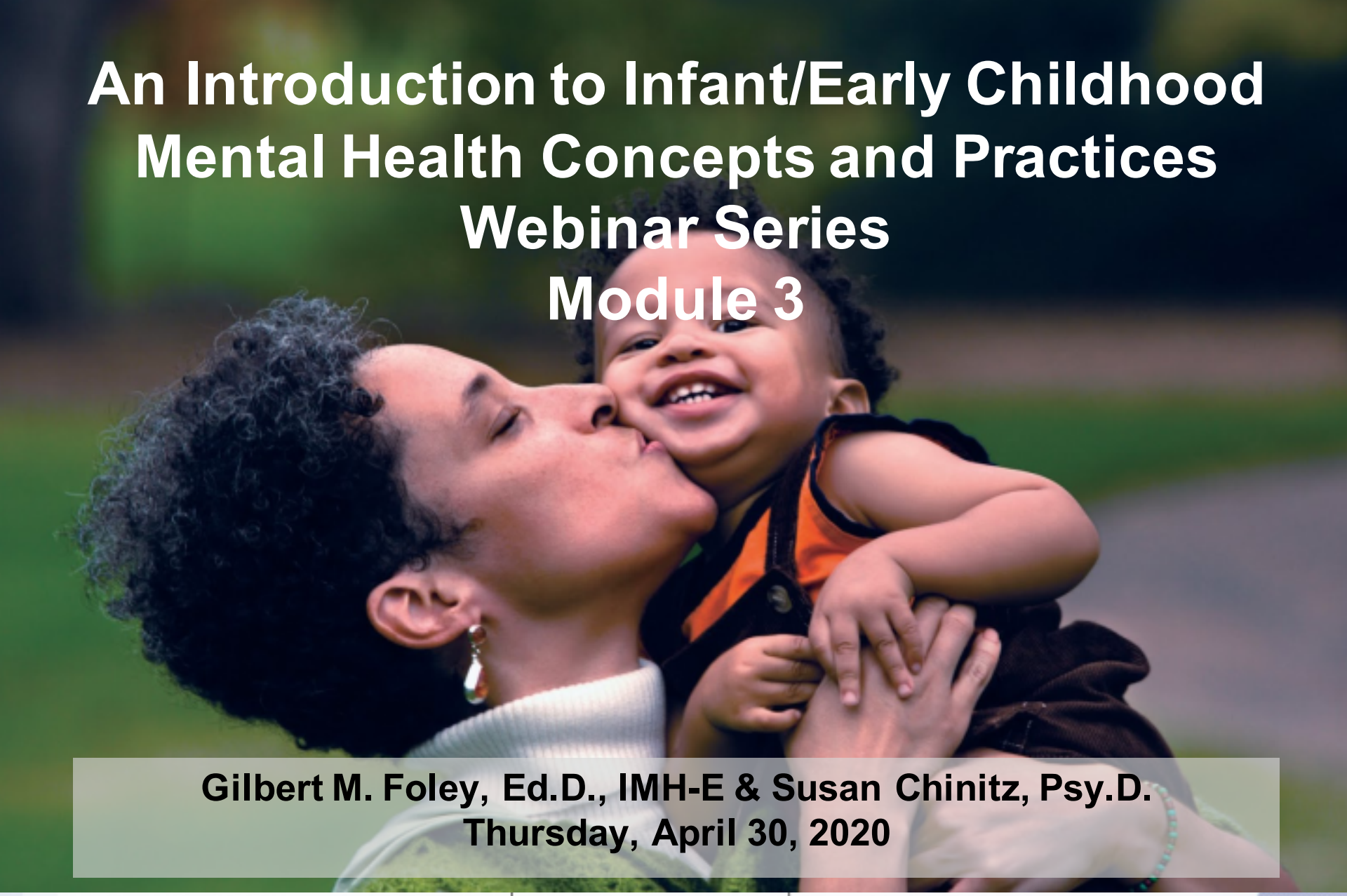
An Introduction to Infant/Early Childhood Mental Health Concepts and Practices Webinar Series
Module 3



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A COLLABORATION BETWEEN
NEW YORK CENTER FOR CHILD DEVELOPMENT
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Who We Are

The New York City Training and Technical Assistance Center (TTAC), is funded through **ThriveNYC**, in partnership with the **NYC Department of Health and Mental Hygiene (DOHMH)**

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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Parental histories and characteristics impact the relationship

And children's social emotional development

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Parents' caregiving behavior

Influenced by:

- Parent's attachment history as a child
- Cultural context
- Other demands on the parent
- The support given to the mother
- Characteristics of the child
- Experiences as a caregiver

Parent's attachment history provides the base

- Strong correlation between parent's attachment status as a previously cared for child and the attachment status of the child
- Parents who were securely attached as children tend to have children who are securely attached
- Parents who had insecure attachments as children tend to raise children who have similar attachment classifications
- However, the transition to the parenting role - starting in pregnancy - and interactions with the child provide opportunity for re-working internal models of attachment and internal models of caregiving
- Birth of a baby has enormous power to evoke caregiving behavior and to catalyze the reorganization process

Adult attachment classifications: Autonomous

- Parents classified as autonomous tend to raise children who develop secure attachment
- Sensitive to their children's emotional needs, responsive, and emotionally available to their children
- Children who have secure attachments are able to balance their needs for attachment and exploration, and deploy their attention flexibly, because they have learned that their parents are available, protective and supportive to them and their developmental efforts
- Parents come to this attachment stance if they have received sensitive and nurturing care as children themselves, or if they have come to terms with or reflected on their parents' deficiencies and have opted to intentionally parent their own children differently – with a focus on the child's emotional needs

Adult Attachment Classifications: Dismissive

- Parents classified as dismissive avoid focusing on painful relational memories from their own childhood, or insist that they had no effect
- Reject their children's dependency needs and bids for comfort and reassurance
- The child of a dismissive parent learns to turn away from his own internal distress, and focuses instead on toys and the surrounding environment
- This is a strategy that the child employs in order to maintain proximity to a parent who rejects their need for nurturing
- Though the child looks "independent", there is evidence of underlying stress
- Child often mis-cues others to think (s)he does not need them

Adult Attachment Classifications: Preoccupied

- Parents who are preoccupied describe dissatisfaction with the parenting they received, and remain caught up in their adverse early relational experiences
- They tend to be inconsistently emotionally available to their young children and inconsistently responsive to their dependency needs
- Children develop anxious-resistant attachment; they seek comfort from the caregiver when distressed, but are not readily comforted or reassured
- Attention focused on the parent to the detriment of exploratory needs; watchful and wary about parent

Adult Attachment Classifications: Unresolved

- Parents who are unresolved have often experienced early loss, or attachment-related traumas such as violence or physical or sexual abuse
- They have not adequately psychologically resolved these adversities and tend to provide parenting that is frightening to the child, or sometimes abusive; in essence, do not protect their babies from psychological danger
- Helplessness causes parent to psychologically or behaviorally abandon the child, threaten him, or appeal to child for reassurance; these are defensive reactions to the fear, helplessness and rage they experienced as children
- Child shows conflicted approach/avoidance behavior toward the parent
- Child trying to respond to the unresolvable situation in which the person that is supposed to nurture them is, in fact, a source of fear
- No organized strategy for resolving dependency needs. and often show symptomatic, unusual or difficult behavior

Internal working models are dynamic and open to change

- None of the attachment styles described suggest psychopathology; they are relational templates that provide protection or, in some cases, increase risk for psychopathology
- Parents are developing adults; potential to change their state of mind about attachment
- Some parents reflect on their experiences as a child and commit to raising their child differently; sometimes parents come to understand why their parent(s) acted in a certain way and resolve this for themselves
- Sometimes, new relationships (i.e. partners) provide modifications in internal working model of attachment and expectations of relationships
- Psychotherapy can re-shape parents' attachment state of mind

Ghosts in the Nursery

- A critical concept in the field of infant mental health that describes how parents bring histories of troubled relationships in their childhood to their relationship with their own infant or young child
- Clinical work with Nina's mother (case description) uncovered a ghost in her nursery that was impacting her relationship to her daughter
- Sometimes, parents' "ghosts" or other relational experiences in the past result in negative attributions to their young children
- Listening with a clinical ear for old ghosts and for negative attributions to children may offer a clue

Angels in the Nursery

- The memories of benevolent caregivers who provided protection and nurturance
- Can be used in psychotherapy to remind parents of the kind of caregiving they can aspire to

Implications for intervention

- Parental insight into their relational experiences as children is very important
- Insight oriented approaches that encourage parents to reflect on their early relationships and how these may carry over into their parenting and relationship with their young child
- Patient and adequate attention to her early relational life permitted Nina's mother to eventually connect her parents' experience with a child with disabilities to her own, and led to insight into the origins of her feelings toward Nina
- Interventions that promote parents' reflective functioning

Maternal Depression

- Depression in mothers of very young children is common
- Prevalence of maternal depression is about 10 to 20% overall
- Rate of depression is even higher among low income mothers of young children
- Studies have found that in low-income samples, 25 to 50% of mothers of young children are struggling with depression
- Symptoms of depression include prolonged periods of low mood, loss of interest and enjoyment, disturbances in sleeping and/or eating, irritability or agitation, problems with concentration, and/or feelings of hopelessness
- Though depression is treatable, too few mothers with depression obtain appropriate care; fathers are often forgotten

Effects of maternal depression on caregiving and on the parent-child relationship

- Mothers may experience fatigue, social isolation, difficulty maintaining basic level of functioning
- In severe cases, there may be neglect
- Less attuned to child's signals, more emotionally flat and disengaged with their babies
- Less contingently responsive to their babies
- Fewer serve and return interactions
- Difficulty establishing predictable routines for their infants
- Lower levels of warmth and physical touch
- Sometimes more hostile and intrusive interactions
- May negatively affect children's cognitive development as well as their emotional development and behavior

Intervention

- Sometimes dyadic parent-child therapies help to alleviate parent depression symptoms
- Sometimes individual intervention is needed as well
- Because of depression's pernicious effect on children, and on parenting behaviors, a combination of these both types of interventions may be needed to best effect child outcomes

Parental Substance Use Disorders

- High rates of child exposure to alcohol and other drugs, prenatally and postnatally
- Substance abusing women have high co-occurrence of mental health disorders
- Histories of abuse in their own childhoods are common
- Highly variable behavior but often includes Impulsivity, high risk behaviors, impulsivity, mood lability, relationship difficulties
- Guilt alternates with denial
- Difficulty reading baby's cues
- Neglect, abuse
- Chronic substance use disorders as a marker for social risk

Impact on infant and child

- Alcohol is a known neurotoxin
- Fetal Alcohol Syndrome and Fetal Alcohol Spectrum Disorders include physical, cognitive and behavioral problems
- Opiate-exposed infants may develop neonatal abstinence syndrome characterized by tremors, hypertonicity, impaired sleep or feeding
- Irritability, excessive crying, state lability, and neurologic fragility, including heightened sensitivity to external stimulation, makes early caregiving difficult
- At risk for developmental delays, language disorders, emotional/behavioral and attention difficulties/hyperactivity
- Parent-child interaction difficulties; clinical support is often indicated
- Parenting problems, combined with the dampening down of parents' protective behaviors, often result in child welfare system involvement

Intervention

- The birth of a child is an important motivator for recovery for many parents with substance use disorders
- In addition to treatment for substance use disorders, parenting interventions and parent-child relational therapies are indicated and helpful

Relationship Disorders

- Sometimes children's emotional or behavioral problems reflect difficulties in their relationship with a primary caregiver
- Relationship disorders do not result in specific child symptoms or behaviors; child may have food refusal, aggressive behavior, fearfulness, oppositional behavior, role reversal, or any other symptom picture
- Relationship disorders are considered when a child's difficulties are most pronounced with a particular caregiver and are not observed with different adults or in different settings
- The infant-parent relationship should be a central area of focus for all infant practitioners
- DC:0-5 underscores relational assessment as a critical component of the diagnostic process

TRAUMA

- An exceptional experience in which powerful and dangerous stimuli overwhelm the child's capacity to regulate emotions
- Real or perceived threat to the life or physical integrity of the child or someone close to the child
- Characterized by excessive fear, terror, and feelings of extreme helplessness
- Examples include: car accidents, fires, animal attacks, natural disasters (hurricanes, floods, earthquakes), home invasions, police raids, terrorist attacks

Impact of trauma

- Activation of the fear-stress system
- Child becomes hyper-vigilant to signs of danger
- Increased levels of arousal (sleep problems)
- Re-experiencing (nightmares, traumatic play)
- New fears
- Increased separation anxiety
- Avoidance of reminders of event
- Developmental regression
- Post-traumatic stress disorder

Trauma and attachment

- Sensitive, nurturing care buffers the impact of trauma
- Children with secure attachment have better recovery from traumatic events
- When caregiver has been affected by trauma as well, capacity to attend to the child may be diverted by parents' traumatic response

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Complex trauma

- Early life onset exposure to multiple, chronic and prolonged traumatic events of an interpersonal nature
- These exposures occur within the child's early caregiving system, the social environment that is supposed to be a source of safety and stability in the child's life
- Long term physical and emotional neglect
- Physical, emotional, sexual abuse
- Exposure to domestic violence
- Prolonged separation from primary caregiver due to death, incarceration, placement in foster care often combined with frequent attachment disruptions

Impact of complex trauma

- Constant activation of the fear-stress system with **without benefit of nurturing care to assist with recovery**
- Creates a fear stress system that is easily triggered and slow to shut down
- Repeated traumatic experiences create brains that are braced for danger
- Children who have had chronic and intense fearful experiences often lose the capacity to differentiate between threat and safety
- This impairs their ability to learn and interact with others because they perceive threat in other social circumstances
- Interferes with attachment system
- Interferes with learning
- Toxic stress

Complex trauma results in multi-system impairments

- Attachment
- Biology
- Affect or emotion regulation
- Behavioral control
- Cognition
- Self concept
- World view

Developmental Trauma Disorder

Symptoms of Complex Trauma in Young Children

- Developmental delays
- Withdrawn behavior
- Indiscriminate attachment
- Easily elicited, frequent, severe and prolonged tantrums
- Inconsolability
- Difficulties with sleep
- Aggressive behavior
- Sexual play or behavior
- Regressive behavior – loss of developmental milestones
- Self-injurious behavior
- Hyperphagia and other eating disorders
- Negative mood/difficulties getting along with other children

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Implications for Intervention

- Removing a child from immediate danger is necessary but not sufficient
- It does not, in itself, reverse or eliminate the fear response
- Many events may have occurred before the child had language; memories are implicit (body based) and may not be accessible in narrative form
- Reducing fear responses requires active work and evidence based treatment
- It needs to include the child's primary caregiver(s) who have to shape different expectations of relationships; relationship-based interventions are essential
- This is difficult because the child is often difficult to manage and does not readily accept nurturing behaviors
- Caregivers need extensive psycho-education and support to stick with this over the long term

Cumulative risk

- Poverty
- Parents who have had early relational adversities/ACEs
- Complex trauma
- Chronic neglect
- Family substance use disorders family violence
- Parental incarceration
- Foster care

Children Birth to Five in Foster Care

- The most vulnerable cohort of children
- Prenatal exposures to teratogens (alcohol or drugs) and substance abuse while parenting
- Parental mental health disorders (often chronic)
- Neglect, abuse or exposure to violence – all traumatic events
- Attachment disorders
- Attachment disruptions
- Multiple moves in care
- History of loss and bereavement is often not appreciated
- Trauma is under-recognized or child is thought too young to be affected
- Difficult visits with parents (re-enact separation; trauma triggers)
- Prolonged period of instability due to long times to permanency
- Histories hard to reconstruct

Young children in foster care

- In a national survey, 38% of infants and toddlers in foster care had experienced 4 or more adverse childhood experiences by the time they were 2 years old
- High rates of medical and health problems
- High rates of developmental delays
- High rates of emotional and behavioral problems, often related to multiple attachment disruptions and exposure to traumatic events

Therapeutic Work with Young Children in Foster Care

- Must address attachment disruptions
- Must address traumatic experiences
- Must be dyadic and include child's primary caregiver/attachment figure
- Must offer psychoeducation to foster parents
- May need to include supports for parent-child visits
- Should include clinician's input on transitions
- Should try to promote working relationship between parent and foster parent

- **Evidence-Based Psychotherapies**
- Child-Parent Psychotherapy
- Attachment and Bio-Behavioral Catch-Up. (Power of 2)
- **Picture Books**
- You Weren't with Me
- Once I Was Very Scared
- **Sesame Street's** Karly and her "for now family"
- **Incarcerated Parents**
- Sesame Street Tool Kit
- Visiting Day book

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Differential Diagnosis

- Many childhood disorders share similar symptoms (tantrums, aggression, over-activity)
- Synthesize information from multiple sources
- Generate hypotheses and test these as you gather more information
- Co-morbidities are common
- Knowledge of norms
- Use of standardized tools for screening and assessment
- Clinical case formulation

Screening and Assessment

- Ages & Stages Questionnaire
- Ages & Stages: Social-Emotional
- MCHAT
- Short Sensory Profile -2
- PHQ-9
- Beck Depression Screen
- Beck Anxiety Screen
- PICCOLO
- Keys to Interactive Parenting

Shifting the Balance Between Risk and Protective Factors

- There are effective interventions for all of the problems and disorders we have discussed in this webinar.
- Effective interventions are relationship based and include the child's parent or caregiver

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Treating to the Relationship

- Honor the importance of the parent-child relationship
- Acknowledge and support parents' strengths
- Address parents' concerns
- Provide psycho-education about appropriate expectations for child's age, about children's individual differences, and developmentally supportive ways to promote children's positive behaviors
- Impart new skills by coaching parents in their interactions with their child
- Assist parents in developing insight into the impact of the parenting they received on their parenting
- Promote parents' reflective functioning
- Jeree Pawl's guidance

Intervention models for very young children and their parents/caregivers

- Child Parent Psychotherapy
- Parent-Child Interaction Therapy
- Attachment and Bio-Behavioral Catch-up
- DIR
- Incredible Years
- Circles of Security
- Triple P
- Parenting STAIRS
- Healthy Steps
- Nurse Family Partnership
- Other home visiting programs

Promising developments

- Increasing recognition that even the youngest children can have social-emotional and mental health disorders that can derail their development and adaptive functioning
- Increase in evidence-backed and relationship-based models of intervention
- Increased screening for social-emotional problems in primary pediatrics, early care and education and other child serving systems; more mandates; better opportunities for reimbursement for this
- Increased screening for maternal depression
- Increased attention to social-emotional domain by Early Intervention
- Use of the DC:0-5 increasingly approved by Medicaid in certain states and advocacy for private insurance plans
- Increased use of early childhood mental health consultation in preschools and child care settings
- Increased supports via children's pediatric providers
- NYC Early Childhood Mental Heath Network

References

- Center on the Developing Child at Harvard University (2009). *Maternal Depression Can Undermine the Development of Young Children: Working Paper No. 8;* retrieved from www.developingchild.net
- Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeRosa, R., Hubbard, R., Kagan, R., Liautaud, J., Mallah, K., Olafson, E., & van der Kolk. (2005). Complex trauma in children and adolescents. Psychiatric Annals 35:5, 390-398.
- Dozier, M., Roben, C.K.P., Caron, E., Hoye, J., & Bernard, K. (2016). Attachment and Biobehavioral Catch-up: An evidence-based intervention for vulnerable infants and their families.. Psychotherapy Research, published online: October 11: 18-29.
- Fraiberg, S., Adelson, E., & Shapiro, V. Ghosts in the nursery: a psychoanalytic approach to the problems of of impaired infant-mother relationships. Journal of American Academy of Child Psychiatry, 14(3), 387-421.
- Lieberman, A. & van Horn, P. (2008). Psychotherapy with Infants and Young Children. New York: Guilford Press.
- Lieberman, A., Padron, E., van Horn, P., & Harris, W.W. (2005). Angels in the nursery: The intergenerational transmission of benevolent parental influences. *Infant Mental Health Journal,* 26(6), 504-520.
- Main, M., Kaplan, N., & Cassidy, J. (1985). Security in infancy, childhood and adulthood: A move to the level of representation. In I. Bretherton & E. Waters (Eds.), Growing points of attachment theory and research. Monographs of the Society for Research in Child Development, 50(1-2, Serial No. 209), 66-104.
- Pawl, J., & St. John, M., How You Are is as Important as What You Do (1998). Washington DC: Zero to Three National Center for Infants, Toddlers and Families.
- Sameroff, A.J., McDonough, S. & Rosenblum. (2005). Treating Parent-Infant Relationship Problems: Strategies for Intervention.New York: Guildford Press
- Vig, S., Chinitz, S., & Shulman, L. (2005). Young children in foster care: Multiple vulnerabilities and complex service needs. Infants & Young Children. 18(2), 147-160.

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Thank you!

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