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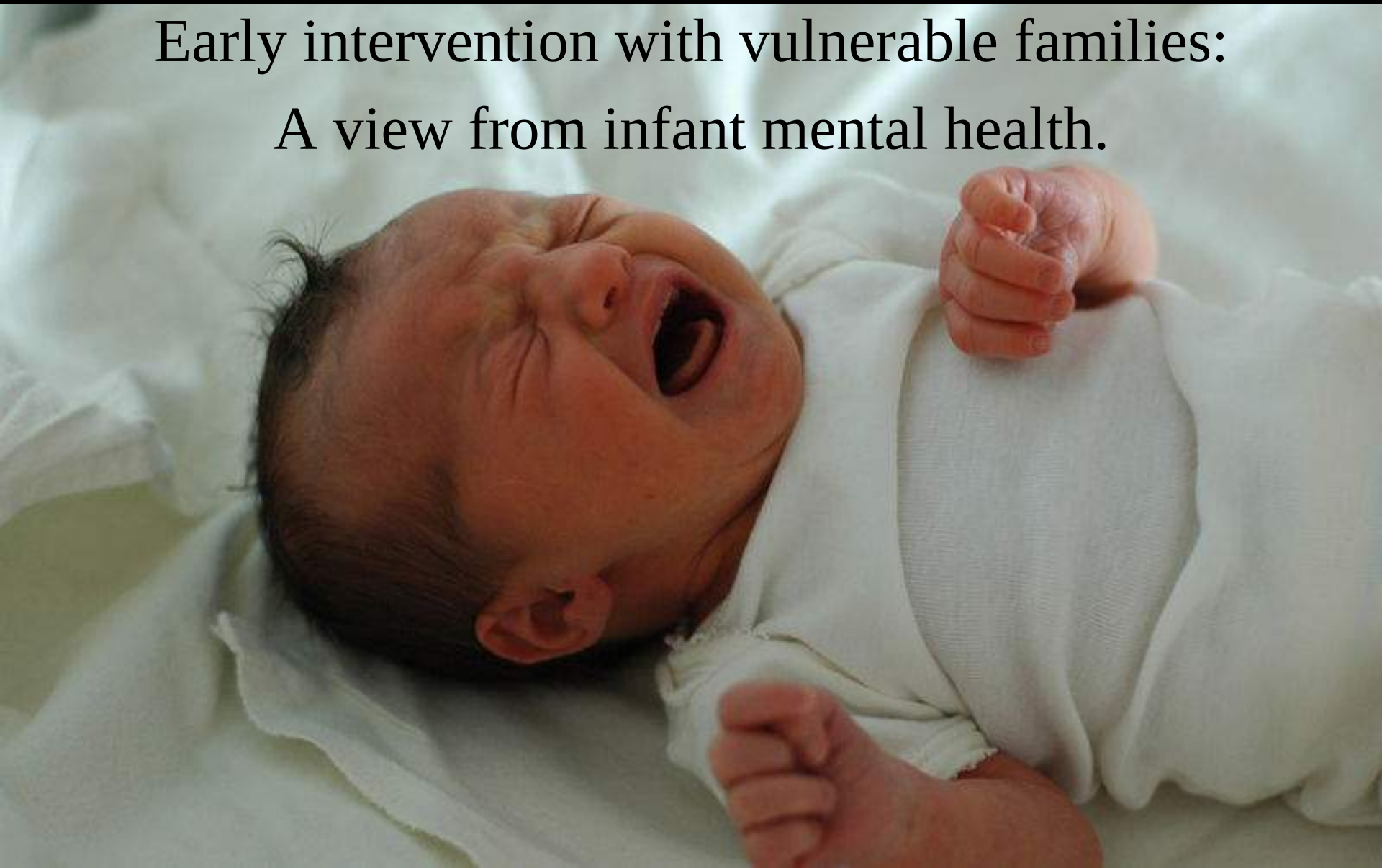
Risks, Relationships and Repair.

Early intervention with vulnerable families:

A view from infant mental health.



From the Mental Health Task Force of Zero to Three.

Infant mental health is the developing capacity of the child from birth to three to: experience, regulate, and express emotions; form close interpersonal relationships; and explore the environment and learn – all in the context of family, community and mental health expectations for young children. Infant mental health is synonymous with healthy social and emotional development.

The starting point.

"Human relationships, and the effect of relationships on relationships, are the building blocks of healthy development. From the moment of our conception to the finality of death, intimate and caring relationships are the fundamental mediators of successful human adaptation." (p. 27)

National Research Council and Institute of Medicine, (2000) *From Neurons to Neighbourhoods: The Science of Early Childhood Development.* Committee on Integrating the Science of Early Childhood Development. Jack P. Shonkoff and Deborah A. Phillips, eds. Washington D. C.: National Academy Press.

Evolution has co-opted attachment relationships to become the mechanism for social and physiological connection to others. The non-conscious, implicit, interactive regulation that is internalized from the early relationship with the mother is the main strategy that underpins the essential survival functions of the self system.

This is why the essential task of the first year of life is the creation of a loving and joyful relationship between baby and parent. In order to successfully enter into this emotional communication the mother must be attuned to the dynamic changes in the baby's state of arousal – appraising and then regulating these states, whether positive or negative.

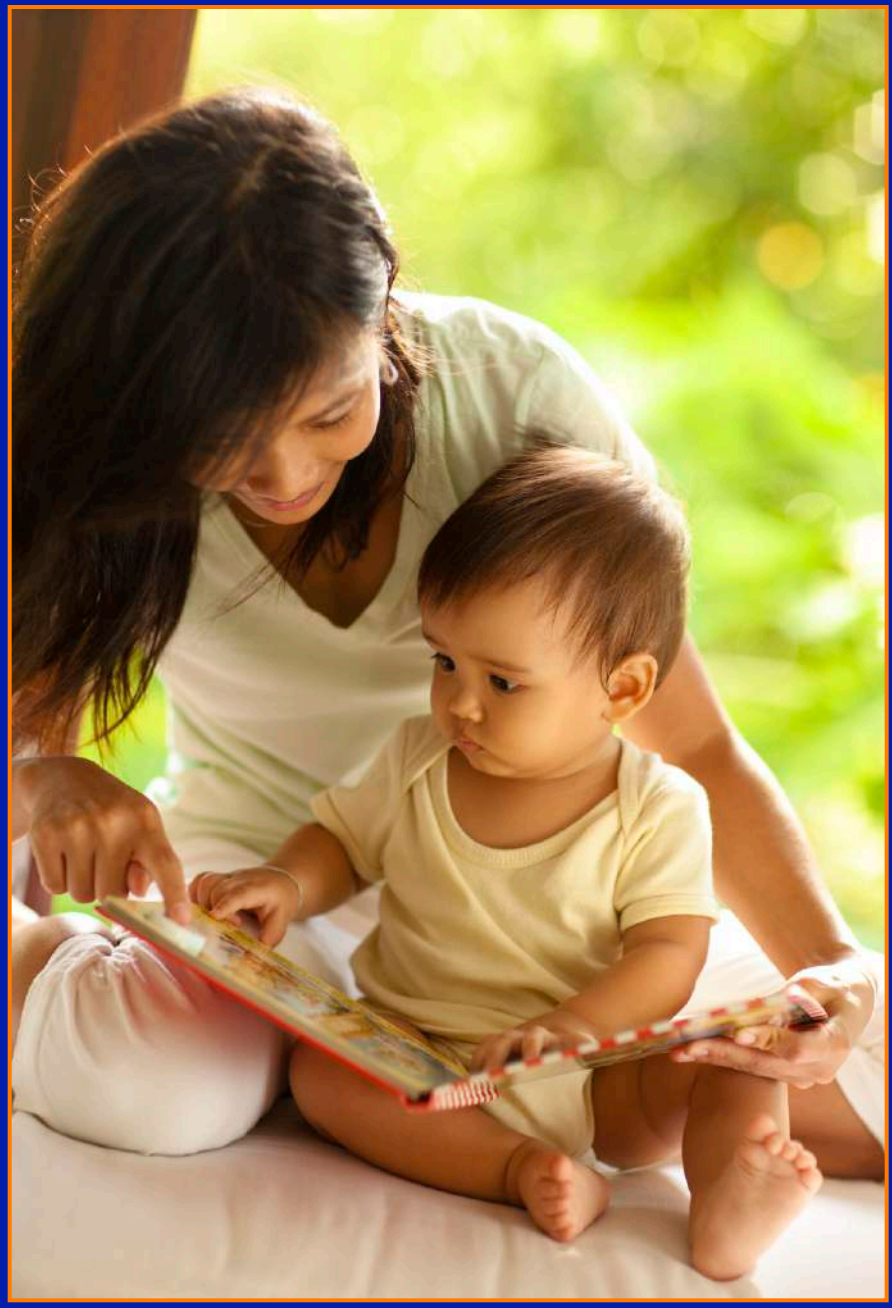
The starting point: The first relationships are the most important.

Positive predictable interactions with loving and nurturing caregivers will stimulate and organize young minds on all levels.

The mind is built on and for relating. Emotional exchanges with significant others shape the neural networks that form the architecture of the brain.

“The very simple story is that children who are treated with kindliness and thoughtfulness grow up to be adults who are kind and thoughtful towards others, and anything that gets in the way of that very simple process needs to be addressed.” (p.7) Building Greater Britons. Conception to Age 2: First 1001 Days APPG. February 2015. http://www.1001criticaldays.co.uk

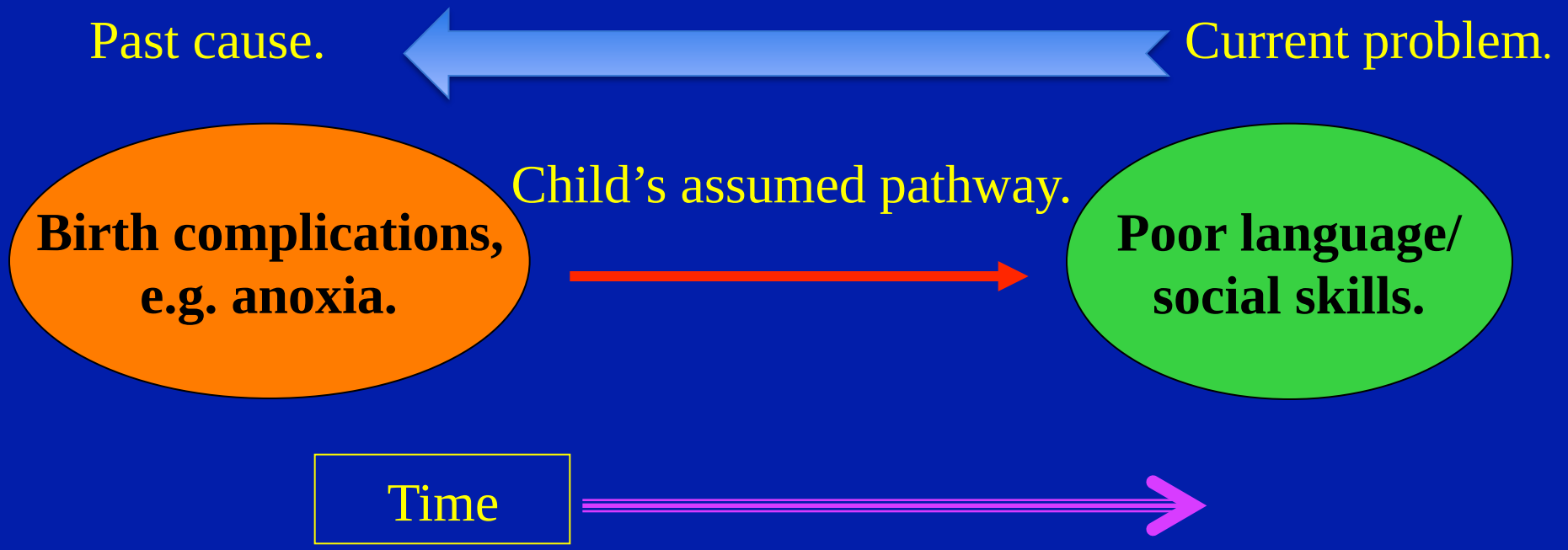
The quality of early caregiving will have a long lasting impact on how children develop, their ability to be curious, playful and learn, their capacity for empathy and regulating their own emotions, the quality of adult relationships and last – but not least – how they will parent in turn. But these early relationships can also have a negative influence.



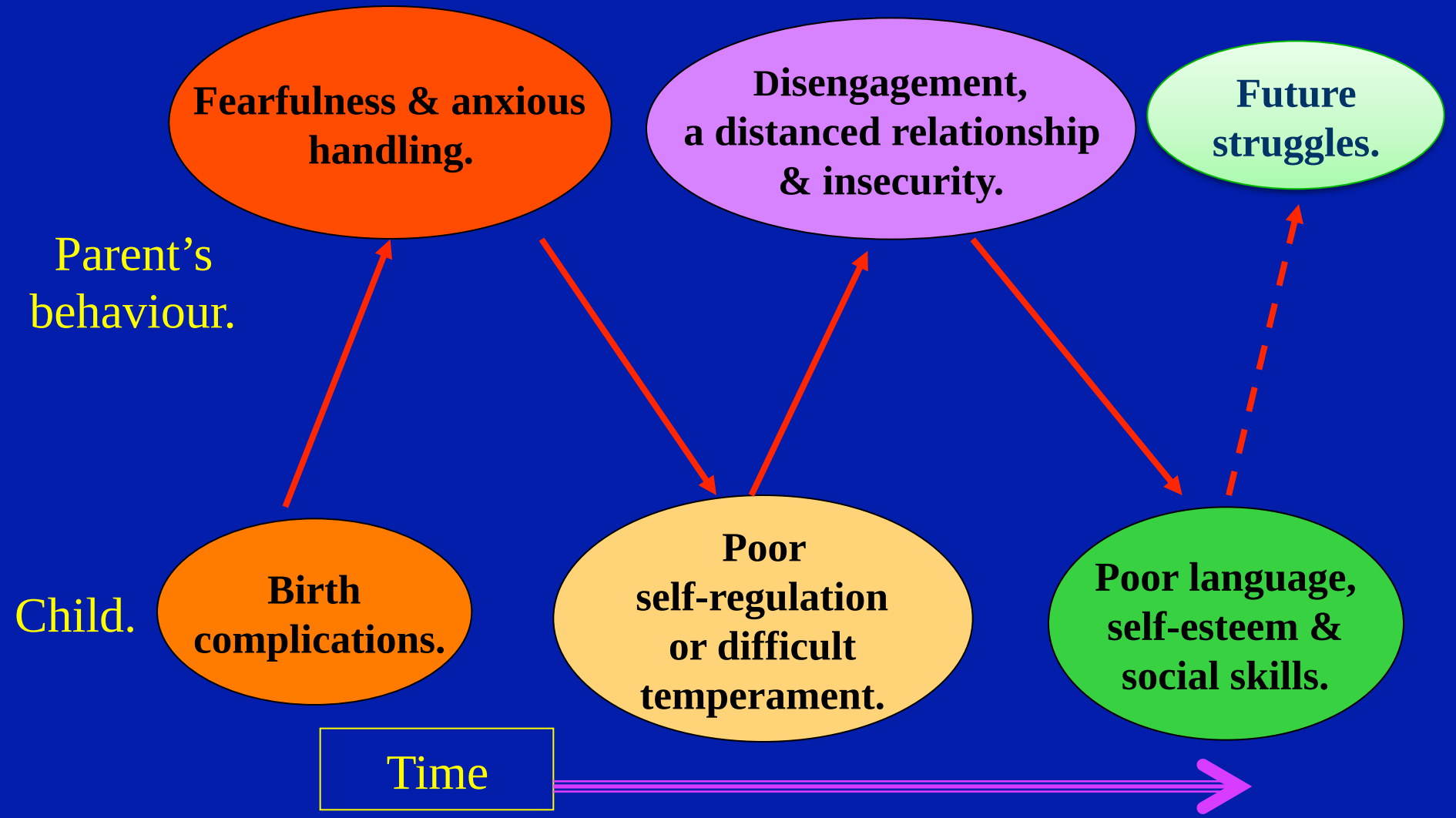
These crucial relationships during the first years of life “form the foundation and scaffold on which cognitive, linguistic, emotional, social, and moral development unfold.” (p.349) *Neurons to Neighborhoods.*

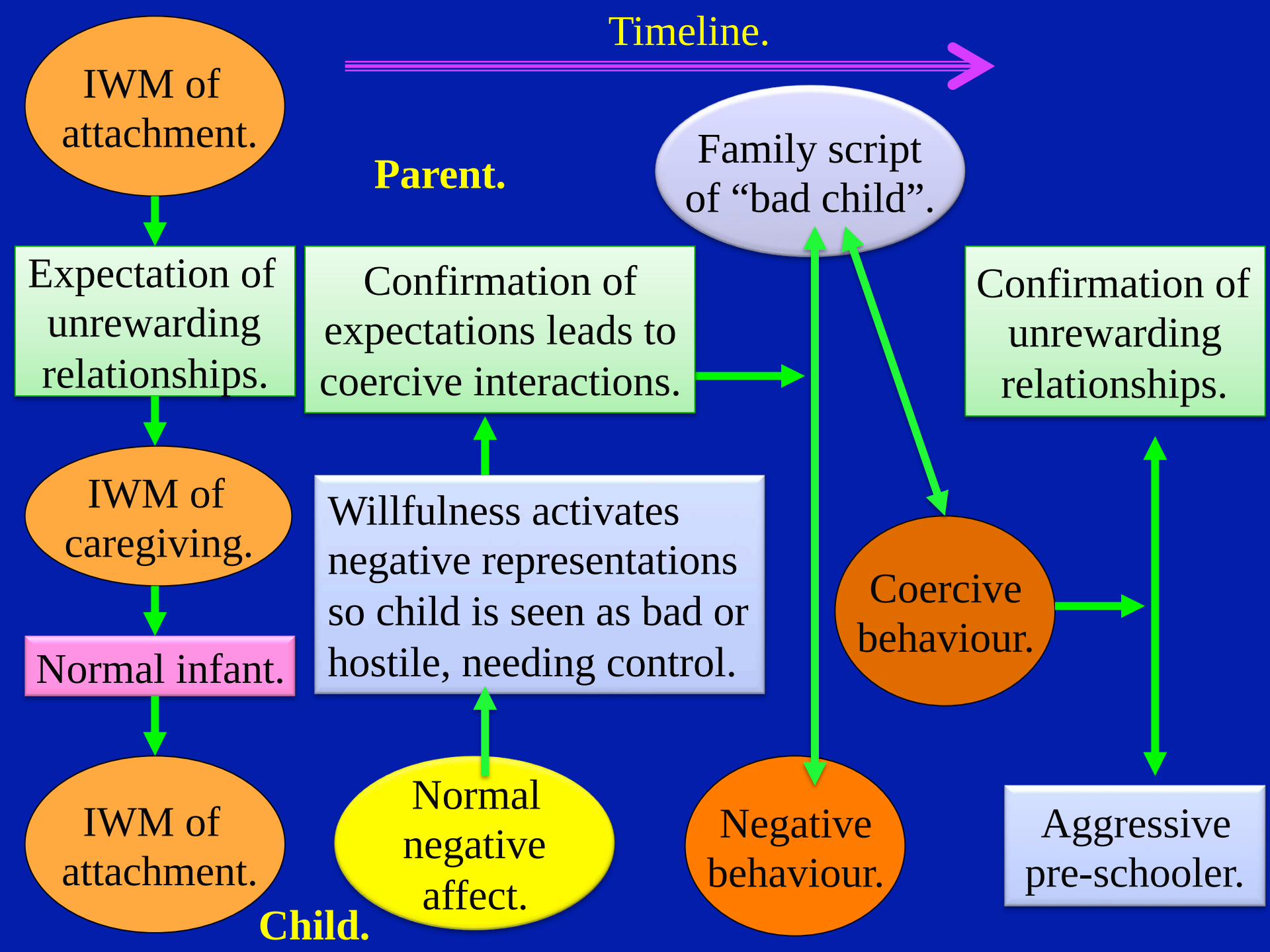
Relationships import the world and influence the baby's future.

An example of the old, 'linear', model of individual development.

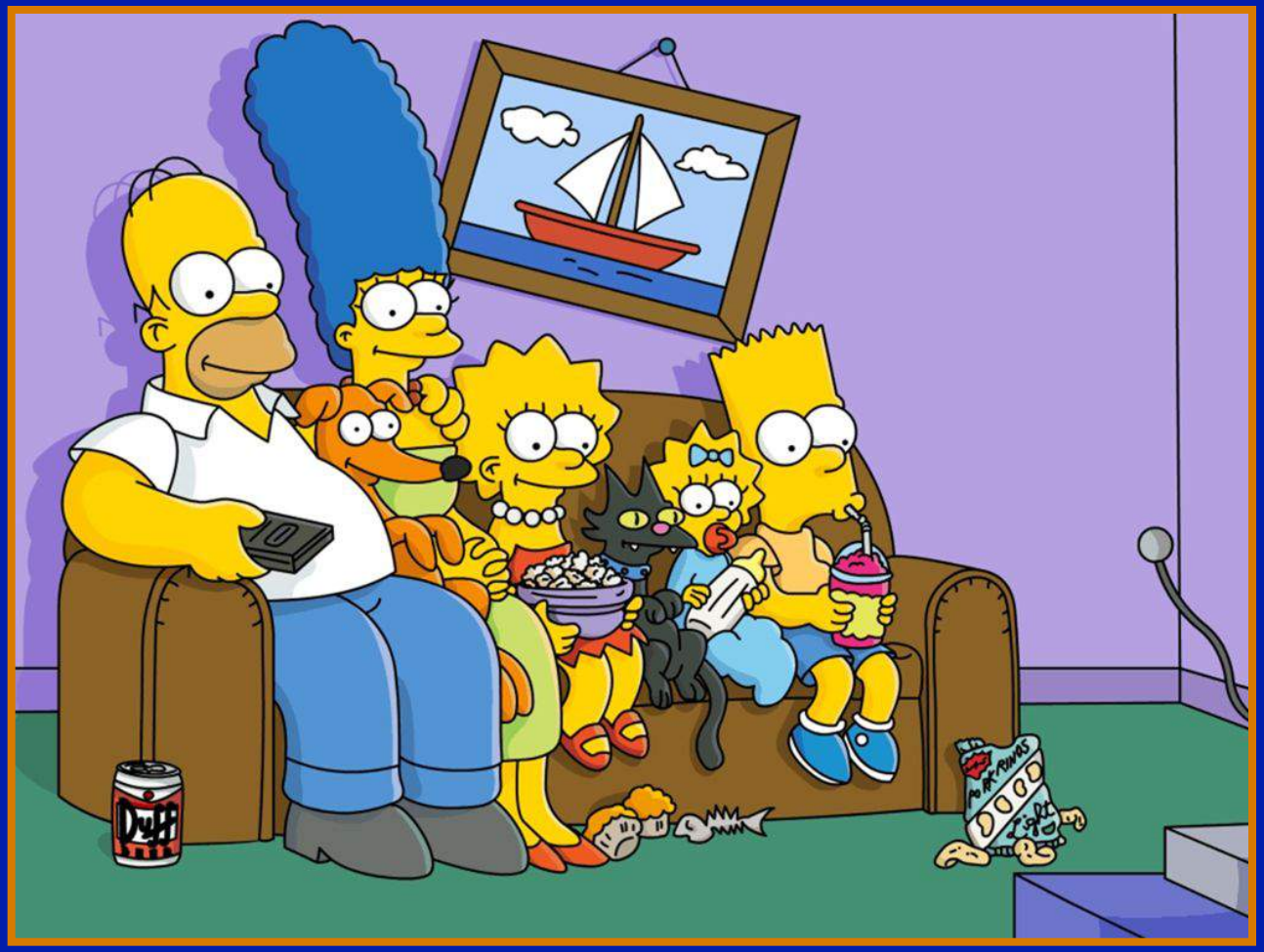


A transactional model for explaining developmental problems, which now includes the effect of relationships.




Timeline.
IWM of attachment.
Parent.
Family script of “bad child”.
Expectation of unrewarding relationships.
Confirmation of expectations leads to coercive interactions.
Confirmation of unrewarding relationships.
IWM of caregiving.
Willfulness activates negative representations so child is seen as bad or hostile, needing control.
Coercive behaviour.
Normal infant.
IWM of attachment.
Normal negative affect.
Negative behaviour.
Aggressive pre-schooler.
Child.

The infant has no comparisons, and family relationships are their world.



Environmental adversity will have a direct negative effect on maternal care.

Poverty.

Adverse life conditions

Adult health
Child health
Unemployment
Housing
Exposure to violence

Social network

Friends
Family
Community institutions

Psychological distress

Marital conflict
Maltreatment
Parental mental illness

Grandparent behaviour

Parent internalised working models

Partner relationship

Parenting behaviour

Infant Attributes:
e.g. health
temperament

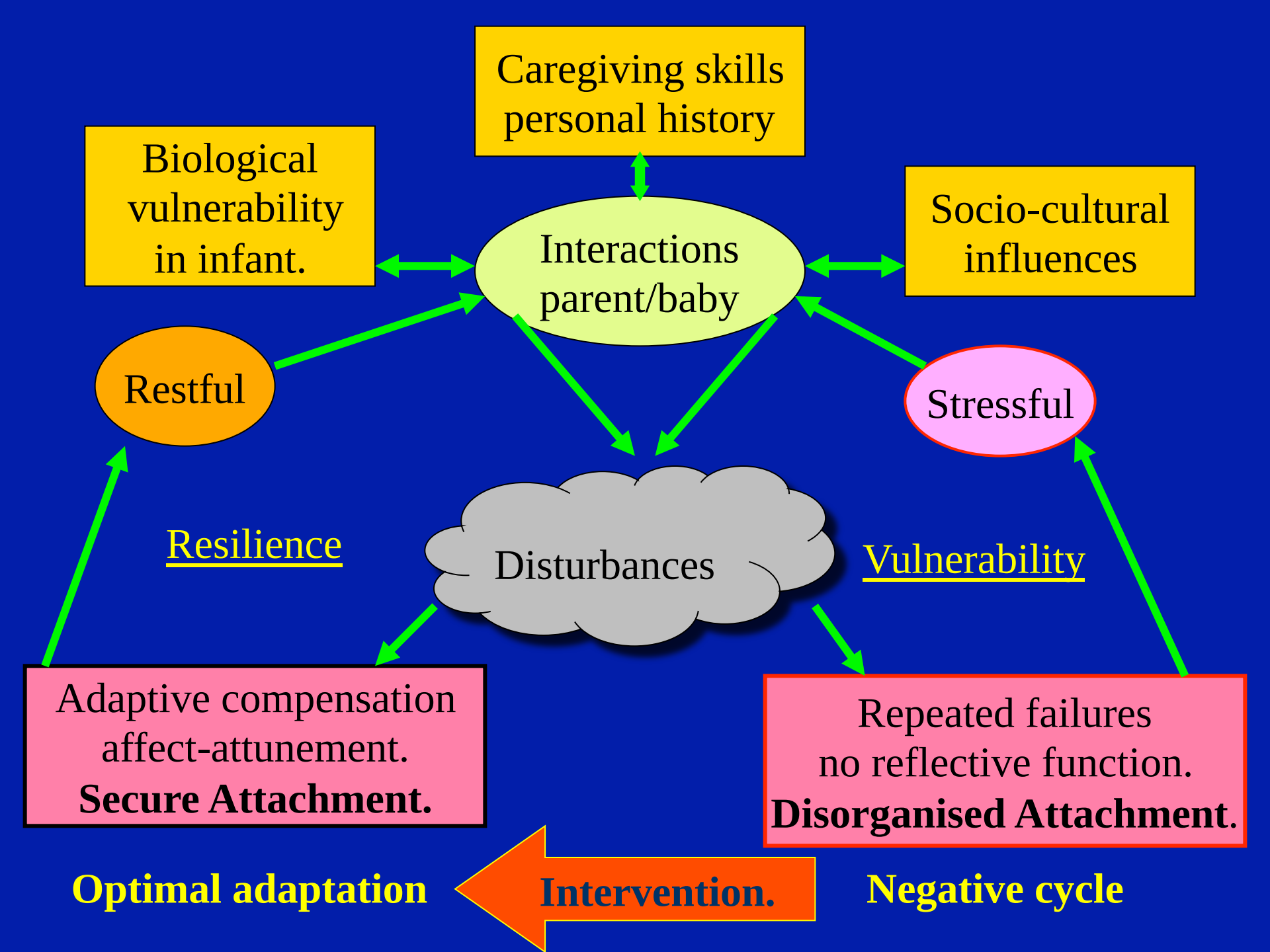
Sibling behaviour

Infant mental health.

An anthropologist's view of infancy.

"The hand that rocks the cradle rarely controls the world. But the voice that sings lullabies and barks cautionary messages in the first years of life provides critical information about the social niche into which the child has been born. Such experiences can have a lasting effect upon his mental and emotional outlook." (p.77)

Sarah Blaffer Hrdy. (2000) *Mother Nature*. London: Vintage.


Caregiving skills
personal history
Biological
vulnerability
in infant.
Interactions
parent/baby
Socio-cultural
influences
Restful
Stressful
Resilience
Disturbances
Vulnerability
Adaptive compensation
affect-attunement.
Secure Attachment.
Repeated failures
no reflective function.
Disorganised Attachment.
Optimal adaptation
Intervention.
Negative cycle

Stresses that impact the caregiving relationship.

1) Socio-demographic factors:

Chronic unemployment / poverty.

Inadequate family income / housing / hygiene.

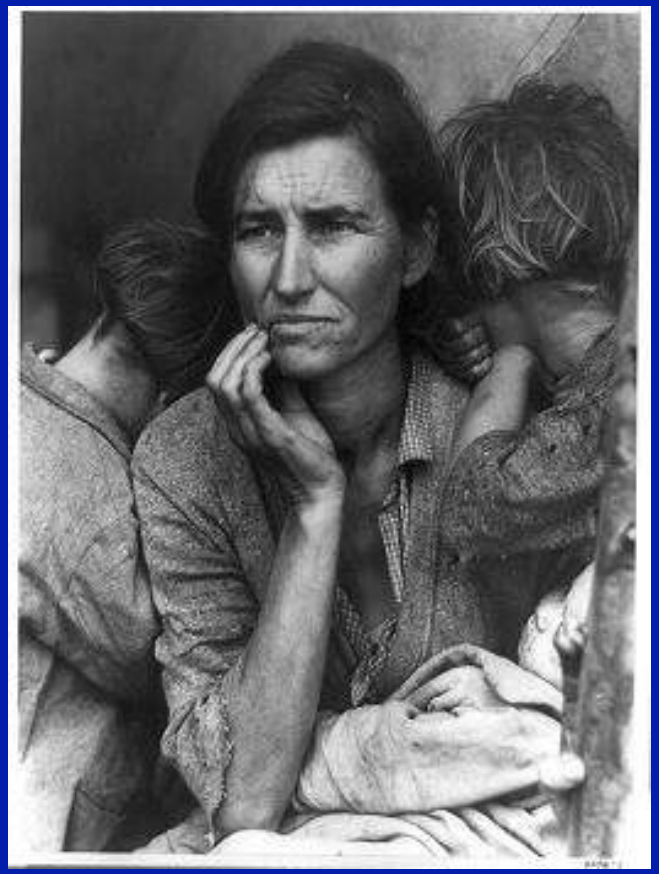
Overcrowding in household.

Single teenage mother without support.

Severe family dysfunction; current and in background.

Lack of support / isolation.

Recent life stress (e.g. job loss, bereavement, immigration).



Poverty acts to concentrate and amplify all the other risk factors.

2) Interactional or parenting variables:

Lack of sensitivity to infant's cries or signals.

Lack of 'serve and return' interactions.

Physically harsh or punitive towards the infant.

Lack of vocalisation to infant, few 'conversations'.

Lack of eye-to-eye contact.

Quality of partner relationship.

Lack of a consistent caregiver for the infant.

Lack of preparation during pregnancy.

Lacks practical knowledge of parenting.

Negative attributions made towards child, even if ‘jokey’.

Infant has poor physical care (e.g. dirty, unkempt).

Parents do not anticipate or encourage their child’s development.

Infant a victim of maltreatment such as emotional abuse or neglect.

Any violence reported in the family especially if witnessed by the child.

Negative affect / verbal abuse openly expressed towards the infant.

3) Parental history and current functioning:

Parent(s) seem incoherent or confused.

Learning disability / low educational achievement.

Criminal or young offender's record / has been imprisoned.

Previous child is now in foster care or adopted.

The pregnancy was unwanted and / or concealed.

Mother has experienced death of a child.

A parent was in care (looked after) / adopted. (Usually but not invariably an indicator of past maltreatment.)

Previous child has behaviour problems.

Presence of an acute family crisis.

Absent parent or stepparent in family.

A parent struggling with mental illness, including depression.

The presence within the family of alcohol and / or drug abuse (current or past).

A parent with a serious medical condition or physical disability.

Mother's own mother was mentally ill or substance abused.

There is a background of abuse, neglect or loss in childhood.

Learning disability.

- Mothers with intellectual difficulties have typically been found to be less sensitive to their children's signals and to display less interactive behaviours but also more direct (commanding) instructions when interacting with their children compared with mothers from the general population.
- But one risk factor that negatively impacts the caregiving relationship is over-represented – past maltreatment. A study has found that 80% of such mothers reported this; including physical abuse (45%), sexual abuse (40%), emotional neglect (51%), physical neglect (31%) and 55% reported more than one of these. (McGaw, S., et al. (2007) *Prevalence of psychopathology across a service population of of parents with intellectual difficulties and their children*. Journal of Policy and Practice in Intellectual Disabilities. 4, 11-22.)

Children of parents with mental health difficulties have:

- 70% chance of developing at least minor adjustment problems by adolescence
- 10% - 15% chance of becoming seriously mentally ill if one parent has a mental health problem
- 30% chance if both parents have mental health problems.

The context of parental depression, effect on infant security.

Economic hardship.

Lack of pleasure in parenting, unresponsiveness.

Less affirming & more negating and withdrawing responses.

Less sensitive interactions, reduced tactile interaction, less play.

Infant attachment security.

Harsh or coercive parenting.

Relationship stress.

Increase in frequency of spanking.

4) Biological vulnerability in the baby:

Delivery complications.

Head injuries.

Congenital abnormalities / illness.

Low or high muscle tone.

Very lethargic / non-responsive.

Very difficult temperament / extreme crying.

May be present if there has been chronic maternal stress or anxiety during pregnancy.

Regulatory / sensory integration disorder.

The baby resists holding or is hypersensitive to touch.

There may be problems if the mother smoked heavily during pregnancy.

There may be problems if the mother drank alcohol during pregnancy.

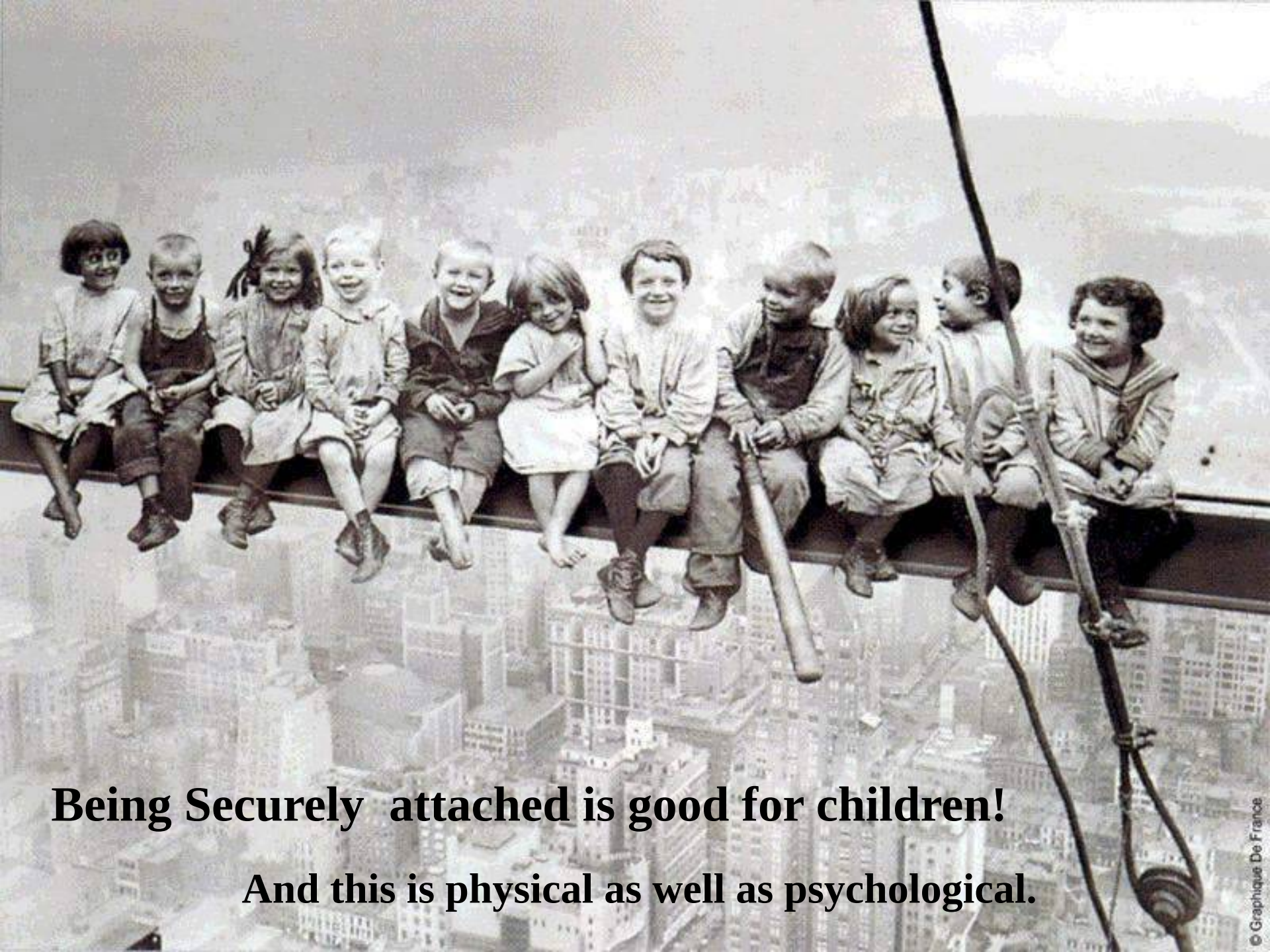
Failure to thrive / feeding difficulties / malnutrition.

Mother substance abused or was maintained on methadone during pregnancy.

Very low birth weight / extreme prematurity.

The early attachment relationship influences later development in a combination of ways.

1) Experiences with the primary caregiver affect the neurobiology of the infant's developing brain.
2) It is the foundation for learning affect-regulation and impulse-control. The baby is soothed by the parent's responses, which then become internalised.
3) Here the infant learns relationship skills, especially empathy, behavioural regulation and synchrony.
4) *Internal working models* are derived from this time, as the infant begins to anticipate the responses to his actions and signals. These are the unconscious expectations of relationships that may last a lifetime.



Being Securely attached is good for children!

And this is physical as well as psychological.

Overall conclusions of the Adverse Childhood Experiences (A.C.E.) study.

The more Adverse Childhood Experiences an individual has endured, the greater the later incidence of:

- Smoking, fractures, severe obesity, alcohol and drug use;
- Ischaemic heart disease, stroke, chest diseases, cancer;
- Diabetes, hepatitis, sexually transmitted diseases;
- Depression, attempted suicide.

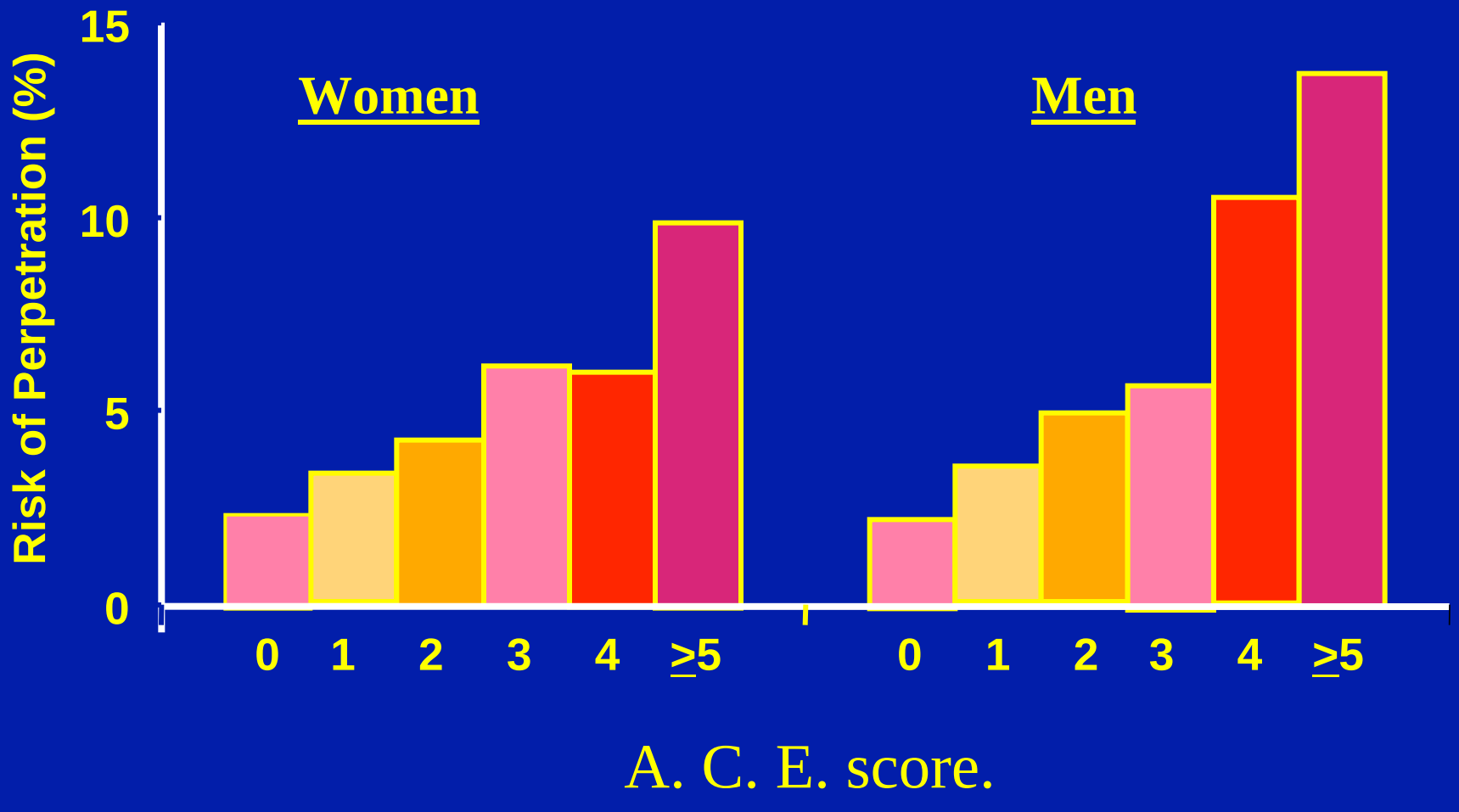
Felitti, et al. (1998) *Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults.* American Journal of Preventive Medicine. 14, (4)

The "Adverse Childhood Experiences" were:

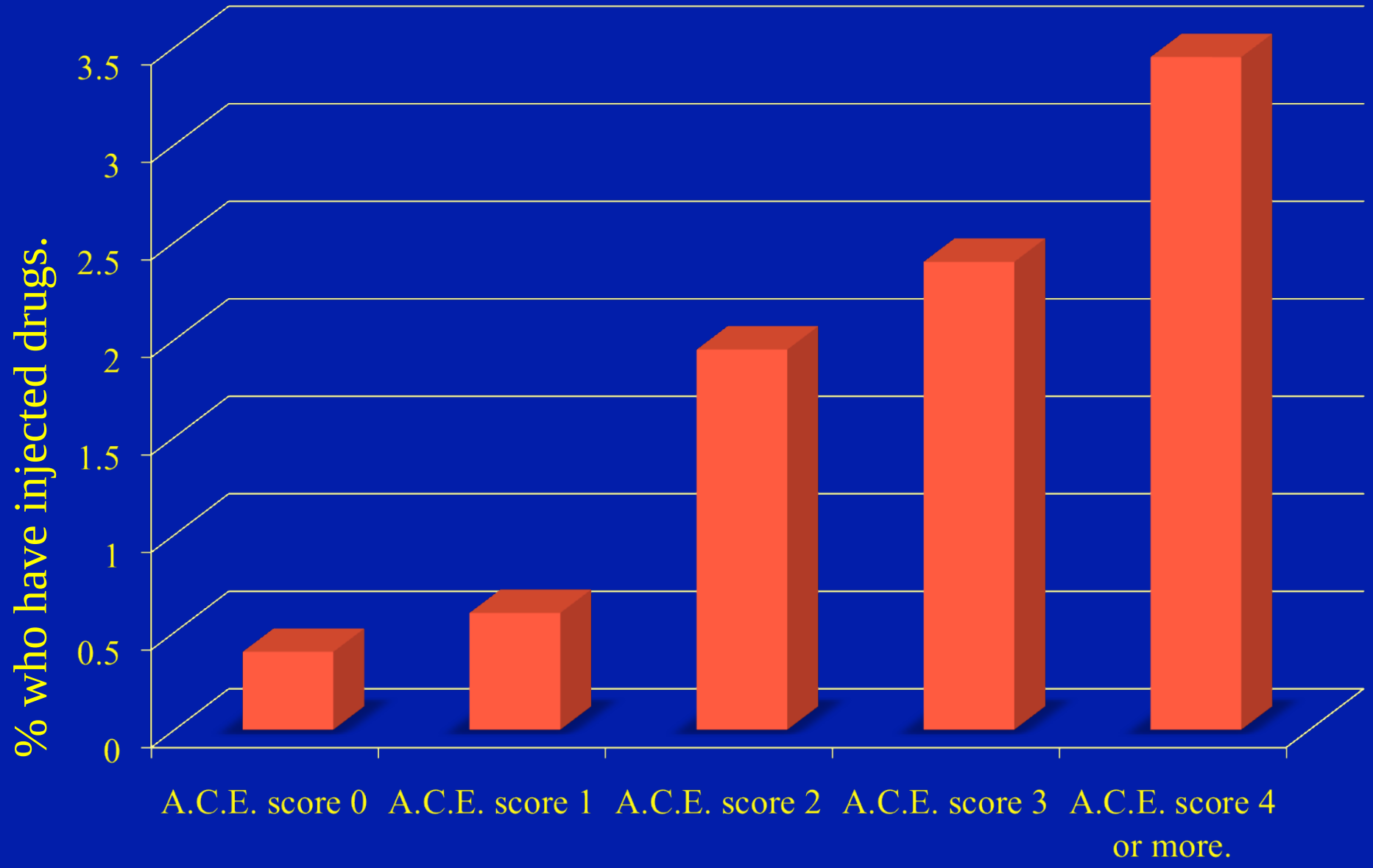
- Emotional abuse – recurrent humiliation.
- Physical abuse – beating.
- Physical neglect.
- Emotional neglect.
- Contact sexual abuse.
- Mother treated violently.

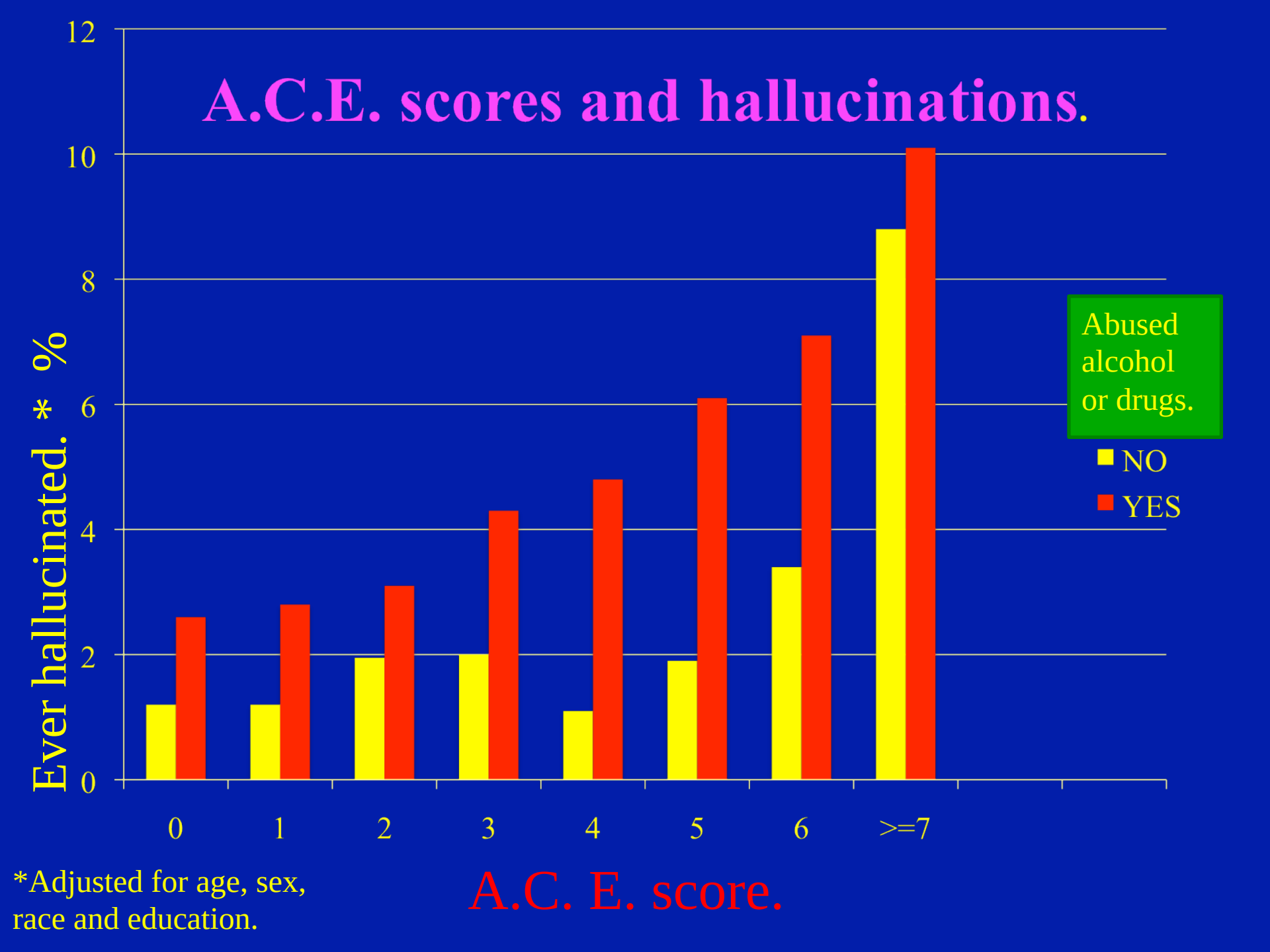
- Household member was alcoholic or drug user.
- Presence of mental illness.
- Parental separation or divorce – not raised by both biological parents.
- Incarcerated household member.

A.C.E. score and the risk of perpetrating domestic violence.

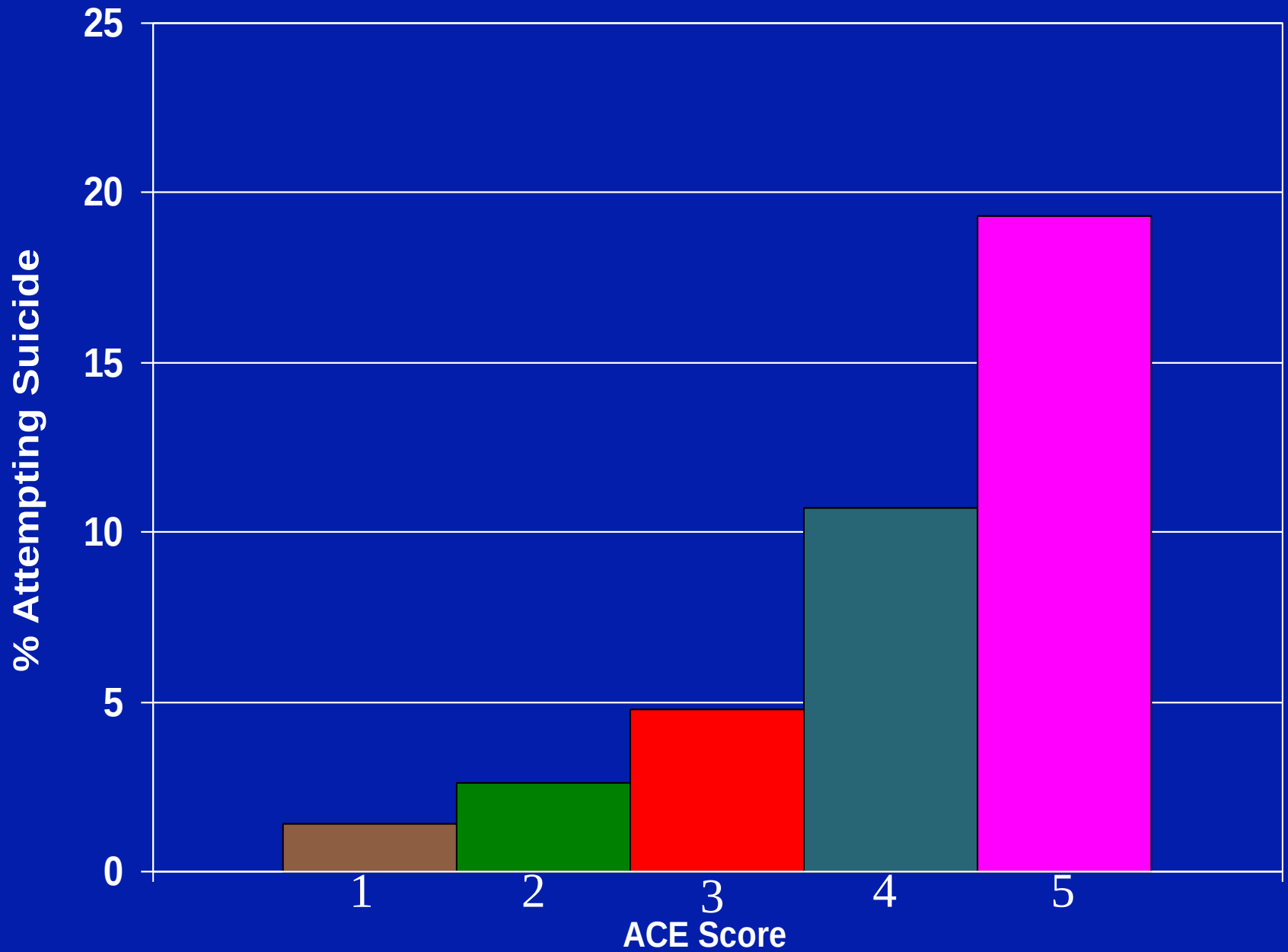


Adverse childhood experiences and adult intravenous drug use.

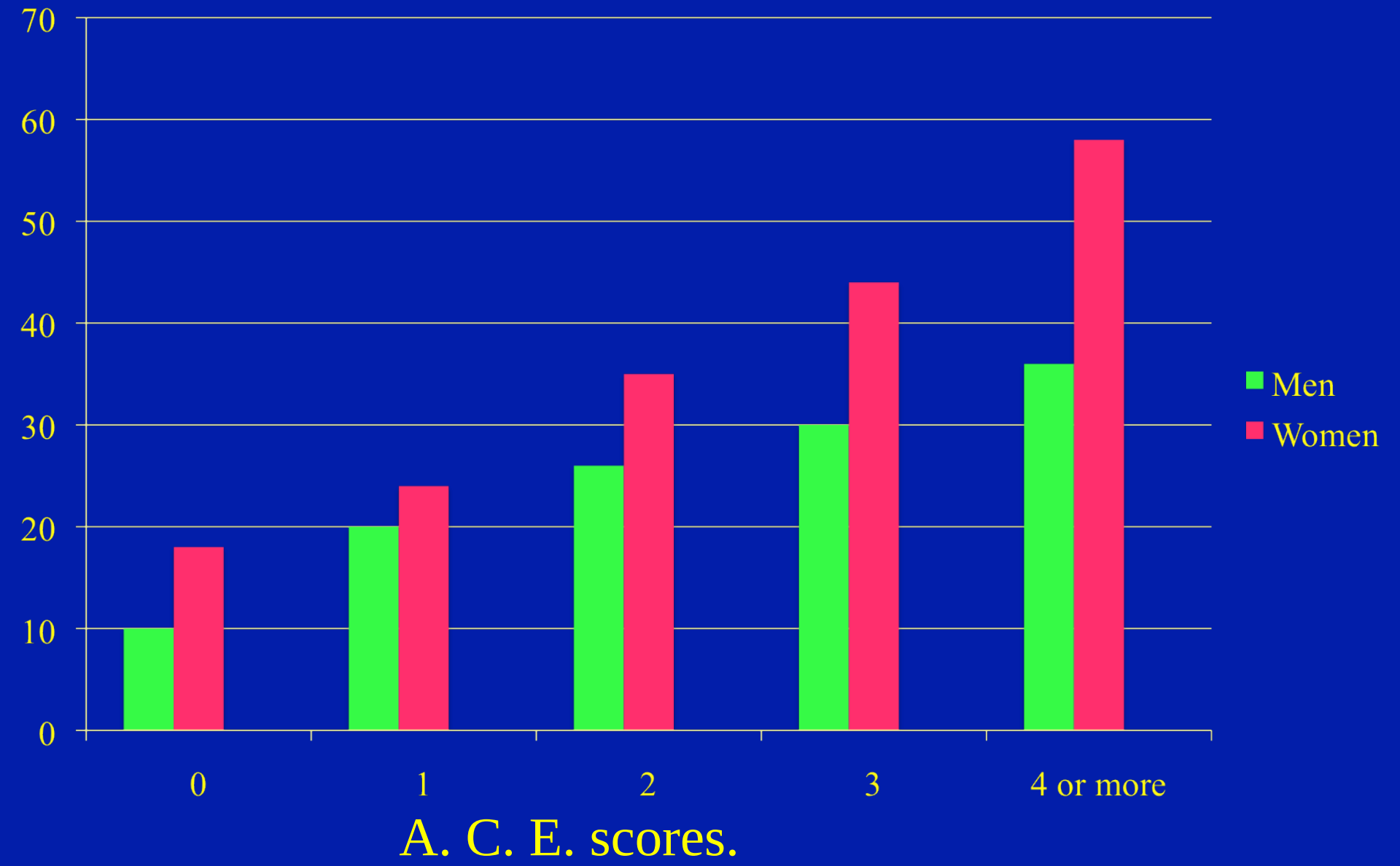



A.C.E. scores and hallucinations.
Ever hallucinated. * %
12
10
8
6
4
2
0
0
1
2
3
4
5
6
>=7
A.C. E. score.
Abused alcohol or drugs.
NO
YES
*Adjusted for age, sex, race and education.

A.C.E. scores and later attempted suicide.



A.C.E. scores and self -acknowledged chronic depression.



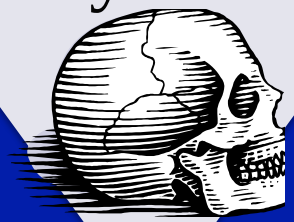
Adverse Childhood Experiences.

Social, emotional & cognitive impairment.

Adoption of health-risk behaviors.

Disease, disability & social problems.

Early death!



From:
Felitti, et al. (1998)
Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults.
American Journal of Preventive Medicine. 14, (4)

- The Minnesota Study (2005) has found:
- All types of abuse in the first years related to significant emotional problems in adolescence, and predicted the need for treatment.
- 90% of the sample qualified for at least 1 psychiatric diagnosis by age 17.
- Every form of abuse was related to delinquency, with a history of psychological unavailability being the strongest predictor. Neglect also predicted delinquency, although these children tended not to be angry or defiant.
- Witnessing parental violence correlated with externalising problems for boys at age 16 and internalising problems for girls. This was independent of other predictors such as abuse or neglect.

Trauma in infancy - abusive parenting, toxic stress, attachment system compromised, emotional dysregulation, hopelessness, chronic fearful arousal, lack of basic trust, disorganisation.

Sensitised nervous system as brain adapts to emotional environment.

Stress in adult: maladaptive coping strategies, reminders and experiences of trauma, adverse life events, relational aggression, etc.

Permanent psychological distress/catastrophe - conscious or unconscious, lack of reflection, unbearably painful emotional states, low self-esteem.

Retreat as self-protection: isolation and loneliness, dissociation, depression.

Self-damaging actions: substance abuse, eating disorders, deliberate self-harm, suicidal actions.

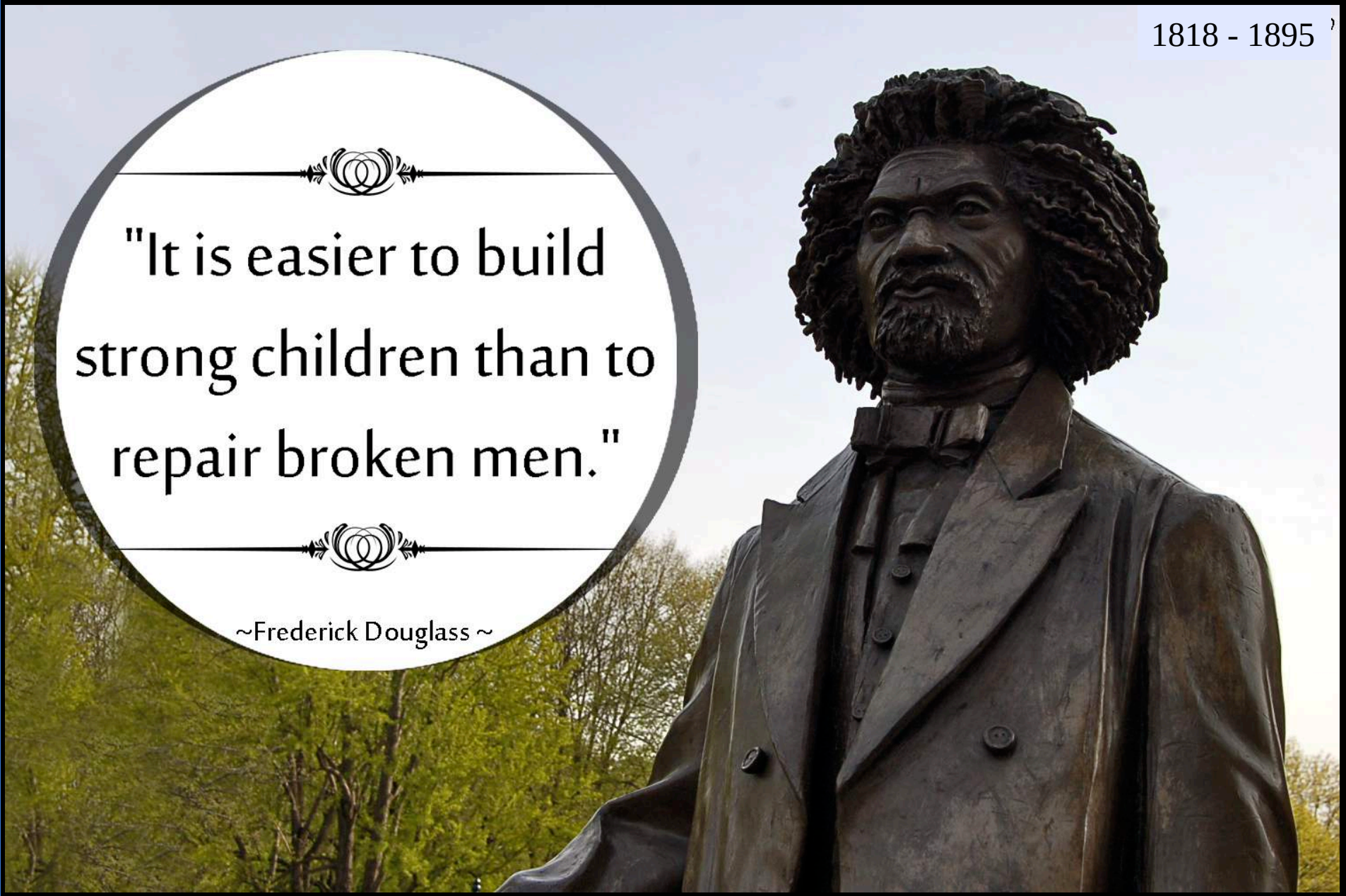
Destructive actions: aggression, violence, fundamentalism, rage, crime.

What has happened here?

"The fact is that the infant was subjected to mental pain, and it is just this mental pain that the schizophrenic carries round as a memory and a threat, and this makes suicide a sensible alternative to living." (p. 44) (originally 1964) D. W. Winnicott (1988) *Babies and their Mothers*. London: Free Association Books.

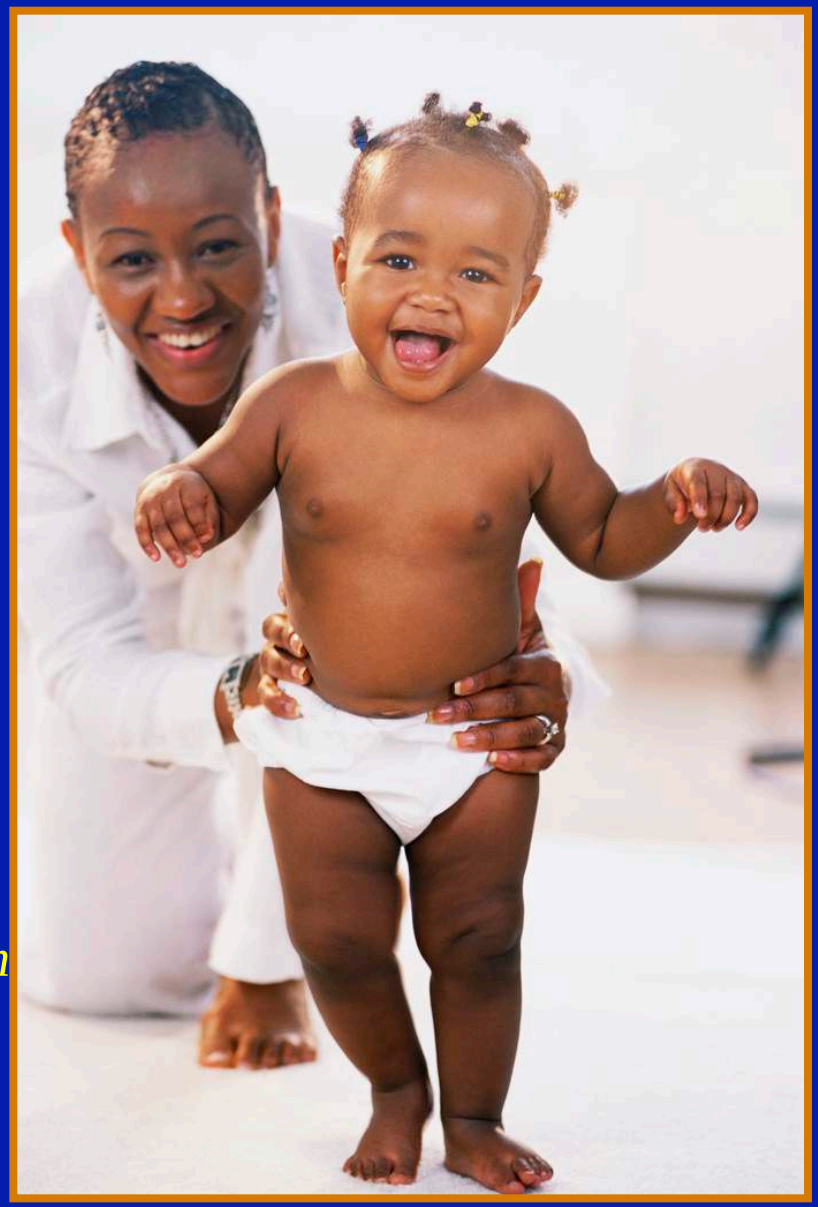
Sow the wind and reap the whirlwind.

"The interactive process most protective against later violent behaviour begins in the first year after birth: the formation of a secure attachment relationship with a primary caregiver. Here in one relationship lies the foundation of three key protective factors that mitigate against later aggression: the learning of empathy or emotional attachment to others; the opportunity to learn to control and balance feelings, especially those that can be destructive; and the opportunity to develop capacities for higher levels of cognitive processing." (p. 184) Robin Karr-Morse & Meredith Wiley. (1997) *Ghosts From the Nursery.* Atlantic Monthly Press.



So how do we achieve this?

“The value of early timed interventions is two-fold. They can prevent infant problems while containing and treating existing parental problems. They also provide a means of establishing positive relationships between families and service providers in the community.”



Barnes, J & Lagevardi-Freude, A (2002) *From pregnancy to early childhood: early intervention to enhance the mental health of children and families.* Vol1 – report. Mental Health Foundation.

Basic beliefs that support and sustain infant mental health interventions.

- Optimal growth and development occur within nurturing relationships.
- The birth and care of a baby offer a family the possibility of new relationships, growth and change.
- What happens in the early years affects the course of development across the entire lifespan.

- Early developing attachment relationships may be distorted or disturbed by parental histories of unresolved losses and traumatic life events (the "ghosts in the nursery").
- The therapeutic presence of an Infant Mental Health Specialist may reduce the risk of relationship failure and offer the hopefulness of warm and nurturing parental responses.

Guidelines for Infant Mental Health Practice. (2000) The Michigan Association for Infant Mental Health.

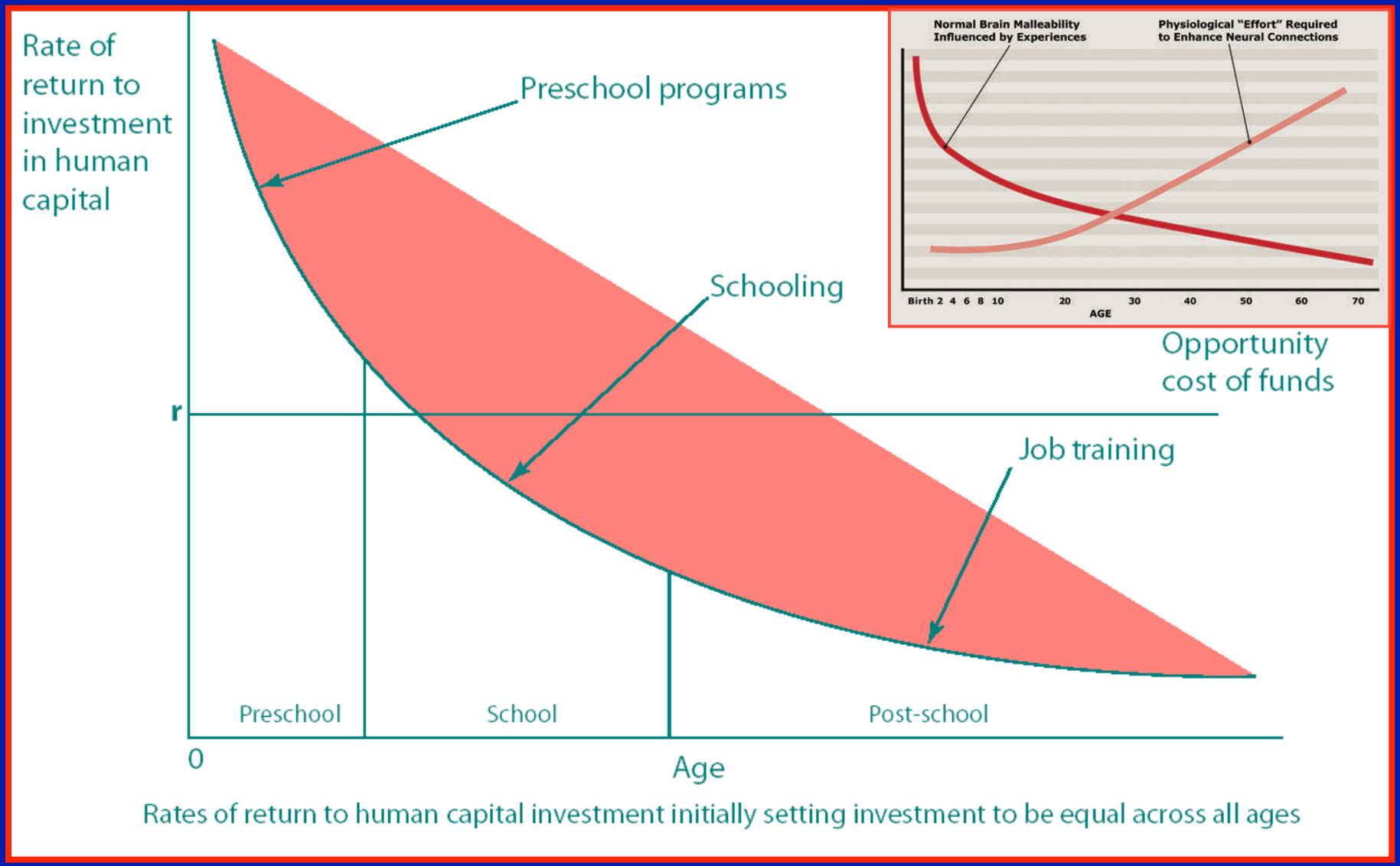
Cost benefit analyses have shown:

- For every $1 spent almost $13 were saved in terms of later services not accessed when participants were followed up at age 40. *High/Scope Perry Preschool Program*, follow-up report in 2005.
- Elmira Home Visiting Project paid back its costs by 4 years. (This approach is known as the Family Nurse Partnership in the U.K.) At a 15 follow up the savings exceeded the costs of the program by a factor of 4. Olds et al (1999) *Prenatal and Infancy Home Visitation by Nurses: Recent Findings.* The Future of Children. 9 (1)
- An RCT in Jamaica set up a two year programme of early intervention targeting failure to thrive infants; 25 years later the participants earnings were 25% more than the control group. Gertler, et a., (2014) Labor market returns to an early childhood stimulation intervention in Jamaica. Science, 344 (6187) 998-1001.

The costs of not intervening.

- It has been calculated that a young adult who eventually suffers social exclusion due to conduct problem will costs the country three and a half times more than someone with no problem; while conduct disorder will incur costs of ten times higher than having no problem. (Scott, Knapp, Henderson & Maughan (2001) *Financial costs of social exclusion: Follow up study of antisocial children into adulthood.* BMJ, 323 (7306):191)
- A conservative estimate (so it will grow year on year) is that preventing conduct disorders in those children who are most disturbed would save around £150,000 of lifetime costs for each individual; and promoting positive mental health in those children with moderate mental health would yield lifetime cost benefits to each of about £75,000. Friedli, L. & Parsonage, M. (2007) *Building an economic case for mental health promotion: part1.* Journal of Public Health. Vol. 6, (3), 14-23.

Early intervention is cost-efficient.



(Heckman, J. & Masterov, D. (2005) Ch 6, *New Wealth for Old Nations: Scotland's Economic Prospects.)*

And this is why.

"Neurobiological, neuropsychiatric, and attachment data clearly indicate that prevention and intervention should begin even before the nursery, during pregnancy, and extend through the perinatal and postnatal period, the interval of the brain growth spurt." (p. 146)

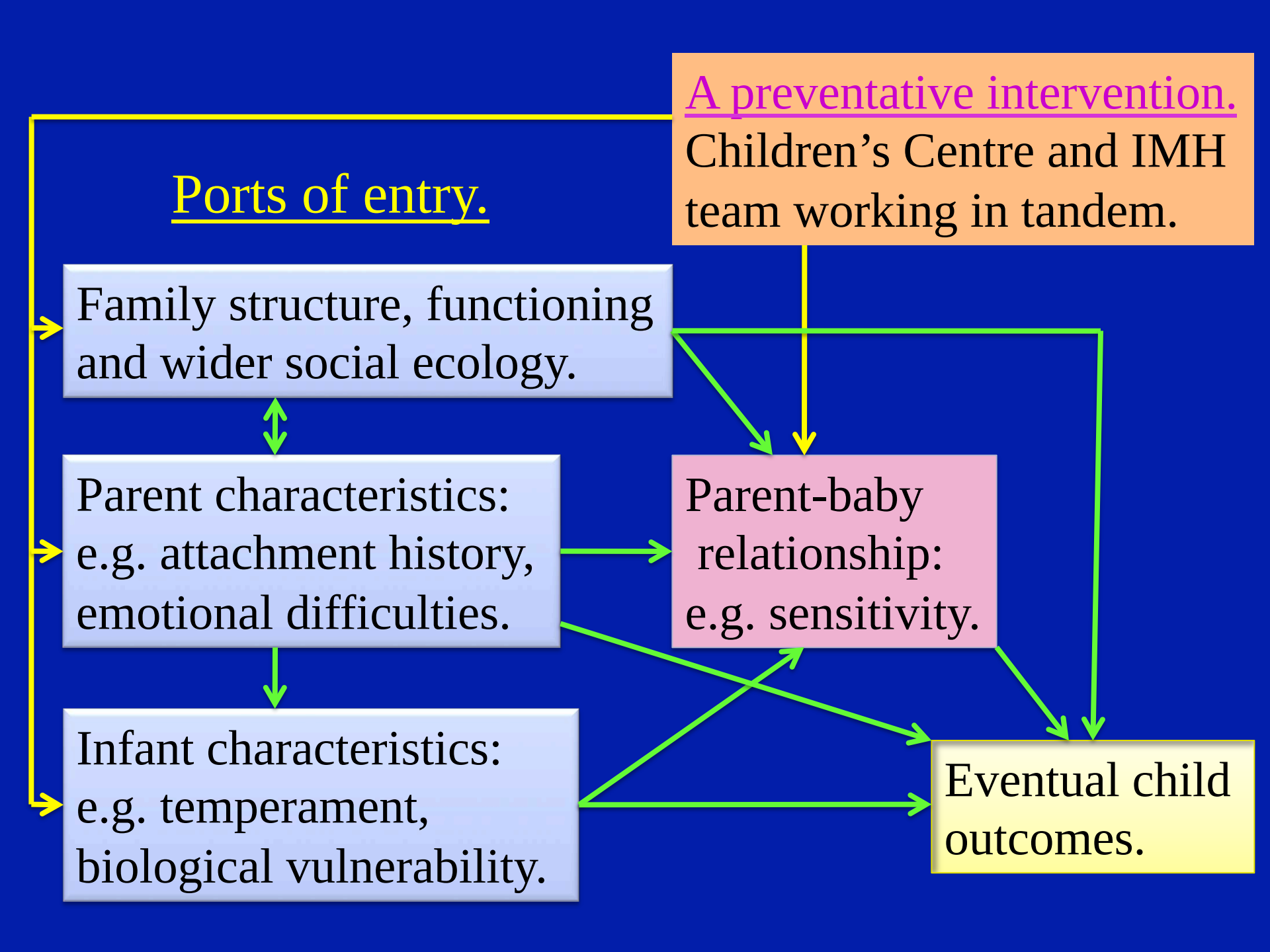
Alan Schore. *Early relational trauma, disorganized attachment, and the development of a predisposition to violence.* pp. 107-167 in: Solomon & Siegal (Eds) (2003) Healing Trauma. The Guilford Press.

Characteristics of a preventative intervention.

- Its purpose is to increase the probability of normal developmental trajectories in later life.
- It aims to prevent conditions that have not yet occurred, risk proactive; increasing resilience.
- Generally conducted with families where the infant does not show a diagnosable disorder.
- The approach is based on a model of development where both risks and protective factors shape the paths whereby individuals may become vulnerable or resistant to later stresses and developmental deviance.

Protective factors can be nurtured.

- For children growing up under adversity, a close and warm attachment with an effective and sensitive parental figure is a universal protective factor.
- As is an environment that reinforces and supports positive efforts made by the child.
- A powerful protective factor for parents is close relationships with other adults that afford social support and reduce isolation. A stable and supportive marital relationship is a powerful buffer against the effects of life stresses.
- Relationships with service providers who can provide long-term emotional and social support is thus an important intervention.

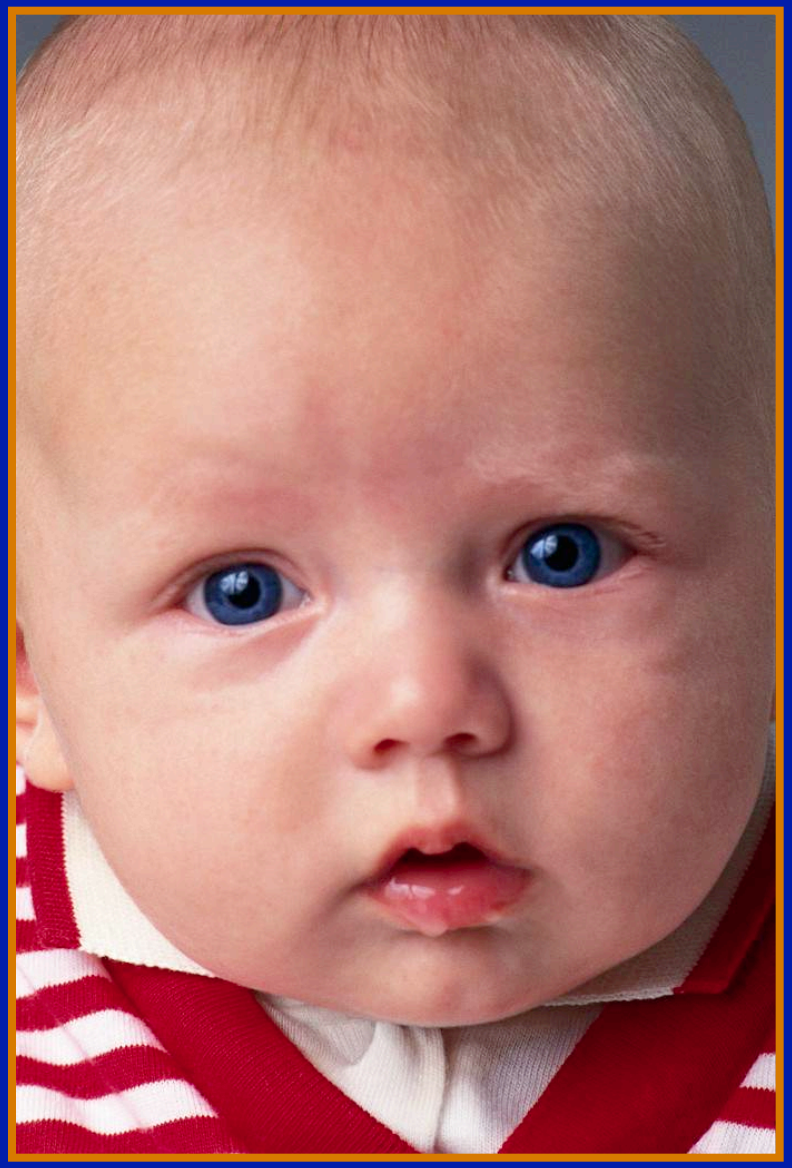

A preventative intervention.
Children's Centre and IMH team working in tandem.
Ports of entry.
Family structure, functioning and wider social ecology.
Parent characteristics: e.g. attachment history, emotional difficulties.
Parent-baby relationship: e.g. sensitivity.
Infant characteristics: e.g. temperament, biological vulnerability.
Eventual child outcomes.

“ We think less of what goes on intrapsychically, and more about what goes on interpersonally and intersubjectively…The subject matter of therapeutic interest no longer resides within the patient-client’s mind nor within the home visitor-therapist’s mind but rather in the products of their interaction… The largely unpredictable products of their interaction become the subject matter that brings about change … The process of interrelating, itself, brings about change. It brings about new experiences, feelings, insights, and interactional skills” (p. 3)

Stern, D. N. (2006) *Introduction to the special issue on early intervention and home visiting.* IMHJ. 27 (1), 1-4.

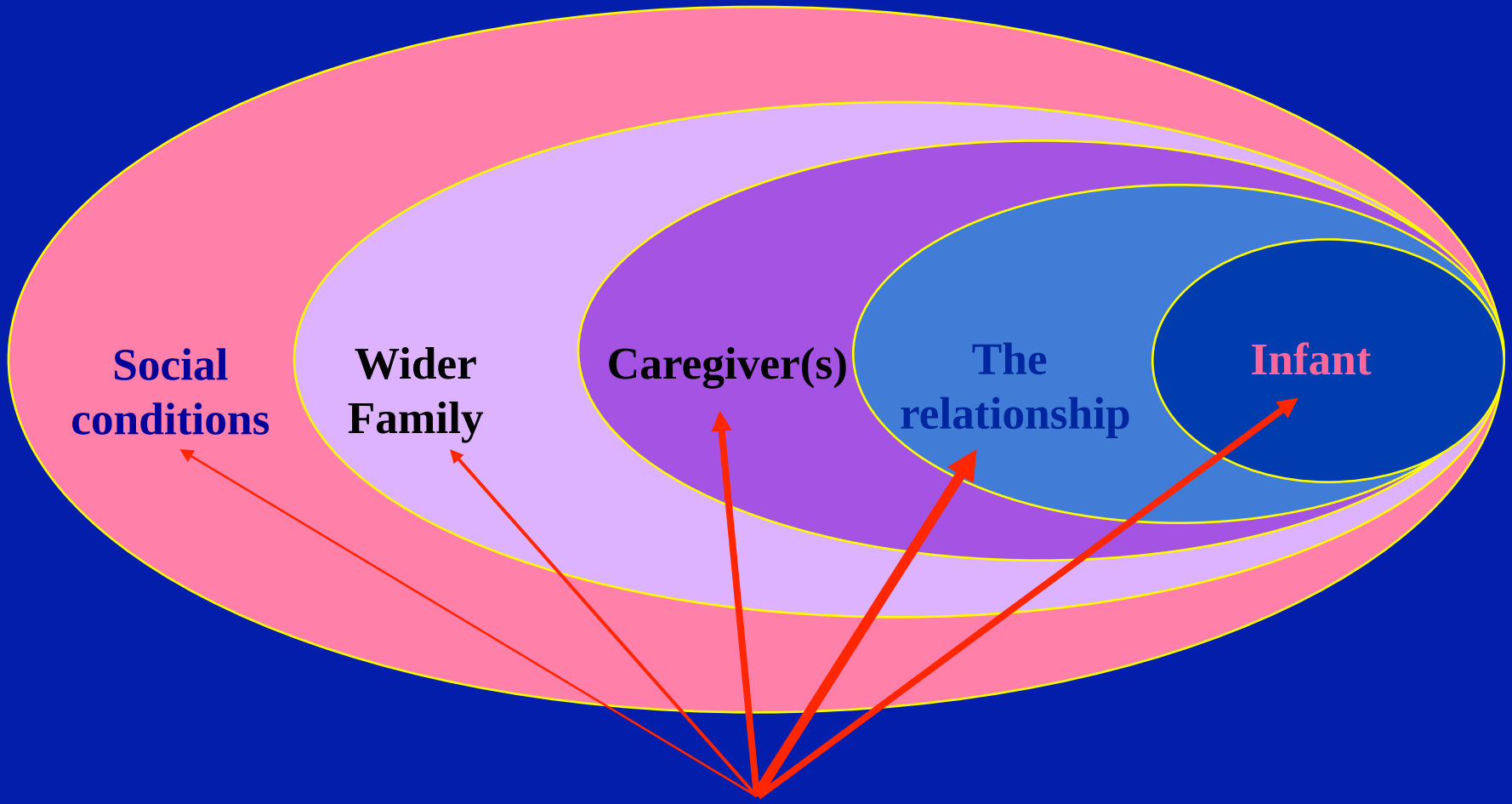
"For young children where development may be compromised by an impoverished, disorganized, or abusive environment … interventions that are tailored to specific needs have been shown to be more effective in producing desired child and family outcomes than services that provide generic advice and support."

(Shonkoff & Phillips, 2000:360)



Infant mental health interventions.

Different systems need to be targeted.

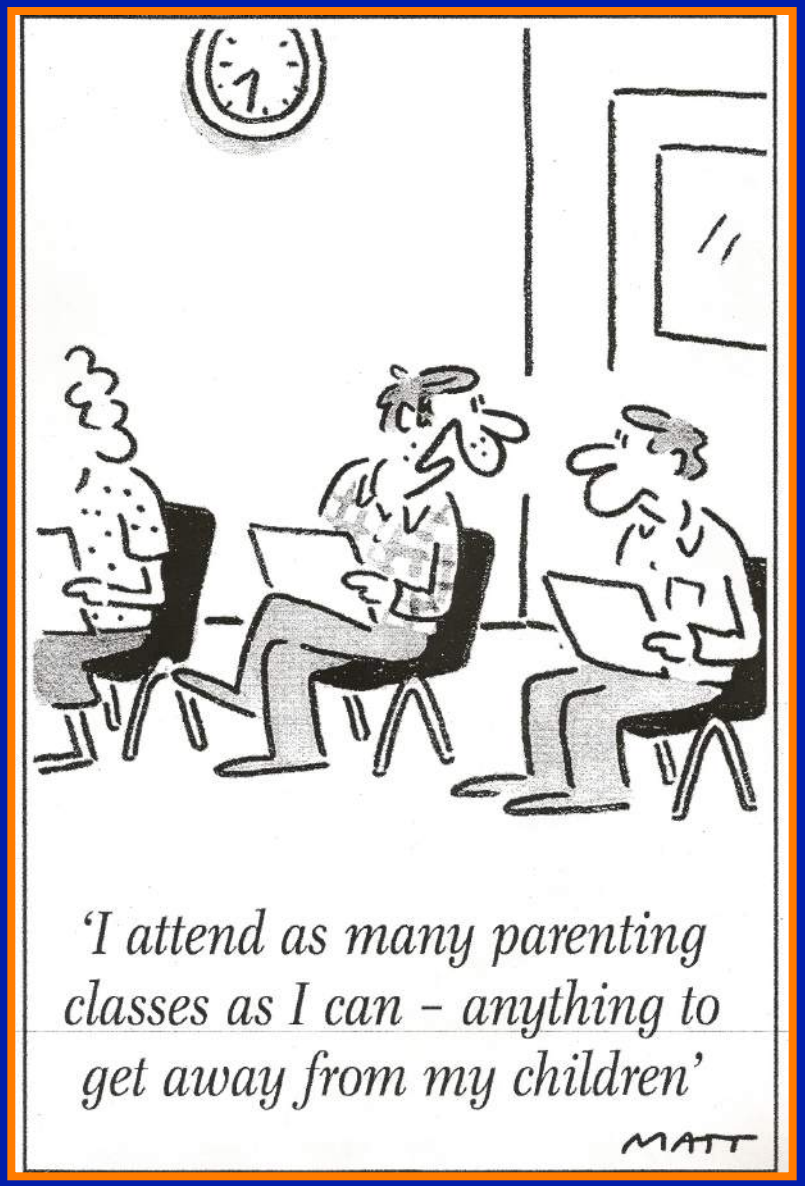


Multi-disciplinary infant mental health team.

Why not just provide parenting classes?

"Mothers who have it in them to provide good enough care can be enabled to do this better by being cared for themselves in a way that acknowledges the essential nature of their task. Mothers who do not have it in them to provide good enough care cannot be made good enough by mere instruction."

(p49) Winnicott, D. W. (1965) *The Maturational Processes And The Facilitating Environment.* London: The Hogarth press and The Institute of Psychoanalysis.



An infant mental health intervention.

1) ***Concrete service assessment of assistance.***

This looks at immediate physical needs; e.g. care of the baby, nutrition, hygiene, safety, housing, medical care.

2) ***Emotional support.***

This focuses on tuning into the caregiver's present realities; e.g. immediate concerns and feelings about the infant, adjustment to parenthood, birth trauma, perinatal loss, post-natal depression, relationship with baby, family and social issues, support network.

3) *Developmental guidance.*

This strengthens the parent's capacities to provide care by offering information about growth, change and development. An assessment of developmental level may be useful. One can use the technique of 'speaking for the baby' as a way of articulating the infant's capacities and looking at risks in a given situation.

4) ***Interaction guidance.***

Uses video feedback in order to identify and then strengthen positive interactions between parent and infant, strengthening and encouraging the sensitivity and responses that lead to secure attachment.

5) ***Advocacy.***

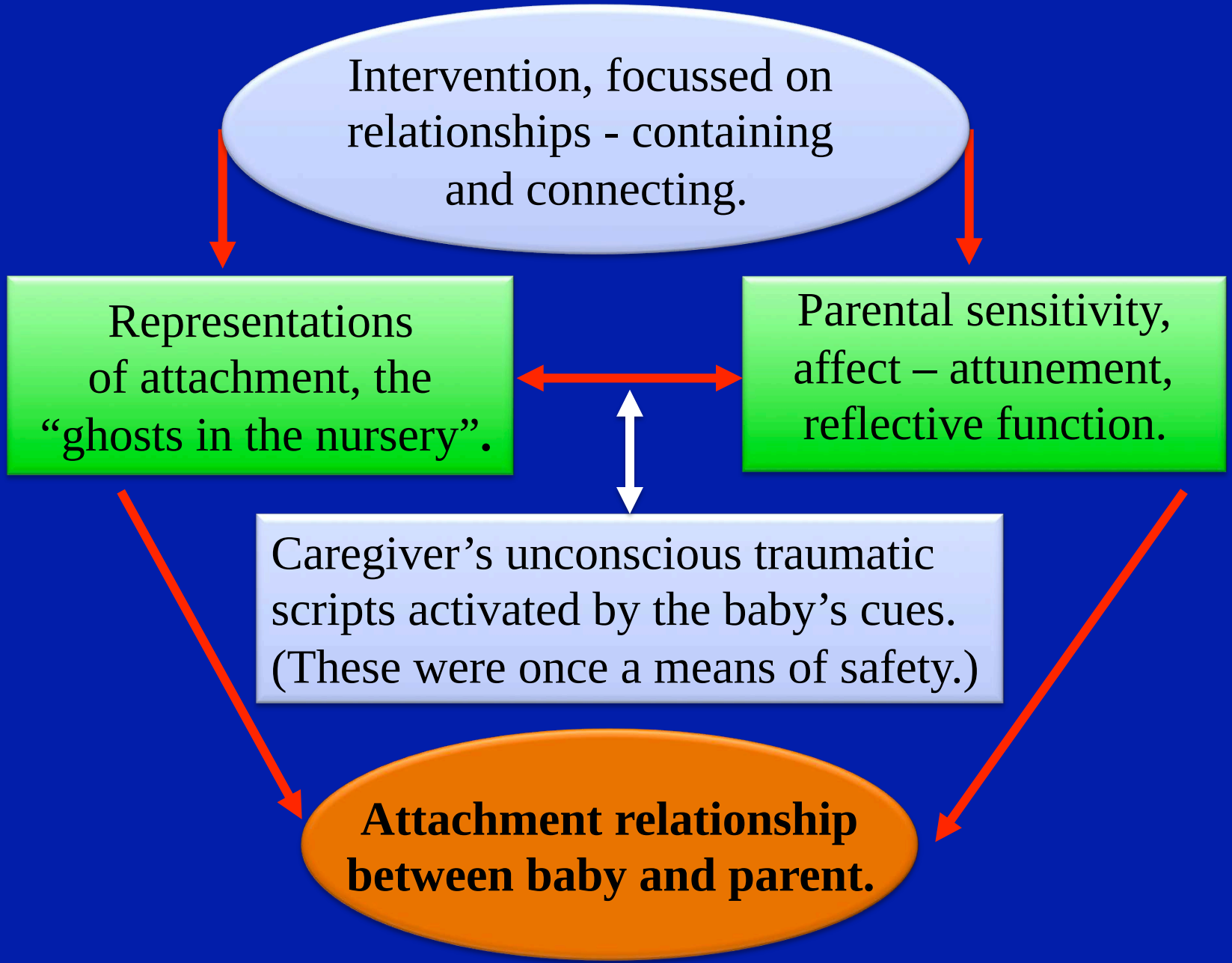
Speaking up for the baby and family when there is a need for additional services.

Helping parents to negotiate the different systems that may impact upon them.

6) *Infant-parent psychotherapy.*

A therapeutic intervention to look at a parent's representations of caregiving as part of a move towards the security that derives from reflective function. The aim is to facilitate a positive parent-child relationship. It encourages positive interaction and affect regulation, supports the infant's and parent's capacity to engage and respond to one another. It is a safe 'holding' space to discuss significant issues within the family; e.g. loss, abandonment, abuse, neglect, separation, family deprivations, etc.

Infant – parent psychotherapy.



7) Watch, Wait and Wonder.

For the first half of the session the parent is asked to:

- Get down on the floor with the infant.
- Follow the infant's lead.
- Not initiate any activities herself.
- Be sure to respond when the infant initiates but not to take over the activities in any way.
- Allow the infant freedom to explore.
- Remember to watch (carefully), wait and wonder.

Then the parent is asked to talk about what he or she observed about the infant's activities, experiences and states of mind during the session.

Therapeutic groups.

An example is the set of groups specifically for vulnerable parents developed by Mellow Parenting. www.mellowparenting.org

These are founded on attachment theory with particular emphasis on the transmission of attachment and relationship styles across generations. Between them they cover bump to age 5, with two new programmes for dads and one (being piloted) specifically for parents with a learning disability.

Enhancing intersubjectivity.

All these interventions aim is to increase and build on the intersubjective overlap which is the most important feature of the relationship between parent and baby. - When “Two people see and feel roughly the same mental landscape for a moment at least” (p.75, Stern, D. (2004) *The Present Moment in Psychotherapy and Everyday Life*).

Moments of emotional sharing, when baby and parent are engaged in reaching out to one another, are when both the child’s psyche and neurobiology are being actively moulded to the mother’s version of relationships and reality.

How will children change?

"A child exposed to consistent predictable, nurturing, and enriched experiences will develop neurobiological capabilities that will increase the child's chance for health, happiness, productivity and creativity." (p.36)

Perry, B. (2006) *Applying principles of neurodevelopment to clinical work with maltreated and traumatized children.* pp. 27-52 in: Webb, N. B. (Ed.) (2006) Working With Traumatized Youth in Child Welfare. The Guilford Press.

In conclusion.

Important relationships during the first years of life "form the foundation and scaffold on which cognitive, linguistic, emotional, social, and moral development unfold." (p.349) *Neurons to Neighborhoods.*

See this important report from the D of E and the WAVE Trust: http://www.wavetrust.org Plus the ‘The 1001 Critical Days’ manifesto: http://www.1001criticaldays.co.uk/the_coalition.php where you can also find the crucial APPG Report ‘Building Great Britons’

Association of Infant Mental Health (UK).

This is an organisation for those interested in all branches of infant development as well as early intervention with babies and their families. It goes with reduced rates at their workshops and conferences, with access to a lot of information on the website. Group membership for Children's Centres. Application forms from:

Administrator AIMH(UK).

email: info@aimh.org.uk

website: www.aimh.org.uk

The advisory panel.

Zero to Three.

The best source of all the latest research and clinical practice (and much more) for anyone working with this age range whatever the setting. Excellent bulletin every two months.

Full information, including resources for parents that can be downloaded, plus how to subscribe on:

www.zerotothree.org

Some useful websites.

http://www.childtrauma.org

http://developingchild.harvard.edu

http://www.futureunlimited.org/index_.html

http://www.macbrain.org

http://www.ounceofprevention.org

http://www.psychology.sunysb.edu/attachment

http://www.touchpoints.org

http://www.understandingchildhood.net

http://www.wavetrust.org

http://www.pipuk.org.uk/Home.aspx

http://www.whataboutthechildren.org.uk /

Some useful books.

- Zeanah, C. (Ed) (2009) *Handbook of Infant Mental Health (3rd. Ed)* The Guilford Press.
- Shonkoff & Phillips (Eds) (2000) *From Neurons to Neighborhoods: The Science of Early Childhood Development.* National Academy Press.
- Sameroff, McDonough & Rosenblum (Eds) (2004) *Treating Parent-Infant Relationship Problems.* The Guilford Press.
- Maldonado-Duran, J. (Ed) (2002) *Infant and Toddler Mental Health.* American Psychiatric Publishing Inc.
- Berlin, Ziv, Amaya-Jackson & Greenberg (Eds) (2005)*Enhancing Early Attachments.* The Guilford Press.
- Osofsky, J. (Ed) (2004) *Young Children and Trauma.* The Guilford Press.
- Mares, Newman, & Warren. (2011) *Clinical Skills in Infant Mental Health.* ACER Press, Australia.