

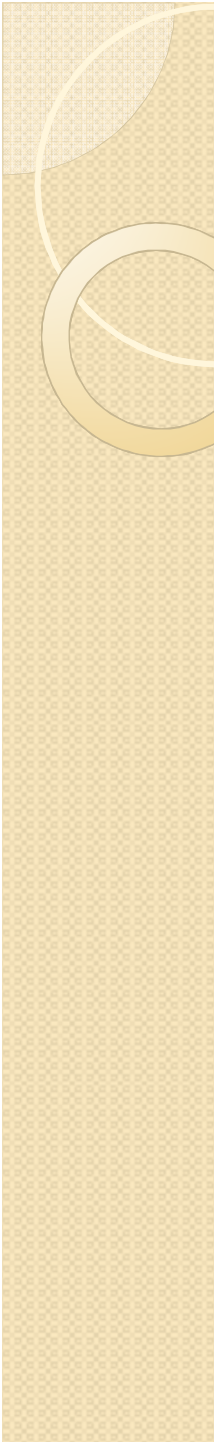


Infant and Family Mental Health, EHDI and You

2014 EHDI Conference
Jacksonville, Florida

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The relationship between parent and child is the basis for a child's understanding of the world, how relationships work and his/her sense of self.

Communication only develops in the context of a relationship.

We all bring our experiences of being parented to..... everything...



Getting ready for today

- Safe space
- We don't know everything
- This isn't everything
- Check-ins/Journaling



Kisha's Song



Earliest memory activity



What is Infant Mental Health (IMH)?

- “The young child’s capacity to experience, regulate and express emotions, form close and secure relationships, explore the environment and learn. All of these capacities are best accomplished within the context of the caregiving environment that includes family, community and cultural expectations for young children. Developing these capacities is synonymous with healthy social and emotional development.”

Zero to Three



What is Infant Mental Health?

- “A multidisciplinary professional field of inquiry, practice and policy, concerned with alleviating suffering and enhancing the social and emotional competence of young children.”

Handbook for Infant Mental Health

Key Concepts in IMH We'll Discuss Today:

- Early Relationships Matter
- Communication Develops in the Context of a Relationship
- Disruptions in Early Relationships Matter



“There is no such thing as a baby.”

-Donald Winnicott



Early Relationships Matter

“The way parents are with children is how children will be with the rest of the world.”

--Dr. Karl Menninger

Early Relationships Matter
for:
Healthy Attachment
and
Brain Development





Early Relationships Matter: Attachment

- Attachment:
 - a parent and child's emotional connection that begins at birth, develops rapidly throughout the next two years and continues developing throughout life.
 - the security, confidence and trust that infants and toddlers have with the adults responsible for their care.
 - the framework within which babies develop their growing ability to regulate emotions and behavior.
- Attachment can be disrupted----but it can also be repaired!
- Secure attachment develops and can last over time.



Early Relationships Matter: Attachment

- **Bonding:**
 - a parent's feelings for and sense of connection to their child that begins before birth and usually develops within the first weeks after the baby is born.
 - a connection based on the care a parent provides for an infant.
- **Bonding and initial attachment can occur simultaneously.**



Early Relationships Matter: Attachment

- Teaches a child about her place in the world, who she is and what she can expect from those around her.
- Creates the ‘working model of the self’—a child’s sense that “I matter” and “I can make things happen”—or “I am fearful and anxious because the world is unpredictable and unsafe.”

Early Relationships Matter: Attachment

Babies become attached—securely or insecurely—to their parents. It is the **quality** of the attachment that makes a difference.



Ounce of Prevention Fund



Early Relationships Matter: Brain Development

- Early experiences affect the architecture of the developing brain.
- Developing brains rely on and change in response to experiences.
- Neural connections form on a ‘use it or lose it’ principle.

“All learning takes place in the context of relationships and is critically affected by the quality of those relationships.”

-Zero to Three



Early Relationships Matter: Brain Development

<http://www.youtube.com/watch?v=fzn9OuBqKYs>



Break & Journaling



Key Concept #2: Communication Develops in the Context of a Relationship

Communication Development: Mutual regard



Communication Development: Mutual Gaze



Communication Development: Joint Attention



- 8 weeks: An infant follows an object with his/her eyes
- 4 months: An infant follows the mother's eye-gaze towards an object
- Joint attention = paying attention to the same thing, mutual interest
- Indicates that children understand other people's intentions.
- You can only obtain joint attention when you are in relationship with another person.
- Children learn better under "joint-attention" circumstances initiated by the child.

Pointing

- Prior to 8 months: reaching/grasping behavior is non-communicative
- At 8 months: infant looks at the caretaker while reaching = beginning of pointing
- Pointing is separate from intention to reach the object
- Pointing = symbolic behavior that marks a change in an infant's cognitive system
 - Signals communicative intent
- 8-10 months: first pointing behaviors appear
- 9-12 months: Appropriate response to pointing appears
 - Looks in the right direction)
- Pointing **can** facilitate joint attention



Communication Development: Early Communication

- Preverbal gestures babies make are purposeful.
- Back and forth games between parent and baby form the basis of communication (and attachment, social/emotional development, etc...).



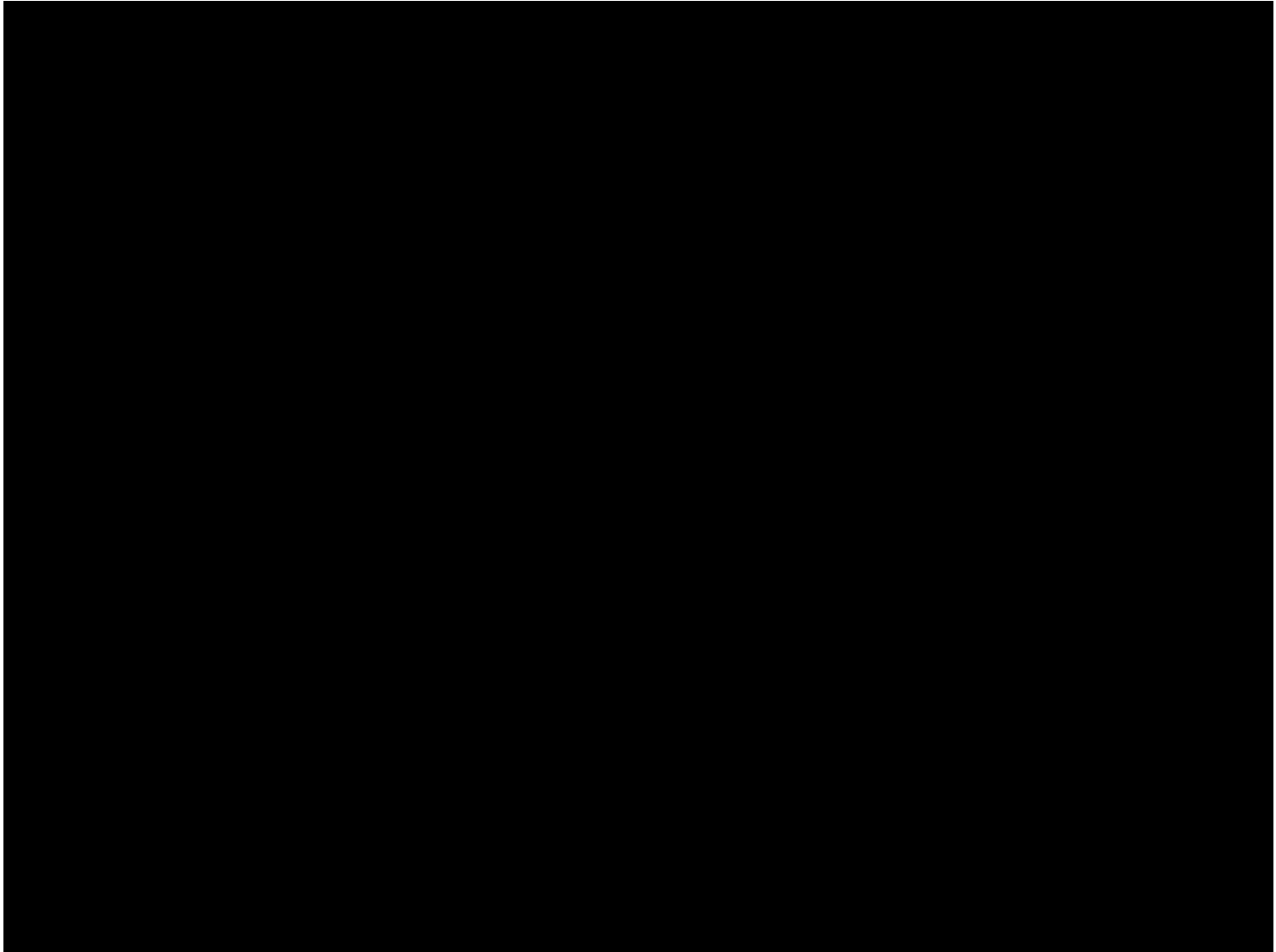
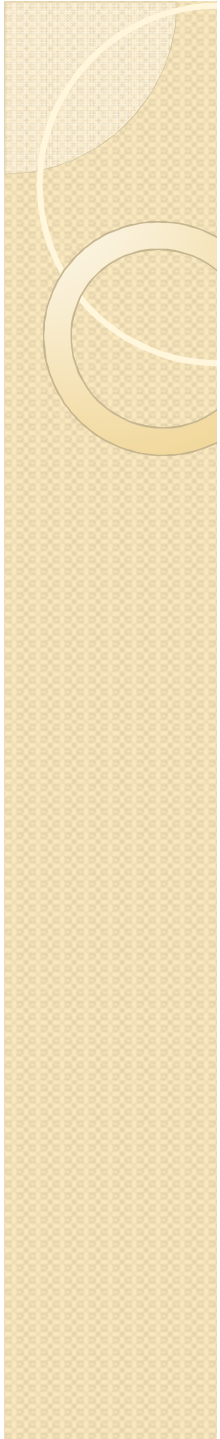
Greenspan, 1999

Communication Development: Early Communication

- Babies without consistent or responsive two-way communicative experiences:
 - Can become more passive, less organized or less emotionally expressive
 - Learn that their attempts to communicate and be understood are futile

Babies with consistent, responsive two-way communication:


- Learn that their actions and feelings have an impact on their parent
- Learn they are part of a relationship with their parent
- Develop mutual caring



www.youtube.com/watch?v=apzXGEbZht0



Journaling & Discussion



So, if we understand that early relationships matter and babies develop communication within the context of these important early relationships, what happens when these early relationships are disrupted?

“There is no such thing as a baby.”

-Donald Winnicott





Key Concept #3: Disruptions in Early Relationships Matter

- Pregnancy and the Transition to Parenthood
- Ghosts in the Nursery
- Goodness of Fit
- Maternal Mental Health

Disruptions in Early Relationships Matter: Transition to Parenthood

“Everything that happens once a baby is born is the outcome of all that has come before.” Sheila Kitzinger





Disruptions in Early Relationships Matter: Transition to Parenthood

Four maternal tasks in pregnancy:

1. **Safe Passage:** both pregnant mother and child survive pregnancy and childbirth
2. **Acceptance of Others:** the child is born into a safe and welcoming environment and the mother is supported
3. **Binding-In to the Child:** the pregnant woman develops positive feelings for and attachment to the child growing within her
4. **Giving of Oneself:** that the woman changes from a more self-centered person to one who embraces and views her baby's needs as paramount.

Disruptions in Early Relationships Matter: Transition to Parenthood

The Significance of the Labor and Birth Story:

- C-sections (planned or unplanned)
- Preterm birth
- Length
- Invasive procedures
- Perineal injury or trauma
- Power and decision-making
- Support received
- Breastfeeding complications
- Post-partum complications
- Post-partum diagnosis



All have the potential to influence a woman's perception of her baby and of herself as a competent and capable mother!



Disruptions in Early Relationships Matter: Transition to Parenthood

- Retrospective study found that 83% of couples experienced moderate to severe crisis in relationship during the transition to parenthood.
- 15 longitudinal studies confirm that approximately 65% of couples experienced a significant decline in marital satisfaction following the birth of their first child.



Disruptions in Early Relationships Matter: Ghosts in the Nursery (Selma Fraiberg, 1974)

In every nursery, there are ghosts. They are the visitors from the unremembered past of the parents.



Disruptions in Early Relationships Matter:

Goodness of Fit

Temperament: individual differences in emotional, motor and attentional reactivity to stimulation and in patterns of behavioral and attentional self-regulation

Goodness of Fit: occurs when the expectations of caregivers and the environment fit with a child's temperament characteristics. As well as adapting the environment to the child, the child is also supported to overcome her more challenging temperament characteristics. A poor fit occurs when no adaptations are made to the environment and the child is not encouraged to overcome any temperament challenges.

There is not one characteristic or group of characteristics that are considered 'difficult' or 'problematic' by everyone or in every environment!

What might be considered maladaptive in one setting, might not be in another!



Disruptions in Early Relationships Matter: Goodness of Fit and Temperament

- Activity level (general level of motor activity)
- Distractibility (the ease with which one can be distracted or one's level of concentration or focus)
- Intensity of energy level of emotional response
- Regularity of biological functions such as sleeping, eating
- Sensitivity to physical stimuli
- Approachability (one's initial response to new places, situations or things)
- Adaptability to changes and transitions
- Persistence (relates to the length of time one continues in the face of obstacles)
- Mood (tendency to react to the world in a positive or negative way)



Disruptions in Early Relationships Matter: Mental Health

Women of every culture, age, income level and race can develop postpartum mood and anxiety disorders.

- Baby Blues (affects 80% of new mothers, occurs between the 3rd day and third week postpartum)
- PPD - Postpartum Depression (affects 20% of new mothers, occurs up to a year postpartum)
- Postpartum Onset Anxiety/Panic Disorder or Postpartum Obsessive Compulsive Disorder (affects ~10% of new mothers, can co-occur with PPD)
- Postpartum PTSD (affects 1-3 %, especially in women who have a significant trauma history)
- Postpartum Psychosis (affects 0.1 - 0.2% of new mothers, usually has sudden onset in the first week postpartum, risk of suicide or infanticide, medical emergency, aggressive treatment is critical)



Ghosts in the Nursery

<http://www.youtube.com/watch?v=TV775Dv3h6k>



Journaling & Discussion



Lunch Break



IMH and EHDI

Where do they intersect?



IMH and EHDI: Emerging National Data

- **Pragmatics:**
 - Using language for different purposes
 - Changing language according to the needs of a listener or situation
 - Following rules for conversations and storytelling



IMH and EHDI: Emerging National Data

- Children who are deaf or hard of hearing begin to master pragmatic skills at 6 years of age; 3-year-old peers with normal hearing have already mastered nearly half of the checklist skills.
- By age 7, children who are deaf or hard of hearing have mastered approximately 2/3 of the checklist skills; almost all of the skills are mastered by hearing children by age 4.



IMH and EHDI: Emerging National Data

- Pragmatic language difficulties increase risk for victimization.
- Pragmatic difficulties increase risk for social and emotional deficits.



IMH and EHDI: Emerging Wisconsin Data

- AEIOu (Assessment of Early Intervention Outcomes) tracks developmental outcomes in the areas of general, communication and social development; the early intervention they receive; and the variables that affect positive outcomes of early-diagnosed children who are deaf or hard of hearing and enrolled in Wisconsin Birth to 3.
- 19 children completed assessments at 14 and 30 months of age.
 - 7 of these children have hearing loss only
 - 5 have additional disabilities
 - All are English-speaking

IMH and EHDI: Emerging Wisconsin Data

- Children who are deaf or hard of hearing are making progress, but not at a month-to-month rate (like you would see in a typically developing child).

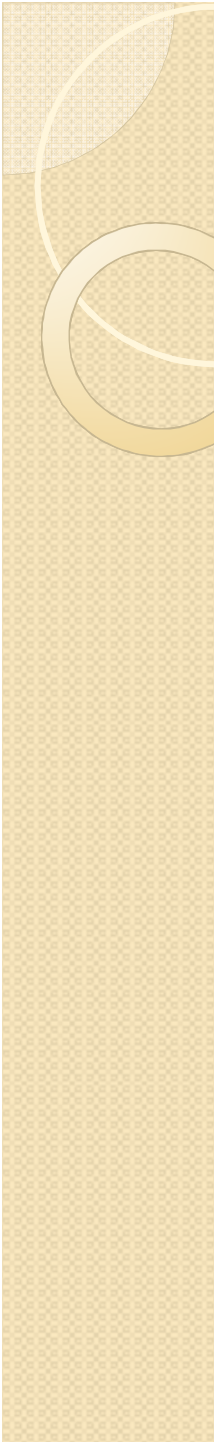
Assessment Tool	Average Growth in Months Over an Average of 21 Months of Time (Deaf/Hard of Hearing Only)	Average Growth in Months Over an Average of 20 Months of Time (Deaf Plus Additional Special Needs)
Minnesota Receptive Language	15 months	6.1 months
Minnesota Expressive Language	22 months	5.5 months
MacArthur-Bate Expressive Vocabulary	13.6 months	6.8 months



IMH and EHDI: Emerging Wisconsin Data

Parent-Child Early Relational Assessment (ERA):

- 8 ERAs on children 14-18 months of age
- Some preliminary trends emerging:
 - Areas of strength in the parents:
 - parents are not expressing negative attitudes toward their children
 - parents respond with consistency and predictability to their children
 - Areas of strength in the children:
 - attention span
 - persistence
 - ability to self-regulate.
 - Areas of strength as a pair:
 - organization and regulation of their interactions (parents and children respond to each other in predictable, consistent ways)
 - Areas of Concern:
 - Parents: mood (with tendencies toward anxious-depressed-withdrawn characteristics), quality of verbalizations, social initiative, connectedness, creativity and mirroring
 - Children: communicative competence, visual contact, mood (with tendencies toward showing little positive affect or evidence of being happy) and social responsiveness.
 - Pair: reciprocity and evidence of enthusiasm and mutual enjoyment.



IMH and EHDI: Observation is a skillset

- Parent-Child Early Relational Assessment (ERA)

IMH and YOU





IMH and You

- Meta-Emotions
- Self-Reflection
- Parallel Process
- Relationship-Based Work



IMH and You: Meta-Emotions

“A feeling permeates virtually everything we do. No wonder, then, that circuits in the brain that control and regulate emotions overlap with those involved in functions we think of as purely cognitive.

There is no clear, distinct dividing line between emotion and other mental processes; they blur into each other.”

The Emotional Life of Your Brain, Richard J Davidson and Sharon Begley, p. 296



IMH and You: Meta-Emotions

- How well do you recognize your emotions when you have them?
- How do you feel when others are expressing the full spectrum of emotion?
 - Were you raised to suppress your emotions?
 - Were you raised to express your emotions to the fullest?
 - Were you raised to feel your feelings but control your behavior?



IMH and You: Meta-Emotions

“Don’t just do something, stand there.” Jeree Pawl

- Most of us tend to ‘disperse’ intense feelings rather than stay with them.
- To hold feelings and experiences, we must stay calm, attuned and responsive.
- To do this, we need to be aware of, regulate and use our own feelings, thoughts and sensations to mindfully self-regulate.



IMH and You: Meta-Emotions

When intense emotion/uncertainty occurs, we tend to ‘disperse affect’:

- Into activity—do something!
- Into emotional reactions: rev up or tune out!
- Into explanations: say something!

Some reactions to intense situations might be:

- talking too fast, jumping into teaching
- anxiety, numbness
- wondering when it’s time to leave, negative thoughts toward the parent
- tension, stomach pains, holding breath



IMH and You: Meta-Emotions

Instead of dispersing affect, we can:

- Be mindful and aware of what we are experiencing
- Be still
- Be present
- Breathe
- Self-Regulate
- Self-Reflect

Erikson Institute, The Fussy Baby Network

IMH and You: Reflective Practice

Reflection means stepping back from the immediate, intense experience and taking time to wonder what it really means.

-Rebecca Parlakian, 2001



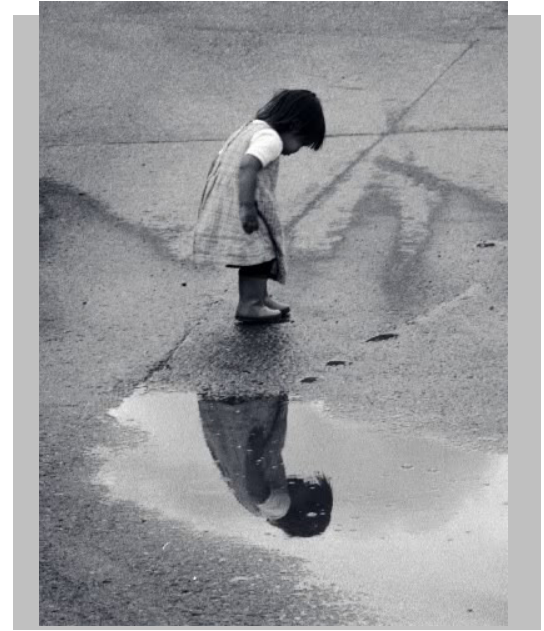
Listening creates a holy silence. When you listen generously to people, they can hear truth in themselves, often for the first time.

*-Rachel Naomi Remen,
1996*

IMH and You: Reflective Practice

Reflective Practice is the process of continuous learning through thoughtful examination of your work.

- Claire Learner, 2006

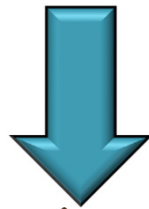


*Follow effective action
with quiet reflection.
From the quiet reflection
will come even more
effective action.*

-Peter Drucker

IMH and You: Reflective Practice

- **Reflection for action (planning ahead)**
- **Reflection on action (thinking back on what happened)**



- **Reflection in action (thinking in the moment)—being present, being mindful**

- Donald Schon, 1983



A gently made observation can acknowledge a parent's pain and make it safe to speak; support from co-workers and supervisors strengthens a practitioner's ability to act effectively.

-Emily Fenichel, 2001



IMH and You: MI Principles

Motivational Interviewing (MI)

- MI is collaborative (person-centered)
- MI is evocative (calls forth the person's own motivation and commitment)

Spirit of MI

1. Collaboration (vs Confrontation)
2. Evocation (Drawing out, rather than imposing ideas)
3. Autonomy (vs Authority)



IMH and You: MI Principles

Principles of MI:

1. Express Empathy
2. Support Self-Efficacy
3. Roll with Resistance
4. Develop Discrepancy

OARS

- Open-Ended Questions
- Affirmations
- Reflections
- Summaries



IMH and You: Assumptive Statements Activity



IMH and You: Parallel Process

- The ways in which people are treated affects how they feel about themselves and how they treat others.
- Parallel process extends in all directions—program, staff, parent, child—

Program: I am uncomfortable with strong emotions

Staff: I am uncomfortable with strong emotions

Parent: I am uncomfortable with strong emotions

Child: I am experiencing strong emotions

What is the result? difficulty in responding appropriately to child, stress, anxiety, dissatisfaction?

Child: I am experiencing strong emotions

Parent: I am uncomfortable with my child's strong emotions

Staff: I am uncomfortable with your strong emotions

Program: I am uncomfortable with your strong emotions

What is the result? burn out, stress, anxiety, staff turn over, dissatisfaction?

IMH and You: Parallel Process

So the baby can internalize the holding, regulate and feel understood and secure.

So the parent can hold the baby.

So the parent can hold/contain herself.

So we can hold the parent.

We can learn to hold ourselves.



Kisha's Song

What might have changed for you?



Where do we go from here?



Loving Kindness Meditation



Thank you!



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