

A photograph of a young child with dark hair, wearing a white short-sleeved shirt with red and blue horizontal stripes, crawling on a light-colored kitchen countertop. The child is looking towards the camera with a neutral expression. The background is a brightly lit kitchen with wooden cabinets and a sink area, slightly out of focus.

Principles of Infant Mental Health

Alyssa Caldbeck, MSW, LISW, RPT-S

What is Infant Mental Health?

The foundation of all future development

Everyone who touches the life of a child can promote social and emotional well-being

Social and emotional development, or **infant and early childhood mental health**, is the developing capacity of a child from birth to 5 years old to...



Form close and secure
adult and peer
relationships...



Experience, manage
and express a **full**
range of emotions...



Explore the
environment
and learn...

...all in the context of family, community, and culture.

(Zero to Three Infographic)

Importance of Infant Mental Health



- 80% of brain development occurs by age 2.
- Key to preventing and treating the mental health problems of very young children and their families.
- Guides the development of healthy social and emotional behaviors.

Science of Infant Mental Health



A stable and responsive environment of relationships provide young children with consistent, nurturing, and protective interactions with adults, which help them develop adaptive capacities that promote learning and well-regulated stress response systems.

(From *Neurons to Neighborhoods* (2000) National Research Council Institute of Medicine)

Development to Competency

Capacity to:

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



Capacity to:

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

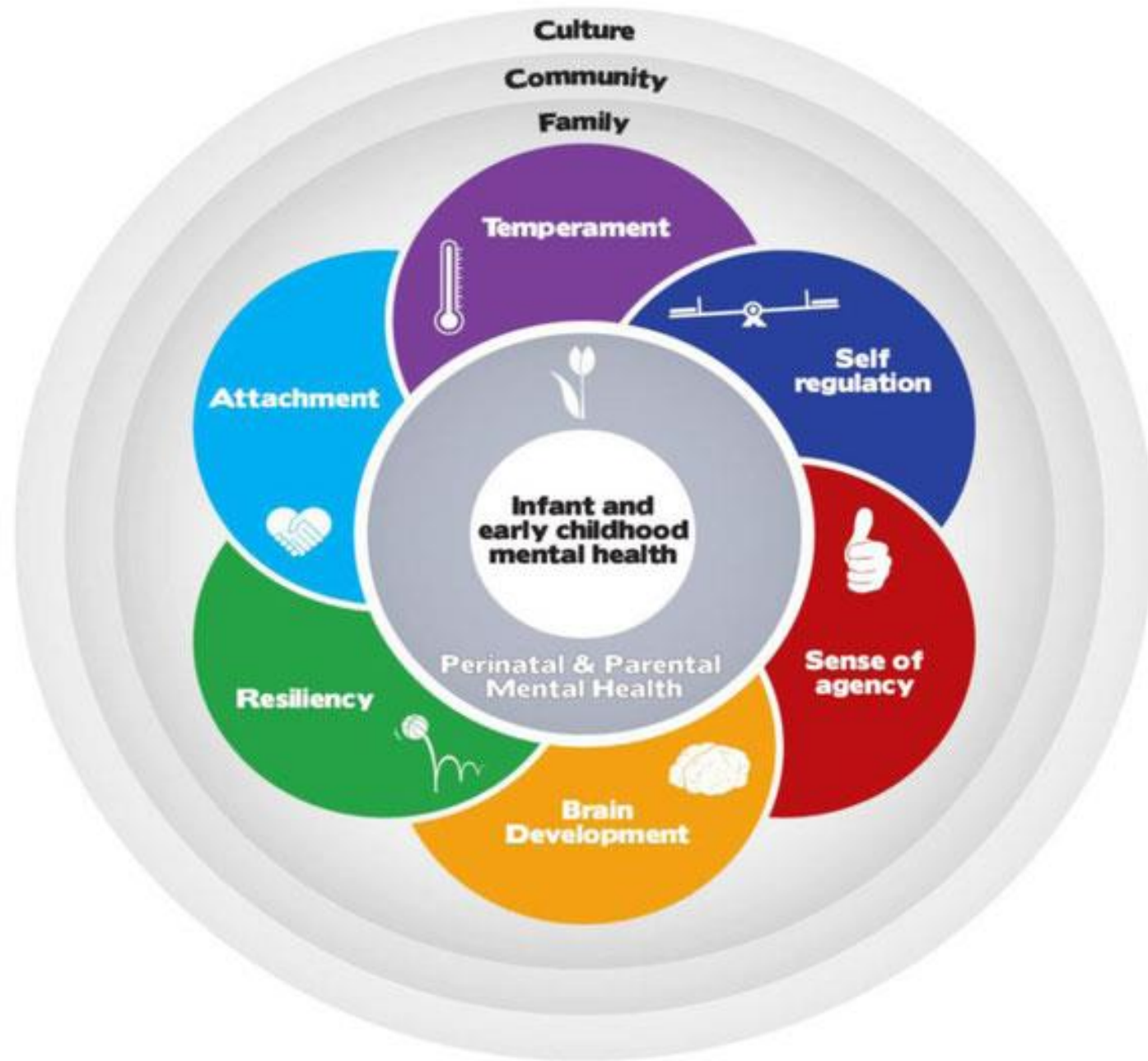
Birth

Five

Infant Mental Health Approach

- Relationship-Based Framework
- Multigenerational Perspective
- Developmental Orientation
- Multidisciplinary Approach
- Prevention Emphasis





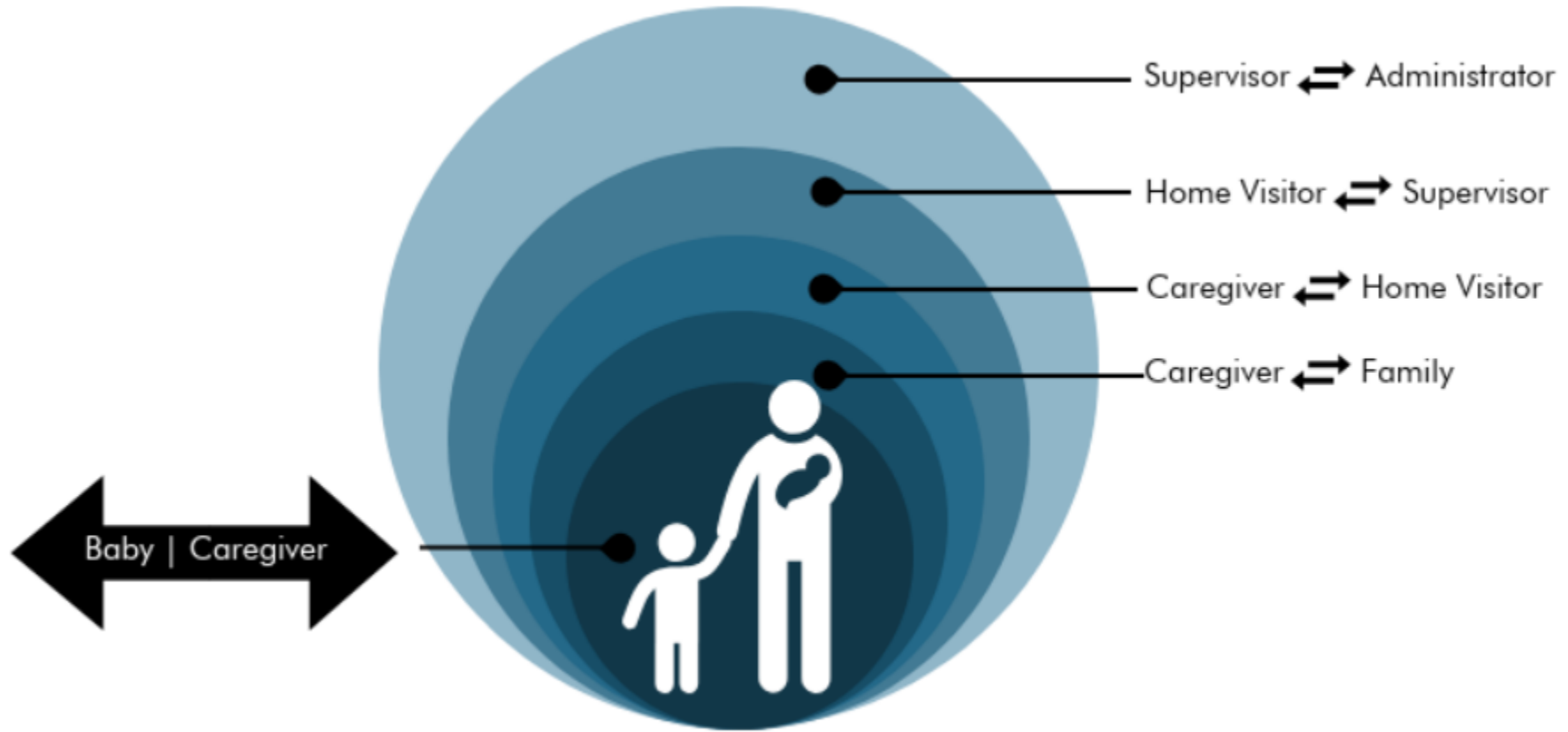
Systems Perspective



Reflective Practice



Parallel Process



Cultural Values

Culture or the shared beliefs, values, and goals of a group of people influences every aspect of human development and is one of the most powerful influences on social emotional development.



Equity & Diversity



THE TENETS

DIVERSITY-INFORMED TENETS FOR WORK
WITH INFANTS, CHILDREN & FAMILIES

<https://diversityinformedtenets.org/the-tenets/english/>

Ghosts & Angels in the Nursery

- Past parental histories influencing present child/parent relationship in the present.
- *Angel's in the Nursery* (Liebermann)- positive experiences.

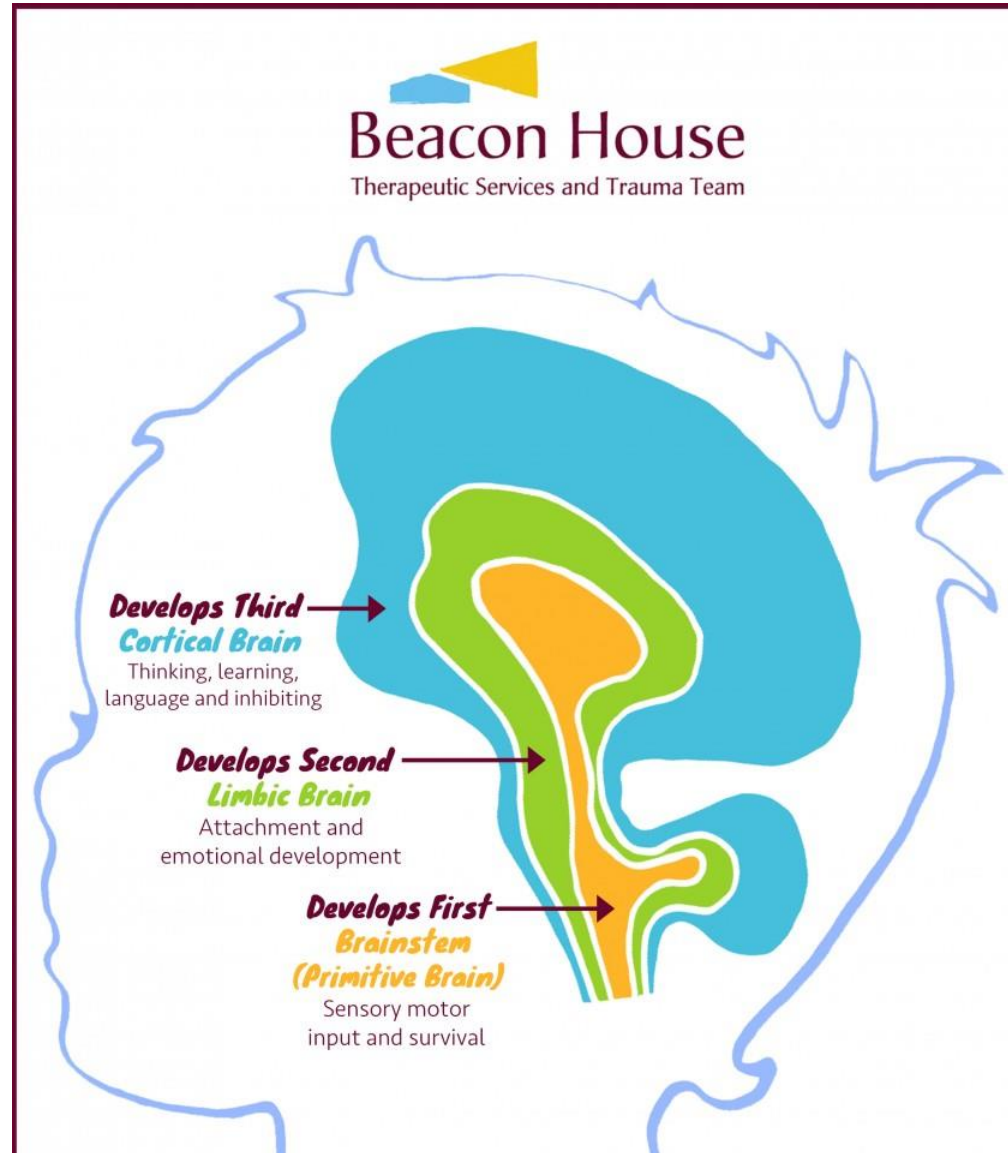


Implicit Memories



Memories that pre-verbally before memories could be recalled
(in-utero- age 5)

Brain Development



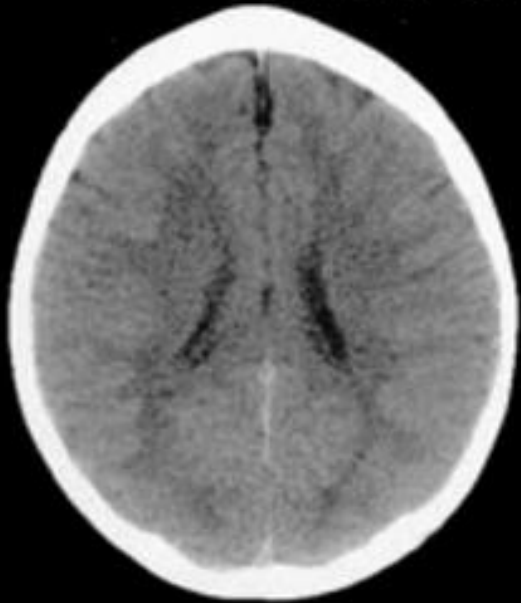
Brain Growth & Architecture

- Most dramatic growth with the most critical period occurring in utero to age 3.
- Early experiences including early relationships influence the physical architecture of the brain shaping the neural connections in the developing brain.

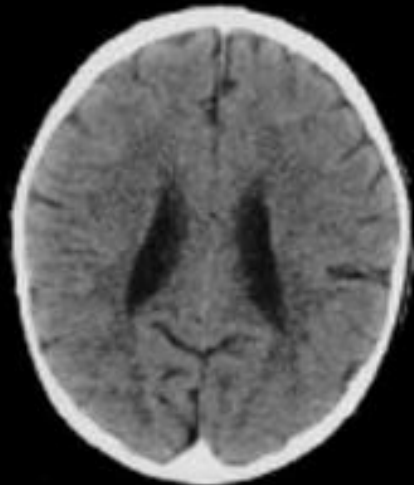


Early Experiences Matter

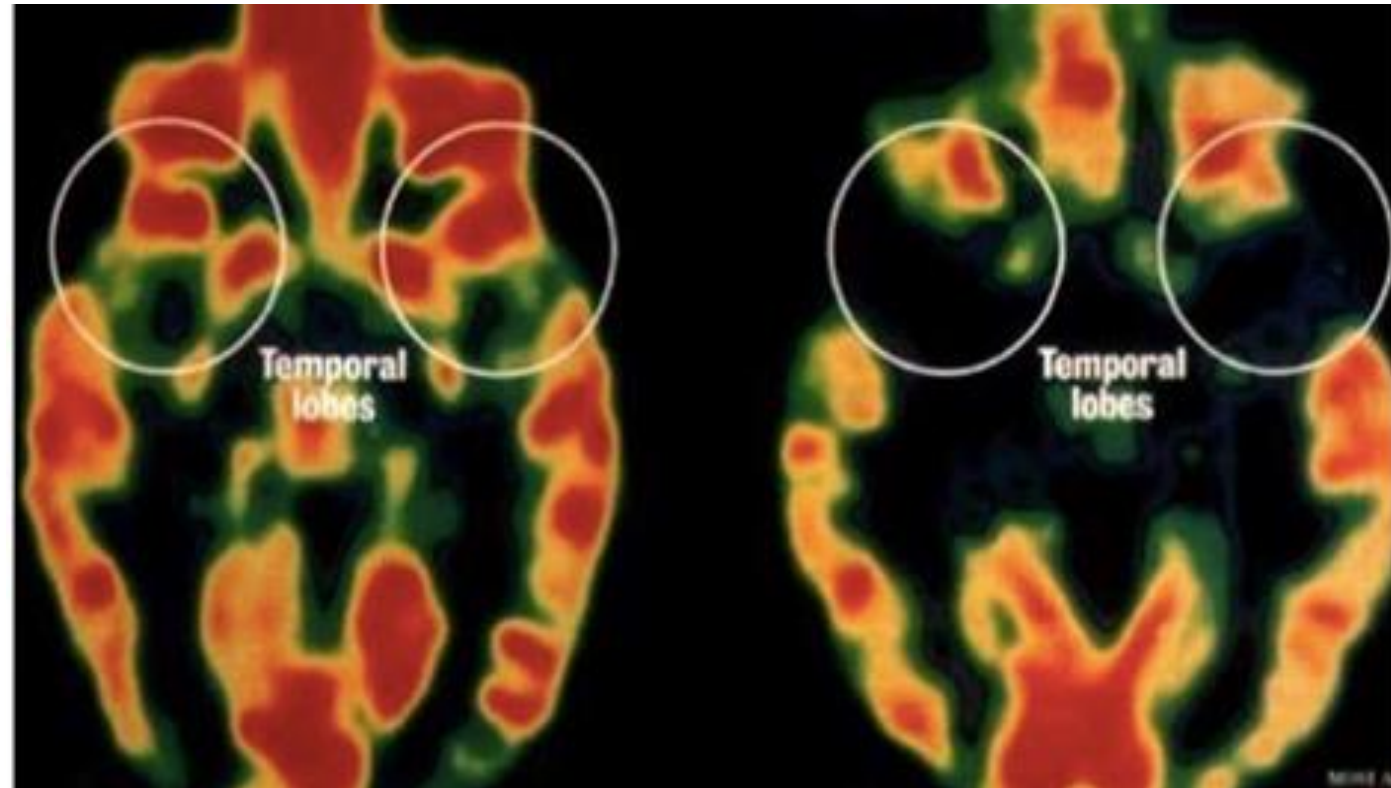
3 Year Old Children



Normal



Extreme Neglect



Essential Experiences Involve Caregiving Relationships



- Connection is a biologically imperative.
- Serve & return interactions.

Epigenetics



<https://developingchild.harvard.edu/resources/what-is-epigenetics-and-how-does-it-relate-to-child-development/>

In Utero Development



Sustenance and chemical input are not only factors for growth and development.

The unborn is also extremely sensitive to how a mother is feeling emotionally, what is going on in her internal environment, as well as what is happening in her external environment.

Attachment Development

- When infants or toddlers feel secure, they are able to turn their attention to other tasks like learning or exploring something new (Holmes, 1993).
- Feeling secure also lays the foundation for how to empathize with and to act with compassion toward others.
- Healthy early relationships are also crucial for the development of trust, empathy, compassion, generosity, and conscience.



Attachment & Emotional Regulation



- Another facet of the attachment relationship is the central role it plays in the regulation and management of emotions.
- Positive early relationships are also crucial for the development of trust, empathy, compassion, generosity, and conscience.

Attachment & Attunement

- **Attachment** is the emotional bond between parents and children.
- **Attunement** is the way we “tune in” to a child's needs, work to understand their thoughts, and respond to how they are feeling and behaving.



Misattunement



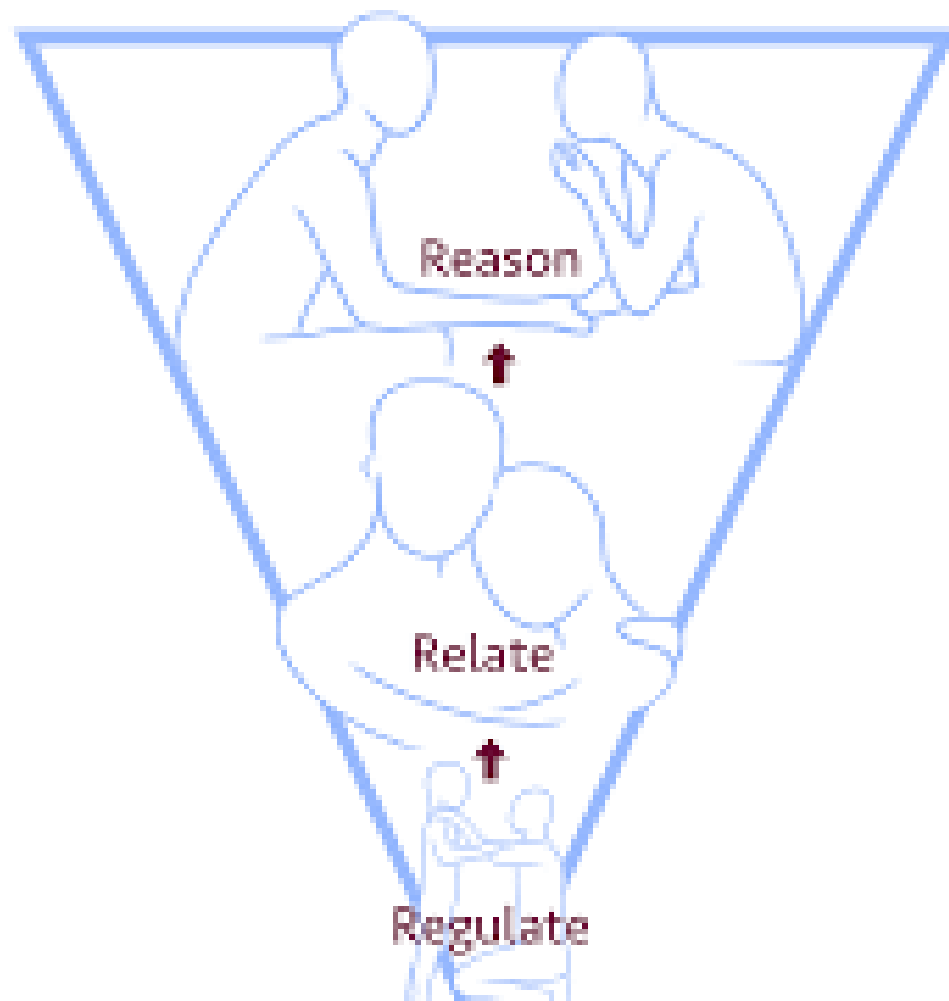
1. lack of rapport between infant and parent or caregiver such that the infant's efforts at communication and expression are not responded to in a way that allows the infant to feel understood.
2. Lack of empathy for an emotional experience that informs a response or lack of response.

Rupture & Repair



- There are an amazing 15,536,000 second-by-second exchanges between an adult and awake infant in the first year of life.
- Periods of mismatching of emotions, intentions and meaning, followed by period of matching meanings... in well-functioning dyads, the messiness of interactions is quickly repaired from mismatching to matching states” (Tronick).

Relational Safety



Felt Sense of Safety



- Felt-safety- a subjective experience based on cues we receive (below conscious awareness) from our inner experience, the environment, and the person/relationship I'm with.
- BEING safe may not always FEEL safe.

4 S's



Seen — this is not just seeing with the eyes. sensing what is behind their behavior

Safe — avoiding actions and responses that frighten or hurt a child

Soothed — helping a child deal with difficult emotions and situations

Secure — through repeated responses we help a child develop an internalized sense of well-being

6 R's of Interactions



- Relational (safe)
- Relevant (developmentally matched to child)
- Repetitive (patterned)
- Rewarding (pleasurable-joy)
- Rhythmic (resonant with neural patterns)
- Respectful (of child, family, and culture)

Mirror Neurons



Mirror neurons are brain cells that enable a child to learn by observing others instead of having to practice every skill first hand



Mirror neurons support the child's ability to empathise with the person they are observing



It is these brain cells that make parental modelling of positive and respectful behaviour so powerful!

Threat Response



- Neuroception of Safety (Stephen Porges)
- Brain is rewired for protection instead of connection.

Co-Regulation



Warm and responsive interactions that provide support, coaching, and modeling children need to understand, express, and modulate their thoughts, feelings, and behaviors.

Typical & Atypical Development



Child development exists on a continuum. The development of most children falls somewhere in the “middle” of that continuum.

A child is described as developing atypically when one of two situations arises:

- Reaches developmental milestones earlier than other children his/her age
- Reaches developmental milestones later than other children his/her age

Temperament



Infants are born with a personal style or typical way of approaching or reacting to the world.

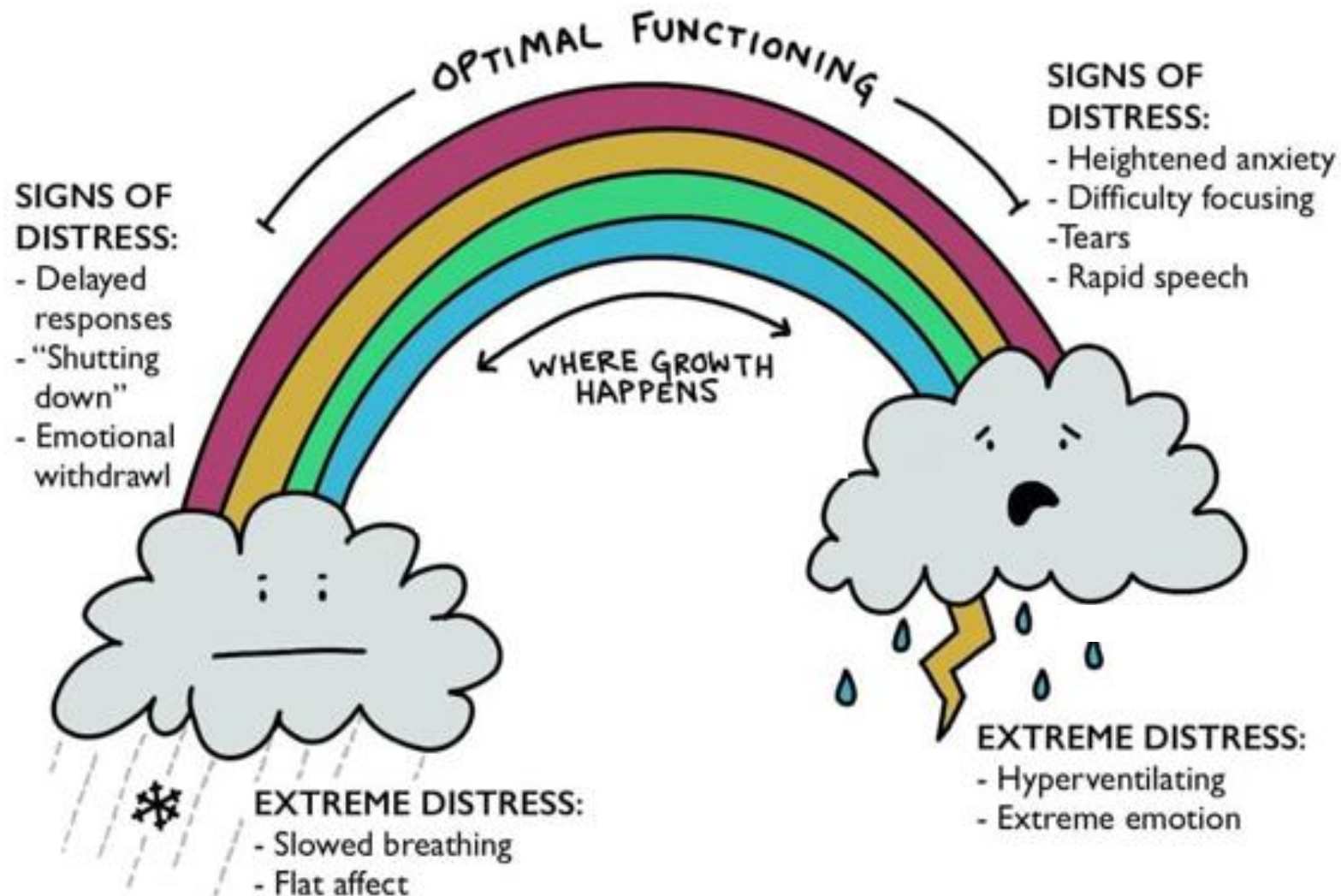
**Easy, Difficult, and
Slow-to-Warm-Up**

Goodness of Fit

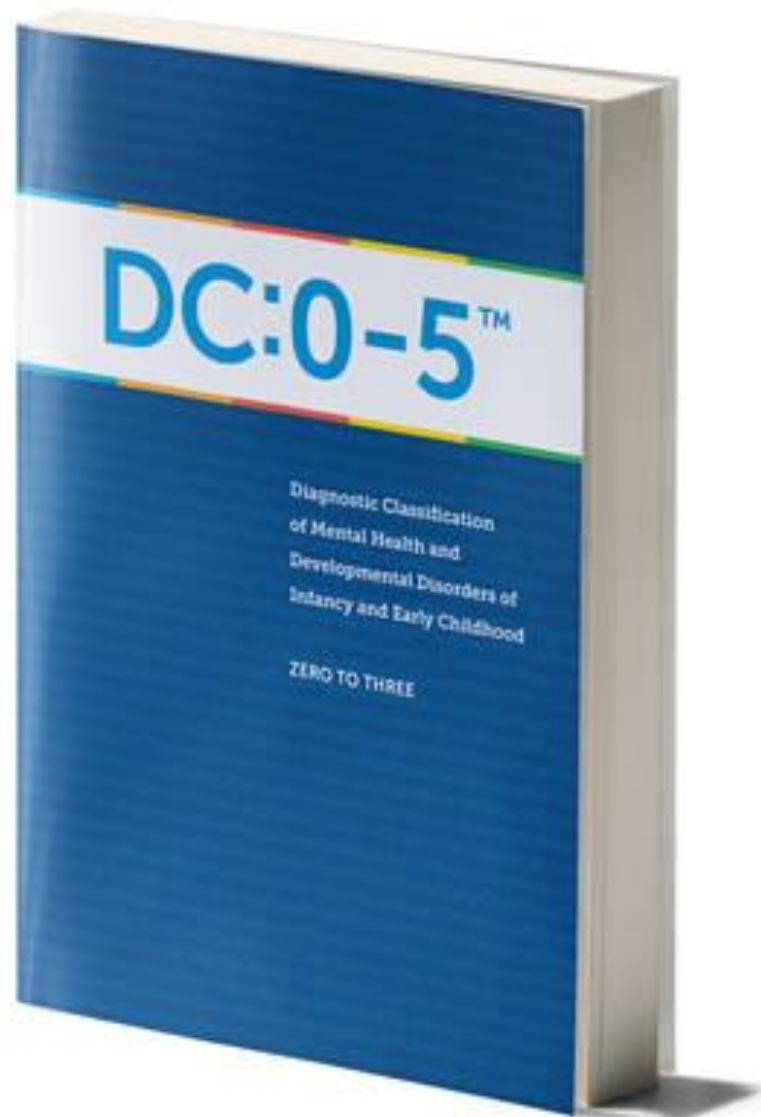


- Compatibility between environment and a child's temperament (Thomas & Chess, 1977).
- Poorness of fit occurs when temperament is not respected and accommodated.

Behavioral Issues and Mental Health Concerns



DC: 0-5



Evidenced-Based Interventions in Infant Mental Health for Children Younger Than 5 Years Old

Intervention	Developer	Primary port of entry	Format	Age range (birth to 60 months) ^a
Child–parent psychotherapy	Alicia Lieberman and colleagues (derived from Selma Fraiberg and colleagues)	Parent’s representation of child	Dyadic sessions supplemented by individual sessions with parent	Pregnancy through 60 months
Parent–child interaction therapy	Sheila Eyberg and colleagues	Parent’s behavior	Dyadic sessions with parent and child observed by therapist who coaches via bug in the ear	24–60 months
Trauma-focused cognitive-behavioral therapy	Judith Cohen and Anthony Mannarino; Michael Scheeringa	Child’s behavior	Individual sessions with child and therapist observed by parent and another therapist.	36–60 months
Attachment and Biobehavioral Catch-Up	Mary Dozier and colleagues	Parent’s behavior	Dyadic sessions augmented by video review	Infancy version: 6–24 months; toddler version: 25–60 months

Parent- Child Work



Behavior as Communication



Big Picture Implications



Self Care

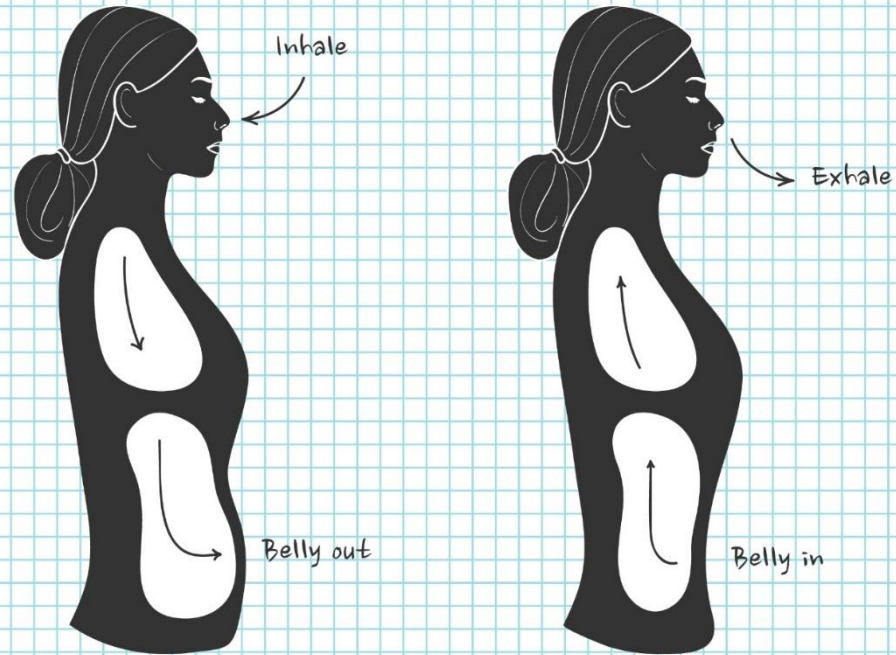


Use of Relationship & Presence



Power of Breath

Belly Breathing



Endorsement



Alliance for the Advancement of

Infant Mental Health

Promoting early relationships birth to five



<http://promotingmentalhealthiowa.org/imh-endorsement/>

Questions



Contact



alyssa.caldbeck@drake.edu