

Infant and Early Childhood Mental Health

By Sue Bollig, M.S.W.

An adopted child is having problems integrating into her new family, a new mother's baby is having difficulty "bonding," foster parents notice that a child in their care does not interact well with peers or adults, and another toddler cries all night long. These are a few cases in which early mental health services may be indicated.

Infant and early childhood mental health is a broad-based and cross-disciplinary field of research and practice that focuses on the social and emotional well-being of infants and young children within the context of early primary relationships. Through these patterns of interactions, infants and young children develop attachments and trust or mistrust in their world. Their sense of security and comfort originates and develops from early experiences in relationships with others.

Children's social and emotional competence is rooted in the relationships that infants and toddlers experience in the early years of their life. During the first year, their major social and emotional milestone is the development of a secure attachment with their mother, father, or other primary caregiver. At ages 2 and 3 they learn to master the concepts of self-awareness, independence, and self-control. Brain development can be observed through children's behavior, as they communicate their feelings of wellness, abilities, and/or difficulties that they are having in their home, childcare, preschool, or other setting.

Brain research has shown that prolonged stress and lack of early nurturance can set emotional thermostats, affect brain functioning, (even increasing the secretion of cortisol), lower levels of serotonin, and elevate levels of noradrenaline. It has been hypothesized that lack of nurturance in infancy can lead to depression, loss of impulse control, and heightened aggression in later life.

Trauma inducing events in a child's life including disaster, loss, domestic violence, sexual abuse, exposure to natural disasters, accidents, emotional neglect, and child maltreatment may precipitate the need for assessment and treatment.

An interpersonal and physical environment attuned to the brain's demands for experiences of certain types and intensities during the first four years of life is critical. Most parents and caregivers realize this either through intuition or instruction and most are sensitive to their infant's developmental cues. Some, unfortunately, are not, due to a variety of factors including too many responsibilities with other children or jobs, feeling too burdened with their own emotional problems, drug/alcohol abuse, immaturity, as well as socio-economic or environmental factors. Genetics, neuro-biology, temperament differences, or developmental disabilities may also factor into the parent-child relationship and social emotional development of the child.

The diagnostic framework presented in *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (Diagnostic Classification: 0-3)* seeks to address the need for a systematic developmentally-based approach to the classification of mental health and developmental difficulties in the first four years of life. It is designed to complement existing medical and developmental frameworks for understanding mental health and developmental problems in the earliest years.

Diagnostic Classification: 0-3 categorizes emotional and behavioral patterns that represent significant deviations from normative development in the earliest years of life. Some of the categories presented represent new formulations of mental health and developmental difficulties. Other categories describe the earliest manifestations of mental health problems that have been identified among older children and adults but have not been fully described in infants and young children. In infancy and early childhood these problems may have different characteristics. Prognosis may be more optimistic if effective early intervention can occur.

The service continuum for early mental health includes prevention, intervention, and treatment. Prevention services recognize challenges or vulnerabilities and their significant impact on early development. Specific intervention strategies are offered to prevent further difficulties and nurture more positive and mutually satisfying relationships. Emotional support, concrete resource assistance, parent education, developmental guidance, and advocacy are all within the context of intervention and treatment.

The field of infant and early childhood mental health is built on an impressive foundation. Selma Fraiberg and her colleagues designed a treatment model in the late 1960's referred to as the practice of "infant mental health" (Fraiberg, Shapiro & Adelson, 1976). Spitz, Bowlby, Murphy, Anna Freud, and Erikson made important contributions to the field. Normative emotional development literature including work by Ainsworth, Emde, Sroufe, Stern, Greenspan, Lourie, and Wieder provide the knowledge base about social emotional development in the child. During the past 30 years a growing body of research and clinical experience has refined a comprehensive developmental approach for infants and young children and their families with mental health challenges (Greenspan & Lourie, 1981, 1987; Greenspan & Wieder, 1999).

Treatment services recognize attachment, relationship, and/or early mental health difficulties and disorders, and the contributions and interplay between the child and significant caregivers within the relationship. Specialized treatment strategies that focus on improving the relationship, the overall functioning of the family, and the mental health of both the parent/significant caregiver and the child include a varied list of modalities.

A partial list of specific assessment and intervention treatment strategies that focus on the dyad include:

Interaction Guidance, a tool for pre-treatment planning and evaluations of parent-child attachment relationships which emphasizes caregiver involvement and includes videotaped interactions between caregiver and child, and dyadic, reflective discussion between caregiver and supportive therapist. The play-based observation of parent and child engaging in semi-structured activities together reveals significant aspects of the parent-child relationship.

Inquiry as Intervention, a particular style of asking questions that is focused on the child rather than the parent that helps parents assume the role of an authority about their child. By seeking to "understand" the relationship and joining the parent in identifying what is working and using reflection, the assessment process actually begins the process of intervention.

Relational Guidance, which is focused on the mother-infant relationship and which helps mothers increase their knowledge of and experience with their infants in the context of spontaneous interactions.

Psychotherapeutic approaches to infant intervention, which tend to have their roots in psychoanalytic and specifically object relations theory. Psychotherapy with the mother focuses on gaining access to repressed early experiences, re-experiencing the feelings associated with those experiences, and gaining insight into current relational difficulties in the context of a secure relationship with the therapist.

Parent-Infant Psychotherapy with the mother and infant uses the same methods but includes the infant. The primary focus is on how the mother's relationship with her own parents or important others influence her relationship with her infant. Support, guidance, and individual psychotherapy with the mother alone or in the presence of her infant does not provide a direct therapeutic experience for the infant but it does influence the parent child relationship.

Theraplay[®], a short-term, therapist-directed play therapy for children and their parents, is designed to enhance attachment, raise self-esteem, improve trust in others, and create joyful engagement. Theraplay is based on the natural patterns of healthy interaction between parent and child, and is personal, physical, and fun. Theraplay interactions focus on five essential qualities found in parent-child relationships: Structure, Engagement, Nurture, Challenge, and Playfulness. Theraplay sessions create an active and empathic connection between the child and the parents, resulting in a changed view of the self as worthy and lovable and of relationships as positive and rewarding. Parents are actively involved in the treatment and empowered to continue on their own the health promoting interactions of the treatment sessions.

Watch Wait and Wonder, a dyadic infant/child-led psychotherapy approach, allows the child his own therapeutic space through enabling him in the presence of his mother to play and/or act out his own concerns. The structure of the treatment is often time limited (8-10 sessions) and can be conducted in the home or clinic setting.

Parent Child Interaction Training (PCIT) is designed to alter at-risk parent-child relationships by developing parenting skills, using a coaching method through a one-way mirror and "bug in the ear." It

incorporates elements of family systems, learning theory, and traditional play therapy and is most effective with children ages 3-12 of age.

Early Childhood Mental Health Consultation. Traditionally, when mental health professionals have been involved in early childhood and family-support programs, they have directed their efforts toward children who have exhibited the greatest difficulties — the child who hurts himself (or herself) or others, or the child with difficult-to-manage behaviors. There are two types of consultation for child care settings which advise child care programs in one of two approaches. One approach focuses on a particular challenging child and/or the family of that child; the other addresses general program issues that impact the mental health of staff, children, or families.

Play Therapy/Sand Therapy, which may be used with preschool-age children and may include caregiver participation for dyad treatment in the clinical setting.

Early brain research, the focus on school readiness programs, and the growing body of research on the impact of early relationships and experiences demonstrate their effects on the social and emotional wellness of children in later life. Therefore, it is evident that prevention, intervention, and treatment are becoming a very important and developing area for clinical social workers.

There is a scarcity of therapists trained and able to work with the 0-3 age range and with parent-child dyads. If you are interested in working in this area, information, workshops, and training are available periodically in various locations. The best preparation for clinical mental health work with infants and preschool-age children is a thorough grounding in early child development, as well as specific assessments, diagnostic systems, and mental health interventions targeting the infant, toddler, and preschool-age group. An understanding of attachment and bonding theory, combined with training and experience in various intervention and treatment models, will enhance the therapist's ability to assess, diagnose, develop intervention plans and provide successful treatment plans with families.

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To view the California Infant, Preschool & Family Mental Health Initiative reports, visit <http://www.wested.org/cs/cpei/print/docs/215>

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