
Science of Infant Mental Health: Informing the Prevention of Child Maltreatment

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Setting the stage for discussions about child abuse prevention

- What is Infant Mental Health?
- Scope of Maltreatment
- Importance of Relationships
- Preventing Maltreatment: Addressing Risks and Protective Factors
- Talking Together about Prevention

What is Infant Mental Health?

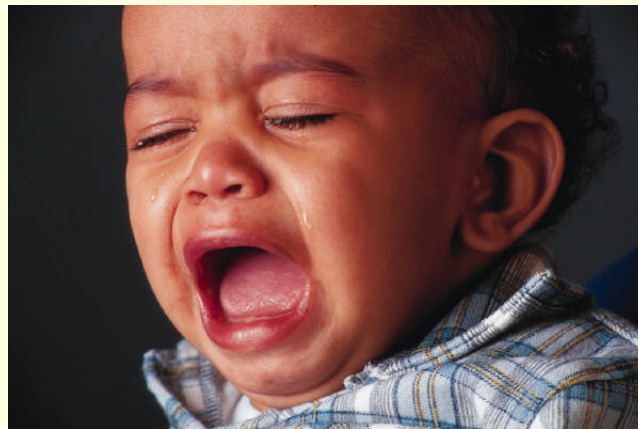
Infant mental health involves the developing capacity of the young child to experience, regulate, and express emotions; form close and secure interpersonal relationships; explore and act on the environment and learn, all in the context of cultural expectations

(Parlakian & Seibel, 2002)



Infants and toddlers can and do experience mental health problems

- Infants and young children are good at showing us when they are in a healthy state—they are curious, enchanting, persistent, and confident.
- When they are in an unhealthy state, they can be listless, distracted, aggressive, and/or insecure.



Parent-Infant Attachment: Context of Early Social and Emotional Health and Development

- Attachment system is coordinated with exploratory system
- Infant attachment behaviors are activated when the infant is stressed or distressed
 - Signaling Needs (e.g., Crying, Reaching)
 - Proximity seeking and Maintaining contact
- Caregiver Sensitivity and Responsiveness
 - Recognizing infant signals and needs
 - Accurately reading/interpreting cues
 - Contingent responsiveness
 - Consistent and predictable responsiveness

Neurons to Neighborhoods (2000)

- The active agent is the “serve and return” nature of children’s relationships with the important adults in their lives shape the architecture of the developing brain
- Repeated back-and-forth well-coordinated transactional dance promotes:
 - Infant’s experience of being an important agent in the relationship
 - Infant’s capacity for affect regulation and self-control
 - Infant’s trust/anticipation of caregiver’s responses

And:

- Parent’s experience of being an effective agent in the relationship
- Parent’s perceptions of the infant as predictable or knowable
- Parent’s sense of self-esteem and parenting efficacy

Secure infants...

- Learn they can trust what they feel
- Experience the environment as predictable and responsive to their needs
- Rely on caregivers to be there when they need them
- Expect success in social interactions with others and over the lifespan (peers, romantic partners)

Insecure infants...

- Have trouble regulating affect especially during stressful situations
- Exhibit poor self-control
- Have trouble relying on others for comfort
- May display excessive anxiety
- Are not certain about their own feelings and cannot trust others to help them sort out affective situations

Levels of Stress

- Positive Stress: normative, helps in development
- Tolerable Stress: outside the normal range, one time events, buffered by caregivers
- Toxic Stress: prolonged activation of the stress response system, in absence of buffering adult

Maltreatment

- The presence of stress resulting from unsafe, harsh, neglectful, and/or critical caregiving environments impedes infant development and mental health
- Maltreatment is a serious risk for poor child outcomes
- The serve and return functions of the primary caregiving relationship are disrupted
- The developing brain reacts to physiological and environmental threats and is changed by them

Maltreatment: Scope of the Problem

U.S. Department of Health and Human Services. (2010). Child Maltreatment 2009. Washington, DC: U.S. Government Printing Office. www.acf.hhs.gov/programs/cb/pubs/cm09

In 2009

- About 3.3 million reports were made to child protective services. Of these, 702,000 children were found to be victims of child abuse or neglect.
- The average maltreatment rate in the US was 12.4 per 1,000 children
- The youngest children (age birth to 1 year) had the highest rate of maltreatment – 21.9 per 1,000 children
- Nearly 80% were neglected and more than 15 percent were physically abused.
- An estimated 1,770 children died due to abuse or neglect. About 35% of these deaths were attributed to neglect alone

Risk and Protective Factors

- Child characteristics
- Parent characteristics
- Family factors
- Community Connectedness
- Neighborhood factors

Why does maltreatment occur?

Accumulation of risks:

- Factors known to be associated with maltreatment during the early years include poverty, social isolation, substance use, domestic violence, and parental depression
- Most parents overwhelmed by stress do not maltreat their children
- But, most maltreating parents do experience multiple stress conditions
- Parental history of maltreatment increases the risk of relationship disruptions with their own children
- In general, the greater the number of stress conditions, the greater the risk for non-optimal outcomes including maltreatment

Postpartum Depression: Illustration of Early Identification

Risk for Postpartum MDD given:

- No Lifetime History MDD 3%
- Lifetime History MDD 24%
- Odds ratio = 12 (Women with a history of MDD prior to pregnancy, compared to those with no history of MDD, are **12 x** more likely to suffer depression during the baby's first year of life)
- Pregnancy MDD 88%
- In this sample, 0% women had a first-ever episode of MDD during Pregnancy

We Can Know who is at Risk: Barriers to Screening for Parental Risk in Early Childhood Contexts

- Use of non-standardized tools (not sure what the results mean)
- Limited time and resources (not able to conduct an adequate history in context of the child's visit; or follow up with parent about screening results, if conducted)
- Limited referral options (not able to connect parent with needed intervention)
- Reluctance to inquire (limited training and experience; lack of confidence to recognize, assess for, and/or manage parental depression)
- System barriers (who's the patient?; ethical/liability issues related to writing notes, managing crises, etc)

When we try to *consider a baby* by itself
we find that it is bound fast by a thousand
invisible cords that cannot be broken,
to everything in the universe

Adapted by SD from John Muir 1838-1914 (naturalist and conservationist)

Child Maltreatment: What's at Stake?

- Early life experiences are built into our bodies
 - early traumatic experiences are associated with serious physical and mental health problems throughout the lifespan
- Early life experiences form the foundation for later learning
 - early traumatic experiences change brain architecture associated with emerging social-emotional competence, a foundation for school success

(Shonkoff, Boyce, & McEwen, 2009)

Making a Case for Prevention

- A mediator of this maladaptive process is the nature of children's relationships with parents and other caregivers.
- Creating the right conditions for early childhood development and mental health is a critical path to prevent the need to address child problems later on.
- Preventing maltreatment by actively nourishing early parent-infant relationships that develop in the context of stress can help improve health and well-being of our community and society

Resources:

1. *The Science of Early Childhood Development* (2007). National Scientific Council on the Developing Child. <http://www.developingchild.net>
2. "From Neurons to Neighborhoods" (2000)
3. Zimmerman & Mercy (2010)

Attachment: Evidence Based Preventive Interventions

- Increase parent sensitivity to child's signals, especially when distressed
- Facilitate increased “mindfulness” and benign representations of the child:
 - What the child was feeling?
 - What was the child trying to communicate?
 - What does the child need?
- Improve security of parent-child relationship

Working *Through* the Relationship

- By changing the nature of the parent-child interaction:
 - The child's developmental course may be altered
 - The parent's sense of competence may be altered (parents are supported to become more effective and confident in facilitating child's development)
- Involves a family partnership which builds on multiple levels of understanding of the unique attachment patterns and relationship histories of all family members
- Requires understanding of individual characteristics, strengths and needs of relationship partners
- Requires sensitivity to cultural values of parenting

Evidence Based Practices to Promote Positive Parenting

- Video-Feedback Intervention to Promote Positive Parenting and Sensitive Discipline
 - Evidence based program designed to promote sensitive parenting and secure attachment in parent-child dyads with children 6-36 months of age (6 sessions)
- RI Project LAUNCH
 - Integrating mental health services within pediatric primary care and child care contexts
 - On-going developmental screening and follow-up
 - Referrals to community resources
 - Evidence based practices (e.g., Incredible Years)

Infant Mental Health: Lessons for Prevention

- Two-generation developmental and ecological model
- Promote early healthy relationships to reduce incidence of toxic stress—break cycle of abuse
- Early identification of risks for maltreatment (e.g., multiple stresses including poverty, parental depression, disrupted parent-child relationships)
- Universal supports to reduce stigma and enhance parent engagement
- Developmental screening across contexts to monitor child wellness
- Evidence based practice to promote positive relationships
- Community awareness that infants and toddlers can and do suffer from mental health problems related to disruptions in primary caregiving relationships
- Well trained workforce to promote optimal social-emotional health and development, and family wellness

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