Introduction to Infant & Early Childhood Mental Health

Today we’ll explore:
- What we mean by Social-Emotional Development and Mental Health
- The powerful role we have in supporting children’s mental health
- How we can improve our effectiveness in helping children succeed by using perspectives and strategies from education and mental health
- The therapeutic qualities that good caregivers and teachers possess
- A case study that demonstrates application of relationship-based practice

Social-Emotional Development
The developmentally and culturally appropriate ability to:
- Manage emotions
- Relate to adults
- Relate to peers
- Feel good about oneself

Mental Health
Mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience and self-esteem.
Social-Emotional Development is the *process*

Mental Health is the *state of being*

How do we identify that there is a problem with social-emotional development or a mental health concern?

**Behavior!**

Infants
Young Children

What is it?
Why is it important?
What have we learned?
What can we do about it?

Infant Mental Health

1. Health
2. Risk Factors
3. Specific Disorders
### Feasibility Study, Diagram 1a

Intersecting Factors in Infant Mental Health

- Biological Risks
- Parents’ Temperament/Personality & "Ghosts"
- Child’s Temperament/Personality
- Environmental Risks

### Why is it important?

An estimated 80,000 Minnesota children have severe emotional problems.

Only 1 in 5 receive treatment for those problems.

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- Ellen Berscheid, PhD

"... Virtually every study of human happiness reveals that satisfying, close relationships constitute the very best thing in life: there is nothing more meaningful and essential to their mental and physical well-being than their close relationships with other people."

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Relationships

Relationships = Survival

**Relationship Science**

"... Virtually every study of human happiness reveals that satisfying, close relationships constitute the very best thing in life: there is nothing more meaningful and essential to their mental and physical well-being than their close relationships with other people."

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Only 1 in 5 receive treatment for those problems.
73% of children with behavior disorders who drop out of school are arrested within 5 years.

30% of Minnesotans will seek help from a psychiatrist sometime during their lives. MPR feature “A Bad State of Mind”

Head & Heart

• Viewing children & ourselves holistically
• Our thoughts and emotions are intertwined

We ask:
• How can we work together to support children’s mental health?
• What do children and families need? What do early childhood professionals need?

Attachment

• We are biologically geared to attach - for safety and survival
• Primary caregivers are first object of attachment
• Teachers and childcare providers can provide the safety and nurturing that young children need

Attachment is a mutual, reciprocal relationship in which the child becomes a knowing partner. It is a relationship that develops gradually during the early months and years of a child’s life.

What have we learned?
“Children are not resilient, children are malleable.”

Bruce D. Perry, MD, PhD – INCUBATED IN TERROR: Neurodevelopmental Factors in the “Cycle of Violence”

Resilient

1. Marked by the ability to recover readily, as from misfortune.
2. Capable of returning to an original shape or position, as after having been compressed.

Bruce D. Perry, MD, PhD – INCUBATED IN TERROR: Neurodevelopmental Factors in the “Cycle of Violence”

Malleable

1. Capable of being shaped or formed, as by hammering or pressure: malleable metal.
2. Easily controlled or influenced: tractable.
3. Able to adjust to changing circumstances; adaptable.

Bruce D. Perry, MD, PhD – INCUBATED IN TERROR: Neurodevelopmental Factors in the “Cycle of Violence”

Plasticity

- Plasticity is the ability of the brain to be shaped by experience and respond to continued experience.

Bruce D. Perry, MD, PhD – INCUBATED IN TERROR: Neurodevelopmental Factors in the “Cycle of Violence”

The Brain

- Changes in response to experience
- Responds differently than before the experience
- Continues to respond to the new experiences if encounters with continued brain changes

Bruce D. Perry, MD, PhD – INCUBATED IN TERROR: Neurodevelopmental Factors in the “Cycle of Violence”

“Experiences that could be tolerated by a 12-year-old child can literally destroy an infant (e.g., being untouched for two weeks).”

Bruce D. Perry, MD, PhD – INCUBATED IN TERROR: Neurodevelopmental Factors in the “Cycle of Violence”
The Body’s Response to Stress

- Increase in heart rate
- Increase in blood pressure
- Increase in breathing rate
- Increase in muscular tone
- Release of stored sugar
- Hypervigilance
- Tuning out of all non-critical information

Under Any Type of Perceived Threat (Physical, Intellectual, or Emotional) the Brain:

- Loses ability to take in subtle cues
- Reverts to “tried and true” behaviors
- Becomes more automatic and over-reactive
- Is less able to use “higher order” thinking skills
- Loses some memory capacity

Stress, Coping, and Cortisol

- Cortisol is produced by the hypothalamic-pituitary-adrenocortical system
- It does many things to support adaptation to stressful events, but it also has potentially damaging effects on the brain, immune system, and on physical growth
- Healthy development requires careful regulation of this system

Cortisol Production Becomes Dampened over the First Year

- Events that cause newborns to cry also increase the production of cortisol
- By 3 months, handling will cause crying but NOT increases in cortisol
- By 12 months, stressors like inoculations will cause crying but NOT increases in cortisol
- Contact with caregivers regulates cortisol production to stressors. By 6-12 months security of the attachment relationship is related to buffering of the cortisol response.

Cortisol and Fearfulness

- Frequent elevations in cortisol may lower the threshold for activating “fear systems by affecting brain areas like the amygdala and hippocampus
- Temperamentally fearful children are more likely to experience situations as threatening and thus more likely to activate the HPA system
- Secure emotional relationships can buffer or stop cortisol elevations in temperamentally fearful children
- Daycare experience may also reduce fearful behavior over time. This may happen independent of the HPA (cortisol) system, but we also have evidence that cortisol levels are lowered below baseline in high quality child care settings.

Questions About Kids

How do I get to know my newborn?
Guiding Principles for “Being” and “Doing” with Infants, Toddlers, and Families

- Behavior is meaningful
- Everyone wants things to be better
- You are yourself and your role
- Don’t just do something – stand there and pay attention
- Remember relationships!
- Do unto others as you would have others do unto you

3 Mantras from Jerre Pawl

“Do unto others as you would have others do unto you”

“Don’t just do something – stand there and pay attention.”

“How you are is important to what you do.”

How?

Offer meaningful, supplementary adult-child relationships in the classroom

Consistent over time

- Adult is attuned to and accepts child’s feelings (roots of empathy)
- Adult sustains an environment that is physically safe
- Adult protects child from emotional and physical “overstimulation”
- Adult teaches child acceptable ways to express frustration, anger and fear

What Does an Attachment Approach in a Child Care Setting Look Like?

1. Involving teaching and caregiving
2. Harmonious separations and reunions
3. A secure base for exploration of physical and social worlds
4. Stimulation
5. Physical comfort
6. Meeting physical needs
7. Successful peer relationships
8. Support during times of stress


Changing Focus in Early Childhood

1. Child-Centered
2. Family-Focused
3. Reflective (Self-Focused)
Reflective Teaching

Reflect: to bend back, to give back as a mirror, to bring as a result, to ponder and meditate

Observation of your responses.

What thoughts do you have about this child?
What feelings are you aware of when you are with this child?

Reflective Teaching (cont.)

Does this child remind you of anyone else?
What do you think and feel about this child when she has gone home?
How do you work with this child?
Are there qualities you wish you could change in this child?

Wonder...

Pause, observe – don’t assume.

Why is this child acting this way?
What story does this child – this family – have to tell me?
How does this behavior serve this child?

Foundation Belief

Young children need and use relationships with caring adults as a primary pathway to learning. This is based in the theory that the ability of children immediately to begin developing relationships with adults is a survival mechanism.


• Data suggest that after a series of positive teacher relationships the child acts as though all teachers are positive security figures
• Such an experience may be compensatory

• Boy toddlers are more needy of affection and comfort than girls (Honig, 1983; Whittmer & Honig, 1987)
• Yet boys receive more physical punishment and are less likely to be shown tenderness by child care staff
• Through hours of interactions with caregivers, infants develop expectations about the caregiver’s responses and the infant’s role in producing those responses
• Over time, a relationship develops, supported by new emotional and cognitive capacities and a history of warm, responsive care
• By participating in a responsive relationship, the infant learns not only that the caregiver is available and responsive, but also that this is how relationships work

• The research suggests that children begin to treat child care providers as a category of alternative attachment relationships when they experience more than one change of provider...

• Children’s attachment security with their first child care provider predicted their perception of their relationships with their current teachers at age nine (Howes, Hamilton & Phillipsen, in press)

The nature of a child’s relationship with teachers:
• transfers expectations from parent to teacher
• Needs to trust adults as “good enough” partners
• MAY offer the possibility of “repair” when the primary relationship has not been enough

Questions About Kids
How can parents and caregivers support a baby’s healthy development?

Questions About Kids
Am I spoiling my baby?

Questions About Kids
Do dads really make a difference?
Bridging Two Perspectives

**Education**
- Positive Behavior Support
- Origin: assisting children with disabilities
- Question: What is the motivation of the behavior? FUNCTION

**Mental Health**
- Psychodynamic Therapeutic Support
- Origin: assisting children who have experienced difficult emotional environments
- Question: Why does the child behave in this way? EMOTIONAL NEEDS

Bridging

**Education**
- Traditionally, the emphasis has been on the role of the adult in the child’s acquisition of knowledge and skills

**Mental Health**
- Traditionally, the emphasis has been on the adult’s role in assisting the child in feeling secure and managing emotions

A Case Study: Natalie

**Natalie**
- Robert: “She had empty eyes.”
- She was unpredictable.
- Are there patterns to her behavior?

**Staff Feelings**
- “We didn’t know what to do.”
- Teachers have feelings about children’s behavior and need time to reflect on these feelings as well as on the behavior of the children.

**Natalie**
- She was “aching to reach out” but when we did she couldn’t accept it.
- Limited language development
  - Couldn’t express herself
  - Couldn’t maintain relationships
- Overly possessive with things
What else do we need to know?

We learn more about Natalie

• When enrolled, “she had a lot of problems.”
• “She could not speak well. She could not express herself.”
• “She didn’t understand much.”
• “…if her mother had helped her…Her mother is ill.”

Why don’t we go straight to strategies?

• a “bag of tricks” that we randomly try is not the answer
• we need to decide what the child needs (the meaning of the behavior) before we can decide what to do

Sometimes we need to “reframe” problematic emotional responses and challenging behavior…

An example of reframing:

Anger is the flip side of fear.

How does this change our response to a child who is “angry?”

From a mental health perspective, we recognize that we experience the present in part through the past.

Relationships
• Child & other children
  – friendships, conflicts

• Child & family (parents/caregivers, extended family)
  – attachment, guidance & discipline, abuse, neglect

• Child & caregiver/teacher
  – attachment, guidance & discipline
If a child is acting “angry”…

It may be because she does not feel safe. Adults in her life may have not provided nurturing care for her or may have exercised scary power over her. Feeling powerless and vulnerable is a frightening experience—particularly for young children who depend so much on adults.

Children’s Critical Questions

- Am I worthy of attention?
- Are you trustworthy?
- Am I safe enough here to play and learn?
- Will anybody take care of me?
- Do I have any power here?

Problem-Solving:
Six Important Questions

1. Describe the problem interaction in detail.
2. How did it make you feel?
3. What did you do in response to the child’s behavior?
4. What was the child’s response to what you did?
5. What is your guess about the child’s mistaken goal?
6. What are some alternative suggestions you could try the next time the problem occurs?

The Teacher
Challenges
Affirms
Listens…and Hears

Dr. Roberta Nelson

“To Listen” =

- Ear
- You
- Eye
- Undivided attention
- Heart

—Michael Trout, Parent-Infant Institute
The Teacher is the vehicle for the Curriculum

The child’s connection to:
- Goals
- Rules
- Activities
- Materials
- Facilities

Points we should ponder:
1. Life circumstances/events
2. Setting events
3. Function and communication
4. Relationships

2. Life circumstances/events
- Effect of physical and developmental disabilities
- Family’s access to resources
- Family/cultural expectations
- Abuse, neglect, stress and trauma

3. Ask:
- What is the function of the behavior?
- What is it communicating?

4. Relationships
How can my relationship, or the relationships of other staff with this child, be used to support her?
What can we do to make a difference in this situation?

The major question...

What is under our control?

You can control the experience the child has with you.

You can change their life forever...and you probably won’t know for sure that you did.

A significant adult:

- Has a lot of patience
- Looks for clues
- Gives the child choices
- Is warm, caring and nurturing

It became clear Natalie could benefit from a special buddy

“Who does Natalie like?”

“Robert, do you see her coming to you?”

Shared Emotional Experience

- Personalized, individual attention is critical.
- Adults are not interchangeable.
- One adult forms a relationship to support the child’s emotional and cognitive development.
- The child has a meaningful experience with a particular adult over time.
- It is shared emotional experience that builds resilience in children.
An experience that provides “repair” is about:

- changing the environment so that the child can grow socially and emotionally
- providing opportunities for the child to learn new social/emotional and educational skills.

- We may not be able to change the child's home environment.
- We can create an emotionally safe environment while the child is with us.

A significant adult:

- Is consistently available
- Sees the world from the child’s point of view
- Sets limits
- Structures the child’s experience

What we don’t often acknowledge:

- Some of us work better with certain children than with other children and
- Some of us like certain children better than other children.

ALSO:
- Some children like us better than other children.

Who likes this child?

Who does this child like?

- Gave rise to a powerful intervention
- Gave staff an opportunity to reflect on
  - who they are as individuals and
  - what they bring to the educational setting

Changes in Natalie—a child who had been considered inappropriate for the setting

- Beginning to relate well to others
- Much more animated
- Developing a consistent personality
- Getting a lot of pleasure out of life

- Changes are still difficult
- She needs a certain amount of space
- She has learned to trust—and has developed skills that allow her to interact with others and to learn

What informs successful interventions for Natalie?

We consider the impact of:
1. Life circumstances/events
2. Setting events
3. Function and communication
4. Relationships
Going Around the Circle

- What’s the concern?
- Why do you think it is happening?
- What do you think the behavior is communicating?
- How can we help? What’s the plan?
- How is it going?

How young children feel is as important as how they think, particularly with regard to school readiness.

Language, Literacy and Social-Emotional Development

- Hearing words allows a baby to self-regulate.
- Saying words allows a toddler to self-regulate.
- Expressing ideas helps a preschooler to self-regulate.

Connors-Tadros & Yates, 2004

We’ve explored:

- What we mean by Social-Emotional Development and Mental Health
  - Definitions
  - How our thoughts (head) and emotions (heart) are intertwined
  - The prevalence of mental health issues in our society
- The powerful role we have in supporting children’s mental health
  - How our perceptions & expectations impact young children
  - The therapeutic qualities of a good teacher

We can improve our effectiveness in helping children succeed by using perspectives and strategies from education and mental health

- Recognize staff feelings about specific children
- Discover the source of challenging behavior or other concerns (rather than going straight to a “bag of tricks”)
- Ask Six Important Questions
- Consider four contributing factors (Life Circumstance/Events, Setting Events, Function and Communication, Relationships)
- Decide what is under our control – a great deal!
- The “Assessment Triangle”

A case study that demonstrates application of the above in an early childhood setting

- Natalie’s story
- The importance of a significant adult - a “buddy”
- Attachment
- Shared emotional experience and “repair”
- Who likes this child?
- “Going Around the Circle”
- The social-emotional/cognition connection
“...The goal is to see the child not as an object to be changed, but as a potential author of her own change.”

Carol Cole,
Project Leader
Project Relationship

ON-LINE TRAINING

- Introduction to Infant Mental Health
- Addressing the Needs of Children Who Engage in Challenging Behavior
- Relationship-Based Teaching with Young Children
- Bridging Education and Mental Health

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