

Infant Mental Health: Working Effectively

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in the Early Years**

Structure of paper

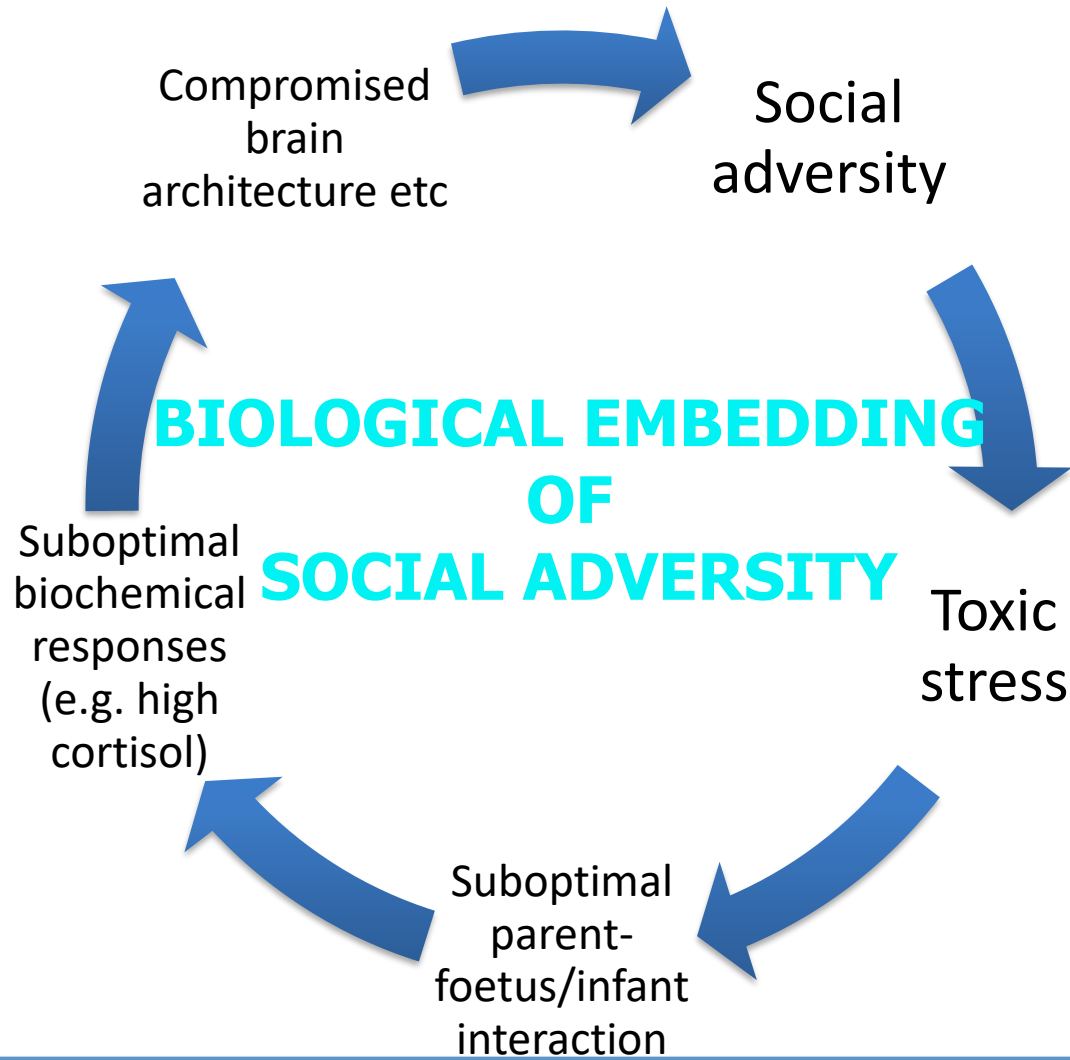
- What is attachment and why is it important?
- What factors in first year of life influence attachment;
- What are we doing in England in pregnancy and first year of infant's life to promote attachment security?




Fair Society: Healthy Lives **Marmot (2010)**

- In order to equalise life chances we need to need to give every child the **best start in life**
- The reason: ‘The biological embedding of adversities during sensitive developmental periods’
- 2 key periods – pregnancy; first 2 years of life





Dyadic Regulation of Infant Affect

- Key task of infancy is 'affect regulation'
 - Parents play a key role in facilitating this process, known as the 'dyadic regulation of affect'
 - Two biological systems involved – parental caregiving and infant attachment
 - Goal for most advanced societies should be to promote alignment of these two biological systems to promote 'secure attachment'
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Attachment

- Biobehavioural feedback mechanism
- Key strategy for regulating stress
- Requires the caregiver to respond sensitively when infant is distressed



Secure or insecure?

Parent responds sensitively most of the time:

Secure – able to use caregiver as a secure base in times of stress and to obtain comfort (55-65%)

Parent responds intrusively or erratically:

Insecure: Anxious/resistant – up-regulates in times of stress to maintain closeness (8-10%)

Parent responds punitively:

Insecure: Avoidant - down-regulate in times of stress to maintain closeness (10-15%)



Organised or Disorganised?

- Parent is frightening
- Disorganised – unable to establish a regular behavioural strategy
 - 15-19% in population sample
 - 40% in disadvantaged sample
 - 80% in abused sample



Attachment Outcomes

- Secure attachment – more optimal functioning across all domains scholastic, emotional, social and behavioural adjustment, peer-rated social status etc (e.g. Sroufe 2005)
- Insecure attachment – less optimal functioning across all domains (Lecce 2008)
- Disorganised attachment – significant dysfunction and later psychopathology (Green and Goldwyn 2002; Madigan et al 2006)



Parent-infant Interaction

Disorganised Attachment - Inability to regulate emotions

Normal stresses of childhood

Unbearably painful emotional states

Retreat:
isolation
dissociation
depression

Self-destructive actions:
substance abuse
eating disorders
deliberate self-harm
suicidal actions

Destructive actions:
aggression
violence
rage


(Modified Robin Balbernie 2011)

Parent- Infant Interaction



Nurturance/ Emotional and Behavioural Regulation

Key aspects of early parenting that promote 'secure' attachment organisation and development of 'self':

- Sensitivity/attunement (Woolf, van Ijzendoorn 1997)
 - Mid-range contingency (Beebe et al 2010)
 - Reflective Function and Marked Mirroring (Fonagy 2002)/ Mind-Mindedness (Meins et al 2001; 2001)
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Sensitivity and Attunement

- Parent responds gently and appropriately to infant using voice or touch
- Parent response not too intrusive or too passive
- Sensitivity accounts for around one-third of the variance in terms of attachment security (Woolf, van Ijzendoorn 1996)

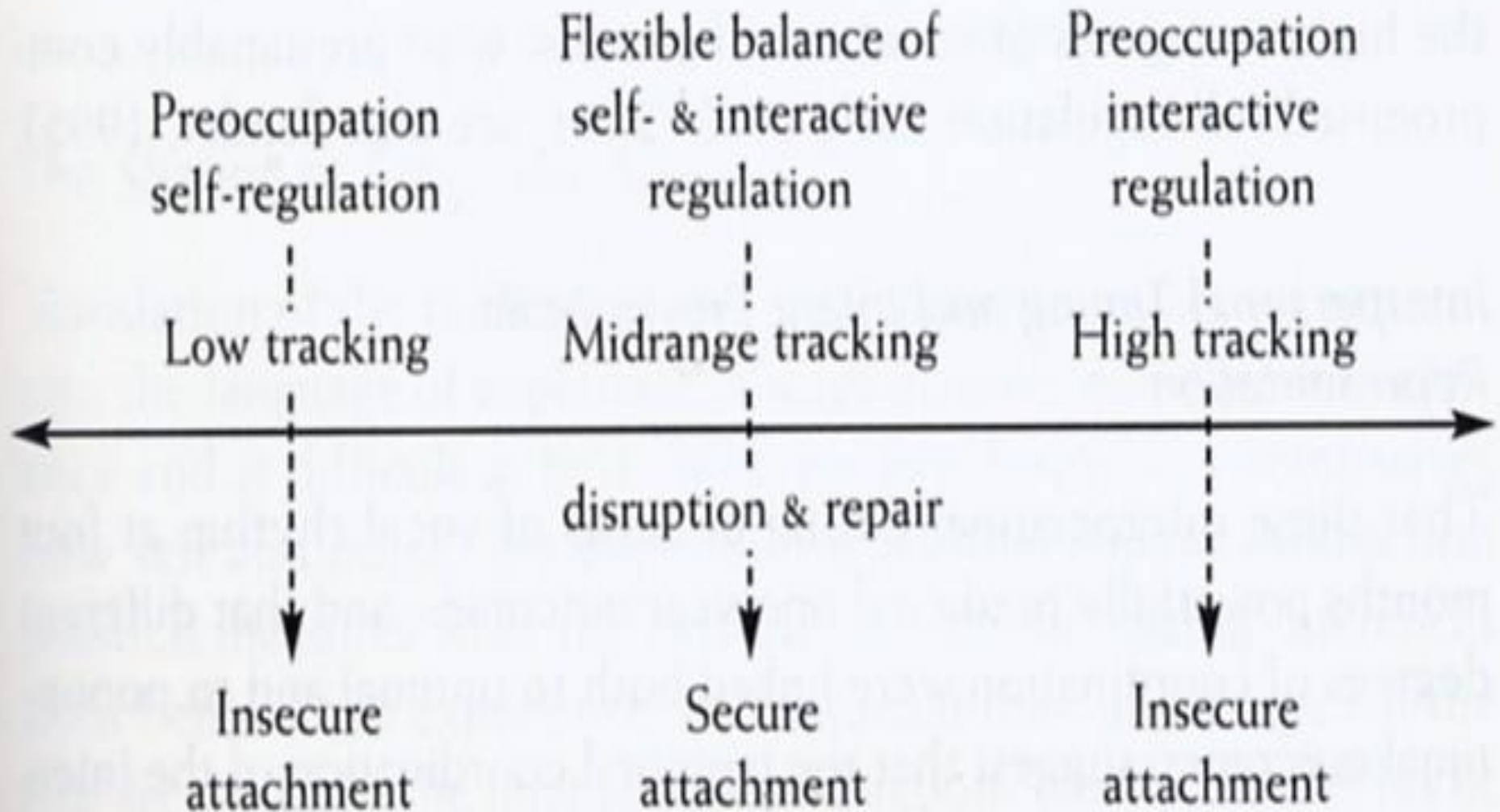


Midrange contingency



Midrange Balance Model

(Beebe and Lachmann 2005)



Midrange balance

- Recent research (Beebe et al 2010) using measures of contingency at 4 months shows secure attachment at 12 months is associated with a 'midrange' of balance between self and interactive contingency;
- Mid-range characterised by regular episodes of disruption followed by repair
- The particular forms of disturbance of turn-taking are linked to specific forms of insecure attachment at 1 year e.g. higher tracking associated with disorganised-anxious resistant and lower with avoidant attachment



Videoclip – turntaking



Reflective Function



Reflective Function

- Capacity to understand the infant's behaviour in terms of internal states/feelings
- *'The capacity of the parents to experience the baby as an 'intentional' being rather than simply viewing them in terms of physical characteristics or behaviour, is what helps the child to develop an understanding of mental states in other people and to regulate their own internal experiences' (Fonagy, 2004)*
- Development of self-organization is dependent on the caregiver's ability to communicate understanding of the child's internal states via 'marked mirroring'



Studies of RF

- RF strongly associated with maternal parenting behaviours (e.g. flexibility and responsiveness) and use of mothers as secure base; low RF associated with emotionally unresponsive maternal behaviours (withdrawal, hostility, intrusiveness) (Slade et al 2001; Grienberger et al 2001)
- Improvement in RF using mentalisation parenting programme - improved maternal caregiving and infant regulation 24; 36 (e.g. Suchman et al 2009; 2008)



Fr- and Atypical parenting behaviours

- Fr-behaviour – frightened AND frightening; hostile and helpless
- Atypical/anomalous parenting behaviours: threatening (looming); dissociative (haunted voice; deferential/timid); disrupted (failure to repair, lack of response, insensitive/communication error)
- Meta-analysis of 12 studies showed strong association between atypical parenting and disorganised attachment (Madigan 2006)



Videoclip – Severely suboptimal M-I interaction



Healthy Child Programme

*Pregnancy and the first
five years of life*



**Healthy Child
Programme:
begins in
pregnancy**

Parenting begins in pregnancy...

...with:

- Prenatal behaviours that are designed to protect and promote the wellbeing of the foetus;
- With a process of 'bonding' with the foetus that begins in the second trimester





HCP in Pregnancy



Pregnancy 1

Preparation for Parenthood

- Preparation for parenthood programmes e.g. PBB
(primary/secondary)

Promoting wellbeing and identifying problems

- Promotional Interviews – pre and postnatal



Preparation for Parenthood Programmes

- Universal
 - Nurturing Parents (PEEP)
 - Solihull Antenatal Programme
 - Bumps to Babies
- Targeted
 - Baby Steps: NSPCC
 - Mellow Parenting



Promotional Interviews

Universal component

- 2 Promotional visits to ALL pregnant couples to promote well-being and relationship with infant
- Screening to identify families in need of

Progressive component

- Moderate Need - The health visitor/community nurse provides 6 – 8 visits to support parents and/or parenting
- High need – referral on via care pathways



Prenatal Interview

- Pre-natal interview takes place as part of a home visit **during pregnancy** and focuses on:
 - Feelings about pregnancy and emotional preparation for birth
 - Parents' perceptions of their unborn child
 - Parent-infant relationship
 - New roles
 - Promote bonding with the unborn baby



Postnatal Interview

- Conducted at home **6-8 weeks** after the birth
- **Infant should be present** so that interaction can be observed
- Post-natal interview focuses on:
 - Birth Experience
 - Perception of the baby
 - Parents emotional resources for the baby
 - Parent-Infant Interaction
 - Development of new roles



HCP Universal



Birth and Early Infancy

Promoting bonding and empathic caregiving

- **Infant carriers (primary)**
- **Skin to skin care (primary)**
- **Brazelton NBAS (primary)**
- **Infant massage/Baby dance (primary)**
- **Parenting programmes (primary; secondary; tertiary)**
- **Intensive home visiting (secondary/tertiary)**

Identification of problems (PND; intrusive parenting etc)

- **Promotional interviewing (primary/secondary)**
 - **Listening visits (secondary/tertiary)**
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Introducing parents to their 'Social Baby'

- Promote closeness and sensitive, attuned parenting (e.g. Skin-to-skin care and the use of soft baby carriers etc)
- Provide parents with information about the sensory and perceptual capabilities of their baby (e.g. *The Social Baby* book/video or *Baby Express* newsletters) or validated tools (e.g. Brazelton or NCAST)
- Deliver 'cues based' infant massage to disadvantaged couples



Providing Guidance

- Anticipatory guidance:
 - practical guidance on managing crying and healthy sleep practices e.g. bath, book, bed routines, and activities
 - *encouragement of parent–infant interaction* using a range of media-based interventions
- Can lead to significant improvements in parents' routines with children



Supporting Fathers

- Need to work with both parents from pregnancy onwards
- Methods of supporting mothers also work with fathers!! (e.g. infant massage; NBAS)
- Most effective methods of support involve:
 - Active participation with, or observation of, their baby
 - Repeated opportunities for practice of new skills
 - Responsive to individual concerns
- Important to address parental conflict



Promoting Early Development

- Should start from the first weeks and months
- Encouragement to use books, music and interactive activities to promote parent–baby relationship and thereby development

Disadvantaged families:

- Group-based interactive support (e.g. PEEP)
- Encouragement to use good quality early intervention



Reviewing Developments

- We know more about how to intervene effectively when children are toddlers than when they are adolescents;
- Many later problems emerge during the early years
- Regular early reviews of development are a key part of progressive universalism:
 - New baby review;
 - Health review at 6-8 weeks and 1 year;
 - Two year review



HCP Universal Partnership and Partnership Plus



Key Intervention Approaches

- Sensitivity/attachment-based: *Video-Interaction Guidance; Circle of Security*
- Psychotherapeutic: Parent-infant psychotherapy e.g. *Watch, Wait and Wonder*
- Mentalisation: *Minding the Baby* Programme
- Parenting programmes – *Parents under Pressure*



Summary

- A range of evidence-based universal and targeted interventions to support mother-infant interaction;
- Requires high level of practitioner skill and training;
- Ideally provided from children's centres;
- Ensure that the intervention works dyadically and target parental RF and sensitivity;
- Always assess functioning before and after the intervention.

