

# Promoting Resiliency and Healthy Attachments in Infants and Young Children

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## Objectives

- ▶ Define Infant Mental Health
- ▶ Explore the dyad relationship between child and caregiver
- ▶ Understand the importance of infant mental health and healthy attachments
- ▶ Become aware of the Adverse Childhood Experiences Study (ACES)



## Defining Infant Mental Health

Infant mental health is the optimal growth and social/emotional, behavioral and cognitive development of the infant in the context of the unfolding relationship between infant and parent.

*(Infant Mental Health Feasibility Study – CEED)*



## Defining Infant Mental Health

- ▶ "Infant Mental Health" is defined as the healthy social and emotional development of a child from birth to 3 years; and a growing field of research and practice devoted to the:
    - Promotion of healthy social and emotional development;
    - Prevention of mental health problems; and
    - Treatment of the mental health problems of very young children in the context of their families.
- ZERO TO THREE's Infant Mental Health Task Force.*



## Infant Mental Health

- ▶ Infant mental health is the developing capacity of the child from birth to age three to:
  - Experience, regulate, and express emotions
  - Form close and secure interpersonal relationships
  - Explore his/her environment and learn

.... all in the context of family, community, and cultural expectations for young children.

*Zero to Three*



## Social-Emotional Development

- ▶ Development of Self-Worth, Self-Confidence and Self-Regulation, Competence & Empathy
- ▶ Understanding Ones Own Feelings/Emotions
- ▶ Ability to Constructively Manage Strong Emotions
- ▶ Healthy Development Essential for Success in School & in Life.

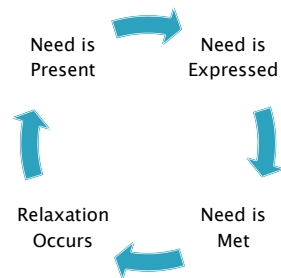


## Social-Emotional Skills

- ▶ Ability to Develop Good Relationships with Peers and Adults/Make Friends/Get Along with Others
- ▶ Ability to Identify & Communicate Own Feelings/Emotions
- ▶ Ability to Persist at Tasks
- ▶ Ability to Follow Directions
- ▶ Focus on Positive Development & Prevention of Delays



## Healthy Attachments



## Healthy Attachments

- Facilitated by:
  - Consistent Relationships
  - Sensitive and Responsive Caregivers
  - Predictable Routines
- Myths:
  - Only One Attachment
  - Quantity vs. Quality
  - Attached or Unattached



## Responsive Caregiving

- ▶ Developmental Wiring
- ▶ Tangible Long-Term Influence on Development
- ▶ Supports Resilience
- ▶ Crucial for Development of:
  - Trust
  - Empathy
  - Compassion
  - Generosity
  - Conscience



## Responsive Caregiving

When children receive consistent, responsive, sensitive care in their early years, they are likely to develop a secure, affectionate, trusting attitude toward other people, and in their later lives have a capacity for empathy and caring responses.

*(Mercer, 2006)*



## Responsive Caregiving

- ▶ Responsive relationships with consistent primary caregivers help build positive attachments that support healthy social-emotional development. These relationships form the foundation of mental health for infants, toddlers and preschoolers.
- ▶ Children learn and develop in the context of relationships that are responsive, consistent, and nurturing.



## Responsive Caregiving

- ▶ Quality Practices Associated with Positive Child Outcomes and Competence:
  - Contingent Responsiveness (“Serve and Return”)
    - Adult Behavior
  - Showing Warmth & Sensitivity
  - Routines & Reduced Household Chaos
  - Making Connections
    - Example: Shared Book Reading & Talking to Children



## Responsive Caregiving

- ▶ Quality Practices Associated with Positive Child Outcomes and Competence:
  - Engagement in Practices that Promote Health & Safety:
    - Prenatal Care
    - Breastfeeding
    - Vaccination
    - Nutrition
    - Physical Activity
    - Household/Vehicle Safety
  - Use of Appropriate Discipline



## Responsive Caregiving

- ▶ Consistent
- ▶ Warm & Nurturing
- ▶ Establishes Sense of Safety & Security
- ▶ Builds Trust
- ▶ Increases Competence



## Attachment

- ▶ Cognitive Abilities of Infants to Read and React to Social Surroundings.
- ▶ Strong Emotional Attachment to Caregiver by 12–14 Months
- ▶ Still Face Experiment
  - <https://www.youtube.com/watch?v=apzXGEbZht0>



## Types of Attachment

Category	Child Behavior	Caregiver Behavior
Secure	Use Caregiver as secure base. Some stranger wariness Mild/Moderate distress at separation Comforted by caregiver return	Good interactional synchrony Positive emotions Enjoys close contact
Insecure Resistant/Anxious	Clingy Very distressed at separation Lots of stranger wariness Reunion: crying, hitting, kicking	Inconsistent Misinterprets signals Caregiver bases behavior on own moods
Insecure Avoidant	Unresponsive to Caregiver Not distressed at separation Little or no wariness of stranger Reunion: ignore, avoid, doesn't seek comfort	Rejecting Resentful Angry Limits positive affection

## Regulation and Stress

Signs of Regulation	Signs of Stress
Regular, even breathing; warm body temperature, even skin color	Yawning, drooling, hiccupping; chilled or clammy; pale or blotchy skin
Good muscle tone; can lift arms and legs against gravity	Poor muscle tone; flails arms and legs loosely or cannot pull up against gravity; trembling
Moves easily (with little comforting) between being awake and being asleep; when awake is sometimes quiet and alert, sometimes active and alert; can become calm when crying	Awakens screaming; cannot relax to fall asleep or falls asleep suddenly in the midst of noise and commotion; has trouble focusing when awake
Startles briefly at loud noises but recovers; tolerates handling even during diaper changes	Startles at noise, light, touch and cannot recover

## Risk

- ▶ Development at risk by stress factors or traumatic experiences.
  - Poor Nutrition
  - Inconsistent Medical Care
  - Caregiver Unemployment
  - Financial Instability
  - Caregiver Mental Illness/Substance Abuse/Physical Illness
  - Domestic Violence
  - Family Separation
  - Abuse/Neglect
  - Dangerous Neighborhoods



## Trauma

- ▶ An Overriding Emotional Event
  - Deep Distress, Alarm, Fear, Terror
- ▶ “Neuro–Electrical Jolt”
- ▶ Freeze, Flight, Fight
- ▶ Perception as Inescapable



## Trauma

- ▶ Resiliency
- ▶ Temperament
- ▶ History
- ▶ Post Traumatic Stress/Post Traumatic Stress Disorder



## Trauma

- ▶ Situational or Relational
- ▶ Acute/Single Event
- ▶ Chronic Trauma/Chronic Stress
- ▶ Trans–Generational
- ▶ Complex
- ▶ Developmental
- ▶ Toxic Stress
- ▶ Allostatic Load



## Trauma

- ▶ Attachment – Related
- ▶ Cultural/Political
- ▶ Medical
- ▶ War
- ▶ Vicarious
- ▶ Unprocessed Memories
- ▶ Adverse Childhood Experiences (ACES)



## Adverse Childhood Experiences Study

- ▶ ACES are potentially traumatic events that can have negative, lasting effects on health and well-being.

*(© Child Trends 2014.)*

- ▶ Original study
  - Female 54.0%
  - Male 46.0%
- Research has found that the highest levels of risk for negative outcomes are associated with having experienced multiple adverse childhood experiences (ACES).



## Adverse Childhood Experiences Study

- ▶ Abuse
  - Emotional Abuse
  - Physical Abuse
  - Sexual Abuse



## Adverse Childhood Experiences Study

- ▶ Household Challenges
  - Mother Treated Violently
  - Household Substance Abuse
  - Mental Illness in Household
  - Parental Separation or Divorce
  - Criminal Household Member



## Adverse Childhood Experiences Study

- ▶ Neglect
  - Emotional Neglect
  - Physical Neglect



## Impact of ACES

- ▶ Increased Risk For:
  - Alcoholism & Alcohol Abuse
  - Lack of Physical Activity
  - Smoking (including early initiation of smoking)
  - Illicit Drug Use
  - Poor Academic Achievement
  - Poor Work Performance (including missed work)
  - Financial Stress



## Impact of ACES

- ▶ Increased Risk For:
  - Severe Obesity
  - Diabetes
  - Depression
  - Suicide Attempts
  - Heart Disease
  - Liver Disease
  - Cancer
  - Stroke
  - COPD
  - Broken Bones



## Impact of ACES

- ▶ Increased Risk For:
  - Risk for Intimate Partner Violence
  - Early Initiation of Sexual Activity
  - Unintended Pregnancies/Adolescent Pregnancies
  - Multiple Sexual Partners
  - Sexually Transmitted Diseases
  - Health-Related Quality of Life
  - Fetal Death



## Brain Development

- ▶ Learning how to cope with adversity is an important part of healthy development.
- ▶ Prolonged adversity (including neglect) can delay brain development, impair executive function skills, and disrupt the body's stress response.
- ▶ Nurturing, responsive and individualized interactions along with healthy brain architecture are necessary for cognitive as well as social-emotional development.



## Brain Research

- ▶ Toxic Stress Response
- ▶ Toxic Stress:
  - Strong, Unrelieved Activation of the Body's Stress Management System in the Absence of Protective Adult Support
- ▶ Exposure to Prolonged Risk Factors More Likely to Produce Strong Stress Response



## Brain Research

- ▶ Harvard Medical School
  - Cortisol Higher in Crying Babies
  - Constant Stimulation Causes Physical Changes to the Brain
  - May Make Children More Susceptible to Mental Illness
- ▶ Early Childhood Initiative
  - Stress Related to Depletion of Body Nutrients
  - Affects Ability to Learn



## Resiliency

- ▶ The American Psychological Association (APA) defines resilience as "the ability to adapt well to adversity, trauma, tragedy, threats, or even significant sources of stress" (*APA 2011*).
- ▶ In spite of difficult, challenging and even dangerous situations, children can overcome the odds and become caring, competent and confident adults (*Evelyn Reed-Victor, Ph.D.*)



## Resiliency

- ▶ When young children experience a traumatic stressor, their first response will usually be to look for reassurance from the adults who care for them.
- ▶ These adults can help re-establish security and stability for children who have experienced trauma.

## Developing Resiliency

- ▶ Make a Commitment
- ▶ Help Children Feel They Belong
- ▶ Help Caregivers Identify Protective Factors
  - Set/Adhering to Routines & Schedules
  - Set Boundaries/Limits with Consistency & Patience
  - Show Love & Affection
  - Find Ways to Have Fun & Relax Together



## Developing Resiliency

- ▶ Help Parents Read Cues
- ▶ Look for Changes in Behaviors
- ▶ Engage in Age-Appropriate Activities that Stimulate the Mind & Body
- ▶ Model Creating Attachments
- ▶ Validate & Support Caregiver Competencies



## Developing Resiliency

- ▶ Share Information
- ▶ Respect Family Culture
- ▶ Screen for Social/Emotional Concerns
- ▶ Look for Trauma-Based Treatment Providers Rooted in Evidence-Based Practices
- ▶ Provide Hope



## Developing Resiliency

“A baby cannot exist alone but is essentially part of a relationship.”  
*Winnicott (1964/2987, The Signal, 2000)*



## Sources

- ▶ Daniel Hughes, PhD (Treatment and Parenting Model)
- ▶ ACEs Connection
- ▶ <https://www.cdc.gov/violenceprevention/acestudy/>
- ▶ Mental Health First Aid
- ▶ Institute for Family Professionals
- ▶ National Association for the Education of Young Children (NAEYC)
- ▶ Self-Regulation and Toxic Stress Report 3, Center for Child and Family Policy, Duke University
- ▶ Barbara Zerbe Moyer, M.S. Ed, IMH Certified
- ▶ Mary Jo Mastriani, M.A. Early Childhood Mental Health Consultant

