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# Infant Mental Health

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## Learning Outcomes

At the end of this presentation, participants will be able to:

- Define infant mental health/attachment in one paragraph.
- Define the driving force of infant mental health and list three attachment behaviors in infants (inf) and caregivers (cg).
- List three mental health interventions to use in their practice.

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0-5 Introduction

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5-20 Defining Infant Mental Health and Attachment

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20-25 Goals of Attachment

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25-35 Attunement and Attachment Behaviors and Patterns

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35-45 Mental Health Interventions

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45-55 Case Study

**Agenda**

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55-60 Summary and Q and A

continued

## What is Infant Mental Health?

- Assuring that infants and toddlers survive and develop *psychological* and social health
  - By
- Assisting caregivers and infants to develop attunement- a bond, called a secure attachment, the driving force of healthy living.

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## What is Attachment ?

- Predisposed at birth to form a selective bond -attachment relationship - with one or a few caretaking adults
- Built-in behavioral systems that enabled attachment
- Any form of behavior that results in a person attaining or maintaining proximity to some other clearly identified individual who is conceived of as better able to cope with the world . . . that person is available and responsive and gives strong feelings of security, so encourages him to value and continue the relationship (Bowlby, 1988b).

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## Case Illustration of Attachment Behaviors

- A new mothers' group met each week at the local café. They met each week with their children, but the primary purpose was to provide a social outlet to young mothers. Jackie's daughter was 2 1/2 months, Alexandra's daughter was 2 months, Consuela's son was 6 months, and Uyen's son was 2 years and her daughter was 3 1/2 years. Jackie and Alexandra's daughters occasionally gestured and made noises, and they responded happily to any member who attended to them. Consuela's son would not stop reaching unless Consuela responded with a verbal or nonverbal affirmation. When Uyen got up to get another latte, her son became distressed, looked for her, and began to cry, while Uyen's daughter watched her and continued to play content with her toys.

### Discussion

- Each child demonstrated different attachment behavior according to different stages of development.

continued

## What is the Goal of Attachment?

- Closeness to the caregiver(cg) and Feeling of security
  - A goal directed feedback system
- System deactivated –if felt security, then able to explore environment
- System activated - if need comfort or cg distant, then feel unsafe and signaling behaviors

## What is the Goal of Attachment?

- Felt security leads to development of the infant's capacity to self-regulate and grow into a child and adult with **healthy** self-esteem and social abilities
- Evidence predicts the regulation of affect, healthy self-concept, and social competence;
- and enables coping skills, emotional regulation, and healthy relationships.

continued

## Case Illustration: An Attachment System

- Joey was 4 months old and had just woken up. He was wet and needed to be changed. His mother was in the room but not near him. He started to fidget but she did not respond. He began to cry and soon his mother was gazing at him, talking to him in a soothing manner, and lifting him to change him. His crying decreased and then stopped. As soon as he was changed, he and his mother cooed and gazed at each other.
- Discussion: Joey and his mother demonstrated attachment behavior in a system that is evolutionary and also can be found in nonhuman primates.

continued

## What are Attachment Behaviors?

- Overall goal of attunement.
- Infants and toddlers
  - Crawling, moving, crying, fidgeting, cooing, reaching, grasping, smiling, sucking, vocalizing, tracking.
- Caregivers
  - Touching, holding, stroking, rocking, cooing, cuddling, hugging, talking, kissing, singing, eye contact, facial expressions, warmth, affection, attuning



Crying, screaming (!!!!!?????)

continued

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## Significance of Patterns



Will this behavior harm  
your infant??

continued

## Significance of Patterns

- It's not individual behaviors but pattern of behaviors over time.
- Caregiver's individual responses make up particular patterns over time- these are responsible for eventually developing a healthy bond, ie. secure or insecure attachment.
- Examples:

continued



<div> <div>continued</div> <h2>Patterns of Attachment</h2> </div>	
Patterns	Strategies
Secure	Reciprocal (proximity-seeking or attachment and exploration) interactions—Caregiver provides warm, attuned, responsive caring, and infants straightforward in eliciting protection and free to explore = positive expectations, trust, healthy selves, and relationships.
Insecure-Resistant Anxious/Ambivalent (Originally ambivalent)	Inconsistent interactions—Caregiver provides demanding, erratic caring and infants maximize behavior, resist soothing, comforting leading eventually to negative expectations, distrust, depleted selves, and erratic relationships.
Insecure-Avoidant Anxious/Avoidant (Originally Defensive)	Unresponsive interactions—Caregiver provides unresponsive or overstimulating caring, less contact and infants minimize behavior, avoid soothing and comforting leading eventually to negative expectations, distrust, overly reliant selves, and empty relationships.
Disorganized	Unsafe interactions—Caregiver provides disorganized bizarre, off-cue caring and infants disorganized, fearful, coercive behavior leading eventually to negative expectations, distrust, incoherent selves, and fear relationships.
Disinhibited	Indiscriminate interactions—caregiver provides no care and infants unable to selectively bond leading eventually to negative expectations, incoherent, erratic selves, and socially indiscriminate relationships.
Inhibited	Failure to attach—caregiver provides no care and infants unable to bond, withdrawn leading eventually to negative expectations, incoherent selves, no relationships.

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## What is Infant Mental Health?

- Awareness of and attention to the caregiver-infant attunement.
- Any interventions that promote attunement behaviors and discourage behaviors that interfere with the caregiver-infant bond.

continued

## Mental Health Interventions: The Dance of Attachment

### *Therapeutic use of self in relationship*

- Reflection and introspection
- Non-didactic developmental guidance/clinical reasoning- assist caregivers to develop alternative ideas about interactions with their infant.
- Support and Advocacy

continued

## What is Therapeutic Use of Self in Relationship

- Use of self always implies a relationship,
- Awareness of self and introspection,
- Understanding of the client and the treatment relationship

- *for the best interest of another, who may be an individual, a couple, or a family.*

continued

## What are the Interventions

- Observation and evaluation
- Reflection and introspection -to get an idea of how and why caregivers respond the way they do and which caregiver infant or family interventions would support attunement.
- Non-didactic developmental guidance/clinical reasoning- assist caregivers to develop alternative ideas about interactions with their infant.
- Support and Advocacy- any intervention that supports the bond

## Observation and Reflection

- Occupational therapists can use their observation skills and reflective and introspective skills and feelings to get an idea of how their clients might respond to their child as well as an idea of the cultural family-centered treatment that may be necessary- attunement to oneself.

continued

## Non-didactic developmental guidance/Clinical Reasoning

- The therapist encourages the parent to view the infant's behavior in a way that interrupts viewing the infant from the parent's own negative experiences *by questioning or asking for the caregiver's experience.* (Not "you need to")
- Example:
  - A toddler may fuss and cry and push away from a parent but the parent refuses to let the toddler go or to acknowledge the toddler because she doesn't want to "spoil the child." A therapist might question the parent by asking, what do you think will happen if you do acknowledge your child's needs? Alternatively, the therapist might remark on the active exploration and curiosity of the child. In this way, the therapist does not negate the parent's perspective and may provide a different way of thinking about the child and interaction.

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## Support and Advocacy

- Anything to support the attunement and relationship
- Example:
  - A parent may not have enough money to buy diapers so the therapist may find public health programs that are able to donate diapers. Or in a real incident, a parent was becoming agitated because she did not have a dresser.
  - The author serendipitously found a dresser left on the street that was free for anyone to take and picked up the dresser, drove it to the client's home, and then helped the client move the dresser into her home.

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## Support and Advocacy

- Co-occupations
- Relationship -centered care- strength and resources of dyad, community, and environment
- Sensory modulation and affect regulation- matching breathing patterns, voice, pace and rhythm of dyad or caregiver
- Pace model- playful, accepting, curious, empathic

continued

## Case Study: Misattuned behavior

- Michael, an early interventionist, observed Delair playing with his son, Dell, Jr. Michael noticed that the father was not quite comfortable with playing and did not understand reciprocal behavior or his son's gestures. Dad would alternately not engage in play even though his son reached for him or sometimes when his son reached for his toy, his father would grab it and show him how to play with it then press it into his hand and say, "now you do it." His son would throw the toy and turn his head and Dad would become exasperated with an angry look saying, "I can't play with someone who doesn't cooperate."

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## Intervention with Delair and Dell, Jr.

- Michael was immediately alarmed based on his observation and feelings of dismay and rejection. Based on his earlier observations and clinical reasoning, he realized that Delair felt rejected by his son and Dell Jr. felt rejected by his father. He asked what it meant to Delair that his son did not play with his toy. (Non-didactic clinical reasoning).
- He suggested an alternative that perhaps Dell Jr. was not yet developmentally able to grasp the toy or follow his directions.(alternative behavior). Michael then engaged with Dell Jr. in the reciprocal play by following and imitating what Dell, Jr. did (relationship centered care) then asked him if he found online men's parenting groups and offered to go search with him (support).
- Another alternative behavior or intervention?

continued

## Summary and Questions?

- Not rocket science !!
- For occupational therapists, this requires a focused attention and a curious, playful use of self-in-representation and doing whatever needs to be done to support attunement for a psychologically happy, healthy baby.



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## REFERENCES

- Cara, E. (2019). Infant Mental Health. In MacRae, A.,(ed), Cara and MacRae's Psychosocial Occupational Therapy, p., Slack

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Thank You!

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