

# Infant/Toddler clinic



# Recognizing and Supporting the Social and Emotional Health of Young Children Birth to Age Five

Within the context of one's family, community and cultural background, social and emotional health is the child's developing capacity to:

- Form secure relationships
- Experience and regulate emotions and,
- Explore and learn

(Definition from Zero To Three)

- Early relationships set the stage for healthy or unhealthy brain development
- Poor early social, emotional and behavioral development predicts early school failure which in turn predicts later school failure
- Early intervention can reduce later higher cost interventions
- Giving to children now will allow them to give back to society later

# Factors that Influence Children's Social and Emotional Development

- environmental risk factors such as living in an unsafe community, receiving care within a low-quality child care setting, lack of resources available in the community or lack of policies supporting children and families
- family risk factors such as **maternal depression** or mental illness in the family, parental substance abuse, family violence, poverty, etc. and
- within-child risk factors such as a fussy temperament, developmental delay, and serious health issues.

# What is the Mental Health Consultant's Role?

- To promote healthy growth in young children's social and emotional development by guiding and supporting the caregivers and parent's in the child life to recognize, understand and support social and emotional development.

## **Some social and emotional risk factors:**

- Little or no eye contact
- Frequent and long-lasting fussiness or irritability
- Unsmiling or withdrawn behavior
- Little or no preference for familiar adults
- Extreme, frequent and long-lasting tantrums that impede on learning and relationship building

# Some social and emotional risk factors:

- Lacks curiosity
- Sleeping too much or too little
- Troubles with eating/feeding- too much or too little
- Shows a regression in language, for example stops cooing and babbling.

## **For toddlers and preschoolers:**

- Unable to use toys in imaginary ways
- Often seems sad or worried
- Fails to listen or respond
- Rarely uses words to express feelings
- Seems unable most of the time to control feelings

# Some possible resources to consider are:

- Early care and education
  - Early Head Start
  - Head Start
  - School Readiness Programs
  - Other child care or education settings

## **Some possible resources to consider are:**

- Early intervention and special education
  - Part C
  - Special education
  - Local schools
  - Other

# Some possible resources to consider are:

- Children's mental health services
  - Home-based services
  - Infant mental health (if separate from home-based)
  - Wraparound
  - Child case management
  - Family therapy
  - Specialty services (e.g., Children's Mood Disorder Program)

## **Some possible resources to consider are:**

- Adult mental health and substance abuse services
  - Assessment
  - Individual counseling
- Other community services and supports
  - Child Care Resource and Referral
  - Primary health care provider/pediatrician
  - Developmental pediatrician
  - Neurologist

## **Some possible resources to consider are:**

- Public health (e.g., lead or fetal alcohol screening, Children's Special Health Care Services Program, etc.)
- Occupational therapist
- Physical therapist
- Speech/language therapist
- Department of Human Services (e.g., cash assistance, child care subsidy, etc.)

## **Some possible resources to consider are:**

- Domestic violence program
- Parent education and support services (e.g., divorce group)
- Infant massage
- National and state associations/resource centers

# Bowlby's Attachment Theory

- Features of a healthy attachment relationship
  - Secure Base
  - Safe Haven
  - Proximity Maintenance
  - Separation Distress

# Impact of Conflicting Working Models

- Bowlby maintained these were at the root of Psychopathologies.

*e.g. I'm afraid Dad will leave and I hope Dad will leave*

- Bowlby posited that working models were at the root of intergenerational Transmission of Neurosis.

# Internal Working Models

## Bretherton (1992)

- ... If the attachment figure has acknowledged the infant's needs for comfort and protection while simultaneously respecting the infant's need for independent exploration of the environment, the child is likely to develop an internal working model of self as valued and reliable.

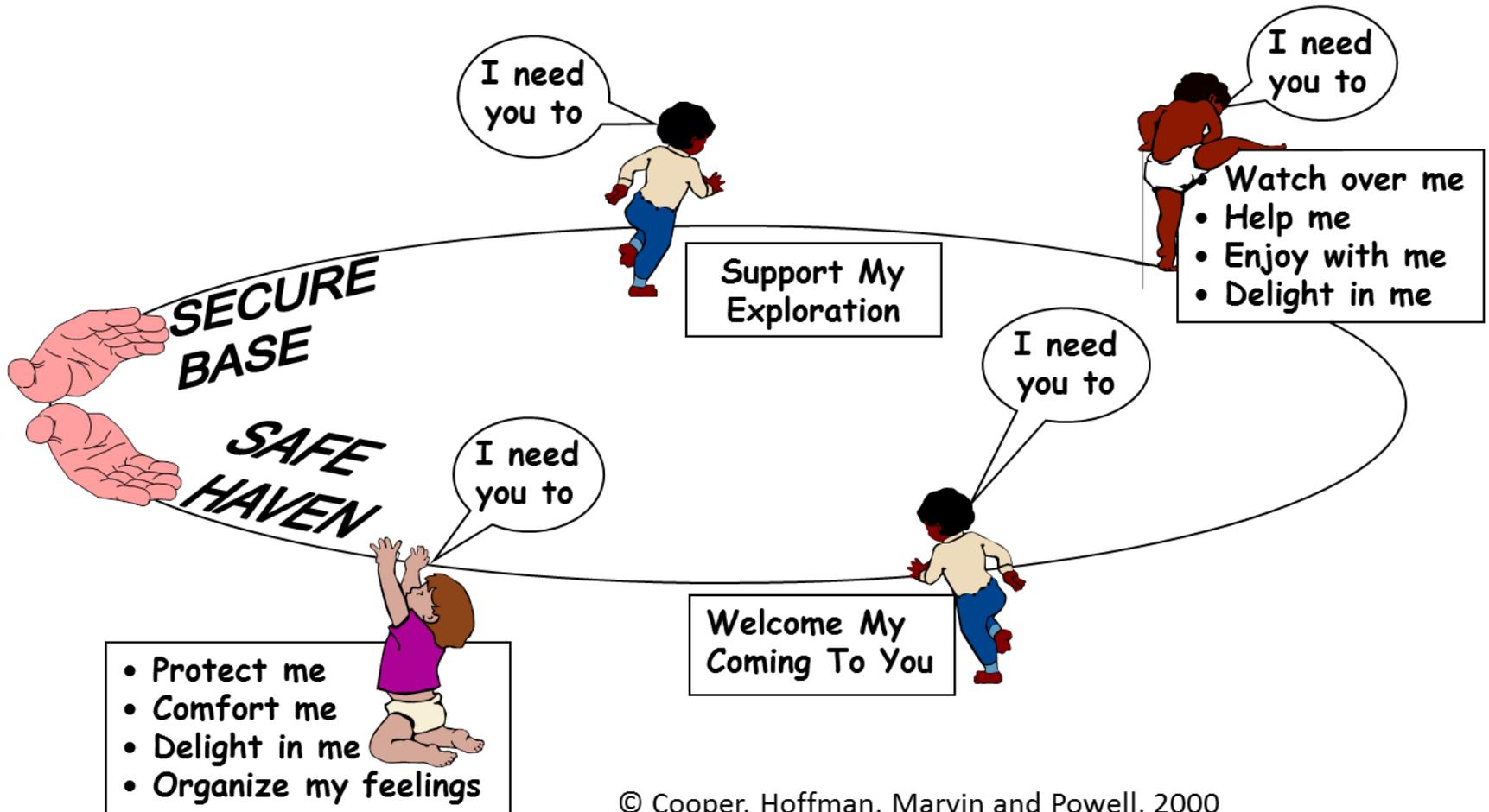
# Negative Impact of Working Models

## Bretherton (1992)

- Conversely, if the parent has frequently rejected the infant's bids for comfort or for exploration, the child is likely to construct an internal working model of self as unworthy or incompetent. With the aid of working models, children predict the attachment figure's likely behaviour and plan their own responses. What type of model they construct is therefore of great consequence.

# Circle of Security

## Parent Attending to the Child's Needs



# COS Protocol Sequence

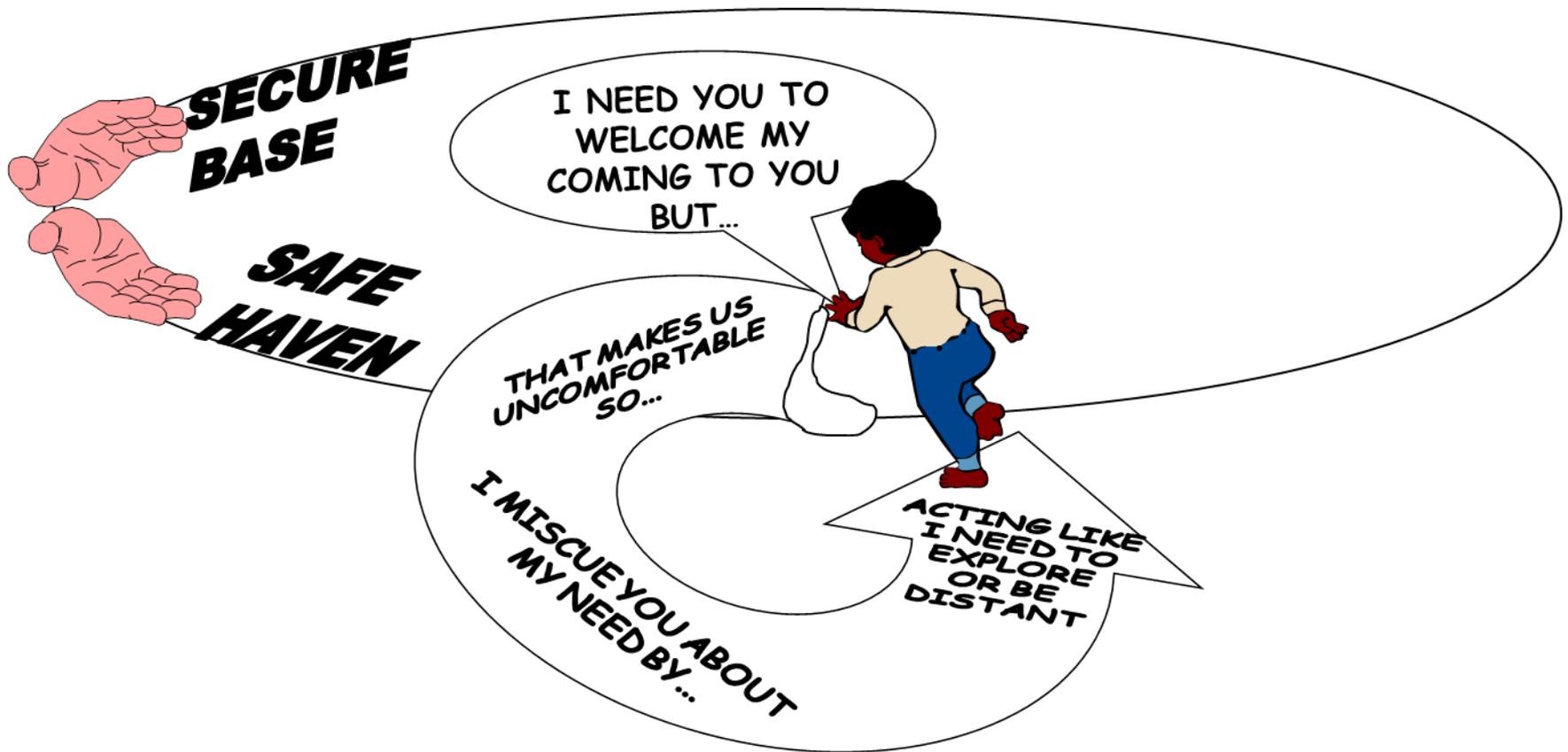
- Establish a “Holding Environment” for the Parent
- Provide Parent a User-friendly Map of Secure Parent-Child Interaction

**--Then, through video review and taped vignettes**

- Develop the Parent’s Observational Skills
- Increase Parental Reflective Functioning
- Facilitate an Empathic Shift in the Parent Toward the Child

# Circle of Limited Security

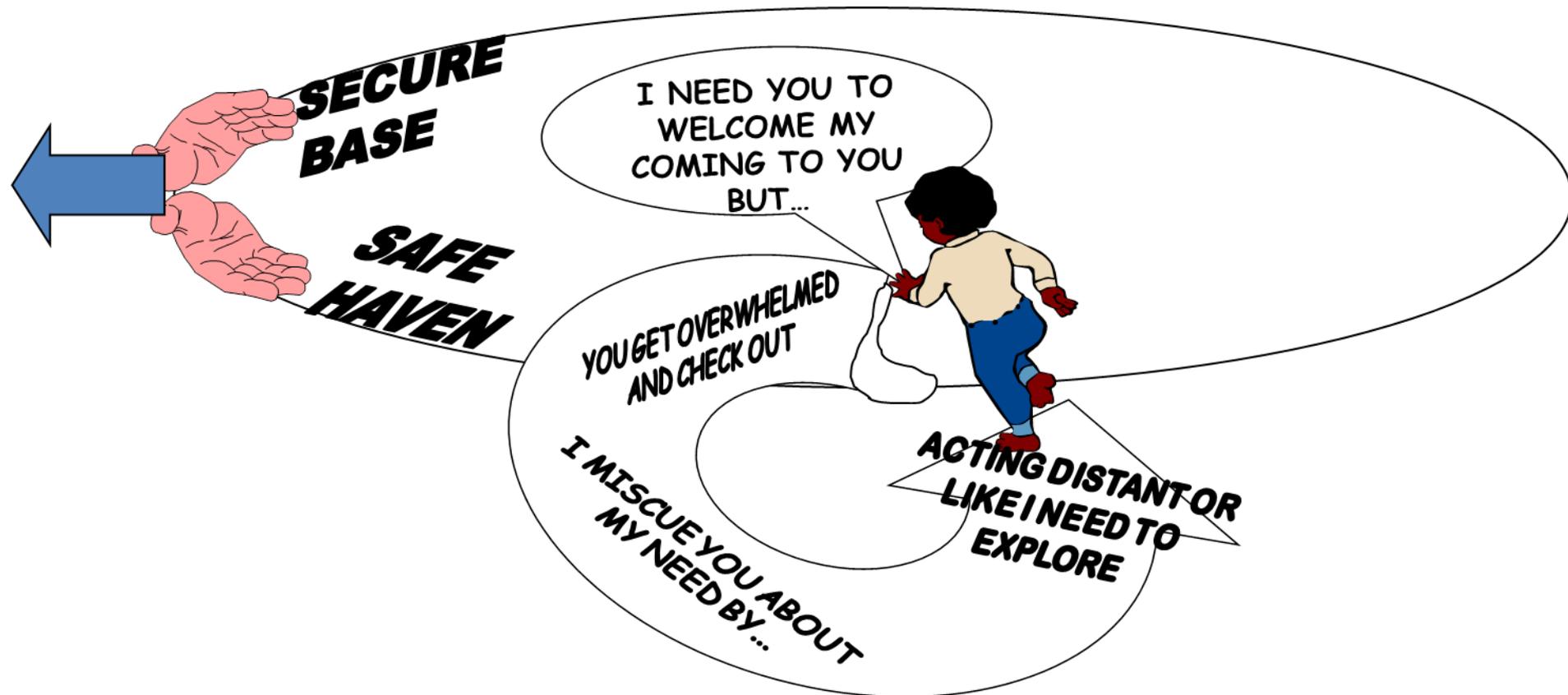
Child Anxious about the Parent's Needs



# Circle of Limited Security

Child Anxious about the Parent's Needs

STEPPING OFF THE CIRCLE...

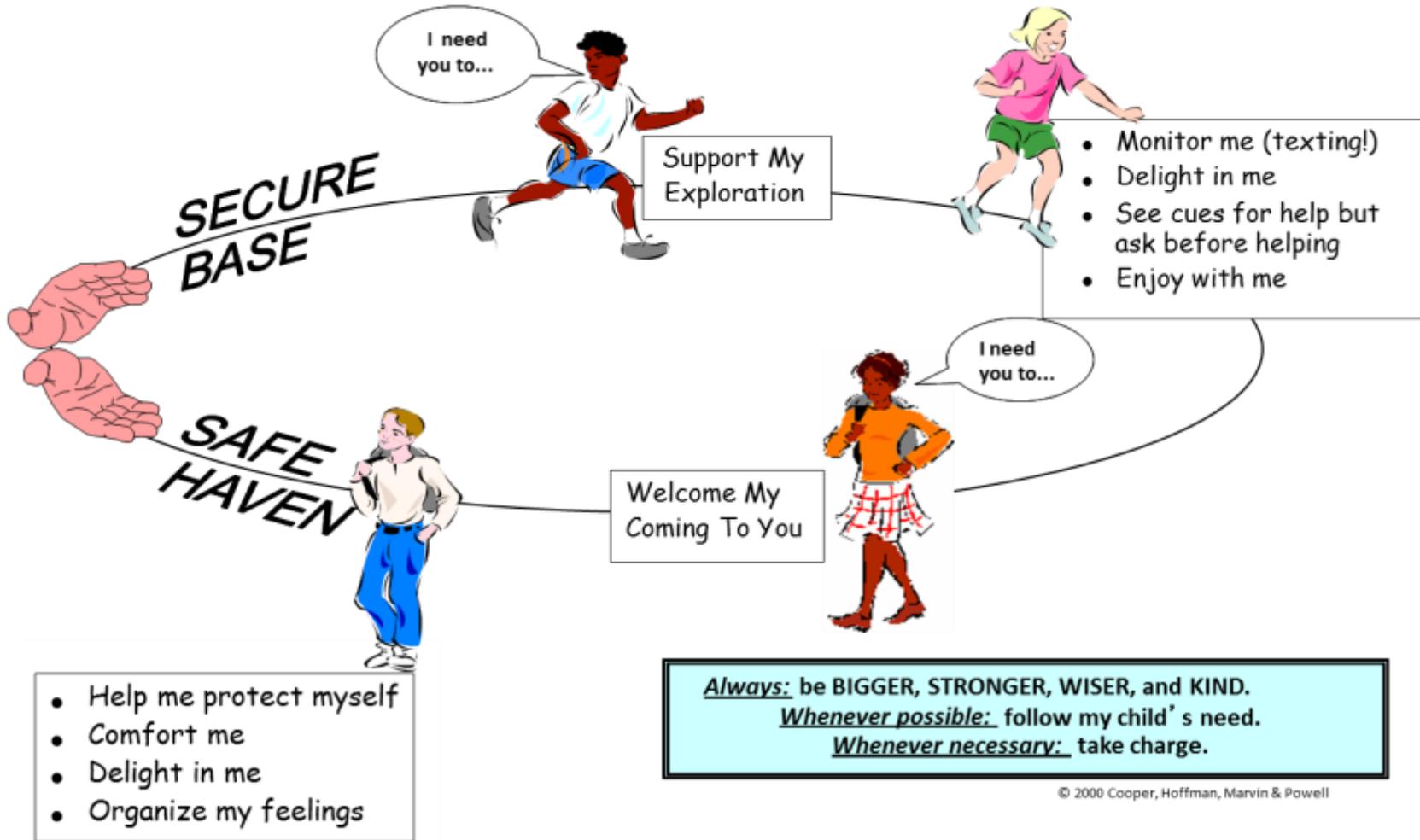


# Attachment-Based Therapy

- The Circle of Security model not only provides a roadmap of attachment that parents can understand and relate to....
- The model ALSO supports the therapist by providing a protocol to follow
- The use of video 'externalizes' the struggles and allows the therapist to face the caregiver's struggles with them

# CIRCLE OF SECURITY

PARENT ATTENDING TO THE CHILD'S NEEDS



# Working Model of the Child Interview

- ⦿ The Working Model of the Child Interview is a structured interview to assess parents' internal representations or working models of their relationship to a particular child.
- ⦿ It provides insight into the intergenerational transmission of relationship patterns.
- ⦿ WMCI is useful in categorizing mothers' perceptions and subjective experience of their children and relationship with her children (balanced, distorted, and disengaged).
- ⦿ Developed by Charlie Zeanah, M.D. (Tulane)

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- Cooper, G., Hoffman, K., Powell, B. and Marvin, R. (2005) The Circle of Security intervention: Differential diagnosis and differential treatment. In Berlin, L.J., Ziv, Y., Amaya-Jackson, L. M., & Greenberg, M. T. (eds.) Enhancing early attachments: Theory, research, intervention, and policy. New York: Guilford Press.
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