



Resource Article

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**UNDERSTANDING
INFANT MENTAL
HEALTH**

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The transactional nature of parenting has often been discussed in terms of how parents influence and shape their children's development. The interaction between parent and child, includes both conscious and unconscious acts, is used to help understand and explain a child's developmental progress and struggles. Much of the research to date has focused on how a child is influenced by their parent, but in their longitudinal study, Gross, Shaw, Burwell, and Nagin (2009) expanded this query to include the developmental trajectory of the mother's depression in addition to the antecedents of antisocial behavior of the child.

The researchers collected data from families living in the greater Pittsburgh area who were enrolled in the Allegheny County Women, Infants and Children (WIC) program. A total of 289 families met the study's criteria: having a boy between the ages of 6 and 17 months of age, having a mother for whom maternal depression data was available (over at least three time points), and having a lower socio-economic status. Study participants

included 275 families. During assessments at age 10, 11, and 12 years retention rate was high at 88.7%. Data were collected in a laboratory and/or in the home when the children were ages, 1.5, 2, 3.5, 5, 5.5, 6, 8, 10, 11 and 12 years. Mothers completed depression scales at the same time intervals and teacher data were collected (via mail) when the children were ages 10 through 13 years.

Child data was collected on a number of attributes: *aggression* was examined at age 18 months through structured tasks such as the Strange Situation and less structured tasks such as free play. *Noncompliance* was examined at age 18 months during a 5 minute clean-up task to include behaviors such as changing the task, struggling or resisting. *Infant irritability* was also assessed at age 18 months during a clean-up task and free play, across three teaching tasks, and during the Strange Situation. *Self-reported delinquency (SRD)*, which is a measure of delinquency, was completed by the children at ages 11 and 12. *Teacher reports* were collected at ages 11 through 13 via

Resource Article (continued)

the Teacher Report Forms (TRF), which is a measure of problem behavior in children. Lastly, the researchers collected data on *maternal depression* using the Beck Depression Inventory (BDI), which was completed by the mothers at child ages of 1.5, 2, 3.5, 5, 5.5, 6, 8, 10, 11 and 12 years.

When maternal depressive symptoms from child ages 1.5 through 10 years was charted, four groups of maternal depressive symptomology emerged: group 1 with low symptoms (25.2%); group 2 with moderate low (45.7%); group 3 with moderate high (21.8%); and group 4 with high chronic (7.3%). These levels were relatively stable throughout the 8.5 year study. Next, they examined child risk factors that could be associated with mother's depressive condition. While all of the child risk factors showed significant associations with maternal depression group status, not all showed these connections in the predictable manner. For example, the highest levels of infant irritability were in the group with mothers having moderate low depressive symptomology; those children with lowest levels of aggression were in the group with mothers having high chronic depressive symptomology. Child noncompliance at age 18 months, however, was the most telling risk factor associated with maternal depression, even more so than aggression and infant irritability. When considering the correlation

between maternal depression and the boys' later behaviors, results from the self and teacher reports suggest that antisocial behaviors were more prevalent for boys in the group with moderate high maternal depression than in the other groups.

The results from this longitudinal study underscore the dynamic interplay between mother and child behaviors. When and how the influence of their behaviors is manifested is difficult to determine, but the strong association between a mother's mental health and a child's behaviors is evident. Consideration of both maternal mental health status as well as infant/child maladaptive behaviors is crucial to the work of early intervention. The results from this study highlight the importance of focusing on the relationship between mother and child.

Gross, H.E., Shaw, D. S., Burwell, R. A., & Nagin, D. S. (2009). Transactional processes in child disruptive behavior and maternal depression: A longitudinal study from early childhood to adolescence. *Development and Psychopathology*, 21(1), 139-156.



What do the data say?

Beyond early intervention, what do we know about the benefits and markers of high quality preschool programs?

The growing body of research on young children's learning helps us understand the incredible importance of natural learning and high quality early education opportunities for our youngest learners. The early years are foundational to children's brain architecture, future learning, development, and success in school and in life beyond that. Jack Shonkoff's work and the concluding research published in the landmark book "From Neurons to Neighborhoods: The Science of Early Childhood Development" (2000) helps us understand that high quality early childhood experiences can have a lasting and positive influence on children's social-emotional, cognitive, and learning outcomes.

Evidence from the Perry Preschool Program and the Chicago Child-Parent Centers and Tulsa's preschool initiatives demonstrate that the return on investment (ROI) in early child is also highly profitable. Examination of these programs evidenced a savings of three to seven dollars on every dollar spent on preschool. This means that early on investments in early childhood saves and reduces later costs associated with remedial support as children grow into adulthood. Of course these gains are influenced by the quality nature of the preschool programs.

Yoshikawa, et al., (2013) highlight that preschools are most effective when they include multiple positive and supportive adult-child interactions, developmentally appropriate experiences that stimulate and scaffold children's learning, and responsive teaching that promotes children's engagement, interaction, and enjoyment in learning. Additionally, the effective use of engaging curriculum focused on promoting children's learning is regarded as a key component to high quality preschool programs. Still, it is "children's immediate experience of positive and stimulating interactions – [which] are the most important contributors to children's gains in language, literacy, mathematics and social skills" (Yoshikawa, et al., 2013).

Yet, unfortunately, Yoshikawa and colleagues investigation of large-scale studies evidenced that only a minority of preschool programs exhibited these quality markers and many fell short of the optimal levels of instructional support to facilitate children's best possible learning levels. On the upside, achievement of high quality preschool programs is possible with the implementation of quality program standards, effective curricula, ongoing on-site support and coaching, attention to teacher qualifications and compensation, and quality monitoring.

Historically, research on preschool program and results of those programs focused on low-income children. These data have confirmed that children from low-income families benefit considerably from high quality preschool programs. And now, with the increase of universal preschool programs we know that children of all economic classes benefit from high quality preschool opportunities, yet children of lower income classes benefit more. The benefits of preschool extend to culturally and linguistically diverse children and children with developmental delays or disabilities, provided of course that they are quality programs with clear objectives for promoting children's development and engaging parents/guardians.

The mounting recent and rigorous research on the benefits of preschool are becoming more and more recognized and regarded in decisions about preschool opportunities for young children. As an early intervention provider supporting families through the transition process, you can help families explore and prepare for high quality preschool opportunities by understanding more about the benefits and markers of high quality preschool experiences.

Read the full report, Investing in Our Future: The Evidence Base on Preschool Education (2013), online at <http://fcd-us.org/sites/default/files/Evidence%20Base%20on%20Preschool%20Education%20FINAL.pdf>



Consultation Corner

From August 2015 through February 2016 we are excited to have Dr. Neal Horen, Kristin Tenney-Blackwell, Amy Hunter, and Dr. Robert Corso as our consultation corner experts addressing the topic

Understanding Infant Mental Health

This month we build upon our understanding of infant mental health and move forward to consider potential signs, red flags and mental health concerns associated with infants and toddlers.

As an early interventionist, you play an important role in families' lives. Your knowledge and experience make you a trusted resource. You believe that early experiences matter and work side-by-side with families to support the idea that through predictable and responsive relationships, infants and young children learn to trust that the world is a safe place to explore. From this secure foundation, children are able to learn, develop and build skills that help support their readiness for school and lifelong success. Therefore, when approaching infant and early childhood mental health, it is important to consider and address the needs of the whole family because it is within these significant relationships that development and learning occurs.

Over the years, the term *infant mental health* has expanded to refer to both the social and emotional development of a young child, as well as a unique field of study. ZERO TO THREE: National Center for Infants, Toddlers and Families defines infant mental health as:

The developing capacity of the child from birth to age three to experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore the environment and learn, all in the context of family, community, and cultural expectations for young children.

Infant mental health is synonymous to social and emotional development. The term also refers to a continuum of approaches when working with young children and their families: the promotion of healthy social and emotional development through services for all young children; support for children and families with social and emotional concerns (prevention); and the treatment (intervention) of mental health issues among very young children within the context of their families. Supporting the healthy social and emotional development of young children and their families is an important piece of your work which begins by establishing a caring, trusting relationship with the family.

During your interactions and experiences with young children and families, you have opportunities to observe, reflect and ask questions. You recognize that each young child is unique and will develop in his or her own way and pace. You understand that infants and young children tell us about their mental health through their behaviors. For example, you may observe infants that are alert and respond to the people around them by making eye contact, smiling, and babbling. You may see toddlers exploring their surroundings, continuing to try when a task gets challenging and looking to their primary adult caregiver for comfort. These infants and toddlers are sharing information about their mental health. For a quick reference to key social and emotional developmental skills and milestones, you can refer to the U.S. Centers for Disease Control and Prevention website (<http://www.cdc.gov/ncbddd/actearly/milestones/index.html>).

Consultation Corner (continued)

As an early interventionist, not only do you observe the behaviors and ways that infants and young children tell you about their mental health, you continuously notice family strengths, and actively listen to their perspectives, concerns, and stressors. You can continue to promote and support healthy social and emotional development by:

- Establishing trusting relationships with families where they feel valued, understood and respected.
- Offering multiple opportunities for families to share their stories about their life and what is most important to them.
- Providing information about social and emotional development to parents, early care and learning providers, and health care providers.
- Observing and helping parents see the many ways they provide a unique and special fit with their child (for example, ways parents understand, accurately read and appropriately respond to their child's cues and accept their infant or young child).
- Making connections between and sharing information about social and emotional development and school readiness, i.e. the importance of supporting self-regulation in a premature infant.

The evidence continues to grow about the importance of supporting infant and early childhood mental health through dependable, responsive relationships, as well as the importance of intervening early! As an early interventionist, you recognize the importance of understanding and identifying social and emotional strengths and areas of need, as well as its purpose as part of every child's assessment process.

Early identification of social and emotional development or parent-child relationship challenges can lead to more successful interventions and the assessment process can provide information essential to determining what services and supports would be most helpful. Observation, reflection and asking questions will continue to prove valuable as you build relationships with families, identify ways to support social and emotional development, and identify possible areas of risk. The following circumstances could signal that a young child may be at risk for mental health concerns:

Parent depression and other parental mental health concerns
 Family history of mental illness
 Substance abuse
 Domestic violence
 Limited family/social support
 Unplanned/unwanted pregnancy
 Trauma
 Poverty
 Abuse or neglect
 Parental incarceration
 Homelessness
 Child health and development concerns
 Separations from a primary caregiver or loss of a primary caregiver.

Consultation Corner (continued)

Should you identify an area or question that is difficult to discuss or a family member appears uncomfortable, you may choose a response, such as, *“This seems to be a hard topic for you to talk about,”* and simply pause. The goal is to better understand what this area/topic means and what it is like for the parent(s).

Identification of these risk factors does not mean that infant mental health concerns are inevitable, however, they do signal a need for heightened awareness and attunement to the young child’s social and emotional development. Families may not report concerns for all behaviors that could signal when an infant or young child’s social and emotional development is of concern. While the behaviors listed below do not indicate a definite mental health concern, they are listed as potential “red flags,” and depending on their intensity, frequency and duration, the following signs may indicate the need for ongoing or further assessment:

Infant (birth through one year)

- Excessive fussiness – difficult to soothe/console
- Limited or no interest in things
- Limited interest in interacting with people, difficult to engage
- Lack of joy in interaction with a caregiver
- Failure to gain weight
- Consistent strong reactions to touch, sounds, or movement
- Sleep problems (disturbance, prolonged screaming or crying at night)
- Feeding problems (slow feeding, refusal of food)
- Lack of use of gestures to communicate, such as pointing

Toddler (one-to-three years and includes the preceding issues in addition to the following)

- Displays very little emotion
- Unable to calm self or with support from a primary adult caregiver
- Does not seek adults for help or comfort
- Excessive fearfulness or excessive sadness
- Withdrawal or excessive clinging
- Aggression toward self or others
- Impulsiveness and hyperactivity
- Excessive tantrums or defiance
- Language delays

Adapted from What is Early Childhood Mental Health? Oklahoma Department of Mental Health (2011)
 (www.okdhs.org/NR/rdonlyres/E1C71983-237E-46D6-A2FD-E2D723EAFE3B/0/0656_WhatIsInfantandEarlyChildhoodMentalHealth_occ_12012011.pdf).

Consultation Corner (continued)

Supporting infants and young children with and without challenges during the early years of life makes a critical difference in their overall health and well-being. Your work as an early interventionist is grounded in supporting parent (caregiver)-child relationships regardless of the specific area of developmental need for a young child. You consistently use your knowledge, skills and experiences to guide your interactions, approaches and strategies with infants, young children and families. The Michigan Association for Infant Mental Health (MI-AIMH) identifies that being mental health informed in early intervention means understanding:

- That infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
- Which assessment and intervention practices can build upon the very young child's primary relationships which are foundational for healthy development in all domains.
- That an important role of the service provider is to work with and support family members in the infant and very young child's life.

What you do as an early interventionist is rewarding; it can also be extremely challenging and demands a lot of skill, patience and empathy. In an ongoing effort to support infants, young children and families, it is important to consider the ways you nurture and support yourself. Here are some suggestions as you continue to engage in this very important work:

- Identify and plan to support your own strengths and resilience by reviewing and completing the Devereux Adult Resilience Survey (<http://www.centerforresilientchildren.org/wp-content/uploads/DARS.pdf>)
- Create opportunities to reflect on your thoughts, feelings, and actions in your work.
- Access and use resources, such as Taking Care of Ourselves: Stress and Relaxation (<http://ecmhc.org/relaxation.html>) or What About You? A Workbook for Those Who Work with Others (<http://www.familyhomelessness.org/media/94.pdf>).

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On the WWW

Children's Mental Health Network is a national network focused on children's mental health. It is made up of an alliance between communities, practitioners, families, agencies and other stakeholders advocating for children's mental health. It provides weekly updates and news related to the mental health and well-being of children and families. The network has a three-fold foci, to educate, to advocate, and to collaborate.

The website includes weekly updates, news, videos, and resources that can add to early interventionists understanding about mental health. Included is also a resource search that allows you to search posted resources by keywords, topics, dates, and population, which makes finding specific resources much easier.

The Children's Mental Health Network website is:

<http://www.cmhnetwork.org/>



Continuing Education for KIT Readers

The Comprehensive System of Personnel Development (CSPD) is offering a continuing education opportunity for KIT readers.

In line with the focus on *Understanding Infant Mental Health*, readers are invited to receive continuing education contact hours for reading the monthly KIT publications (August 2015 through January 2016) and completing a multiple-choice exam about the content covered in these KITs.

KIT readers will receive the exam in February 2016. There is no need to register for the CEUs. Rather, if you are interested complete the exam online at www.edis.army.mil

Upon successful completion of the exam, you will receive a certificate of non-discipline specific continuing education contact hours.

KIT Newsletters
are available
online at
www.edis.army.mil

