Infant/Early Childhood Mental Health – and Visual Impairment

Beata Pronay¹
Ildikó Danis PhD²,
Judit Csákvári PhD¹

¹ELTE B.G. Faculty of Special Needs Edu
Department for Psychology of Special Needs
²Mental Health Institute of Semmelweis University
Early childhood mental health

• Recent research highlighted global risk factors in up-growing populations.
• These research findings are broadly – in generally meant for today’s infants and toddlers
• This is a universal issue of the 21st century
Conditions for development

• Infancy is the most dynamic and sensitive period of neuro-development
• For supporting the development of the brain and behavior functions:
  – Stimulating physical environment
  +
  – Caring early relationships and positive psycho-social climate are necessary
• These are ideal conditions of a preventive and intervening family milieu (micro system – Bronfenbrenner)
Intervention as the tool of Prevention used to solve universal societal problems

• Research has proved that investments in the early years are multiply returning in adulthood (Doyle, 2009, Heckman, 2003)

• „Research in developmental neuroscience showing greater plasticity of the brain in the early periods, suggests that intervention programs should begin as early as possible.” Doyle et al. 2009, p.3

• Doyle et al. suggest: (before) during pregnancy 😊

• „Intervening in the zero-to-three period, when children are at their most receptive stage of development, has the potential to permanently alter their development trajectories and protect them against risk factors present in their early environment.

• Both biological and environmental conditions play a role.” Doyle et al. 2009, Econ Hum Biol. 7(1): 1–6. p.2
Investment curve by Carnerio-Heckman, 2003 – Supplemented with pregnancy by Doyle et al, 2009

Figure 2b

Rates of Return to Human Capital Investment Setting Investment to be Equal across all Ages

Rate of Return to Investment in Human Capital

First Trimester
Second Trimester
Third Trimester

Preschool Programs

Schooling

Investment begins in Antenatal Period
Investment begins after Birth

Opportunity cost of funds

Conception 0 Age

Preschool School Post-School

Rates of return to human capital investment setting investment to be equal across all ages
Implementation of intervention in edu. including special edu. („differentiated universalism”¹) RTI (response to intervention) schema²

¹ Lister, 2003 ² Melard, 2009
Human Ecological Model
Uri Bronfenbrenner, 1979
Message of the „Ecological model”

• The meso- and exo-system (the family and the primary care institutions, schools etc.) of Bronfenbrenner’s ecological model are challenges of the 21st century.

• In case of biological (e.g. visual impairment) and/or social disadvantages the available services are critical factors of compensation.

• Availability and flexibility for serving individual needs are crucial elements (health, educational, social etc. services)

• Interventions at school age according to impact assessment proved to be less successful than expected

• As we saw on Doyle’s figure intervention is due as early as possible – best in the period of planning pregnancy to avoid/reduce biological and social risk.
Early Head Start, Sure Start programs

- These programs focuses and offer services that meet the mental health needs of children and families
- These are „universal” problem focused interventions but there is a need answering to specific problem areas too.
- One can say that in special needs population there are traditionally well established intervention services.
- Do these answer to all the problems mentioned before?
- Or
- Are these strictly focusing on special needs?
Intervention as prevention - Special needs groups

• Early intervention is a primary prevention in means of going ahead serious delays
• Secondary in the meaning of permanently promoting development
• Tertiary as promoting conditions for best possible conditions
Traditional intervention for special needs children

- Focuses on the child and child’s needs
- Has a positive attitude towards and educates the mother and family
- Follows and supports development with good professionalism
- Actors are mostly: intervener and child

- I’d like to introduce an approach we started to expand into intervention of special needs children
„Integrated infant-parent consultation” (IIPC)

- A child mental health intervention approach
- A education program for professionals
- Created by
  - Eva Hedervari-Heller - International Psychoanalytic University, Berlin, Germany
  - Tünde Németh National Institute for Health Development, Budapest, Hungary
- In our Faculty we have a 2 years post graduate training for this new profession
Why integrated?

The method integrates the following practical techniques and theoretical approaches:

• objective observation of behaviours (= interactionist perspective),
• strengthening family relationships and co-regulation (= system-theory),
• optimization of parent-infant interactions (= attachment-based interventions),
• thinking about thoughts, fantasies, defense mechanisms, transference, counter transference (= psychodynamic approach)
SUBJECTS AND COURSES
- a brief introduction

1. DEVELOPMENTAL THEORIES
   - Psychological models in early childhood development (10 hours)
   - Sociological and psychological aspects of transition to parenthood (5 hours)
   - Theories of early childhood development, modern developmental psychology (15 hours)
   - Psychoanalytic developmental theories (10 hours)

2. ATTACHMENT THEORY
   - Attachment theory (10 hours)
   - Applying attachment theory in the field work (15 hours)

3. DEVELOPMENTAL PSYCHOPATHOLOGY AND EARLY REGULATION DISORDERS
   - Disorders in early childhood development (10 hours)
   - Regulation disorders in infancy and early childhood (20 hours)

4. INFANT OBSERVATION
   - Infant observation I. (20 hours)
   - Infant observation II. (20 hours)

5. THEORY AND PRACTICE OF PARENT-INFANT CONSULTATION
   - Introduction to parent-infant consultation and therapy (20 hours)
   - Parent-infant consultations in practice I. (15 hours)
   - Parent-infant consultations in practice II. (15 hours)
   - Special cases in parent-infant consultations (10 hours)
   - Fields of practice in parent-infant consultations (10 hours)
   - Case presentations (15 hours)

6. SPECIAL COURSES
   - Neglect, maltreatment and trauma (10 hours)
   - Prevention and intervention programs in Hungary and abroad (10 hours)
Original targets of the Integrated Infant/toddler-parent consultation

• Originally the target = „universal” problems (disadvantages)
• biological causes are excluded (neg.medical report)

• Expanded idea is that in special needs population - e.g. in case of visual impairment - besides biological impairments there are risk factors in infant-caretakers interactions – symptoms are easily misunderstood and blamed on the impairment
Integrated infant/toddler – parent consultation

Is focusing:
• on regulation disorders in early childhood
• on infant-caretakers interactions
Regulation

- *Is*: behavioral control and organization
  - Adaptation and coping with the living and non-living environment
  - Maintain of mental balance
- The development of regulation:
  - At the beginning the mother is the „leader” of establishing regulation:
  - The mother and child are always present in order to adapt their behavior to one another
  - They jointly control the child's attention, arousal and emotional states
  - Adjustment and regulatory processes are often not optimal between mother and child.
    - e.g. the mother's stimulations are reaching a high level - the child's attention, arousal and emotional level drops below the optimum, where the child's interest is inhibited
  - During social interactions with the person of trust (mother) the child from birth acquires numerous experience units, which are made up by sensory-motor - affective units are.
  - Each of such units are separately represented.
What are regulation disorders?

- Regulation disorders are strictly defined* in:
  Zero to Three (2005).
  (DC: 0-3)

*Strictly defined means: that there are a group of mandatory criteria to define a regulation disorder – these we can not detail in this presentation – brief introduction follows on the next slides
Regulation disorders in infancy

– Persistent (excessive) crying (often recognized as infantile colic – „belly pain”) or restlessness
– Feeding/eating and/or thriving difficulties/disorders
– Sleeping (falling and staying asleep) disturbances
(These are all well known in our population, among VI & MDVI Children)

In all cases direct medical causes should be excluded
In case of atypical development biological and non-biological factors must be separated
Regulation disorders in toddlers

- Powerful opposition
- Aggressive behavior
- Sibling rivalry
- Fear of separation, other fear reactions
- Social withdrawal
- Attachment disorders
- Disinterest in play
- Difficulty in concentration
- Obstipation
Risk factors (there are several but some briefly... 😊): Immature regulation of the infant and deficiency of intuitive parental behavior

**Child side**
- Disturbed physiological processes (e.g. irregular breathing, fright, hiccups etc.)
- Disturbances in motor activity (hypo- or hypertonic muscles, wince, constant moving etc.)
- Arousal disorder
- Emotional instability (quick change of calm to intense crying)
- Disorders of the rhythm of sleep-wakefulness etc

**Parent (mother) side**
- Stressful or anxious pregnancy
- Delivery complications
- Disappointment in baby (temperament, gender, impairment, maturity, sight etc.)
- Lack of self-confidence & competence
- „ghost in the nursery” - conflicts from the past „awake”
- Postpartum blue or depression
- Partnership problems
- etc.
Atypical life situation and regulation disorders from different aspects

We can approach from:

1. the side of the parent (the parent has a disability or parenting an atypically developing child, e.g. parent(s) or child with visual impairment)

2. the side of the child (atypically developing child or being the child of a parent with disability)

3. The side of the environment (in general e.g. social disadvantage or as an effect of the atypical life circumstances)
Intervention methods

- 2-10 meetings (preferably with the family)
- Problem focused history taking
- Review of the family (history, social status, supporting others etc.)
- Video taping of interaction
- Video – feedback of interactions
- Communication:
  - Conflict analysis without criticism
  - Observation of interactions, interpretation of observations – preferably following the mother’s reflections
  - Verbalization of the child’s behavior and emotions in the name of the child
  - Objectivity, factual interpretation of the interactions – correction of parents’ distorted impressions – on the bases of observation of the video
  - Supporting parents to search their own history, enhance self observation and reinforce their sensitivity and competence
Prognosis depends

• Cooperation of parents
• Weaknesses and strength of the child perspectives
• Strength on the mother/parents side (personality, good background, no trauma, uncomplicated delivery, acceptable living conditions etc.)

Protective social environment, network (family, relatives, friends etc.)

• Available organization, community support, services etc.
Expected result

- Solved regulation disorder
- Harmonized parent - infant interactions
- Attentive, responsive environment
- Supportive emotional bases for development
- Prevention of behaviour and emotional disorders in the future
Thank you for your attention!