



Keeping the Baby in Mind

A practical guide

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INFANT MENTAL HEALTH

Learning objectives:

- Increase understanding of “infant literacy”
- Gaining a basic knowledge of the current clinical approaches to assess parent-infant relationships
- Learning about the basic principles of attachment theory
- Gaining a basic knowledge of the determinants of a sensitive parent-infant interaction and its implications for infant development
- Assessing “risks” in the context of parent –infant relationship

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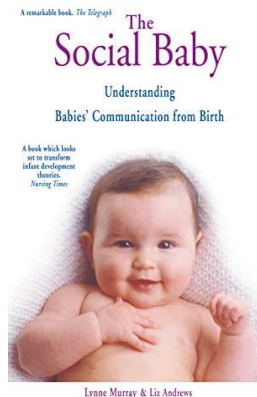
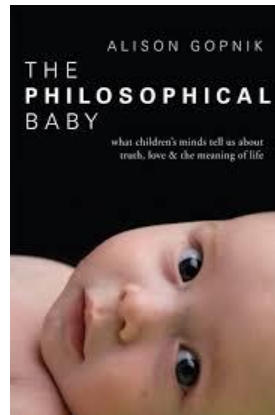
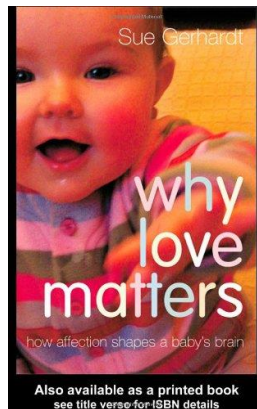
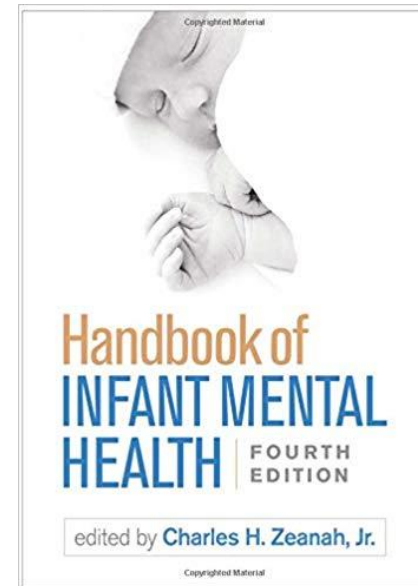
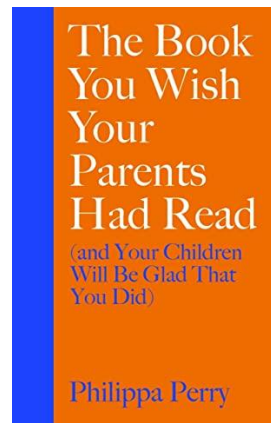
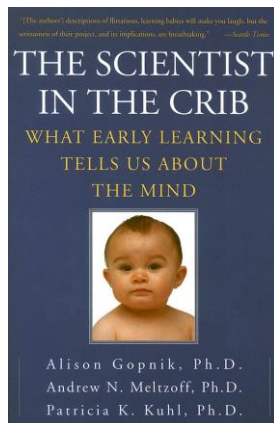
Keeping the Baby in Mind

Outline of teaching session

- **Preparatory reading and training**
- **Clinical Approaches to Infant Mental Health**
- **Bonding, attachment and principles of attachment theory**
- **Parent –Infant Interaction Observation Scale (PIIOS)***
- **Implications for the risk assessment**
- **Video-clips – confidentiality clause**
- **Conclusions**
- **Suggested reading**

Suggested reading to improve your infant mental health literacy

- Brazelton: <http://www.brazelton-institute.com/intro.html>
- Murray <http://www.amazon.co.uk/The-Social-Baby-Understanding-Communication/dp/1903275423>
- Tronick http://www.umb.edu/academics/cla/faculty/edward_tronick
<https://www.youtube.com/watch?v=apzXGEbZht0>
- The wonder weeks <https://www.thewonderweeks.com/>



Upskilling in infant mental health

- **Background in child health, child psychology, child OT, is helpful**
- **Cultivate “observation skills”:** supervised observation of parent-infant interaction
 - Warwick Infant & Family Wellbeing Unit
<https://warwick.ac.uk/fac/sci/med/about/centres/wifwu/training/>
 - Anna Freud Centre <https://www.annafreud.org>
 - Tavistock and Portman Clinic
<https://tavistockandportman.nhs.uk/training/courses/>
 - Infant Mental Health Module HEE <https://goo.gl/Q1WSgS>
- **Formal training in specific observational methods: clinical and research accreditation**
- **Join the UK Association of Infant Mental Health (AIMH)**
<https://aimh.org.uk/>
- **Infant Mental Health Competency Framework (IMHCF)** AIMH (UK) and the International Training School of Infancy and Early Years (ITSIEY from Pregnancy to 2 years - Launch 1st May House of Commons)

Day to day practice: keeping the baby in mind

- In your assessment template keep the heading
 - *“Attitude towards the pregnancy and the baby”*
- Learn the language
 - sensitive, unresponsive, bonding, attachment, baby’s physical, emotional, social needs
- Consider and formulate routinely immediate vs long term risk to the baby
 - intergenerational transmission of disturbance or inadequate caregiving
- Introduce yourself to the baby in community settings
- Incorporate infant mental health education to parents in postnatal review
- Train your team and other professionals – cascade the knowledge
- Be prepared not to be taken seriously

Clinical Approaches to Infant Mental Health

- **Psychoanalytic (the psychotherapist)**
 - parent-infant psychotherapy
- **Neuro-behavioural (the paediatrician)**
 - Brazelton: NBAS, Newborn Behavioural Observations (NBO)
- **Psychological Developmental (the child psychologist)**
 - CARE-Index, VIG, VIPP, Parent Infant Interaction Observation Scale (PIIOS), Circle of security

Ghosts in the Nursery

A Psychoanalytic Approach to the Problems of Impaired Infant-Mother Relationships

Selma Fraiberg, Edna Adelson, and Vivian Shapiro

In every nursery there are ghosts. They are the visitors from the unremembered past of the parents, the uninvited guests at the christening. Under all favorable circumstances the unfriendly and unbidden spirits are banished from the nursery and return to their subterranean dwelling place. The baby makes his own imperative claim upon parental love and, in strict analogy with the fairy tales, the bonds of love protect the child and his parents against the intruders, the malevolent ghosts.

This is not to say that ghosts cannot invent mischief from their burial places. Even among families where the love bonds are stable and strong, the intruders from the parental past may break through the magic circle in an unguarded moment, and a parent and his child may find themselves reenacting a moment or a scene from another time with another set of characters. Such events are unremarkable in the family theater, and neither the child nor his parents nor their bond is necessarily imperiled by a brief intrusion. It is not usually necessary for the parents to call upon us for clinical services.

In still other families there may be more troublesome events in

This paper is dedicated to the memory of Beata Rank who asked the questions and sought the methods which illuminated the first years of life.

Selma Fraiberg is Professor of Child Psychoanalysis and Director of the Child Development Project, Department of Psychiatry, University of Michigan. Edna Adelson is a psychologist and Vivian Shapiro a social worker; both are senior staff members at the Child Development Project.

This paper is an extended version of one given as the Beata Rank Memorial Lecture, Boston Psychoanalytic Society and Institute, May 23, 1974.

The Infant Mental Health Program described in these pages is supported by the Grant Foundation of New York, National Institutes of Mental Health Grant #1R01 MH 24746-01A1, and the University of Michigan Medical School General Research Support Grant #NIH 5S01-RR05385-11.

Reprints may be requested from Mrs. Fraiberg, 201 E. Catherine Street, Ann Arbor, Michigan 48108.

THE BRAZELTON CENTRE UK <http://www.brazelton.co.uk/>

Dr. T. Berry Brazelton and colleagues (1973)

- **Neonatal Behavioural Assessment Scale (NBAS):**

A guide that helps parents, health care providers and researchers understand the newborn's language (0-2 months)

- **Newborn Behavioural Observations (NBO)**

Relationship building tool

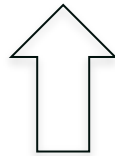
Neonatal Behavioural Assessment Scale (NBAS) was developed in 1973 by Dr. T. Berry Brazelton and his colleagues. The scale represents a guide that helps parents, health care providers and researchers understand the newborn's language (up to two months).

Newborn Developmental Stages (NBAS)

Social interactive system



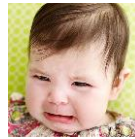
State system



Motor system



Autonomic system



Crying



Alert and active



Alert



Drowsy



Light sleep



Deep sleep

Babies are highly *competent*

Babies *communicate* with their behaviour

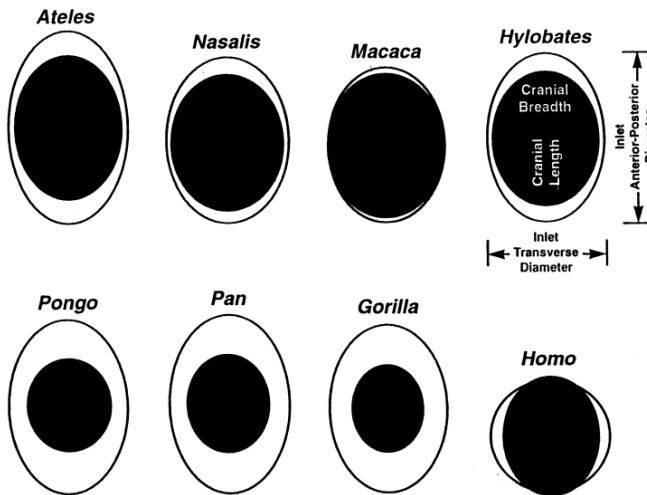
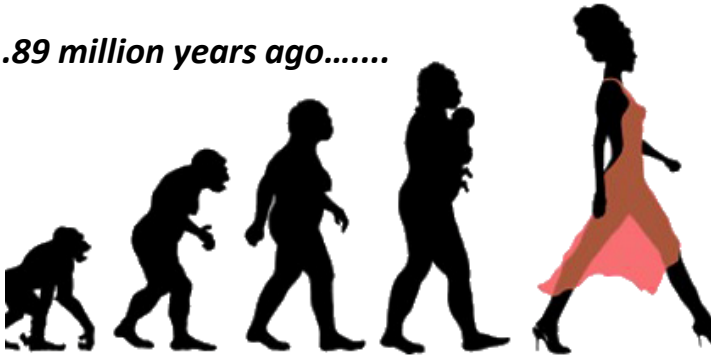
Babies are *social organisms* ("social animal" B.Spinoza).

Developmental Psychology Approach



Evolutionary perspective

1.89 million years ago.....



The obstetrical dilemma: we need a wide pelvis to bear big brained babies, but a narrow one to walk/run efficiently .

The compromise between these opposing needs is to deliver babies earlier, before the head is too big to fit through the birth canal.

Babies are born with active brains but inept bodies. This risky adaptive strategy calls for a great investment in care giving

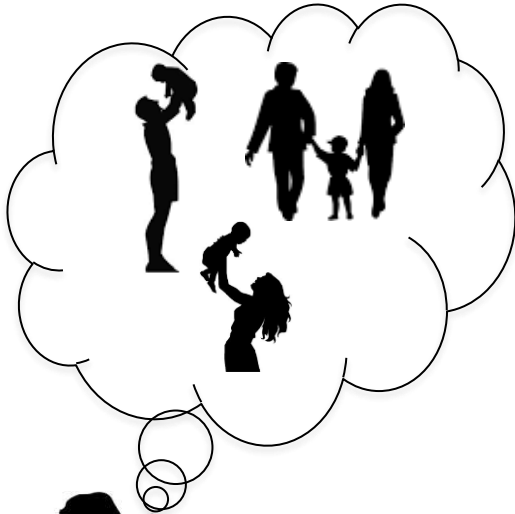
(BJOG: an International Journal of Obstetrics and Gynaecology November 2002, Vol. 109, pp. 1199–1206)



The “attachment seeking system” is instinctive; an evolution based motivational drive towards “felt security” when under perceived threat or danger.



Central concepts in attachment theory



During our development we actively build “representational models” of our world and our relationships i.e. ***we build minds***. This process is shaped by the continuous interaction with our caregiver i.e. the attachment figure .



The **quality of parenting** i.e. sensitive, responsive parent-child relationship is one the most important predictors of healthy psychological development.

Characteristics of sensitive parenting promoting secure attachment

What makes a care-giver “responsive”?



Attunement. The specific nature or quality of the attunement or contingency between parent and infant (*Beebe et al. Attachment and Human Development 2010;12(1-2):3–141*)


Mind-mindedness or reflective function. The parent’s capacity to understand the infant behaviour in terms of internal feeling states (*Meins et al. Journal of Child Psychology and Psychiatry, 2001; Vol. 42, issue 5:637–48; Slade et al. Attachment and Human Development 2005;7(3):283–98*).



Dysfunctional patterns of attachments

- Sensitive parenting fosters the development of secure attachment
- Secure attachment is crucial for future psychological well being

BUT....



What happens
when things go
wrong?

Pathogenic (toxic) parent-infant interaction creates dysfunctional (i.e. insecure) attachment organisations and negative representational models [but they are adaptive for the child survival in maltreating environment].

Mary Ainsworth (1970) initially defined the main attachment patterns, later on modified by other researchers (e.g. Main, Crittenden)

- **Secure [B] (55-65%) – *parent is sensitive***
- **Insecure [C]: Anxious/Resistant 8-10% - *parent is intrusive erratic***
- **Insecure Avoidant [A] 10-15% - *parent is punitive***
- **Disorganised 80% in abused sample - *parent is frightening***

These attachments organisations ***can be predictive of future functioning***



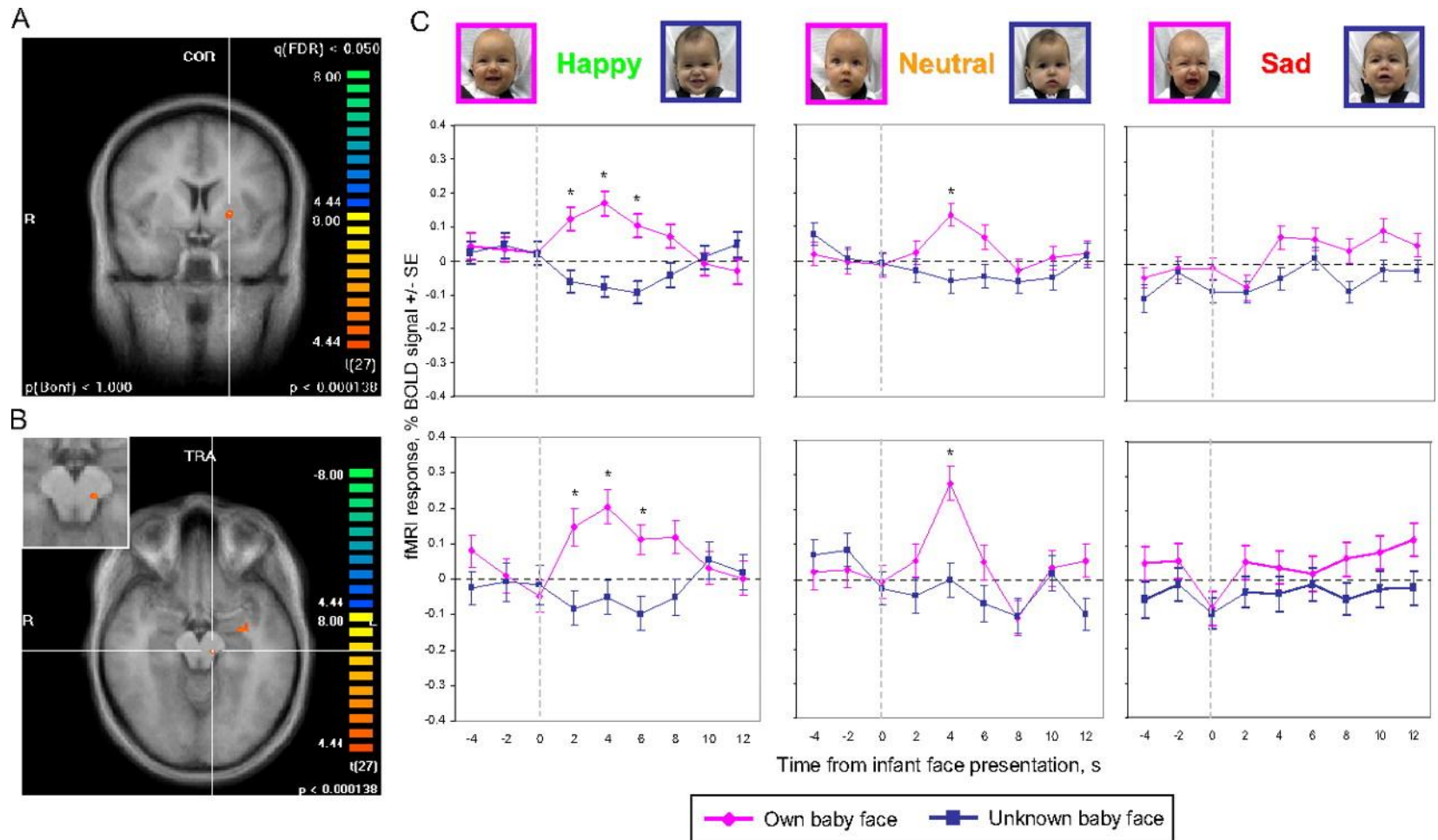
Neurobiological correlates of maternal behaviour

Mirror neurons. Identified in the pre-motor cortex of monkeys, mirror neurons seem to form a cortical system matching observation and execution of goal related motor actions. One possible function of this matching system may be part of or a precursor to a more general mind reading ability (*Gallese and Goldman, Trends in Cognitive Science 2:12, 1998*) <http://gocognitive.net/interviews/giacomo-rizzolatti-mirror-neurons>

Neuropeptides and dopamine reward pathways. It seems likely that for attachment to occur, neuropeptides oxytocin and vasopressin must link social stimuli to dopamine pathways - especially the *nucleus accumbens* and *ventral pallidum* - associated with reinforcement (*Insel and Young, Nature Reviews Neuroscience 2001;vol 2;120-136*)

Maternal response to infant facial cues is mediated **by dopamine-associated reward-processing regions of the brain**. They were activated when mothers viewed their own infant's face compared with an unknown infant's face (*Strathearn et al. Pediatrics 2008;122;40-51*)

Hemodynamic brain response of mothers viewing their own infant's face compared with an unknown infant's face in the left dorsal putamen (A) and the left substantia nigra (B; enlarged view is shown in the inset) ($P < .0001$, FDR corrected $q < 0.05$).



American Academy of Pediatrics Pediatrics 2008;122:689

PEDIATRICS®

The still face experiment



Why infant mental health matters

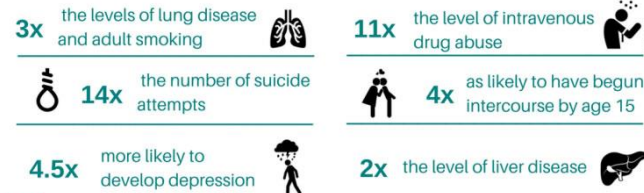
70/30 CAMPAIGN: EMPOWERING COMMUNITIES TO PROTECT OUR CHILDREN

Adverse Childhood Experiences

Traumatic events that can have negative, lasting effects on health and wellbeing



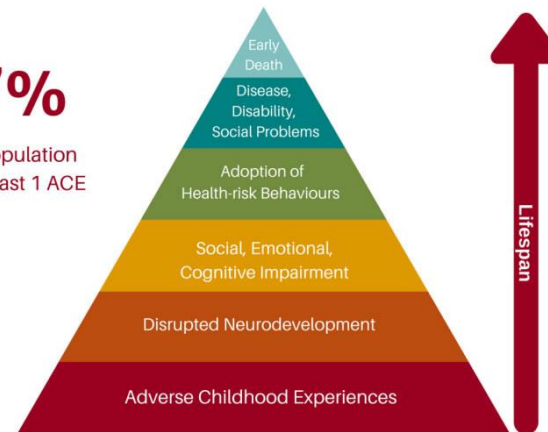
4 or more ACEs



“Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today”

Dr. Robert Block, the former President of the American Academy of Pediatrics

67%
of the population
have at least 1 ACE



UK Longitudinal Studies

South London Child Development Study (SLCDS) (1986-2013)

- Use of a prospective, longitudinal, community study from pregnancy through the next 26 years
- To trace the course of maternal depression throughout the child bearing and child rearing years
- To identify associations between maternal depression and child outcome
- To ascertain the optimal time for detecting maternal depression in order to offer treatment with possible beneficial consequences for the child
- Evidence indicate that exposure to maternal depression *in utero* increases the risk of child and adolescent psychopathology (Pawlby et al 2013)

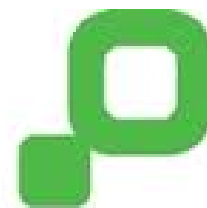
The Avon Longitudinal Study of Parents and Children (ALSPAC)

- Cohort study of children born in the former county of Avon between 1992-1993. There are comprehensive data on 10,000 children and their parents from early pregnancy to late childhood.
- Untreated maternal mental illness has long lasting effects on the psychological development of the child.
- Antenatal maternal anxiety predicted behavioural/emotional problems in boys (OR=2.14, 95% CI 1.48-3.10) and girls (OR=1.88, 95% CI 1.3-2.69) (Glover and O'Connor 2002).



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POLITICAL SCIENCE

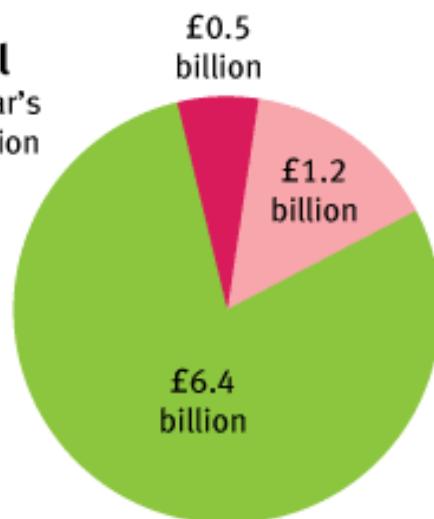
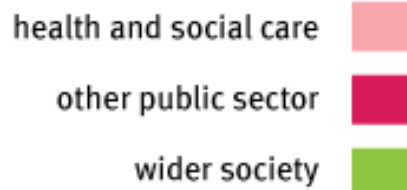
Centre for
Mental Health



Economic costs

(LSE & Centre for Mental Health, 2014)

**Known costs of perinatal
mental health problems per year's
births in the UK, total: £8.1 billion**



Of these costs

28%
relate to the mother

72%
relate to the child

from *The Costs of Perinatal Mental Health Problems*, available at:
<http://www.centreformentalhealth.org.uk/perinatal>
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from *The Costs of Perinatal Mental Health Problems*, available at:
<http://www.centreformentalhealth.org.uk/perinatal>
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Phenomenology of Perinatal Mental Illness

- **Anxiety (AKA Neurotic) Disorders** (fight or flight response: palpitations, sweating, shortness of breath, hot flashes, butterflies sensations in the stomach, pins and needles, dizziness, fainting)
 - Generalised anxiety disorders
 - Panic Disorders
 - Obsessive Compulsive Disorders
 - Adjustment Disorder (Acute Stress Reaction)
 - Post-traumatic stress disorder
 - Phobia (Tocophobia)
- **Mood (AKA Affective) Disorders** (sleep, appetite, motivation, energy, pleasure, sex drive)
 - Depression
 - Bipolar Affective Disorder
- **Psychotic Disorders** (delusions [from the latin deludere = to deceive , hallucinations [from the latin alucinare = to wonder in mind])
 - Schizophrenia, schizoaffective disorder, other psychosis
- **Eating Disorders**
 - Anorexia
 - Bulimia
 - Atypical ED

The emergence of psychotic symptoms (delusions and hallucinations) is a measure of the severity of the progression of the illness.

“Who” does “what” in “perinatal mental health” (mental health is not synonym of mental illness/psychiatric illness)



Psychiatrist (medically qualified)

- Adult Psychiatrist
- Child Psychiatrist

Psychiatric Nurse

- Adult – may have additional training in counseling, CBT

Clinical Psychologist

the focus of care of psychology is understanding, preventing, and relieving psychologically-based distress or [dysfunction](#) and to promote subjective [well-being](#) and personal development.

- Adult Psychologist
- Child Psychologist

Psychotherapist

- Adult Psychotherapist
- Child Psychotherapist



Psychotherapy modalities

Cognitive Behavioural Therapy (CBT)
Psychodynamic psychotherapy
Parent-Infant Psychotherapy
Systemic Family Therapy
Couple Therapy
Psychosexual Counselling
Cognitive Analytical Therapy (CAT)
Dialectic Behavioural Therapy (DBT)
Art therapy
Music Therapy
Etc.

Psychotherapy is a specific intervention. Some psychotherapists are medically trained and are specialised in other branches of medicine the most common being psychiatry, others have a nursing or a psychology professional background. Many psychotherapists are trained exclusively in psychotherapy and do not have a previous health-care background. E.g. nursing. Psychotherapy modalities often define the professional identity of the psychotherapist e.g. CBT, interpersonal therapy, cognitive analytical therapy, psychodynamic etc.

Risk assessment in perinatal mental health

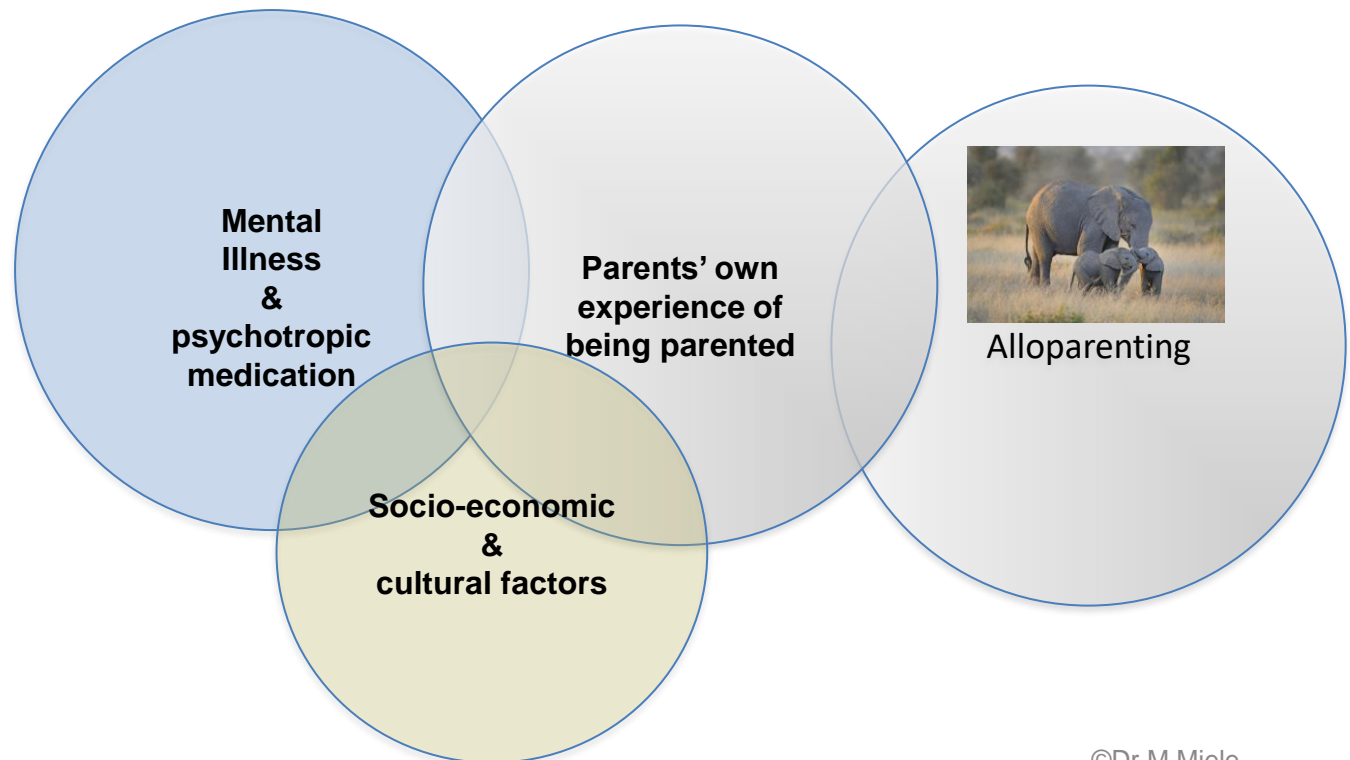
	Obstetric/medical	Psychological	Psychiatric	Social
Low	Persistent morning sickness Recurrent miscarriage, IVF history but current pregnancy uncomplicated	e.g. minor difficulties in adapting to transition to motherhood	e.g. past history of self-limiting adjustment reaction or no history, currently well	e.g. recently relocated, isolated but able to integrate
Moderate	Any medical complication currently stable	Copying styles liable to become inefficient during transition to motherhood e.g. striving for perfectionism	Past history of mental illness of mild - moderate degree of severity that responded to treatment	Lost job, bullied at work, pressure to conform to expectations, intrusive mother in law, arranged but not forced marriage.
High	Twin pregnancy Gestational diabetes IDDM High BMI Cardiovascular disease	History of reproductive loss, lack of control of reproductive choices, lack of resilience, maladaptive coping strategies, childhood maltreatment, inability to take responsibility etc.	Severe and enduring mental illness. Delayed diagnosis with long spells of illness being untreated. History of non-compliance; lack of insight. <u>Poor prognosis</u> Mental illness in partner and or other children etc.	Domestic violence within or outside forced marriage, single parent, > 3 children aged < 5 years isolation, segregation, language barrier etc.

Risk assessment in perinatal mental health

Psychiatric risk	Mother (self)	Unborn/baby (others)
Immediate	<ul style="list-style-type: none"> Pronounced suicidal ideation with active plans. Responding to auditory hallucinations advocating self-harm or harm to others. Dangerous agitated behaviour in response to paranoid delusions. 	e.g. mother non compliant with obstetric care in response to psychiatric symptoms e.g. refusing emergency C-section, anti-hypertensive drugs
Medium-long term	<p>Further deterioration in mental state Worsening of the prognosis Resistance to medication requiring switching to a more powerful class or poly-pharmacy with more side effects Cognitive decline Decline in the level of functioning secondary to the above</p>	<p>Increase risk of psychopathology mediated by bonding/attachment difficulties:</p> <ol style="list-style-type: none"> 1. Insensitive parent-infant relationship is secondary to maternal mental illness 2. Insensitive parenting is related to parental history of child maltreatment 3. Insensitive parent-infant relationship is secondary to both 1&2 <p>Note: risk of role reversal, children caring for mentally ill parents</p>



Parenting risk factors



Screening for parent-infant relationship problems:

Parent-Infant Interaction Observation Scale

P.O. Svanberg , J. Barlow & W. Tigbe (2013): *The Parent–Infant Interaction Observation Scale: reliability and validity of a screening tool*. Journal of Reproductive and Infant Psychology, DOI:10.1080/02646838.2012.751586



Domains

1. Infant positioning
2. Eye contact
3. Vocalisation
4. Affective engagement and synchrony
5. Warmth and affection
6. Holding and handling
7. Verbal commenting about baby ; Mind-mindedness (if care-giver's language is not English it may be necessary to infer the answer from the non-verbal interaction)
8. Attunement to distress
9. Bodily intrusiveness, looming in
10. Expressed expectations of baby
11. Empathic understanding
12. Responsive turn taking
13. Baby self soothing strategies

Scale Score	Interpretation
0 – 17	No concerns
18 – 25	Some concerns
26+	Significant concerns

Every item can have a score of 0-2-4

Parent Infant Observation Domains

Attunement to
stress

Expectations
Empathy

Warmth &
Affection

Mind-mindedness

Turn taking

Eye contact
Vocalisation

Bodily
intrusiveness

Self-soothing

Engagement
Synchrony

Infant positioning

Holding & handling

Video -clips

- Consent forms signed
- Confidentiality clause
 - Please be compassionate and respect the dignity of the parents and infants filmed
 - Please do not record the video clip
 - Please do not comment or report the content of the video and case discussion in a way that can lead to a breach of confidentiality

Keeping the baby in mind: Conclusions

- Assessment of infant mental health and the quality of the parent -infant relationship should be an integral part of routine perinatal mental health care
- A substantial body of evidence shows that the **quality** of parenting is one of the main mediators (i.e. factors on the causal pathway) of the association between maternal mental disorders and psychopathology in children
- The main determinants of sensitive parenting are **attunement** and **mind mindedness** or reflective function
- Parenting is one determining mediator that is susceptible to interventions and these can be delivered using different clinical approaches
-

BBC
BOOKS

The Invention of CHILDHOOD

HUGH CUNNINGHAM



with *The Voices of Children* by
MICHAEL MORPURGO

•

Accompanies the Radio 4 series on
a thousand years of British childhood

Helpful websites and further reading

WEBSITES

<http://www.nice.org.uk/> clinical guideline 45
<http://www.pndtraining.co.uk/>
<http://www.marcesociety.com/>
<http://www.rcpsych.ac.uk/>
<http://www.patcrittenden.com/care-index.html>
<http://www.annafreud.org/>
<http://www.beginbeforebirth.org/>
<http://www.nspcc.org.uk/>
<http://www.familyandparenting.org/>
<http://www.brazelton.co.uk/>
<http://www.mind.org.uk>
<http://www.beatingtheblues.co.uk/>
<http://www.beyondtheblues.com/>

American Professional association on the Abuse of Children
<http://www.apsac.org/>

Infant Mental Health Module HEE
<https://goo.gl/Q1WSgS>

Association of Infant Mental Health
<https://aimh.org.uk/>

BOOKS

[Why love matters; How affection shapes a baby's brain](#) by Sue Gerardt (2nd edition 2014)
[The Social Baby: Understanding Babies' Communication from Birth](#) by Lynne Murray and Liz Andrews (2005, 2011)
[Keeping The Baby In Mind: Infant Mental Health in Practice](#) by Barlow, Jane and Svanberg, P.O. (2009)
[Modern Management of Perinatal Psychiatric Disorders](#) by Henshaw, Carol, Cox, John and Barton, Joanne (2009)
[Domestic Violence and Mental Health](#) by Louise Howard, Gene Feder, Roxanne Agnew-Davies (2013)
[Transforming Infant Well-being](#) Ed. Penelope Leach (2017)
<https://www.routledge.com/Transforming-Infant-Wellbeing.../9781138689541>
[Perinatal Psychiatry: the Legacy of Channi Kumar](#) (2014)
<https://global.oup.com/.../perinatal-psychiatry-the-legacy-of-channi-kumar-978>