Getting Started

1. Introductions
2. Goals for the Presentation
3. Contact info:
   - dianekoch123@gmail.com
   - ahogan@fsu.edu

Infant Mental Health

The developing capacity of the young child (birth-5) to:
- Experience, express and regulate emotions
- Form close and secure relationships
- Explore the environment and learn

in the context of family, community & culture

Emotional Development

- Primary Emotions
- Secondary Emotions
- Emotion Knowledge

Experience & Express Emotions

What is Infant Mental Health?

The developing capacity of the young child (birth-5) to:
- Experience, express and regulate emotions
- Form close and secure relationships
- Explore the environment and learn

in the context of family, community & culture

Young Children’s Emotions and Attachment: Development, Promotion and Repair
Anne E. Hogan, PhD & Diane Koch, PhD
FAIMH President & Treasurer
Presentation for
DCF Child Protection Summit
Orlando – Sept. 8, 2016
Infant/Toddler Emotion Milestones

- Resonance
- Interest
- Joy
- Anger
- Fear
- Social Referencing
- Pride & Shame

Parents Knowledge about Emotions

- When can children begin to sense and be affected by their parent’s anger and sadness?
  
  *We know from birth, but 44% said after age 1*

- When can children experience emotions like sadness and fear?

  *We know by 6-7 months, but 41% said after age 1*

- When are children capable of feeling good or bad about themselves?
Parents Knowledge about Emotions

- When are children capable of feeling good or bad about themselves?
  - We know they can between age 1 & 2, but almost 20% thought after age 3

For each question, about 30% of parents gave answers that line up with current research

Regulate Emotions

- The brain processes develop from “bottom to top”
- Transitions from co-regulation to self-regulation
- Key caregiving relationships provide the scaffold for transitions

How does Emotion Regulation Develop?

Form Close Relationships

Summary: Boris’s (1999) Summary of Bowlby’s (1969) Stages

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Phase of Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth-2 months</td>
<td>Limited discrimination</td>
</tr>
<tr>
<td>2-7 months</td>
<td>Discrimination with limited preference</td>
</tr>
<tr>
<td>7-12 months</td>
<td>Preferred attachment</td>
</tr>
<tr>
<td>12-18 months</td>
<td>Secure base</td>
</tr>
<tr>
<td>18 month +</td>
<td>Goal-corrected partnership</td>
</tr>
</tbody>
</table>
Relationship Patterns:

- Patterns are Relationship-Specific and can change over time (become more or less secure)
- Four patterns in research/clinical literature:
  1. Secure (B)
  2. Insecure-Avoidant (A)
  3. Insecure-Ambivalent/Resistant (C)
  4. Disorganized (D)

Secure Dyads in Strange Situation

- Parents show greater Sensitivity, Acceptance, Cooperation & Accessibility
- Babies/Toddlers show seek proximity, show little or no avoidance to Parents, are more easily calmed when distressed & comfort-seeking

Insecure Dyads in Strange Situation

- ‘A’ parents show more insensitivity and rejection and are more ignoring or dismissive of child’s signals; showed less overall emotional expressiveness
- ‘A’ children avoid proximity & interaction with parent, treat parent and stranger more similarly
- ‘C’ parents show more inconsistency in their sensitivity
- ‘C’ children show less exploration with parent present and display combinations of proximity-seeking and resistance and anger toward parent

Disorganized/Disoriented Attachments

- ‘D’ parents may show frightening behaviors toward child; other unusual caregiving behaviors, and may have mental or emotional challenges themselves
- ‘D’ children show inconsistent behaviors upon reunion and may show elements of the other patterns in a variable way

- The ‘D’ pattern is the only pattern that has been consistently linked to long-term serious maladjustment and clinically significant problems

Secure Attachment Relationships Predict:

- Greater cooperation with friendly strangers or peers
- Greater persistence in challenges & more resilience when frustrated
- Generally linked to later positive social-behavioral outcomes, but important to note that predictive power also linked to stability of child’s contexts
**Repairing Attachments**

- How can you repair insecure and disorganized patterns? (unpredictable, harmful)
- How can you assist when relationships are disrupted?
- What can you do to assist with reunification or termination of relationships?

**When relationships go wrong...**

- “I felt not good enough.” (19 y.o. 2 children in care)
- “I felt put down all my life.” (35 y.o. 4 children in care)
- “My mother put me out.” (14 y.o. 1 child in care)
- “I know how it feels to be snatched from your parent.” (19 y.o. in care since age 10)
- “I want to break the chain (generations of children in foster care), but I don’t know how.” “My family abandoned me, I want to be there for my children.”

**Internal Schemas**

- Working models serve as templates for how you approach the world, join in relationships, anticipate, predict and create your experiences and see yourself
- “They are not your friends.” (27 y.o. 4 children in care, referring to case managers)
- “I know I put people off.” “My mother was toxic.”
- “I know I have an attitude. My son is the same.”
- “My child doesn’t love me.” (25 y.o when son cries when leaving foster mom)
- “My child hates me.” (85 y.o. about 61 y.o. daughter)

**Interventions**

- Psychoeducational Approach (classes in anger management, domestic violence, parenting)
- Superficial vs. Deep Learning (“I know what to do but, it doesn’t work for me.” “I see myself doing things, even though I know better.”)
- How do you change the internal schemas?
- To change relationship based learning you need to give new and different relationship experiences- give opportunities to make new schemas

**Child Parent Psychotherapy**

- Dyadic treatment for trauma-exposed 0-5 years
- Connects how trauma and relationship history affect parent-child relationship and development
- Targets internal schemas child and parent have for themselves, each other and for their interactions
- Create together a narrative of the trauma and address traumatic triggers that generate dysregulated behaviors and affect.
- Goal is to strengthen parent-child relationship to restore and protect child’s mental health.

**Components of CPP**

- Focus on Safety (Legitimize feelings) (“you are angry when...”)
- Affect Regulation (label feelings, soothe, secure base)(connect don’t ignore)
- Reciprocity in Relationships (support expression of positive and negative feelings, understand each other’s perspective)
- Focus on traumatic event (acknowledge each other’s reality, link past with current thoughts, feelings, behavior, link parent’s experiences, feelings and parenting practices) (“You had no one to go to so now you shut down, it is hard for you to know how to support your child when she is upset”)
- Reflective supervision
Child Parent Psychotherapy

Evidence
- Nationally recognized by Early Courts
- Toth et al. (2002) change in internal schemas of abused preschoolers (how they saw their mothers and themselves)

Circle of Security and COS-Parenting
- Uses video in a group treatment modality
- Evidence base for changes in attachment classifications from Disorganized to Secure (Hoffman, Marvin, Cooper & Powell, 2006; Cassidy et al. 2011)
- Provides easy to understand graphic of parent-child attachment interactions and access to internal schemas regarding relationship with child.

Path to Secure Attachment
- Map (COS) to understand child’s needs
- Stand back and watch what child is doing, what you are doing and how you look through child’s eyes
- Talk with someone about your strengths and struggles (what you are doing to meet child’s needs and what you are not yet doing)
- Discover what needs of child trigger uncomfortable feelings in you (Same needs that triggered your parents)
- Core emotions (Anger, Fear, Sadness, Shame, Joy, Curiosity)

Parallel Processes
- These therapies allow exploration of thoughts and feelings in a safe context
- Parents are hands on the circle for child
- Providers are hands on the circle for parent
- You are hands for parent so parent can be hands for the child
- Is relationship you form with parent respectful, accepting, empathic, responsive to needs, sensitive to cues, encouraging, enjoyable? Which core emotions are triggers for you? (Do you want to shame and punish when parent messes up?)

What can you do to assist children?
- Support caregiving efforts of parent
- Foster a collaborative relationship with parent
- Create secure (emotionally safe) relationships with parents to foster their development (new ways to view themselves, their child and what to expect from relationships)
- Understand and respect trauma narratives—what is the person’s story? The narrative for termination will determine the child’s internal schema for future relationships.
- Walk in their shoes.

Helping Babies from the Bench
- https://www.youtube.com/watch?v=uMdzWanJh98