

Understanding Infant Mental Health And Trauma Informed Care

Presented by
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- *IMH Certificate
- *Trauma Counseling Certificate
- *Trained in Neuro-relational Framework and Child Parent Psychotherapy

Mandatory Slide

- Learners must sign the attendance roster and complete online evaluations to successfully complete this program. (needed for those requesting social work CEU's)
- There are no relevant financial relationships related to this presentation/program
- There is no sponsorship/commercial support of this presentation/program
- The content being presented will be fair, well-balanced and evidence-based.

- What is Infant Mental Health?
- How is it connected to Trauma Informed Care?
- How can Infant Mental Health principles be used to implement Trauma Informed Practice?

Seven Essential Ingredients
for implementation of
Trauma Informed Care



4. Regulation

- Knowledge of the basic architecture of the brain provides both an understanding of the impact of trauma and a key toward effective treatment. Many of the interventions that have been offered to people struggling with trauma have focused on the cognitive or "thinking" parts of the brain.
- Trauma informed interventions often prioritize enhancing emotional and behavioral regulation.

**Regulation of the brain's emotions start at birth.*

<http://www.fosteringfuturewisconsin.org/seven-essential-ingredients-for-implementation-of-trauma-informed-care/>

Seven Essential Ingredients
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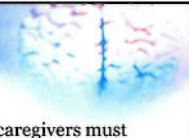
Relationship

- Relationships are key to reaching a traumatized child and to mitigating trauma.
- Strong relationships help create resilience and shield a child from the effects of trauma.

**Relationship development starts at birth.*

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7. Caregiver Capacity T

- To effectively work with traumatized individuals, caregivers must take care of themselves and find a work/life balance. Critical is identifying our limits, knowing sometimes we will be pushed beyond them, and what we will do to find balance.

**Relationship development links the connection between caregiver's ability to manage stress and engage in relationship with ability to teach that to the child/infant.*

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Infant mental health asks question such as...

- "What is your perception of the child?" (acts just like mom/dad, acts just like me, "I don't like my kid.")
- "Are you grieving the loss of the child that you thought that that you would have?" (*gender preferences, healthy vs. unhealthy baby, etc*)
- What is baby trying to tell us? (*most parents interpret the needs/wants/best interest of their infant/child through their own trauma lens*)
- What is this interaction teaching my child about how the world works? (*solving problems with violence, how to manage emotions, etc*)

What does stress look like in infants?

Positive stress response is a normal and essential part of healthy development, characterized by brief increases in heart rate and mild elevations in hormone levels. Some situations that might trigger a positive stress response are the first day with a new caregiver or receiving an injected immunization. (*The Deepest Well, Pg 54*)

- Normal/healthy development
- Hungry
 - Tired
 - Scared by stimulation
 - Uncomfortable

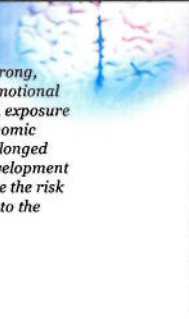
What does stress look like in infants?

Tolerable stress response activates the body's alert systems to a greater degree as a result of more severe, long-lasting difficulties, such as the loss of a loved one, a natural disaster, or a frightening injury. If the activation is time limited and buffered by relationships with adults who help the child adapt, the brain and other organs recover from what might otherwise be damaging effects. (*The Deepest Well, Pg 54*)

We can't prevent children from experience trauma. However, we can minimize the impact by building resiliency in protective factors such how we respond to that trauma.

What does stress look like in infants?

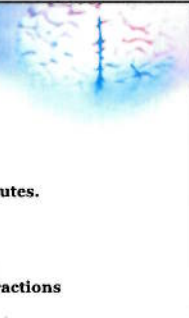
Toxic stress response can occur when a child experiences strong, frequent and/or prolonged adversity—such as physical or emotional abuse, neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. This kind of prolonged activation of the stress-response system can disrupt the development of brain architecture and other organ systems, and increase the risk for stress related disease and cognitive impairment, well into the adult years. (The Deepest Well, Pg 54-55)



What is toxic stress?

- Frequency
 - How often is it happening?
 - More frequently throughout the day/week?
- Duration
 - How long is it lasting?
 - A child should be able to be calmed in 10-15 minutes.
- Intensity
 - Anger: screaming/crying VS aggressive acts
 - Fear: startled response VS complete avoidance
 - Sad: crying/quiet VS withdraw from social interactions

Lillis, Connie, Turnbull, Janice; (2009) Infant/Child Mental Health, Early Intervention, and Relationship-Based Therapies: A Neurorelational Framework for Interdisciplinary Practice, New York, W.W. Norton and Co, Inc

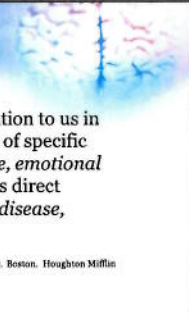


ACES

ADVERSE CHILDHOOD EXPERIENCES

What happens to us in childhood has a direct correlation to us in adulthood. ACES specifically studied the prevalence of specific events (such as physical abuse, neglect, sexual abuse, emotional neglect/abuse, separation from a parent, etc) and its direct correlation to physical ailments in adulthood (heart disease, diabetes, smoking, alcoholism, etc).

Burke-Harris, Nadine MD; (2018) The deepest well: healing the long-term effects of childhood adversity, Boston, Houghton Mifflin Harcourt



ACES

ADVERSE CHILDHOOD EXPERIENCES

Infant Mental Health broadens this to understand that what we are taught in infancy about ourselves (*how our caregiver perceives us, impacts how we perceive ourselves*), about the world (*my caregiver is always scared thus the world must be a scary place*) and how to process emotions/behaviors (*my caregiver solves the problem of anger towards me with hitting thus it is acceptable for me to solve the problem of anger with my peer with hitting as well*).

– Zilka, Connie; Turnbull, Janice; (2009) *Infant/Child Mental Health, Early Intervention, and Relationship-Based Therapies: A Neurorelational Framework for Interdisciplinary Practice*. New York: W.W. Norton and Co, Inc

The Deepest Well
By Nadine Burke-Harris, MD

- “We also know that dysregulation of the stress response can lead to increased inflammation, hypersensitivity (think allergies, eczema, and asthma), and even autoimmune disease (when the immune system attacks the body itself...” (pg 73, Toxic Stress and the Immune System)
- “The consequences of toxic stress are not just neurologic and hormonal; they are also immunologic.” (pg 75, Toxic Stress and the Immune System)

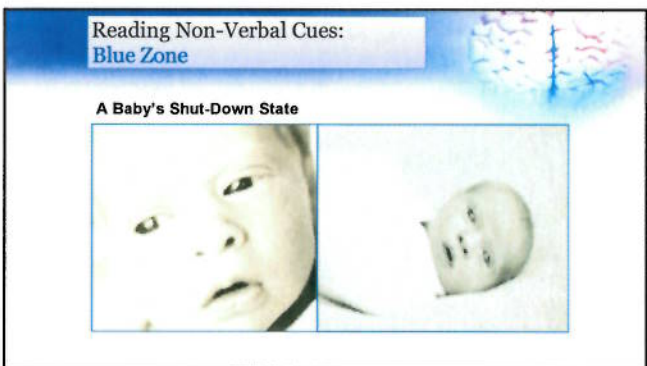
Stress Zones

- **Green Zone**
– Calm, alert, ready to learn
- **Red Zone**
– Upset, frustrated, angry, enraged
- **Blue Zone**
– Tired, sad, withdrawn
- **Combo Zone**
– Startled, fearful, scared, worried, anxious

Ellis, Connie; Turnbull, Janice; (2009) *Infant/Child Mental Health, Early Intervention, and Relationship-Based Therapies: A Neurorelational Framework for Interdisciplinary Practice*. New York: W.W. Norton and Co, Inc







Reading Non-Verbal Cues:
Combo Zone

A Baby's Vigilant State:



Relationship Development

Levels of Engagement

1. Getting Calm **TOGETHER**
2. Comforting Contact
3. Sharing Joy
4. Serve and Return Communication
5. Reading Non-Verbal Cues
6. Sharing Emotional Themes
7. Problem Solving

Lilak, Conkie, Turnbull, Jansone. (2009) Infant/Child Mental Health, Early Intervention, and Relationship-Based Therapies: A Neurobiological Framework for Interdisciplinary Practice. New York: W.W. Norton and Co, Inc.

Attachment Types: Quality of Relationship

Attachment type	Caregiver Behaviours	Child Behaviours
Secure	<ul style="list-style-type: none"> • React quickly and positively to child's needs • Responsive to child's needs 	<ul style="list-style-type: none"> • Distressed when caregiver leaves • Happy when caregiver returns • Seek comfort from caregiver when scared or sad
Insecure avoidant	<ul style="list-style-type: none"> • Unresponsive, uncaring • Dismissive 	<ul style="list-style-type: none"> • No distress when caregiver leaves • Does not acknowledge return of caregiver • Does not seek or make contact with caregiver
Insecure - ambivalent	<ul style="list-style-type: none"> • Responds to child inconsistently 	<ul style="list-style-type: none"> • Distress when caregiver leaves • Not comforted by return of caregiver
Insecure - disorganized	<ul style="list-style-type: none"> • Abusive or neglectful • Responds in frightening, or frightened ways 	<ul style="list-style-type: none"> • No attaching behaviours • Often appear dazed, confused or apprehensive in presence of caregiver

Generational Patterns

Attachment Style	Parental Style	Resulting Adult Characteristics
Secure <small>[I'm OK - You're OK]</small>	Connect and attuned to the child's emotions and physical needs.	Able to build meaningful and loving relationships, shows empathy and trust.
Avoidant <small>[I'm OK - You're not OK]</small>	Unavailable or rejecting for long periods of time.	Avoids closeness or emotional connection, can be distant, rigid, critical and intolerant of others.
Ambivalent <small>[I'm not OK - You're OK]</small>	Inconsistent and sometimes intrusive parent communication.	Anxious, insecure, unpredictable and erratic - Has a tendency to blame others. Wants intimacy but pushes people away.
Disorganised <small>[I'm not OK - You're not OK]</small>	Ignored or was not able to see or meet the child's needs. Parent behaviour was frightening/abusive.	Chaotic, insensitive, prone to outbursts. Untrusting while craving security.

Putting it all together

Still Face Experiment

1. What stress patterns do you see?
2. Describe the quality of relationship (levels of engagement).
3. How would you describe the attachment style?

- <https://www.youtube.com/watch?v=apzXGEbZhto>

What can you do?

- Co-Regulations Techniques:
- How to start to teach infants/kids about emotions:
- Self-care:

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THANK YOU!

Questions?
