

# Intersection of Personal and Professional: Infant Mental Health Reflective Practice

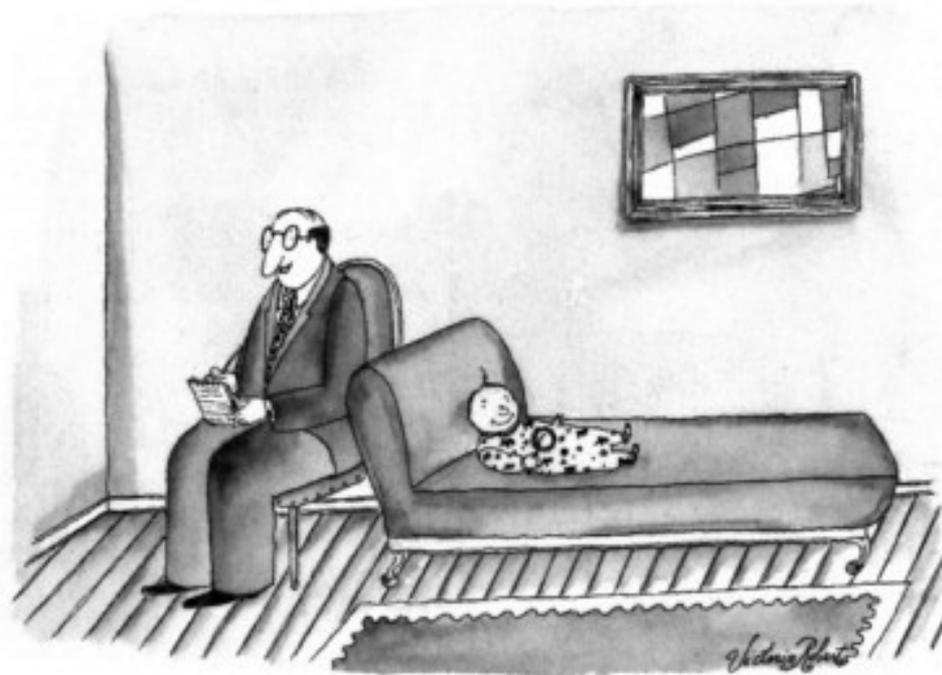
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# Every Child's Birthright

- “The child learns to love through his first human partners, his parents. We can look upon this miraculous occurrence as a ‘gift’ of love to the baby. We should also regard it as a right, a birthright for every child.”
- S. Fraiberg, 1977

# What is Infant Mental Health?



*"I wish I'd started therapy at your age."*

# Infant Mental Health: A Defining Term

As a term, infant mental health may be described as:

- The social, emotional and cognitive well-being of a baby who is under three years of age, within the context of a caregiving relationship. Fraiberg, 1980
- The state of emotional and social competence in young children who are developing appropriately within the interrelated contexts of biology, relationships, and culture. Zeanah & Zeanah, 2001
- The developing capacity of the child 0-5 years of age to form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; and explore the environment and learn – all in the context of family, community, and culture. C. Oser, 2012

# Infant Mental Health: What is it?

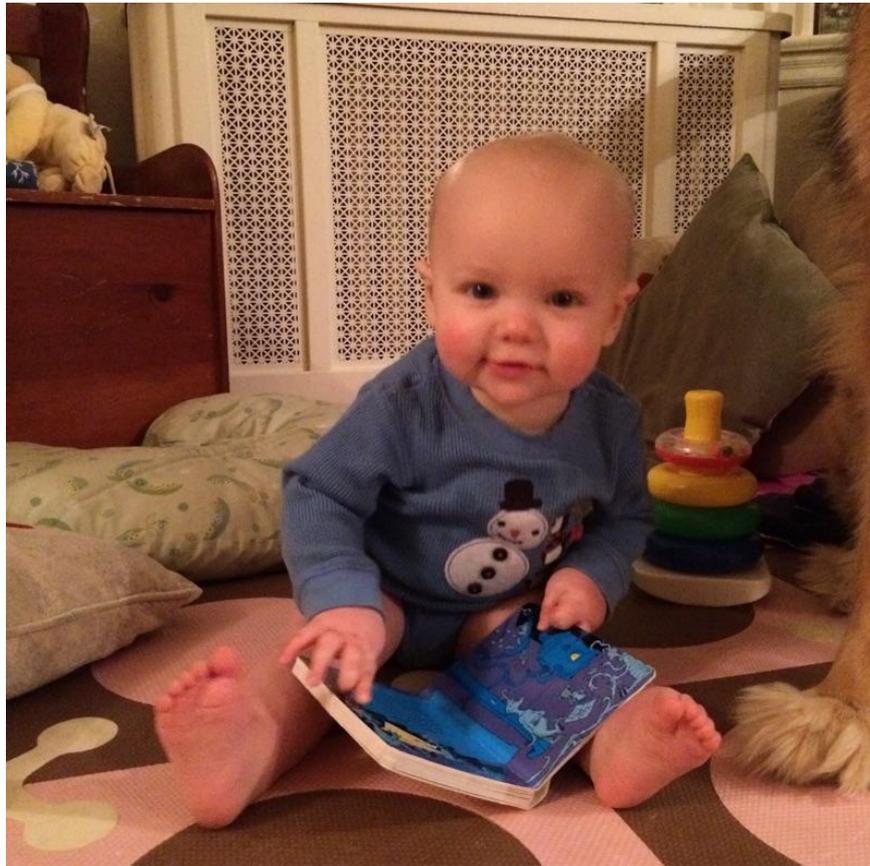
- A unique field of practice that places the infant, the parent and their developing relationship at the center of their work
- “...the baby in the room became a partner in the on-going dialogue. He was intensely, emotionally *there* and gave import to all exchanges between the parents and us.”
- S. Fraiberg,



# Returning the Gift

- The knowledge we have about early development and relationships is, in Selma Fraiberg's words, "a treasure that should be returned to babies and their families as a gift from science."
  - Selma Fraiberg, 1980  
*Clinical Studies in Infant Mental Health*

# Reflections



# Infant Mental Health: Beliefs

- Optimal growth and development occur within nurturing relationships
- The birth and care of a baby offer new possibilities for relationship pleasures, growth and change
- Early relationships serve as prototypes for later relationships
- Events in the first years of life are significant to development throughout life
- Healthy relationship experiences with nurturing caregivers provide a cushion of support for later feelings of self-worth and confidence

# What Promotes Healthy Relationships and Development?

- Support for the emotional experience of pregnancy and early parenthood
- Attention to the baby, the meaning of the baby to each parent, the baby's capacities
- Support for the parent as each assumes new caregiving roles and responsibilities

# What Interferes with Healthy Development and Relationships?

- Pregnancy
  - Unplanned or unwanted; maternal depression
  - Previous pregnancy losses, abandonment by partner
  - A difficult pregnancy, multiple health concerns
- The Baby
  - Prematurity, multiple health concerns
  - Separation/hospitalization
  - Underweight
  - Medically fragile
  - Diagnosed with an anomaly, developmental delay

# Other Difficulties

- The baby may be born too soon.
- The baby may be very small & fragile.
- The baby may be very fussy.
- The baby may not smile or laugh.
- The toddler may not talk or respond.
- The toddler may have tantrums, bite, hit.
- The toddler may not listen or behave.



# What else may make emotional care difficult?

- The mother and father may be very young, unprepared for a baby, with no experience.
- The mother may be alone or have little support from family or friends.
- The mother and father may be frightened, anxious or ambivalent.
- The mother may be depressed.
- Parental history of unresolved trauma, maternal rejection, neglectful care, abusive care
- Abandonments & significant separations

# Risks if we do nothing?

- Significant developmental delays in multiple domains in infancy and early childhood
- Significant relationship disturbances or disorders in infancy and early childhood
- Significant sorrow, depression, and increasing isolation leading to hospitalization
- Uninterrupted intergenerational cycle of abandonment, loss, emotional deprivation, abusive or neglectful parenting

# What are the possibilities if we enter early?

- Secure and trusting attachment relationships between infants and parents or primary caregivers
- Reduction of risks in infancy and early parenthood as parents fall in love with their babies and awaken to the responsibilities of caregiving
- Responsive, sensitive, pleasurable parenting
- A loving relationship between parents and young children that invites intimacy and security across the life span

# What Can We Do?

- Share knowledge about pregnancy, early development and relationships as a “treasure ... to return to babies and families as a gift from science.” Fraiberg, 1980, p.3
- Support parental understanding of each baby, the awakening or repair of the relationship and each parent’s capacity to nurture and protect a child
- Offer a context for continuous reflection in the presence of the infant or toddler and with the parent – a two generational approach that is developmental, educational, behavioral, and clinical

# IMH: A Comprehensive, Intensive Service Approach

- Meet with parent and infant/toddler together
- Assess capacities and needs
- Concrete service support
- Emotional support
- Advocacy
- Reflective developmental guidance
- Infant-Parent Psychotherapy
  
- Observe, listen, reflect & respond

# Mental Health Strategies

- Listen for the past as it is expressed in the present.
- Allow core relational conflicts to be expressed by identifying, containing and talking about them.
- Invite parents to talk and then listen, remaining quietly available.
- Attend to parental histories of abandonment, separation, trauma and loss as these affect the early developing relationship with infant.

# Ghosts and Angels Awakened

- The famous words of Fraiberg, Adelson, and Shapiro (1975), “In every nursery there are ghosts. They are the visitors from the unremembered past of the parents”(p. 387).

Unremembered early relational experiences of helplessness and fear that transmits intergenerational abuse and neglect

- And, as well, “angels in the nursery” who provide “the child with a core sense of security and self worth.” A. Lieberman (2005)

Early benevolent experiences that reduce risks

# IMH Principles Shape Practice

- They place our interest in better beginnings from the time of pregnancy, to the first breath to the parent's first touch
- They shift our focus to the child and the parent and the promise that comes with each early developing relationship
- They invite us to sit in the presence of infants, toddlers and parents

# Reflection: Many Meanings

- Reflection:
  - a mirror image
  - a deep thought
  - looking back
- Reflect:
  - to show an image
  - to look back
  - to ponder or meditate

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# Tools for Reflective Practice

- Observing
- Listening
- Wondering
- Responding

Taken together, they allow us to enter into a relationship and to practice “reflectively” – to think deeply about the work and its meaning to us; to have and express feelings; to understand with another/others; to enter into another’s space and explore meaning.

# A Framework for Observation



- **Holding**
- **Looking**
- **Vocalizing/Talking**
- **Touching**
- **Emotion**

# WHAT DO WE LEARN?

- We learn to “see” the infant or toddler
- We learn to “see” the fine points of interaction
- We learn to “see” the relationship as it is (or is not) developing
- We learn to “see” the sensitivity of the infant or toddler within the relationship
- We learn to “see” the parent
- We learn to “see” ourselves

# Reflective Supervision

- Reflective supervision is essential for effective IMH service, to enhance quality services and to enter into regular conversations about the work, about the challenges, about what we see and hear
- Assures that the IMH specialist can share thoughts and feelings awakened by intensely emotional, relationship-focused service with women during pregnancy, infants and families who are referred for preventive intervention and treatment services.

# Reflective Practice is Challenging

- What we see may be difficult
- What we hear may be painful
- What is awakened in the presence of a parent and child may surprise us, disturb us, puzzle us, confuse us
- The stories parents share with us may remind us of another mother, another father, another baby – past or present
- Without time to reflect, we may shut down, close a case early, become over-involved, get openly angry at a parent, speak harshly, grow despondent, fail to be fully engaged or present, the list is long

# Reflections: The Awakening



# Two



One



# Before He Went Away



# What about the parent?



There is no such thing as a baby, only a baby and those who care for the baby.

D. Winnicott



# What Baby? Whose Nursery?

- We are the stories we tell. Some are stored deep inside our souls and revealed to us many years later. Others lie just beneath the surface, as if waiting to be awakened by something we observe or listen to or experience.
- We are the stories we tell. Some are stored deep inside and revealed to us through our work many years later.
- Others sit just beneath the surface, waiting to be told, awakened by something observed or heard or experienced.

# Thank You!

