The baby as a person
the mental health needs of infants in the context of troubled relationships

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Ghosts in the Nursery

- There is a complex dance of very subtle interactions between infants and caregivers from the earliest moments.
- Babies present with psychosomatic problems e.g.,
  - disturbances of
    - feeding
    - sleeping crying
    - development
    - relationships
- Babies can be depressed, withdrawn, frightened, angry
The Baby in Context

• Babies’ problems can only be seen in context - “There is no such thing as a baby - only a baby caregiver set up”.

• The Baby can be the carrier of the parents’ dilemma or that of previous generations.

• You can contribute a lot by ‘holding’ the baby and listening to the parents. With the baby’s body safely held, the parents can talk.

• Parenthood is joyful but filled with ambivalences and there may be major disturbances affecting the baby.

• *The baby will enjoy you talking to her and playing with her. Play is therapeutic for both baby and parents.*
What can babies do?

Initiates interactions!!

Can:

• discriminate smell of own mothers milk day 6
• discriminate own mother’s voice day3
• unlearned preference for human face birth
• distinguish mother’s face week 4
• recognize voice - phonemes week 4
• intermodal matching week 4/36 hrs
• imitate facial expression week 2
• match intensity cross modally
• kinesthetic / tactile discrimination
• perturbation experiments week 6

often ‘measure’ by monitor non nutritive sucking

Intrauterine hand mouth coordination (ultrasound)
attachment behaviour....

- made up of a number of component
- baby is principal active partner
- instinctual responses which are at first relatively independent of each other.
- These mature at different times during first year of life and develop at different rates,
- binds the child to the mother
- reciprocal dynamic sucking, clinging and following
- crying and smiling serves to activate maternal behaviour.
James

• Rigid, immobile.
• Mother can’t play with him

• video
A MODEL FOR UNDERSTANDING INFANT’S
PSYCHOLOGICAL DEVELOPMENT
AND CAREGIVER RELATIONSHIP

NO SUCH THING AS A BABY……..

THE BABY
absolute dependence to relative independence
infantile omnipotence
Illusion to disillusion
anxieties
The Mother Baby Relationship
Donald Winnicott

• The ‘**Good enough mother**’…she contains his anxieties

• Allows for the baby to feel omnipotent at first….to let him feel **HE** created the breast..the world..

• Then she gradually,predictably allows him to become **dis-illusioned**…

• The baby moves from a position of total dependence to relative independence(we are NEVER totally independent)
THE MOTHER – (Caregiver)

the ordinary devoted mother
primary maternal preoccupation
holding
handling

*transitional space
*transitional objects
The **mirror** role of the mother

after Winnicott

- ‘What does the baby see when he looks at his mother’s face?
- ..he sees himself
- The expression on the mother’s face reflects what she sees in her baby
- When the mother is *depressed*, her face is a mirror to be *looked at*, not into.
- *See also* Murray L…” still face ‘
Primary Intersubjectivity  Colwyn Trevarthen

Rudiments of individual consciousness and intentionality … ‘SUBJECTIVITY’. Can fit/adapt this subjective control to the subjectivity of others.

INTERSUBJECTIVITY  Complex form of mutual understanding present from at least 2 months infant and mother.
Mirroring

- Vision——Gaze
- Sound : voice
- Touch
- Body position sense
- Movement….dance
The therapist as mirror

- The therapist acts as a form of an alive, playful mirror.

- A process that may be very unconscious for the therapist (countertransference)

- ...and is based on the baby’s developing transference towards the therapist
What is special about Infant Parent Psychotherapy???

• The baby is the patient… (but this is not so obvious) we are there for her!
• The baby is suffering
• Showing the parents the baby is not all damaged... in front of them... there is hope for their child
• We try to be alive with the baby
Infant parent psychotherapy

• The setting of coming to psychiatry allows for the expression of very serious feelings...
• Hate
• Anger and resentment….envy
• Death …wish for death
• Despair
• These feelings may have been kept secret otherwise
• The baby SURVIVES expression of these feelings…and can play
RCH Treatment Model
assessment stage

- Understand the emotional meaning of the situation the infant and parents find themselves in

- Need for immediate intervention.

- Selective use of key theories eg psychoanalytic, attachment, psycho-physiological regulation.
RCH Model: Specificity of the intervention I

The aim is to:

• make an emotional connection with the infant - gaze, touch, talking, playfulness.

• Help the infant symbolize.
RCH Model: Specificity of the intervention II

• Help the parents understand the baby’s mind/body.
  • holding and containing of projective identification
  • making links
  • unhooking projections
  • space for ambivalence
RCH Model: Specificity of the intervention III

- May include selective use of other intervention models
  - eg developmental guidance, interaction coaching, brief serial treatment, long term psychotherapy

- Work with systems
  - sharing our hypothesis and work with other hospital/community staff
Some of Our Basic concepts

- Play
- Infant focussed therapy
- Direct engagement with the baby...gaze, voice, touch and sometimes handling
- The ‘good enough parent’
- Multidisciplinary teamwork
- Supervision and consultation to manage countertransference issues
PLAY...

• Very serious business!
• Allows for symbol formation: the earliest symbol is the breast..a symbol can be played with safely

• Play allows for the loss of the object and its return

• Takes place in a transitional space in-between fantasy and reality
• The therapist must be able to play!
Non-Play

- It can be frightening for the child because her phantasies become reality

- *Withdrawal* Shutting down
  Can result in ‘false self’

- Serious long term outcome..?anorexia nervosa..
- Depression
Process of Change Study Group

• …..that there is a moment of meeting in the therapy

• And the moment may be transformational for those concerned

• In: IMHJ (1998)
Moment of change

• For James, was there a moment of realization…..that his own sense of self was able to be seen, validated and responded to…. 

Was there a transformational moment when the system became changed totally …directly and indirectly
Clinical Case

• video
‘George’ : 5 months

- **Referral**: from paediatric distressed infant clinic
- Feeding too frequently :>2hly
- Crying excessively
- ‘Won’t be put down..’….everyday different…sleeps in bed with mother
- Few daytime sleeps
- Mother feels very distressed
What happens in depressed carer infant interaction  Murray 2003

1. Lack of contingency..infant has trouble connecting his behaviour and the environment
2. Insensitive/unresponsive parent behaviour: hard for baby to sustain attention/interest
3. Hostility/intrusive behaviour causes infant distress/disorganisation
4. Reduced parental imitation of infant expressions
5. Ongoing dysfunctional cycles of relating: long term conflict
Why is Infant Depression so important?

- Human brain development is experience dependant
- The baby is really a TWO brain setup
- The lack of an attuned other affects brain development directly
- However human has capacity for adaptation of our genetic inheritance (evolution)
Facilitating relationship

• *Maternal depression*
• >>>>>>>>
• *problems in parent infant relationship*  
  >>>>>>>>>>
• *later problems in infant development*
• at 6mo poorer psychomotor development (Feldman 2002)
• At 3ys more internalizing and externalizing problems  (Mieli, 2000)
Hidden trauma and infants

• in orphanage..*hypothalamic-pituitary-adrenocortical axis affected.*

• stress hormone system... lack of normal daily rhythm ...blunted response.
Vulnerability

Grief and loss in children associated with PTSD sx
Chn more affected where life is threatened .. Self or other
Impersonal or unmotivated disaster less traumatizing (eg car accident, near drowning)
Meaning/response to carer of the trauma (see 4yo boy fall under mower)
Secure attachment in childhood may lead to less PTSD sx. Adult study
trauma and early childhood

- Consider:
  - Intensity
  - Proximity
  - Familiarity with victim (dependence)
  - Developmental status of child
  - Chronicity of trauma
Trauma and memory

- **Declarative** can be spoken
- **Procedural**... preverbal, body memories; context is important (triggered later), registered...
  Sound, smell etc
  very important for attachment process

- See case of 4 month infant witnesses bomb exploding in flat killing her mother... later response in therapy
Hyper arousal.. survival

• Children who witness domestic violence… excellent students of human behaviour

• Data stored in procedural memory
• Intensified memory by alarm, fear, terror (links to dissociation)
Infant exposed to chronic trauma..

• insecure, particularly disorganized, attachment is associated with a far slower return to baseline of separation-induced cortisol elevation (Spangler & Grossman, 1993). Chronic exposure to raised levels of cortisol associated with chronically insensitive caregiving may bring about neurodevelopmental anomalies that result in mentalising deficit.
Infants toddlers

• Parents help child manage physiological dysregulation..containment
• Re-expose gradually if appropriate.. See traumatic feeding disorder
• Hard to identify the specific triggers… for young child may be a smell,colour,sound (good history)
• Beware RETRAUMATIZING
Disorganized attachment and personality disorder

- Young child abused by carer is in an impossible position
- In strange situation shows strange, bizarre behaviours.
- As if mini dissociative episodes in response to reunion with carer (abuser?)
Abuse leads to deficits in capacity to ‘mentalise’

- Faced with a fearful /frightening carer….the child is likely to internalize the mother’s *actual* state as part of his or her own self structure

- A *mentalising* stance is also unlikely to develop in a child who generally feels treated as an uncared-for physical object

- Fonagy, P
Trauma and memory

- **Declarative** can be spoken
- **Procedural**...... preverbal, body memories: context is important (triggered later), registered.. Sound, smell etc
- very important for attachment process

- See case of 14 month toddler severely injured by his mother woken from sleep.. has severe anxiety at falling to sleep.. Needs carer to have skin contact to feel safe
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Stargate program

• role of being an independent advocate for the parent, child and the family between the three systems; Child Protection, Out of home Care agencies, and Mental Health Services. Prior to Stargate children in out of home care were often ‘parentless’ Winnicott’s sense of ‘going on being’ (1960).

• Now Take Two programme
New Orleans : Zeanah

- Court ordered attachment based assessment and intensive treatment program
- Very high risk infants at risk of removal
- Acknowledges that infant likely to be back with parents .. If not then aim for decisive early placement
- Funded by Justice Dept !
- The bus is most valued asset
Parents with a mental illness

• What is a mental illness?
• Is this the best terminology?
• .. Someone is ‘sick’….but there ae other views..
• Thomas Szaz.. RD Laing… the sociology and meaning of distress.. the role of society
• Postmodernism…. 
PARENT-INFANT THERAPIES

- Therapists Counter-transference Representations

INFANT PSYCHOTHERAPY

BABY Representations ↔ BABY actions ↔ MOTHER actions ↔ MOTHER representations

THERAPIST

DOLTO  BRAZELTON  STERN

CRAMER, FREIBERG

THERAPIST

McDonough

Also

& Family Therapy
& Mother Baby Group Psychotherapy
Brief Serial Interventions

• See Dan Stern…. 
• Using different portals of entry …into the infants system…

• But see Paul Barrow: *Change in Infant Parent Psychotherapy (2003)* .... who questions the efficacy of the brief therapy model
Simon and Andrew

- Referred at aged 3 months: depressed withdrawn in mother baby psychiatric unit
- Mother depressed .. Avoids boys
- Mother : Accountant
- Father : quantity surveyor
- Boys conceived by IVF
- Mother feels she wants to give them up for adoption
- Seen .. Brief serial interventions .. Next 14 years
Parents with Mental Illness

- Clearly there are many ways children experience their parents illness, and
- Many outcomes for children as they grow and develop
- There are protective factors
Action areas for systems
COPMI

- Promote health and well being
- Support for children and families
- Address grief and loss issues
- Access to information, education, decision making
- Care and protection of children
- Partnerships and cross agency processes
- Workforce development and service reorientation
- Research and Evaluate
- (Support for workers.. Reflective supervision)
Some examples in Victoria

- Uniting Church *Mothers Support Program*
- FAST: Family sensitive training .. Bouverie Family Therapy Centre)
- Mother Infant Initiative, Victorian Mental Health branch
- Collaboration Koori Kids Mental Health Network, VAHS mental health service and VACCA
Mother baby initiative

- New DHS Initiative for mothers who have a major mental illness and their infants under 6 months of age
- 3 positions state-wide in adult mental health
- Infant mental health consultation, liaison and support
- 1/1000 mothers have a puerperal psychosis
- Mothers with chronic schizophrenic illness
Baby Care Plan - Parents’ Wishes

PLEASE NOTE: This plan is not a legally binding document but it is preferable that if your baby has two parents or legal guardians, BOTH of you complete and sign it if at all possible. This will help to ensure that your wishes may be taken into account should your baby require temporary care if you are unable to care for him or her due to illness or hospitalisation.

To be completed by parent/s or guardian/s
This plan contains information to be used in the care of my/our baby should I/we be temporarily unable to care for him/her.

I, ________________________________, am the legal guardian of ________________________________ (baby’s name). (Birth date: / / )

Signature........................................ Date....................

I, ________________________________, am the legal guardian of ________________________________ (baby’s name).

Signature........................................ Date....................

I/we would like ________________________________ (baby’s name) to stay with one of the following adults:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship to the baby:</th>
<th>Phone number/s:</th>
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Trauma and Aboriginal families
Assoc Prof Helen Milroy, Perth

- Multiple layers
- Trans generational
- Vicarious
- Present
- Re-traumatizing: Fear of loss again in fostering children
- Re’-kindling
- Life stress events: 22% Aboriginal people have >7 life stress events!!
Professor Helen Milroy

- Attachment to ancestry
- ..to eternity. to society
- *Baby dreaming*. The infants dreams
- Problems for the indigenous Mother..
- Tobacco use
- Alcohol
- Young motherhood
- Travel to give birth
- adversity
Traditional child care practices

- Many languages. Cultures and practices
- Roles of mothers
- Aunties, grandmothers,
- Fathers, uncles, grandfathers
- Cousins, siblings
- Elders
Initiatives from *ATSI Perinatal and Infant mental health conference*

- Koori Maternity Strategy in Victoria, VACCHO pilots in 1990
- Midwife training NSW
- Preschool initiatives .. Use of culture
- Strong women projects
- Yalmambiladhaany : the one’s who teach each other program
- Special projects : eg Ted Kennedy Inner City Project
Initiatives from *ATSI Perinatal and Infant mental health conference*

Infant mental Health and Perinatal Services Sydney

- Instinctive breast feeding
- Connecting Mums, babies, family, culture: SA training program
- **Start strong** Video.. Indig broadcasters
- Grief and loss working through
- Infant sleeping settings [SIDS]
Anybody's child: severe disorders of mother-to-infant bonding

CHANNI KUMAR 1997

• severe, disorders of maternal affection and behaviour suggests that there is an early process of mother-to-infant bonding which can go seriously wrong

• at least one episode of postnatal mental illness described an unexpected and often catastrophic failure to love one or more of their babies

• women reported absent affection, sometimes hate, rejection, neglect or impulses to harm

• feelings often began immediately or very shortly after the birth
Anybody's child: severe disorders of mother-to-infant bonding

CHANNI KUMAR 1997

- specific to one child; such characteristics are best encapsulated by the term 'maternal bonding disorder'.
- no direct evidence of predisposing maternal personality traits or previous experiences.
- Postnatal mental illness and recalled severe pain during labour associated.
- The nature of the link between postnatal mental illness and disorders of maternal bonding remains unclear.