

The Family Couch

Considerations for Infant/Early Childhood Mental Health



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KEYWORDS

• Infant/early childhood • Mental health • Family • Stress

KEY POINTS

- Infant/early childhood mental health is defined as “the young child’s capacity to experience, regulate and express emotions; form close and secure interpersonal relationships; explore and act on the environment and learn...(that is) best accomplished within the context of the caregiving environment that includes family, community and cultural expectations.”
- Infant and early childhood mental health principles and practices are inherently systems based and multigenerational, which emphasize working with and through family relationships to optimize early mental health outcomes.
- Strategies to promote infant/early childhood mental health involve simultaneous attention to characteristics of the infant or toddler, the parent, and the developing attachment relationship, all within the family, community, and cultural systems within which the young child and parents reside.

*She is as in a field a silken tent
At midday when a sunny summer breeze
Has dried the dew and all its ropes relent,
So that in guys it gently sways at ease,
And its supporting central cedar pole,
That is its pinnacle to heavenward
And signifies the sureness of the soul,
Seems to owe naught to any single cord,
But strictly held by none, is loosely bound
By countless silken ties of love and thought
To everything on earth the compass round...*
—Robert Frost

The author has nothing to disclose.

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Abbreviations

ABC	Attachment and Biobehavioral Catch-Up
COS	Circle of Security
CPP	Child-Parent Psychotherapy
VIPP	Video Feedback to Promote Positive Parenting

WHAT IS INFANT/EARLY CHILDHOOD MENTAL HEALTH?

The birth of the infant-family field is generally credited to Selma Fraiberg, whose pioneering work focused on promoting infant/early childhood mental health by understanding and working through the relationships that were most salient for infants and young children.^{1,2} An accepted definition of infant/early childhood mental health is “the young child’s capacity to experience, regulate and express emotions; form close and secure interpersonal relationships; explore and act on the environment and learn...(that is) best accomplished within the context of the caregiving environment that includes family, community and cultural expectations...”³ Family relationships are at the core, reflecting Winnicott’s⁴ assertion that “there is no such thing as a child” separate from the multigenerational family experiences within which the child is raised. In this article, the power of family relationships is described as central to the continuum of infant/early childhood mental health practices, including promoting early social-emotional well-being and development, preventing adverse outcomes in the context of risk, and intervening to treat symptoms associated with mental health disorders.

Infant/Early Childhood Mental Health Challenges

Infants and very young children can evidence mental health symptoms and disorders.⁵⁻⁷ Infants and young children are good at showing us when they are experiencing mental “health”—they are curious, enchanting, persistent, and confident. When they are experiencing mental health challenges, they can be listless, distracted, aggressive, or insecure. Infants and toddlers can experience grief, sadness, anger, and hopelessness, which in their extreme forms may manifest as mood and anxiety disorders, disorders of regulation (feeding, sleep, sensory, behavior), and posttraumatic stress disorder (eg, Ref.⁸). The associated social-emotional and behavior challenges affect all domains of early development, as well as the physical health, mental health, and development of the child for a lifetime (eg, Ref.⁹). Therefore, it is imperative that challenges are addressed as early as possible. But how can this be done when the child cannot independently seek out treatment and may not be able to verbally describe the pain or distress he or she might be suffering?

This dilemma calls to mind an image of an infant in diapers lying on a tiny couch with a clinician sitting nearby attempting to discover the nature of her symptoms. This article does not suggest that the image of a couch is of no use (and, in fact, it links us to the field’s psychodynamic roots) but rather that the couch would need to be of the largest size possible to include everyone connected to her. That is, infant/early childhood mental health symptoms and disorders can only be understood, and addressed, in the context of current and historical family experiences into which the infant has been born and is developing. These close relationships with parents and other significant caregivers are embedded within unique interpretive frameworks (eg, cultural, historical, family values, and parenting beliefs) that serve to organize parent-infant interaction experiences.¹⁰ In addition, because all early social-emotional development occurs in the context of relationships, the emotional

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