Keeping the Baby in Mind

A practical guide

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Those to whom evil is done
Do evil in return

September 1, 1939
W.H. Auden (1907-1973)
Keeping the Baby in Mind

Outline

• Steps to increase your skills and knowledge
• Clinical Approaches to Infant Mental Health
• Bonding, attachment and principles of attachment theory
• Parent–Infant Interaction Observation Scale (PIIOS)*
• Workshop with video-clips – confidentiality clause
• Conclusions
• Suggested reading
STEP 1: Increase your understanding of infant mental health

- Murray http://www.amazon.co.uk/The-Social-Baby-Understanding-Communication/dp/1903275423
- Tronick http://www.umb.edu/academics/cla/faculty/edward_tronick
  https://www.youtube.com/watch?v=apzXGEbZht0
- The wonder weeks https://www.thewonderweeks.com/

http://alisongopnik.com/TheScientistInTheCrib.htm
Step 2: Build your Infant Mental Health Training curriculum

- Background in O&G, paediatrics, child development, child psychotherapy is helpful
- Cultivate “observation skills”: supervised observation of parent-infant interaction
  - Warwick Infant & Family Wellbeing Unit [https://warwick.ac.uk/fac/sci/med/about/centres/wifwu/training/](https://warwick.ac.uk/fac/sci/med/about/centres/wifwu/training/)
  - Anna Freud Centre [https://www.annafreud.org](https://www.annafreud.org)
  - Tavistock and Portman Clinic [https://tavistockandportman.nhs.uk/training/courses/](https://tavistockandportman.nhs.uk/training/courses/)
- Formal training in specific observational methods: clinical and research accreditation
- Join the UK Association of Infant Mental Health (AIMH)
- Infant Mental Health Competency Framework (IMHCF) AIMH (UK) and the International Training School of Infancy and Early Years (ITSIEY from Pregnancy to 2 years - Launch 1st May House of Commons
STEP 3: Clinical tips

• In your assessment template keep the heading
  – “Attitude towards the pregnancy and the baby”

• Learn the language
  – sensitive, unresponsive, bonding, attachment, baby’s physical, emotional, social needs

• Consider and formulate routinely immediate vs long term risk to the baby
  – intergenerational transmission of disturbance

• Introduce yourself to the baby in clinic

• Incorporate infant mental health education to parents in postnatal review

• Train your team and other professionals – cascade the knowledge

• Be prepared not to be taken seriously
Clinical Approaches to Infant Mental Health

• Psychoanalytic (the psychotherapist)
  • parent-infant psychotherapy

• Neuro-behavioural (the paediatrician)
  • Brazelton: Newborn Behavioural Observations (NBO)

• Psychological Developmental (the child psychologist)
  • CARE-Index, VIG, Parent Infant Interaction Observation Scale (PIIOS)
Ghosts in the Nursery

A Psychoanalytic Approach to the Problems of Impaired Infant-Mother Relationships

Selma Fraiberg, Edna Adelson, and Vivian Shapiro

In every nursery there are ghosts. They are the visitors from the unremembered past of the parents; the uninvited guests at the christening. Under all favorable circumstances the unfriendly and unbribed spirits are banished from the nursery and return to their subterranean dwelling place. The baby makes his own imperative claim upon parental love and, in strict analogy with the fairy tales, the bonds of love protect the child and his parents against the intruders, the malevolent ghosts.

This is not to say that ghosts cannot invent mischief from their burial places. Even among families where the love bonds are stable and strong, the intruders from the parental past may break through the magic circle in an unguarded moment, and a parent and his child may find themselves reenacting a moment or a scene from another time with another set of characters. Such events are unremarkable in the family theater, and neither the child nor his parents nor their bond is necessarily imperiled by a brief intrusion. It is not usually necessary for the parents to call upon us for clinical services.

In still other families there may be more troublesome events in

This paper is dedicated to the memory of Berta Rank who asked the questions and sought the methods which illuminated the first years of life.

Selma Fraiberg is Professor of Child Psychoanalysis and Director of the Child Development Project, Department of Psychiatry, University of Michigan. Edna Adelson is a psychologist and Vivian Shapiro a social worker; both are senior staff members at the Child Development Project.

This paper is an extended version of one given as the Berta Rank Memorial Lecture, Boston Psychoanalytic Society and Institute, May 23, 1974.

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Reprints may be requested from Mrs. Fraiberg, 201 E. Catherine Street, Ann Arbor, Michigan 48108.
Dr. T. Berry Brazelton and colleagues (1973)

- **Neonatal Behavioural Assessment Scale (NBAS):**
  A guide that helps parents, health care providers and researchers understand the newborn's language (0-2 months)

- **Newborn Behavioural Observations (NBO)**
  Relationship building tool
Attachment flows from infant to care-giver, develops gradually over first year. Purpose: to seek security and protection.

Attachment

Bonding; flows from the care giver to the infant, develops rapidly. Purpose: to provide protection.

Bonding

Developmental Psychology Approach
Central concepts in attachment theory

1.89 million years ago......

The “attachment seeking system” is instinctive; an evolution based motivational drive towards “felt security” when under perceived threat or danger.
Central concepts in attachment theory

During our development we actively build “representational models” of our world and our relationships i.e. *we build minds*. This process is shaped by the continuous interaction with our caregiver i.e. the attachment figure.

The **quality of parenting** i.e. sensitive, responsive parent-child relationship is one the most important predictors of healthy psychological development.
Characteristics of sensitive parenting promoting secure attachment

What makes a caregiver “responsive”?

**Attunement.** The specific nature or quality of the attunement or contingency between parent and infant (*Beebe et al. Attachment and Human Development 2010;12(1-2):3–141*)

**Mind-mindedness or reflective function.** The parent’s capacity to understand the infant behaviour in terms of internal feeling states (*Meins et al. Journal of Child Psychology and Psychiatry, 2001; Vol. 42, issue 5:637–48; Slade et al. Attachment and Human Development 2005;7(3):283–98*).
Pathogenic (toxic) parent-infant interaction creates dysfunctional (i.e. insecure) attachment organisations and negative representational models [but they are adaptive for the child survival in maltreating environment].

Mary Ainsworth (1970) initially defined the main attachment patterns, later on modified by other researchers (e.g. Main, Crittenden)

- Secure [B] (55-65%) – *parent is sensitive*
- Insecure [C]: Anxious/Resistant 8-10% - *parent is intrusive erratic*
- Insecure Avoidant [A] 10-15% - *parent is punitive*
- Disorganised 80% in abused sample - *parent is frightening*

These attachments organisations can be predictive of future functioning.
Screening for parent-infant relationship problems:

**Parent-Infant Interaction Observation Scale**


**Domains**

1. Infant positioning
2. Eye contact
3. Vocalisation
4. Affective engagement and synchrony
5. Warmth and affection
6. Holding and handling
7. Verbal commenting about baby; Mind-mindedness (if care-giver’s language is not English it may be necessary to infer the answer from the non-verbal interaction)
8. Attunement to distress
9. Bodily intrusiveness, looming in
10. Expressed expectations of baby
11. Empathic understanding
12. Responsive turn taking
13. Baby self soothing strategies

<table>
<thead>
<tr>
<th>Scale Score</th>
<th>Interpretation</th>
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<tbody>
<tr>
<td>0 – 17</td>
<td>No concerns</td>
</tr>
<tr>
<td>18 – 25</td>
<td>Some concerns</td>
</tr>
<tr>
<td>26+</td>
<td>Significant concerns</td>
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</tbody>
</table>

Every item can have a score of 0-2-4

Warwick Infant & Family Wellbeing Unit
http://www2.warwick.ac.uk/fac/med/about/centres/wifwu/
Parent Infant Observation Domains

- Warmth & Affection
- Mind-mindedness
- Eye contact Vocalisation
- Self-soothing
- Holding & handling
- Infant positioning
- Engagement Synchrony
- Bodily intrusiveness
- Turn taking
- Expectations Empathy
- Attunement to stress
- Warmth & Affection
- Eye contact Vocalisation
- Mind-mindedness
- Self-soothing
- Holding & handling
- Infant positioning
- Engagement Synchrony
- Bodily intrusiveness
- Turn taking
- Expectations Empathy
- Attunement to stress
Neurobiological correlates of maternal behaviour

Mirror neurons. Identified in the pre-motor cortex of monkeys, mirror neurons seem to form a cortical system matching observation and execution of goal related motor actions. One possible function of this matching system may be part of or a precursor to a more general mind reading ability (Gallese and Goldman, Trends in Cognitive Science 2:12, 1998)

Neuropeptides and dopamine reward pathways. It seems likely that for attachment to occur, neuropeptides oxytocin and vasopressin must link social stimuli to dopamine pathways - especially the nucleus accumbens and ventral pallidum - associated with reinforcement (Insel and Young, Nature Reviews Neuroscience 2001;vol 2;120-136)

Maternal response to infant facial cues is mediated by dopamine-associated reward-processing regions of the brain. They were activated when mothers viewed their own infant’s face compared with an unknown infant’s face (Strathearn et al. Pediatrics 2008;122;40-51)
Hemodynamic brain response of mothers viewing their own infant's face compared with an unknown infant's face in the left dorsal putamen (A) and the left substantia nigra (B; enlarged view is shown in the inset) (P < .0001, FDR corrected q < 0.05).
Emotional dysregulation.
- Difficulty in labeling emotions.
- Lack of skills in managing emotions.
- Preferential attention to emotions.

Cognitive dysregulation.
- Difficulty in processing information.
- Lack of problem-solving skills.

Behavioral dysfunction.
- Direct response to emotion in an attempt to control them, e.g., self-harm, alcohol.

FORMULATION FOR THE MANAGEMENT OF IMPULSIVE BEHAVIOUR IN THE CONTEXT OF A HISTORY OF IMPAIRED PARENT- INFANT RELATIONSHIP

PATIENT
- a. Identify triggers/cues.
- b. Change one's emotional reaction to the triggers/cues.
- c. Control distress.
- d. Tolerate staying miserable.

MENTAL HEALTH WORKER
- a. Recognize that the patient is experiencing strong emotions.
- b. Keep information clear.
- c. Keep clear boundaries.
- d. The behaviour is the problem, not the person.
- e. Spend time listening.
- f. Use reinforcement of positive behaviour versus punishment of negative behaviour.

Physiological arousal
- Cognitive dysregulation with failure to process information and problem solving.

Emotional dysregulation
- Triggers
- Selective attention to emotions
- Self-invalidation
- Dysfunctional behaviour - direct response to emotions - temporarily relief

Heightened state of distress
- Urges to relieve stress - response
## Risk assessment in perinatal mental health

<table>
<thead>
<tr>
<th></th>
<th>Obstetric/medical</th>
<th>Psychological</th>
<th>Psychiatric</th>
<th>Social</th>
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<tbody>
<tr>
<td>Low</td>
<td>Persistent morning sickness</td>
<td>e.g. minor difficulties in adapting to transition to motherhood</td>
<td>e.g. past history of self-limiting adjustment reaction or no history, currently well</td>
<td>e.g. recently relocated, isolated but able to integrate</td>
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<td>Recurrent miscarriage, IVF history but current pregnancy uncomplicated</td>
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<tr>
<td>Moderate</td>
<td>Any medical complication currently stable</td>
<td>Copying styles liable to become inefficient during transition to motherhood</td>
<td>Past history of mental illness of mild - moderate degree of severity that responded to treatment</td>
<td>Lost job, bullied at work, pressure to conform to expectations, intrusive mother in law, arranged but not forced marriage.</td>
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<td>e.g. striving for perfectionism</td>
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<td>High</td>
<td>Twin pregnancy</td>
<td>History of reproductive loss, lack of control of reproductive life or choices, lack of resilience, maladaptive coping strategies, childhood maltreatment, inability to take responsibility etc.</td>
<td>Severe and enduring mental illness. Delayed diagnosis with long spells of illness being untreated. History of non-compliance; lack of insight. Poor prognosis Mental illness in partner and or other children etc.</td>
<td>Domestic violence within or outside forced marriage, single parent, &gt; 3 children aged &lt; 5 years isolation, segregation, language barrier etc.</td>
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<td></td>
<td>Gestational diabetes</td>
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<td>IDDM</td>
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<tr>
<td></td>
<td>High BMI</td>
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<tr>
<td></td>
<td>Cardiovascular disease</td>
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## Risk assessment in perinatal mental health

<table>
<thead>
<tr>
<th>Psychiatric risk</th>
<th>Mother (self)</th>
<th>Unborn/baby (others)</th>
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<tr>
<td><strong>Immediate</strong></td>
<td>Pronounced suicidal ideation with active plans.</td>
<td>e.g. mother non compliant with obstetric care in response to psychiatric symptoms e.g. refusing emergency C-section, anti-hypertensive drugs</td>
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<td></td>
<td>Responding to auditory hallucinations advocating self-harm or harm to others.</td>
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<td></td>
<td>Dangerous agitated behaviour in response to paranoid delusions.</td>
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<td><strong>Medium-long term</strong></td>
<td>Further deterioration in mental state</td>
<td>Increase risk of psychopathology mediated by bonding/attachment difficulties (secondary to maternal mental illness)</td>
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<tr>
<td></td>
<td>Worsening of the prognosis</td>
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<td></td>
<td>Resistance to medication requiring increase of the dose or switch to a more powerful class or poly-pharmacy with more side effects</td>
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<td></td>
<td>Cognitive decline</td>
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<td></td>
<td>Decline in the level of functioning secondary to the above</td>
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</tbody>
</table>

*NB* intergenerational transmission of dysfunctional parenting is not always contingent on maternal mental illness
Workshop using video -clips

• Consent forms signed
• Confidentiality clause
  – Please be compassionate and respect the dignity of the parents and infants filmed
  – Please do not record the video clip
  – Please do not comment or report the content of the video and case discussion in a way that can lead to a breach of confidentiality

02/03/2020
Dr M. Miele
Infant Mental Health Conclusions

• A substantial body of evidence shows that the quality of parenting is one of the main mediators (i.e. factors on the causal pathway) of the association between maternal mental disorders and psychopathology in children.

• The main determinants of sensitive parenting are attunement and mind mindedness or reflective function.

• Unresponsive, non-sensitive parenting is associated with the development of dysfunctional attachment patterns; these in turn are predictive of future psychopathology.

• Parenting is one determining mediator that is susceptible to interventions.
We must love one another or die

September 1, 1939
W.H. Auden (1907-1973)
Helpful websites and further reading

WEBSITES
http://www.nice.org.uk/ clinical guideline 45
http://www.pndtraining.co.uk/
http://www.marcesociety.com/
http://www.rcpsych.ac.uk/
http://www.patcrittenden.com/care-index.html
http://www.annafreud.org/
http://www.beginbeforebirth.org/
http://www.nspcc.org.uk/
http://www.familyandparenting.org/
http://www.brazelton.co.uk/
http://www.mind.org.uk
http://www.beatingtheblues.co.uk/
http://www.beyondtheblues.com/
http://www.apsac.org/
https://goo.gl/Q1WSgS

BOOKS
Why love matters; How affection shapes a baby’s brain by Sue Gerardt (2nd edition 2014)
Keeping The Baby In Mind: Infant Mental Health in Practice by Barlow, Jane and Svanberg, P.O. (2009)
Modern Management of Perinatal Psychiatric Disorders by Henshaw, Carol, Cox, John and Barton, Joanne (2009)
Domestic Violence and Mental Health by Louise Howard, Gene Feder, Roxanne Agnew-Davies (2013)
Transforming Infant Mental Health Ed. Penelope Leach (2017)
https://www.routledge.com/Transforming-Infant-Wellbeing.../9781138689541
Perinatal Psychiatry: the Legacy of Channi Kumar (2014)