

Trauma-informed Practice in Infant Mental Health



A relationally focused, culturally
sensitive overview



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Overview



- ☞ Reflective Practice
- ☞ Introduction to IMH
- ☞ Didactic overview of
Trauma Informed Care
- ☞ Group experiential
- ☞ Q & A



Greet yourself arriving at your own door,
in your own mirror



What is Infant Mental Health?



Defining, Being, & Connecting to
Trauma Informed Practice

What is Infant Mental Health?



Infant mental health is the optimal growth and social-emotional, behavioral, and cognitive development of the infant (0-3 year old) in the context of the unfolding *relationship* between *infant and parent*.

What is Infant Mental Health?



IMH is the developing capacity of an Infant to:

- ☞ experience, regulate and express emotions
- ☞ form close and secure interpersonal relationships
- ☞ explore the environment and learn

Being Infant Mental Health



1. Building Relationships and using them as instruments of change.
2. Meeting with the infant and parent together throughout the period of intervention.
3. Sharing in the observation of the infants growth and development.
4. Offering anticipatory guidance to the parent that is specific to the infant.
5. Alerting the parent to the infant's individual accomplishments and needs.
6. Helping the parent to find pleasure in the relationship with the infant.
7. Creating opportunities for interaction and exchange between parent(s) and infant or parent(s) and practitioner.
8. Allowing the parent to take the lead in interacting with the infant or determining the “agenda” or “topic of discussion”*
9. Identifying and enhancing the capacities that each parent brings to the care of the infant.

(Weatherston, 2000)

Being Infant Mental Health



10. Wondering about the parent's thoughts and feelings related to the presence and care of the infant and the changing responsibilities of parenthood.
11. Wondering about the infant's experiences and feelings in interaction with and relationship to the caregiver.
12. Listening for the past as it is expressed in the present, inquiring and talking.
13. Allowing core relational conflicts and emotions to be expressed by the parent; holding, containing, and talking about the as the parent is able.
14. Attending and responding to parental histories of abandonment, separation, and unresolved loss as they affect the care of the infant, the infants development, the parent's emotional health and the early developing relationship.
15. Attending and responding to the infant's history of early care within the developing parent-infant relationship.
16. Identifying, treating and/or collaborating with others if needed, in the treatment of disorders of infancy, delays and disabilities, parental mental illness and family dysfunction.
17. Remaining open, curious and reflective.

(Weatherston, 2000)

Being Infant Mental Health



Concrete Assistance: “If a family is hungry, they must be fed”. A powerful metaphor of care

Emotional Support: thoughtful, deep, responsive, keeping baby in mind.

Developmental Guidance: Gentle, careful and through relationship.

Early Relationship Assessment & Support: Careful, deep and genuine.

Advocacy: For the baby. Within the family and in systems.

Infant-Parent Psychotherapy: Therapeutic dyadic intervention focusing on attachment, functioning, trauma, emotion, overall health.

...Sustained by a reflective, skilled, culturally competent, and relationship-based workforce that supports infants, young children and their families.

(www.allianceaimh.org)

What is Trauma Informed Care?



Defining Trauma in the context of Infant Mental Health

What is trauma informed practice?



A program, organization, or system that is trauma-informed:

Realize	Recognize	Respond	Seek
the widespread impact of trauma and understand potential paths for recovery	the signs and symptoms of trauma in clients, families, staff, and others involved with the system	fully integrating knowledge about trauma into policies, procedures, and practices	To actively resist re-traumatization

(<https://www.samhsa.gov/nctic/trauma-interventions>)

Wondering together about Trauma Informed Practice in IMH



Realize

That IMH practice is a potential path for prevention or healing the impact of trauma

Recognize

Signs and symptoms of trauma in children 0-3 in the context of the relationship with their caregiver

Respond

Fully integrating knowledge about trauma and IMH into practice, policies, and procedures

Reflect

Utilize supervision to actively resist re-traumatization

Navigating the impact of implicit bias and power/privilege in relationship with clients, systems, and self-reflection

Basic IMH Tenets



- ❧ Optimal growth and development occur within nurturing relationships.
- ❧ The birth and care of a baby offer a family the possibility of new relationships, growth and change.
- ❧ What happens in the early years affects the course of development across the lifespan.
- ❧ Early developing attachment relationships may be distorted or disturbed by parental histories of trauma.
- ❧ The therapeutic presence of an IMH specialist may reduce the risk of relationship failure and offer the hopefulness of warm and nurturing parental responses.

(Stinson, Tableman & Weatherston, 2000)

Optimal growth and development occur within nurturing relationships



“...trauma in the first years of life needs to be assessed and treated
in the context of the child’s primary attachments.”

(Leiberman, 2004)



Babies and Toddlers are affected by trauma *they* experience as much as they are affected by trauma their *parent or caregiver* experiences.

Optimal growth and development occur within nurturing relationships.



❧ “I don’t belong”

❧ “I am all alone”

❧ “Bad things will happen”

Optimal growth and development
occur within nurturing relationships.



- ☞ “I belong”
- ☞ “It’s safe to trust”
- ☞ “It’s safe to have feelings”



Optimal growth and development
occur within nurturing relationships.



Secure attachments with caregivers allows the child to develop a sense of trust, gain mastery over the environment, and develop the capacity to modulate physiological arousal.

(van der Kolk and R. Fisler, 1999)

The birth and care of a baby offer a family
the possibility of new relationships,
growth and change.



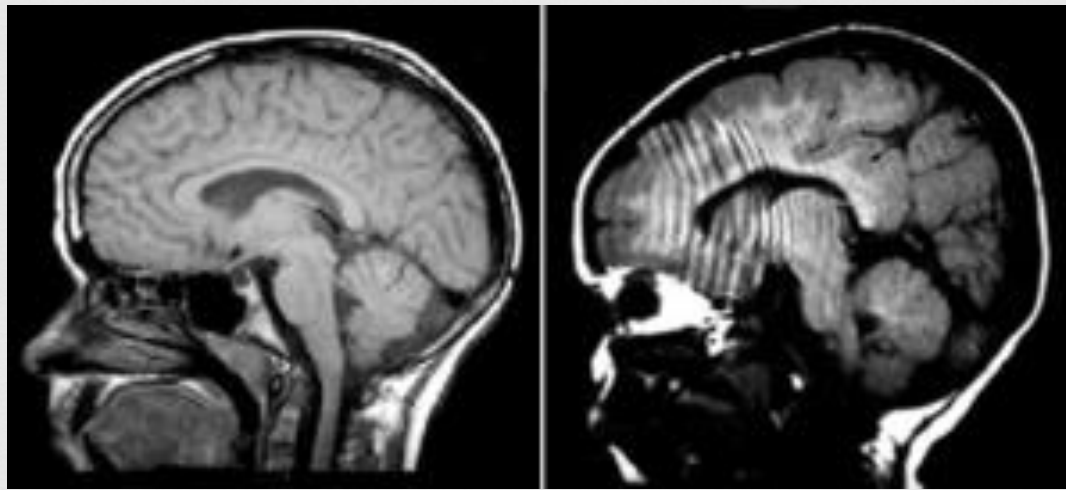
What happens in the early years affects the course of development across the lifespan



"Flight, fight or freeze hormones work really well to help us accelerate when we're being chased by a vicious dog with big teeth, fight when we're cornered, or turn to stone and stop breathing to escape detection by a predator. But they become toxic when they're turned on for too long."

Bruce Perry, Child Trauma Academy

What happens in the early years affects the course of development across the lifespan.



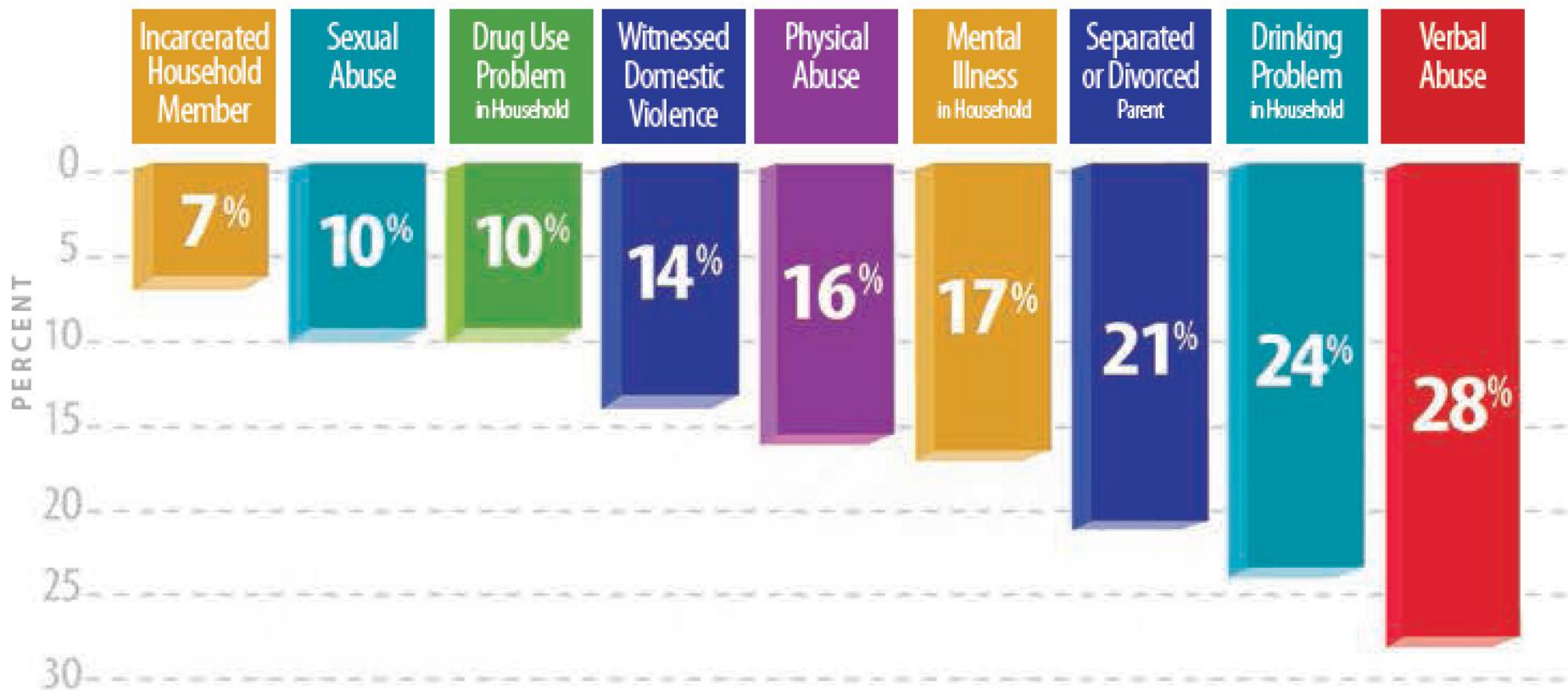
"Healthy development can be derailed by excessive or prolonged activation of stress response systems in the body and the brain"

(developingchild.harvard.edu)

What happens in the early years affects the course of development across the lifespan.

PREVALENCE OF INDIVIDUAL ACES

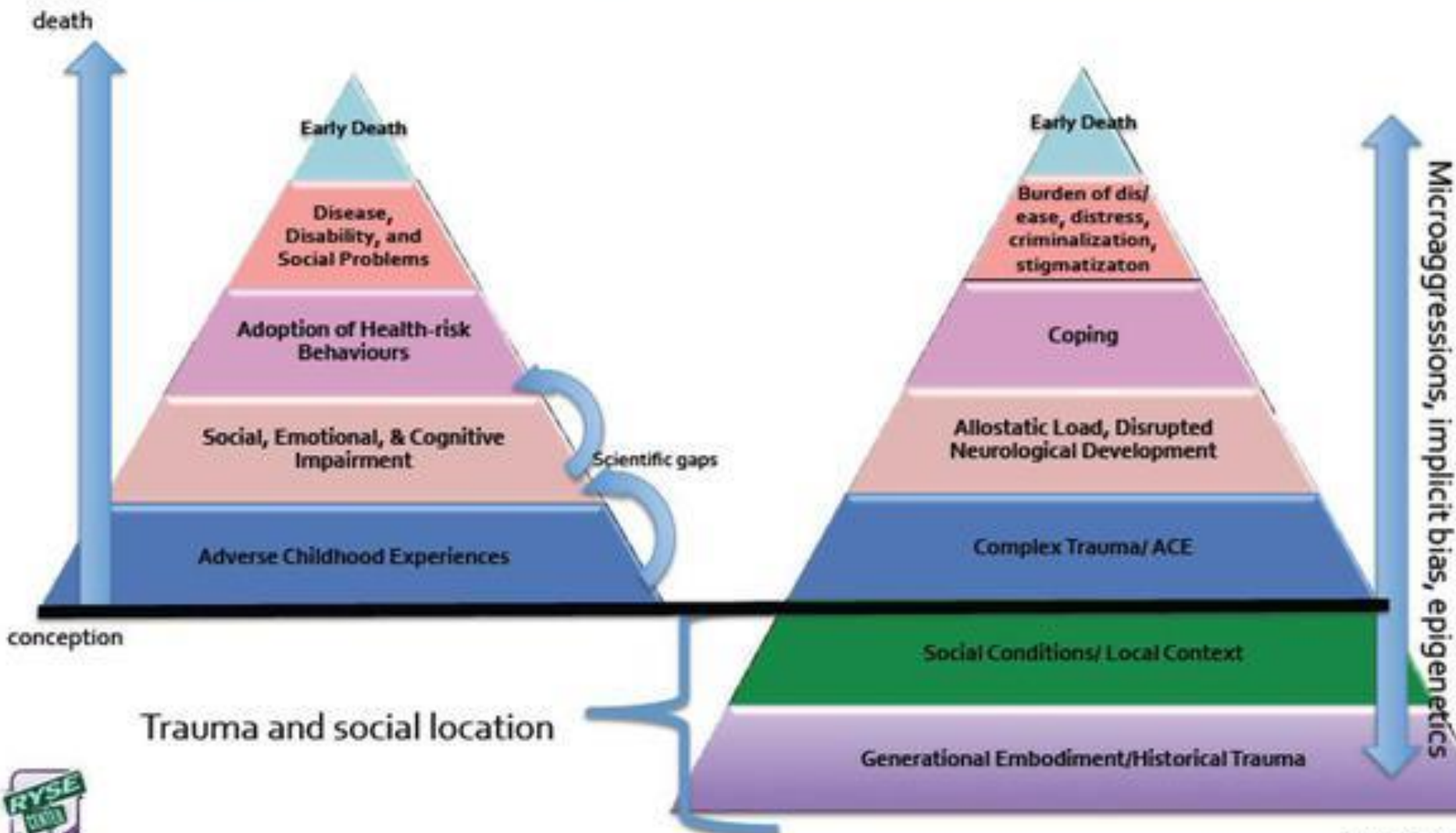
MINNESOTA 2011



Trauma and Social Location

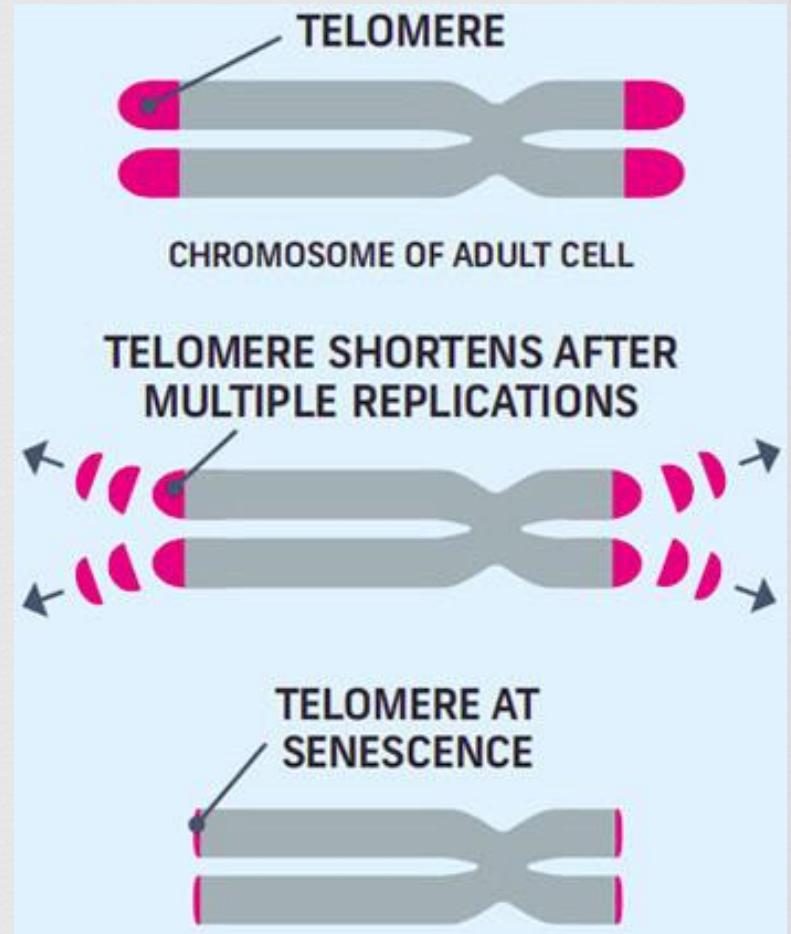
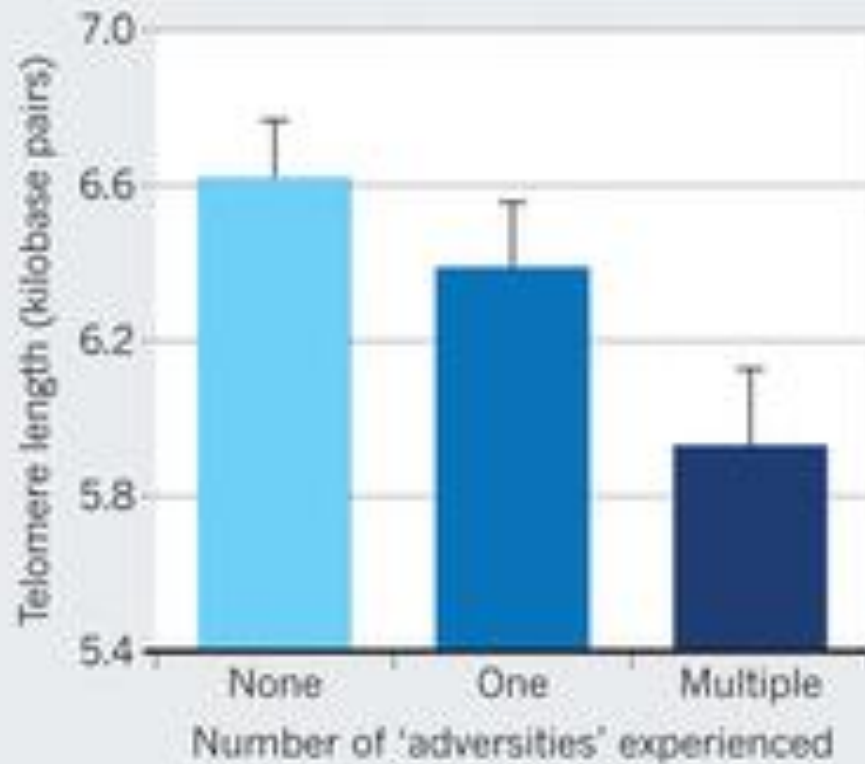
Adverse Childhood Experiences

Historical Trauma/Embodiment



TELOMERES TELL

They are shorter in adults who experienced more trauma as children.



What happens in the early years affects the course of development across the lifespan.



"The relationships children have with their caregivers play critical roles in regulating stress hormone production during the early years of life."

(developingchild.harvard.edu)

Early developing attachment relationships may be distorted or disturbed by parental histories of trauma.



Parent experiences traumatic event in childhood

Thoughts

Emotions

Behaviors



Parent develops trauma-related expectations

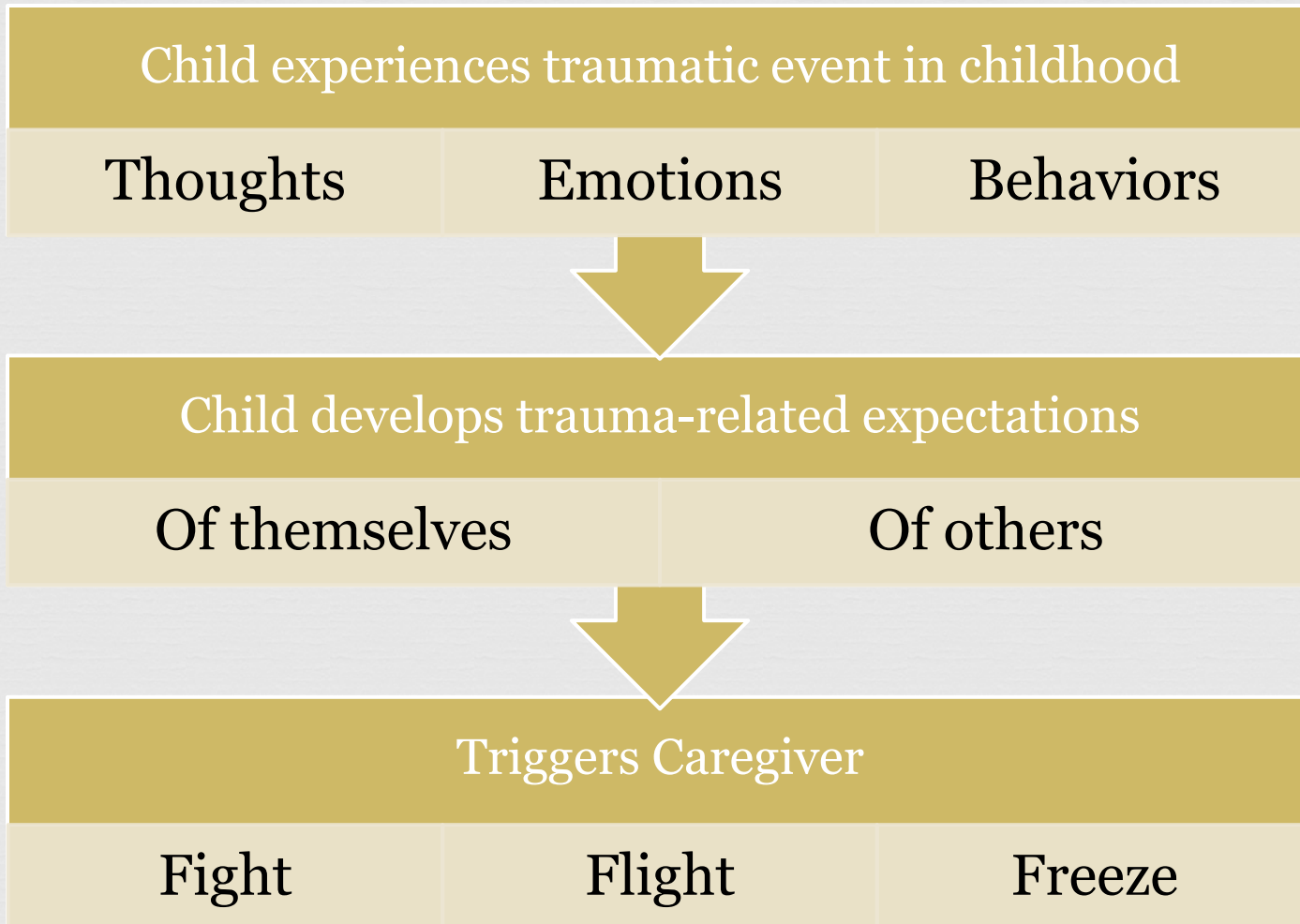
Of themselves

Of others



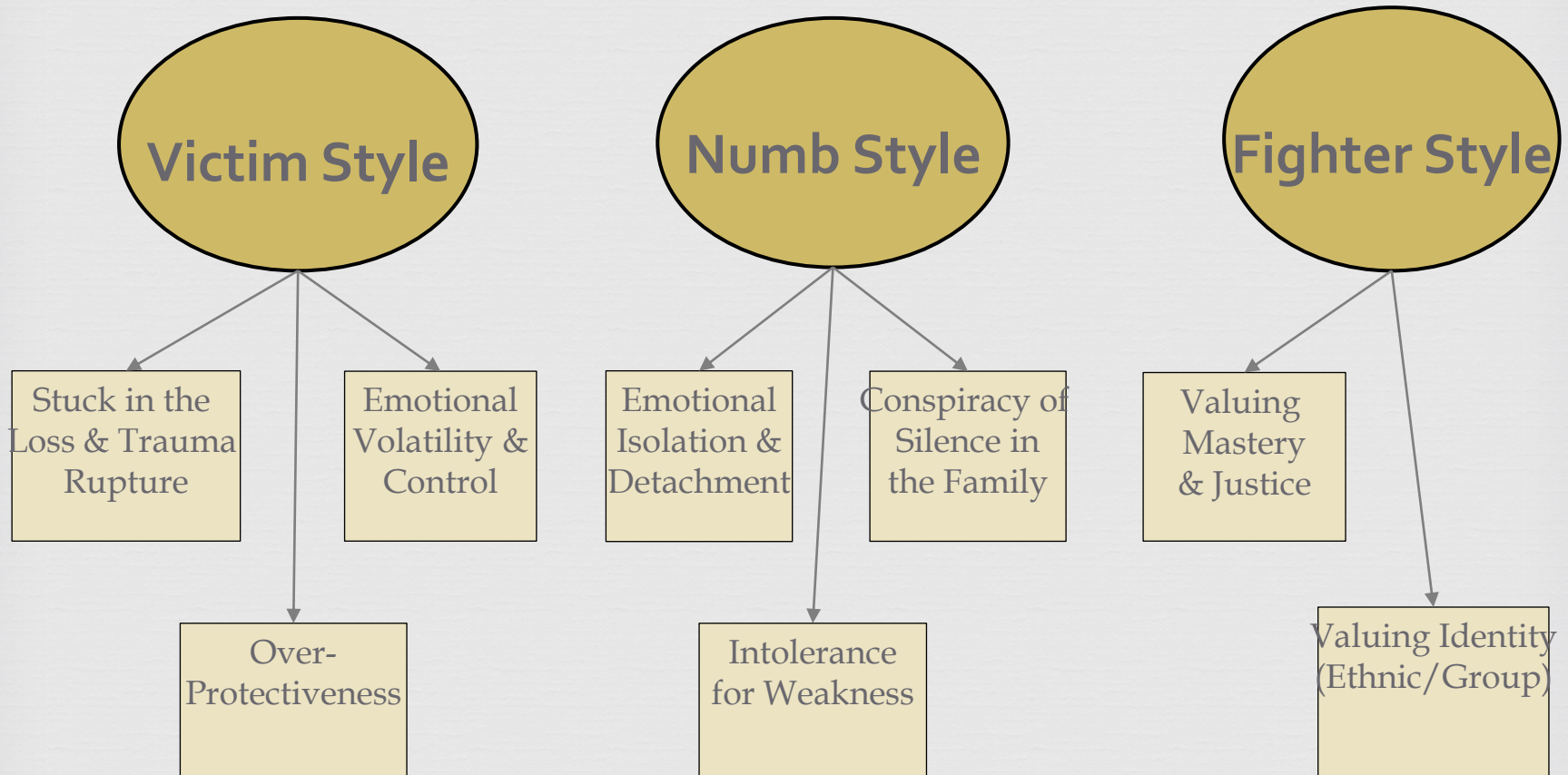
Parent's personality develops in line
with defenses and expectations based on trauma

Early trauma becomes a ghost in the nursery

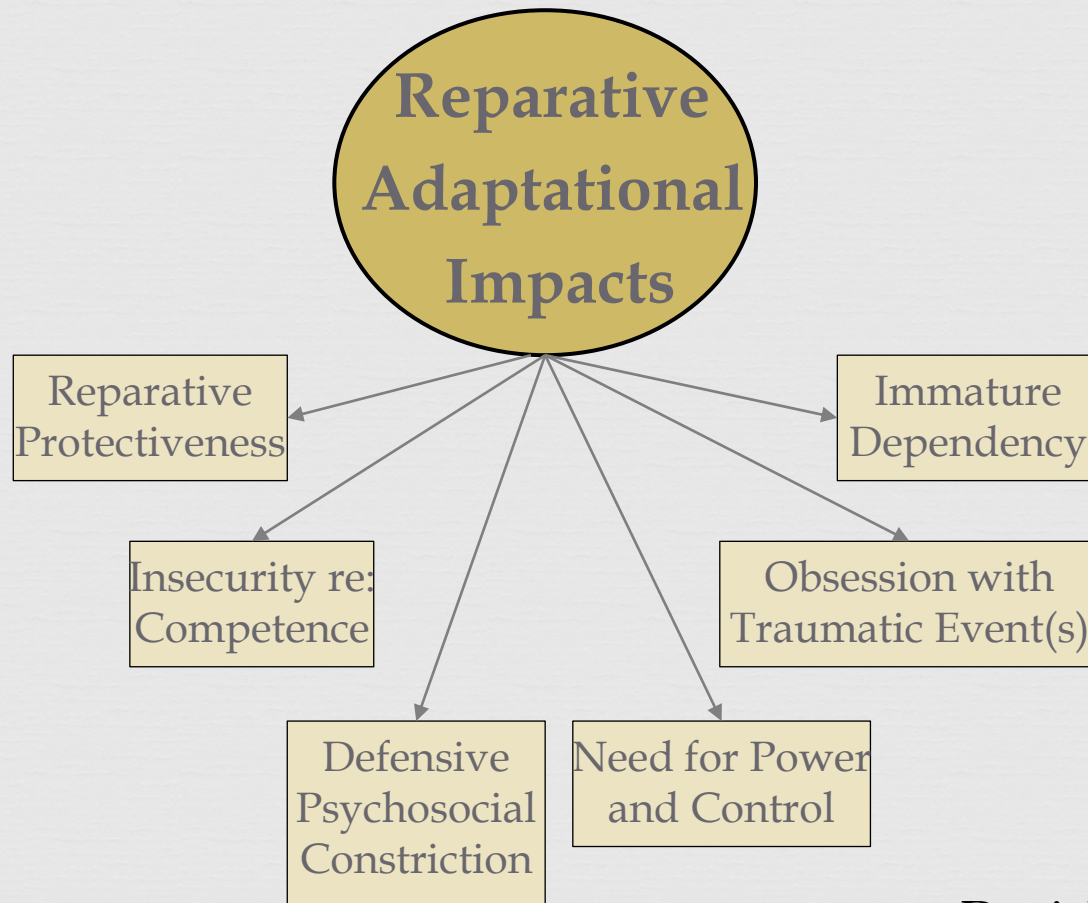


(Fraiberg, 1980)

Parents' posttrauma adaptational styles (higher and lower order factors)



Adult child's reparative adaptational impacts (higher and lower order factors)



The therapeutic presence of an IMH specialist may reduce the risk of relationship failure and offer the hopefulness of warm and nurturing parental responses.





PAUSE

Slow down

Accepting where you're at without judgement .

NOTICE

Actions, thoughts, emotions, values

In the present moment, holding past moments in mind.

BE CURIOUS

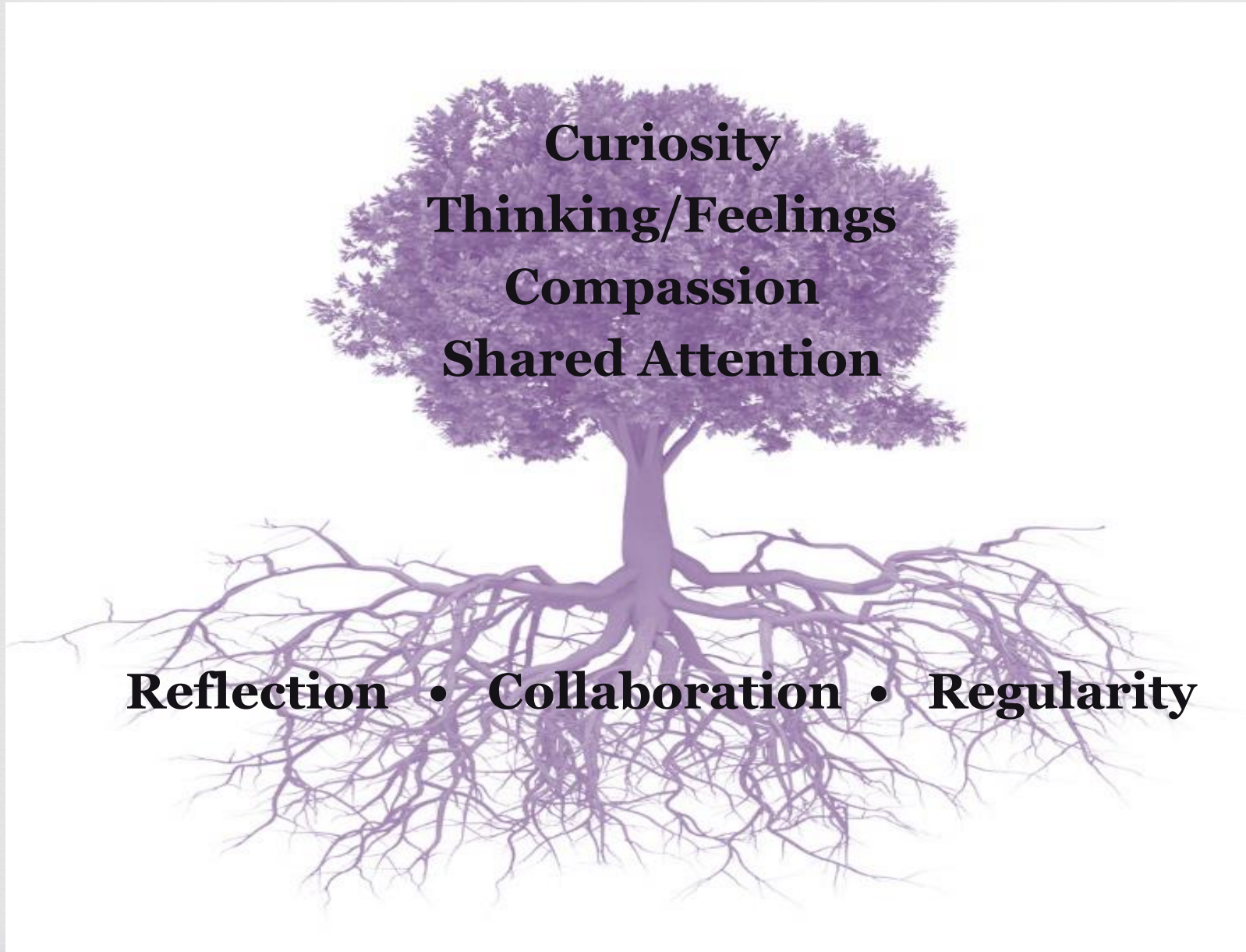
How will this new awareness fit as you move forward?



PRESENT MOMENT
REFLECTIVE PRACTICE

The therapeutic presence of an IMH specialist may reduce the risk of relationship failure and offer the hopefulness of warm and nurturing parental responses.

Elements of the Reflective Supervisory Relationship



Experiential



Questions?



Contact



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Resources



- allianceaimh.org
- Bruce Perry, Child Trauma Academy
- developingchild.harvard.edu
- Fraiberg, 1980
- Leiberman, 2004
- nctsn.org
- samhsa.gov
- Stinson, Tableman & Weatherston, 2000
- Thich Nhat Hanh, 2007
- Van der Kolk and R. Fisler, 1999
- zerotothree.org