



Baby Bites

Keeping the Focus on Infant Mental Health

This is the first of a series of newsletters aimed at providing health and social care practitioners with updates and developments in Infant Mental Health.

The newsletters will cover key concepts in Infant Mental Health, updates on the latest research in an

easy to understand format and provide details of courses and events which can help increase understanding of Infant Mental Health.

Any questions, comments or suggestions please get in touch via the details at the end.

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Attachment Matters

Attachment refers to the bond between two people. In infancy, this bond is particularly important as the first bond an infant will form represents the link between the infant and the person who responds most to the infant's physical and emotional needs. Often, an individual's pattern of attachment is considered to be an enduring characteristic. However, an infant is able to form an insecure attachment with their mother whilst forming a secure attachment with their father. As such, an infant's attachment bond may be thought of as a dyadic process between the infant and the attachment figure. As a young infant, the attachment bond allows the infant to gradually

realise that although they are close to helpless, there is someone nearby who will ensure their needs are met. A sensitive and responsive caregiver will allow the infant to come to this realisation quicker and help the infant along a successful developmental pathway.

Attachment bonds can vary depending on the sensitive responsiveness of the attachment figure, the temperament of the infant and other factors. In 1978, Ainsworth performed the Strange Situation which was a laboratory based study made up of a series of eight sections where the infant would be in the company of their mother, a stranger or both. The infant's behaviour was coded to examine factors such as exploration behaviour, interaction with the stranger and reunion behaviour (where the infant is reunited



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with his mother). The study found that an infant's attachment with their primary caregiver could be split into three distinct categories. Secure attachment was shown when an infant was comfortable exploring the surrounding area when the mother was present. This is known as secure base behaviour as the infant is able to explore the area around the mother without the mother being in close contact as they feel confident that the mother will be by their side to provide comfort and safety should the need arise. Other secure behaviours include interacting with the stranger when the mother is in the room but being wary of the stranger when the mother is absent and responding happily and lovingly when reunited with the mother after an absence. It is also common for securely attached infants to show some distress when the mother

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Improved Infant Mental Health provides-

- ☺ A happier and healthier future for today's infants
- ☺ Increased harmonious family relationships
- ☺ A positive step forwards in tackling the root of the problems rather than only treating the symptoms
- ☺ The chance to help give every child the best start in life

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Attachment in Clinical Terms

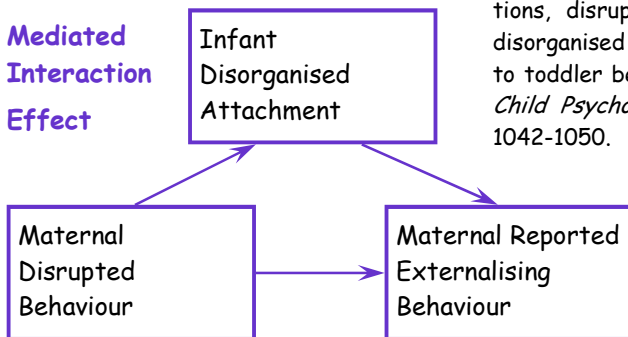
The importance of healthy, secure attachment relationships is well established. But what are the clinical implications of a lack of secure attachment?

A study by Madigan et al (2007) looked into the association between the development of toddler behaviour problems and mother-infant attachment styles, as well as mother-infant interaction during play. They found that disrupted maternal interaction with the infant and disorganised attachment in the infant at 12 months, and unresolved attachment in the mother when the infant was 6 months were all associated with externalising behaviour problems when the child reached 24 months of age. It was also found that disorganised attachment

was a mediating factor between disrupted behaviour of the mother towards the infant and maternal reports of disrupted behaviour in the infant. This means that disorganised attachment can increase the disrupted behaviour. However, it also means that disrupted behaviour in the mother alone is enough to impact upon the child's behaviour regardless of whether or not the infant is disorganised. This suggests that an infant's attachment style does not necessarily play a deciding role in behavioural outcomes.

Reference-

Madigan, S., Moran, G., Schuengel, C., Pederson, D.R. & Otten, R. (2007). Unresolved maternal attachment representations, disrupted maternal behaviour and disorganised attachment in infancy: Links to toddler behaviour problems. *Journal of Child Psychology and Psychiatry*, 48(10), 1042-1050.



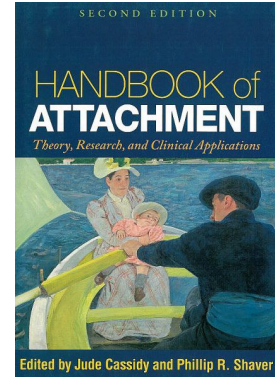
Attachment Matters

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leaves. This is known as separation anxiety. The other two attachment orientations are insecure patterns of attachment and are known as anxious-avoidant and anxious-ambivalent(resistant). Anxious-avoidance is characterised by a lack of separation anxiety, a lack of discrimination between the mother and the stranger and ignoring the mother during the reunion process. Anxious-ambivalence on the other hand is characterised by intense proximity seeking followed by a rejection of the contact which occurs as a result. Anxious-ambivalent infants will often find it hard to be comforted and will have high separation anxiety.

More recently a fourth attachment classification has been suggested which is disorganised attachment. The three attachment orientations described previously are known as organised strategies whereby the infant creates a strategy which is adaptive to their current environment. As such, an anxious-avoidant orientation may be adaptive for an infant whose mother is repeatedly absent and lacking in sensitive responsiveness as by not repeatedly seeking the mother the infant will be less affected by the repeated failures of the mother to respond. However, in disorganised attachment the infant is unable to form an organised strategy and thus has no template with which to base interactions with the mother. As a result, an infant who is classed as disorganised will often show conflicting behaviours such as running to the mother but often tripping and falling

Book in Brief



Handbook of Attachment: Theory, Research and Clinical Applications 2nd ed.

Editors- Jude Cassidy and Phillip R Shaver

Provides an extremely in-depth, lifespan overview of attachment theory.

Includes chapters focusing on attachment in infancy as well as the influence of attachment in an individual's later years, the role which attachment plays in psychopathology and the biological processes underpinning attachment theory.

Available new through Amazon for £29.60

down for no apparent reason or displaying fearful behaviour.

Upcoming issues of Baby Bites will look further at insecure and disorganised attachment along with examining the nature of attachment disorders and exploring internal working models.

References-

Ainsworth, M.D.S., Blehar, M., Waters, E. & Wall, S. (1978) *Patterns of attachment: A psychological study of the Strange Situation*. Hillsdale, NJ: Erlbaum.

Main, M. & Solomon, J. (1990) Procedures for identifying infants as disorganised/disorientated during the Ainsworth Strange Situation. In M.T. Greenberg, D. Cicchetti, & E.M. Cummings (EDS), *Attachment in the preschool years* (pp. 121-160). Chicago: University of Chicago Press.

Upcoming Events by the Playfield Institute

Understanding What is Infant Mental Health? The Emotional Development of Young Babies.

Examines the emotional development of babies and the impact of parental support.

Course Details- 8th April 2010, 1.30 to 4pm at the Playfield Institute, Stratheden Hospital and 21st April 2010, 1.30 to 4pm at the Psychology Base, Lynebank Hospital.

Attachment in Practice-

Introduction to Attachment Relationships

Examines attachment in infancy through the use of video and group discussion.

Course Details- 13th April 2010, 1.30 to 4pm at the Playfield Institute, Stratheden Hospital and 14th April 2010, 1.30 to 4pm at the Psychology Base, Lynebank Hospital.

Book at www.playfieldinstitute.co.uk Courses cost £29

Spotlight on... The Cottage Family Centre

The Cottage Family Centre is located in Kirkcaldy and provides support to families with children aged between six weeks and five years. Families can be referred to the Cottage Family Centre through a health or social care professional but can also choose to refer themselves if they wish. The Cottage Family Centre provides a centre with a drop in service, structured activities and a thrift shop as well as a home visiting service.

For further information-

Visit- www.thecottagefamilycentre.org.uk

Call- 01592 269 489

Email- administration@thecottagefamilycentre.org.uk

What is the Focus when Treating Postnatal Depression?

Maternal depression has the potential to negatively impact upon an infant's mental health and mental well-being through disrupting maternal sensitivity and communication (Centre on the Developing Child, 2009). Indeed, research has shown that this disrupted mother-infant interaction can result in long term effects which persist even when the mother's postnatal depression has been effectively treated.

Grigoriadis and Ravitz (2007) reviewed the effect of Interpersonal Psychotherapy (IPT) on postnatal depression. It was found that across the literature, Interpersonal Psychotherapy was shown to successfully treat postnatal depression. Interpersonal Psychotherapy is a short term therapy aimed at treating depression through addressing interpersonal problems.

It can be seen that Interpersonal Psychotherapy can effectively help mothers with postnatal depression, but what about the infant? If the dyadic relationship between mother and infant means

that the infant also suffers when the mother has postnatal depression, then an effective treatment would likely help both parties. Can it be assumed that now the mother is feeling better everything will automatically be fine for the infant? Current research suggests otherwise.

A recent study by Forman et al (2007) showed that mothers who had been successfully treated with Interpersonal Psychotherapy for postnatal depression still had a more negative view of their infants in comparison to mothers who were not depressed. They also rated their infants as having more behaviour problems, an unfavourable temperament and higher attachment insecurity 18 months after the end of the treatment with Interpersonal Psychotherapy. This suggests that the negative perceptions the mother may develop of the infant during the period of postnatal depression can persist and have the potential to lead to externalising behaviour problems for the child later in life if the relationship between mother and infant is not improved.

These studies illustrate that, with regard to postnatal depression, whilst it is important to treat problems rather than symptoms, it is also of high importance to more effectively meet the needs of the infants as well as the mothers.

References-

Centre on the Developing Child at Harvard University (2009). *Maternal Depression Can Undermine the Development of Young Children: Working Paper No. 8.*

<http://www.developingchild.harvard.edu>

Forman, D.R., O'Hara, M.W., Stuart, S., Gorman, L.L., Larsen, K.E. & Coy, K.C. (2007). Effective treatment for postpartum depression is not sufficient to improve the developing mother-child relationship. *Development and Psychopathology, 19*, 585-602.

Grigoriadis, S. & Ravitz, P. (2007). An approach to interpersonal psychotherapy for postpartum depression: Focusing on interpersonal changes. *Canadian Family Physician, 53*, 1469-1475.

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Brain Development at a Glance

Neuronal Development in the Early Years

"Neurons that fire together wire together" Hebb's Law (1949)

There are two types of cells in the human brain. Neuronal cells are the cells which encode and transfer information. Glial cells are the 'supporting acts' which aid in myelination, removing dead cell tissue, form part of the blood brain barrier and moderate chemical exchanges in the brain. Glial cells also perform the role of directing neurons to the appropriate place during development. Once an infant is born they will have developed all the neurons they will have in their lifetime though glial cells will continue to develop. Whilst the maximum number of neurons is set from birth, the number of connections between them is not. Axons develop as neuronal cells travel to their target part of the brain. An axon is a long shaft which allows a neuron to communicate with other neurons some of which may be a moderate distance away. Communication occurs between neurons through synaptic transmission. Synapses are the gaps between the axon terminals at

the end of the axon and the receptors on the body of the neuron (dendrites). The number of connections between nerve cells in an infant's brain increases ten times in the first year. This allows for a large amount of information to be processed in an infant's brain. This is increased in effectiveness through the process of myelination whereby a fatty sheath forms around the axon which serves to increase the speed of conductance of information between nerve cells.

An infant's brain contains a large amount of synaptic connections which reaches a peak level at 2 to 3 years of age. To allow the brain to specialise its pathways synaptic pruning occurs, which is a process whereby some synapses are eliminated based on their degree of activation. Pathways and connections which are used frequently are 'hardwired' into the brain whereas infrequently used connections undergo synaptic pruning resulting in the connections being lost. Plasticity, the brain's ability to recreate lost or damaged connections, is a feature of the brain which occurs to a limited degree across the lifespan. In infants however, the degree of plasticity is very high as it is during this

time period that many pathways and connections are becoming hardwired or are eliminated. This represents a sensitive period in the infant's brain development where an infant's experiences and interactions have a profound impact. It is important to note that whilst this sensitive period is of critical importance during an infant's development it does not mean that all is lost if interventions do not occur during this time frame. A certain degree of plasticity is retained and intervention after this point can do a great deal to improve the infant's developmental trajectory. That said, due to the hardwiring which occurs during the first few years of an infant's life, early intervention has the potential to help the child develop with the minimal amount of emotional or mental disturbance in later years.

