

GENERAL INDICATORS OF EMOTIONAL HEALTH AND WELL BEING (0-3)

- HAS DEVELOPED A LOVING AND SECURE ATTACHMENT RELATIONSHIP WITH PRIMARY CAREGIVER (Secure Base Behaviour)
- SHOWS INTEREST AND CURIOSITY IN HIS WORLD
- EXPRESSES AND MANAGES A RANGE OF FEELINGS
- IS SOCIALLY INTERESTED AND SEEKS SOCIAL RELATEDNESS
- IS INCREASINGLY ABLE TO COOPERATE AND MANAGE IMPULSES
- HAS TRUST IN SELF AND OTHERS

FACTORS WHICH INFLUENCE

EMOTIONAL HEALTH AND WELL BEING IN INFANCY (0-3)

ATTACHMENT – KEY CONCEPTS (J. BOWLBY)

- CONCERNS THE PARENT’S ROLE AS “PROTECTOR”
- INFANT’S CONFIDENCE IN THE PROTECTION OF PARENT CALLED “ATTACHMENT”
- ATTACHMENT SYSTEM ACTIVATED WHEN CHILD IS:
 - EMOTIONALLY UPSET (AFRAID, SAD, LONELY)
 - SICK
 - ILL

- **ATTACHMENT BEHAVIOURS DESIGNED TO BRING PARENT CLOSE (crying, whining, clinging)**
- **QUALITY OF PARENT'S RESPONSE DETERMINES HOW INFANT'S LEARN TO FEEL SAFE AND SECURE WITH THE PARENT**
- **USES PARENT AS "SECURE BASE" – GIVES INFANTS CONFIDENCE TO EXPLORE**

ATTACHMENT CATEGORIES

SECURE – Parent predictably and sensitively responsive to infant's distress

Child feels safe and secure. Uses parent as "secure base." Is readily soothed and able to continue to explore the world and learn

INSECURE/AVOIDANT – Parent consistently non-responsive to infant's distress – rejecting, ignoring, distracting, blaming

Learns expression of negative emotion does not bring parent close when stressed.

Learns to hold in feelings – cope independently (may shift attention to play with objects)

Exploration and learning impacted as they cope with own security
Over time may become dismissive of own feelings and feelings of others. Turns away from relationships as way to get needs met

INSECURE/RESISTANT –Parent's sensitive response is unreliable and inconsistent. Parent often preoccupied

Infant learns to escalate negative behaviours to keep parent close (whining, clinging)

Play and exploration impacted as preoccupied with keeping attention of the parent.

Often not soothed by parent's efforts to comfort

DISORGANIZED

- **Parent's response is frightening, frightened, bizarre, sexualized or dissociated**
- **Most concerning - Statistically related to development of more severe behavioural and emotional problems over time**
- **Child unable to develop an organized strategy to cope with distress.**
- **Child may freeze, act bizarre, run around in disorganized way, approach and retreat from parent, behaviour "makes no sense"**

TEMPERAMENT

- **Constitutional and maturational problems in nervous system**
- **How does this child experience sound, touch, sight, movement, pain, smells, temperature?**
- **Effects on mood, sleep, feeding, adaptability, activity, attention span.**
- **Effects on ability to experience a calm, alert and positive state?**
- **"Goodness of Fit" - How does the caregiving environment respond to these differences?**

ENVIRONMENTAL STRESSORS

- **SUBSTANCE ABUSE**
- **DOMESTIC VIOLENCE**
- **SEPARATION/DIVORCE**
- **SOCIAL ISOLATION**
- **PARENTAL MENTAL ILLNESS**
- **CHILDHOOD DEPRIVATION (IN PARENT)**

PROTECTIVE FACTORS

- **Child is securely attached to one parent.**
- **Emotionally available and responsive caregivers are available to child with some consistency.**
- **Family/social supports**
- **Developmentally stimulating environments are available to the child.**
- **Child has easy going temperament**
- **Family can seek and access help as needed.**

OBSERVATIONS IN THE BABY/TODDLER

- **Eye contact**
- **Range of affect (positive and negative)**
- **Predominant mood (happy, anxious/fearful, depressed, irritable)**
- **Soothability (use of self and others)**
- **Generally achieving developmental milestones
(Speech/language and play often noted areas of concern)**
- **Discriminates parents as special**
- **Appears bright, healthy and growing well**

- **Social initiative/responsiveness**
- **Quality of exploratory play**
- **Feeding and sleep patterns – regulated by 6 months**
- **Quality of observed interaction with caregiver (ie: overinvolved/underinvolved)**
- **Ability to manage frustration/manage limits/cooperate**
- **Response to others emotions (other children, parent)**
- **Feels focussed and “connected”**

USEFUL RESOURCES

- **Infant Mental Health Journal**
- **Zero to Three Bulletin, National Centre for Infants, Toddlers and Families – Washington, D.C**
www.zerotothree.org
- **IMP – Infant Mental Health Promotion Project,**
 - **Dept. of Psychiatry, Hospital for Sick Kids**
 - **Toronto, M5G 1X8**
 - www.sickkids.on.ca/imp
- **“A Simple Gift” – Comforting your Baby**
 - **Video for Parents**
 - **One for infants, one for toddlers**
- **Produced by Infant Mental Health Promotion Project**
- **DC 0-3 – Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood**
National Centre for Infants, Toddlers and Families

FUNCTIONAL EMOTIONAL DEVELOPMENTAL LEVEL

MUTUAL ATTENTION: (All ages)

Ability to show interest, stay focused and calm.

MUTUAL ENGAGEMENT (3-6 months)

Shared joyful involvement

INTERACTIVE INTENTION AND RECIPROCITY (6-8 mo.)

“Circles of Communication”

REPRESENTATION/AFFECTIVE COMMUNICATION:

(over 18 mo.)

Ability to use language or play to communicate emotional themes (pretending to feed baby, crash cars or later, “me mad”)

MORE ELABORATE SYMBOLIC PLAY: (over 30 Mo.)