

Relationships in the Early Years: Factors in Assessing Infant Mental Health

Heather Dalziel & Pam Galloway
Alan Cashmore Centre
Vancouver, BC

Overview

- Brief overview of services provided by the Alan Cashmore Centre
- Assessment of the Parent-Child Relationship
 - Child factors
 - Parent factors
- Assessment of the Child's Broader World
- Connection between Language/Communication and Emotional and Behavioural Concerns
- Assessment of the Child's speech, language and social communication

Alan Cashmore Centre - Overview

- Early childhood mental health **treatment** for children between birth and 5 years of age living in Vancouver
- Part of Vancouver Community Mental Health
- Funded by Ministry of Child and Family Development
- Staff (Multidisciplinary)
 - Family and Children's Therapists
 - Child Psychiatrists
 - Child Care Counsellors
 - Speech-Language Therapist

Referral Criteria

- There are significant **social, emotional** and/or **behavioural** concerns for the child;
- Referral concerns are often different depending on the age of the child (e.g. under one year of age)

Alan Cashmore Centre Overview (cont'd)

- Overall Goals of Service
 - To promote optimal social and emotional development in the early years.
 - To promote healthy attachment in young children
 - To promote a satisfying relationship between parent and child.
 - To enhance parental confidence and competence in interacting with their child.

The Parent-Child Relationship

The child's social, emotional and cognitive development occurs in the context of their relationships with significant caregivers.

Attachment patterns develop **gradually** through daily social interactions with primary caregivers.

The infant/child can have different attachment patterns with different primary caregivers.

The Parent-Child Relationship (cont'd)

- Self-Regulation (definition)
 - Ability to **learn**, gradually and over time, to monitor and bring into balance physical, mental, and emotional responses
 - Requires initiating some responses and inhibiting others
 - The child's ability to pay attention, express their feelings, control their impulses
 - **Parent/caregiver acts as a major facilitator and teacher**

Assessing the Parent-Child Relationship

- **Things to look for:**
 - **The parent interferes with the child's goals or desires / child is clingy or has separation issues**
 - **Parent projects negative attributes to child**
 - **Parent not attuned or responsive to child's cues, misses or misinterprets the child's cues / child gives incongruent cues**
 - **Parent shows an insensitive response to child**
 - **Harsh tone of voice**
 - **Not comforting the child when upset**
 - **mutual absence of pleasure**
 - **The parent and child appear disengaged with little eye contact or physical proximity**

Assessing the Parent-Child Relationship (cont'd)

- **Lack of a sense of connection between the parent and child**
- **Parent initiated verbalizations are limited or absent**
- **physical distancing or excessive holding**
- **Inappropriate developmental expectations of child**
- **role reversal**
- **child/infant unable to achieve sleep and/or feeding regulation**
- **a lack of consistency in their interactions**
- **child does not show preference for parent**

Factors Impacting the Parent-Child Relationship

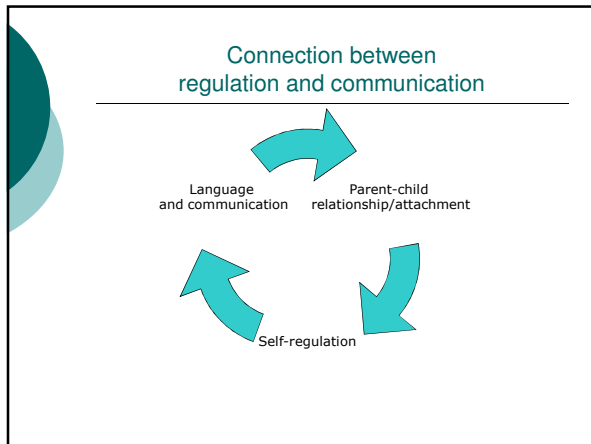
- **The child:**
 - Underlying developmental issues
 - speech/language/pragmatic communication problems
 - trauma
 - temperament
 - prenatal environment
 - sensory issues

Factors Impacting the Parent-Child Relationship (cont'd)

- **The parent:**
 - Depression, anxiety, other MH issues
 - Marital/ couple relationship or single parenting
 - Their own attachment style from family of origin
 - History of trauma
 - poverty / unemployment
 - Culture and acculturation
 - Substance abuse

Assessing the Child's Broader World:

- **How well does the child...**
 - Manage routines/structure/changes
 - Show interest in peers / Interact with others
 - Manage emotions / Respond to stress
 - Communicate needs
 - Explore his/her environment and materials
 - Play appropriately for his/her age
 - Respond to directions from others and accept others ideas
 - Share
 - Understand another person's perspective
 - Problem-solve



Developmental considerations

- Language and communication develops through development of shared interest, shared attention and shared affect between mother and baby.
- When language doesn't develop normally this loop is broken >> possible emotional and behavioural challenges

Developmental considerations (cont'd)

- If problems with mother-baby attachment the loop also doesn't work >> possible language disorder.

Naomi Berney Horodezky. (1996)

"In the moment" – Social Interactions

For successful communication to occur either between the child and the parent, the child and another adult or the child and his/her peers, the child needs to be well regulated.

Appropriate communication between partners is an important factor in the establishment of regulated, and hence successful, social relationships.

Research Facts

- clinically significant LANGUAGE DEFICITS in children with emotional and behavioural disorders:

71%

(18 research studies reviewed data)

- EMOTIONAL AND BEHAVIOURAL DISORDERS in children with language disorders:

57%

- Benner, Nelson and Epstein (2002)

WHAT IS BEING MISSED?

- Emotional dysregulation and/or a child's behaviour is often seen as being driven from the child without consideration of underlying factors *including* whether or not the child has understood or can formulate sentences or ideas to communicate and knows the "rules" around using language in social contexts.

Goal of Speech, Language and Communication Assessment

- To explore the nature of the child's abilities to use speech, language and to self-regulate to be successful in social communication/interaction with adults and peers.

What a Speech-Language Pathologist is looking for – what you might notice too.

Form of speech and grammar [the "shape" of talking]

- What the child's talking SOUNDS like to the listener. Can you understand her?
- Clarity: speech sounds; speech rate; voice quality; intonation/pitch.
- Grammar: make sentences; make sense.

What a Speech-Language Pathologist is looking for – what you might notice too. (cont'd)

Content [the "meat" of talking]

- vocabulary
- ideas
- narratives

What a Speech-Language Pathologist is looking for
– what you might notice too (cont'd)

Function or PRAGMATICS [the purpose of talking]

- To get needs met (make requests, ask questions).
- To make friends (greet, converse, share feelings).
- To get along with others (share, take turns, attend to the needs of others).

Full Speech, Language and Communication Assessment

- Hearing test or screen
- Formal testing of speech and language
- Oral motor/sensory assessment
- Language sampling
- Play assessment
- **Completion of a functional assessment through observations and video-taping of the child in a variety of settings and situations**
- Parental and caregiver input gathered throughout (questionnaires; standardized testing; non-standardized formats)

Pragmatic communication

- Communication in context
 - Includes verbal and non-verbal behaviour
 - How to use language and non-verbal signals to function socially
 - Awareness of your listener's needs
 - Follow appropriate social do's and don'ts
 - Know what and how much you need to say/do so your listener can connect with your ideas

SIMPLY

- A child who has a pragmatic language impairment has difficulties using language to get things achieved when s/he talks.
- This inevitably creates social challenges.

What to notice about basic language organization

- Well, we were passengers and wheels were on that ship way way back 'n then the wheels [action noise]..... take off and fly [big gesture, and rise in intonation] it's gonna take off and fly to sky to sky to sky!
(Here the child was recounting a movie but no attempt to contextualise for me – just launched in)
- Something you wear with your feet and not with your socks (description of slippers)

Some features of a pragmatic language disorder (where organization is the issue)

- Apparently "good" basic language skills, child talks a lot and parents often have not considered there may be language problems. Incessant talking.
- poor turn-taking in conversation
- difficulty responding to questions
- long, run-on sentences which get convoluted and lose sense
- problems with staying on topic or with maintaining a topic
- lack of awareness of listener needs, (e.g. not aware that at times, listeners may lose interest or stop listening.)
- making revisions or false starts to what he wants to tell
- confusion of pronouns
- difficulty with concepts of space and time
- sometimes made-up words

Some features of a pragmatic language disorder (where organization is the issue)

- retrieval problems (e.g. fluency -- stopping mid-sentence and repeating a word, maybe not ever finding what he wants to say next)
- difficulty with narratives, (e.g. not able to tell a cohesive story with beginning, middle, end)
- not able to use a full range of communication functions (e.g. to ask for help or to request peer interaction)
- difficulty following the 'rules' of routines
- rigidity – need for sameness - anxiety

Some features of "Social Thinking" challenges

- Lack of awareness of how what they do or say will affect other people.
- "Theory of mind" limitations, unable to take another person's perspective.
- Has not learned (as we all do, usually intuitively) how the social world works – how people relate with each other to enable life to run smoothly.

What do we need to do?

"MORE CAREFUL ATTENTION NEEDS TO BE PAID TO SCREENING CHILDREN FOR LANGUAGE IMPAIRMENTS AND TO HELPING PARENTS, TEACHERS, AND CLINICIANS UNDERSTAND HOW CHILDREN'S LANGUAGE DISABILITIES IMPACT ON COMMUNICATION AND BEHAVIOUR AND HOW MISPERCEPTIONS AND MISATTRIBUTIONS OF CHILD BEHAVIOUR MAY OCCUR.

... RESOURCES FOR REMEDIAL INTERVENTIONS SHOULD BE MADE AVAILABLE AS AN ADJUNCT TO OTHER FORMS OF THERAPY" –
Nancy Cohen et al, 1993*

Take Home Messages

- infants and young children develop in the context of relationships
- these early relationships are at the basis of the child's ability to self-regulate, develop strong language and communication skills, and form a template for future successful social relationships.
- it is therefore crucial to take those relationships into account when you are assessing and treating them.



References

Naomi Berney Horodezky.
Language Learning & Social-Emotional
Interaction in Infants and Toddlers, *IMPrint, Vol
17, Winter 1996-97*

Benner, Nelson and Epstein. Literature Review:
Journal of Emotional and Behavioural Disorders.
(2002)

Nancy J. Cohen et al, Unsuspected Language
Impairment In Psychiatrically Disturbed Children:
Prevalence and Language and behavioural
Characteristics.
*J. Am.Acad. Child Adolesc. Psychiatry, 32:3 May
1993*