

# INFANT DEVELOPMENT & CHILD WELFARE

## T H E C O R E S T O R Y

### PROMOTING INFANT MENTAL HEALTH

A growing body of scientific evidence shows that the first three years of life are critically important for the long term emotional health and development of the person.

Child welfare workers need to understand the key components of early emotional development in order to accurately assess and plan interventions for neglected or abused infants and toddlers on their caseloads. More importantly, front line child welfare workers must have the skills to relay the core story of child development to others who will be involved in making decisions about or providing care for the baby. This information sheet gives the reader a brief, succinct summary explaining what early development is, how it happens, and how it can get derailed.

#### What is infant mental health?

When early childhood experts talk about the mental health of children under three, they are describing the infant's growing ability to experience, regulate and express emotions and to engage in loving relationships. All aspects of a child's development are affected by their emotional health because young children who are mentally healthy are free to learn and explore the environment around them.



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Thus the infant's cognitive and motor development, among other skills, are closely tied to their emotional well-being. Development is interconnected; the infant who can't rely on a consistent person to provide a soothing response when he or she is distressed, ill, hurt or lonely, can't develop properly. When the relationship between an infant and caregiver is not going well, it is harder for the infant to reach his or her full potential.

### What do infants need for healthy emotional development?

Infancy is a period of exuberant growth and change. The brain, for example, triples in size between the third trimester of pregnancy and adulthood. About three quarters of this brain growth happens before the second birthday. While humans are born with the majority of brain cells (called neurons) present, it is the connections between brain cells (called synapses) that are rapidly created during this period and that allow learning and thinking to take place. Think of the wiring in a house that is necessary before electricity can flow – it is the 'brain architecture' that is developing.



#### The Development of the Person

*Each stage of development lays the foundation for the next; emotional problems are developmental outcomes. Most disturbances are not due to inborn deficits in children, nor are they due to any single experience or risk. Pathways to disturbance begin early in life, but the links between early experience and later disorders are not direct or immutable. Sroufe, A., Egeland, B., Carlson, & Collins, (2005). The development of the person. p. 239*



*The Brain Develops in an Environment of Relationships*

The active ingredient in this process is the give and take of daily social interactions with important people in the infant's life, such as parents, child care providers, or other familiar people. Think of the 'serve and return' of a game of tennis - the infant smiles and coos, the parent responds. These interactions sculpt the developing brain by strengthening connections that are repeatedly used while unused connections are lost or replaced – in other words, the brain is sculpted on the principle of 'use it or lose it'. Emotional well-being, along with cognitive and language skills, are based on this continuous, everyday give and take that takes place between children and parents. In order to develop properly, all children, even very young infants, need at least one continuous and caring relationship with an adult who will respond to their distress, provide them with opportunities for positive social interactions, and support them to explore their environment.

## How do infants develop mental health problems?

It is rare that a single event, even a traumatic one, will alter the emotional well-being of an infant if the child has caring adults to turn to for comfort and support. More often it is a combination of risk factors or repeated exposure to traumatic events, combined with an absence of emotionally nurturing care that impedes development.

Risk factors could include:

- child vulnerabilities such as prenatal exposure to alcohol or drugs, congenital problems or sensitive temperament;
- parent risk factors - mental illness, addictions, low cognition or poor understanding of development;
- multiple adversities such as poverty, insecure housing, social isolation or family violence
- attachment problems

Traumatic events for an infant could include:

- exposure to frightening caregiver behaviour
- multiple changes in caregivers
- chronic emotional deprivation

When babies experience chronic neglect, especially emotional deprivation during sensitive periods of development, the development of the brain can be affected and important social skills are impaired.

Babies and toddlers who are repeatedly frightened by their parents, because of threatening behaviour or because of exposure to family violence, are also at very high risk of serious

emotional problems and developmental impairments that might not be apparent for several more years. Even children who are too young to form a conscious memory of traumatic events can be affected later on.

Research has clearly demonstrated a direct relationship between the numbers of moves a foster child makes and negative outcomes such as attachment and behaviour problems, further placement breakdowns, and mental health problems. Infants and toddlers are capable of powerful emotions such as love, joy, grief and fear. When very young children are placed with temporary caregivers for extended periods or experience even one or two placement disruptions, their physical and emotional health can be permanently affected.

## What are the symptoms of emotional problems in children under three?

Once infants settle into a routine (usually sometime in the first few months) they generally become more predictable and easier to 'read' – that is, they develop a predictable sleep/wake cycle and can generally give accurate cues to help their caregiver understand and respond to their needs. Even typically developing babies can go through difficult phases (see [www.purplecrying.info](http://www.purplecrying.info) for more information) but the caregiver can still recognize and respond to their distress. When the relationship between an infant and caregiver isn't going well however, the infant can develop symptoms that are early warning signs

of emotional distress or emerging mental health concerns.

Child welfare workers may find that infants who have been repeatedly traumatized by frightening caregiver behaviour, or who have experienced one or more placement disruptions early in life are more puzzling for caregivers to read and become increasingly challenging to soothe. When young children do not get a predictable response to their distress cues, they become difficult to predict themselves. Some infants become very passive and are mistaken for contented; while others become inconsolable, whiney or clingy and may be perceived as 'spoiled'. Because child welfare workers are making critical decisions about infants at high risk of developing mental health problems, it is important to recognize these symptoms and interpret the infant's needs accurately. Each symptom listed below can have a variety of causes, for example children with specific health problems may have feeding and digestion problems, and children who have spent long periods in hospitals may be irritable and make poor eye contact. These symptoms do not mean a child has been mistreated but they do require attention. It's important to seek guidance from a public health nurse or other health care or mental health professional if any concerns arise.

**Health** – chronic health problems or developmental delays; sudden regression in skills; feeding and/or digestion problems; odd eating habits; poor muscle tone such as rigid /stiff muscles (hypertonic) or floppy / flaccid muscles (hypotonic).

**Social** – lack of eye contact; infrequent social smiles and lack of shared social interest (pointing or gesturing at things); in older toddlers, lack of empathy and/or fearlessness; unusually fearful of or overly friendly with strangers.

**Behaviour** - repetitive or compulsive behaviours; odd or primitive self-soothing behaviour (e.g. rocking, head banging, chewing non-food items, picking at hair or skin); unusual aggressiveness with peers or family pets.

**Mood** – recurrent fretfulness or irritability that can't be explained by illness or 'colic' (see [www.purplecrying.info](http://www.purplecrying.info) for more information ); no interest in play or little make-believe play by age 3; little interest in others.

Sensitivity – easily upset or unusually upset by changes in routine or people; hyper-vigilant (wide-eyed, stiff muscle tone, wary); failure to establish sleep/wake cycle; unusually sensitive to touch, light or noise; frequent nightmares.

### What should I do if I am concerned about an infant on my caseload?

To protect the mental health of the infant, child welfare workers need to intervene at the earliest opportunity; when infant maltreatment is first identified. The case worker should offer a range of services to families at the outset and take decisive steps to achieve permanency when family reunification appears unlikely. Placement changes should only be contemplated when there is no safe alternative or when there is a clear, compelling reason such as achieving permanency.

Research tells us that even small changes to risk factors can substantially improve the odds of a positive outcome for maltreated children. Caseworkers

can influence these risk factors and support resiliency by ensuring that babies and toddlers receive adequate health care (regular visits with a consistent provider), ongoing developmental screening, and are connected to early childhood services for which they are eligible. The case plan should be designed to reduce the stress on parents by helping families with poverty, employment or housing wherever possible. Other risk factors can be reduced by offering treatment options for parental mental health or substance use problems; parent education and support; respite; and enriched preschool or child care. Input from other professionals including infant mental health experts can help caseworkers plan interventions for families and/or support the mental health of the infant when placement

changes are necessary. Services can vary from one community to the next , so workers need to make the best possible use of local community resources and early childhood specialists including child development services.

#### Sources

*Alberta Health Services-[www.calgaryhealthregion.ca/mh/collaborative](http://www.calgaryhealthregion.ca/mh/collaborative)*

*B.C. Healthy Child Development Alliance  
[www.childhealthbc.ca/bchcda](http://www.childhealthbc.ca/bchcda)*

*Frameworks Institute <http://www.frameworksinstitute.org/>*

*Harvard Center for the Developing Child-  
[www.developingchild.net](http://www.developingchild.net)*