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**THE IMPORTANCE &
DYNAMICS OF THE
CHILD-CAREGIVER
RELATIONSHIP**

Objectives



- Understand child development in the context of relationship with the primary caregiver.
- Evaluate the significance of trauma and its impact on a young child's emotional and physical health.
- Explain the science behind the “serve and return” interaction between children and caregiver.
- Understand the four types of diminished responsiveness.
- List and explain the key components of child-parent psychotherapy (CPP).

Overview of Infant Mental Health



- Infant mental health reflects both the social emotional capacities and the primary relationships in children birth through age five.
- Young children's social experiences depend on the love and care they receive; the child's relationships are central to infant mental health.

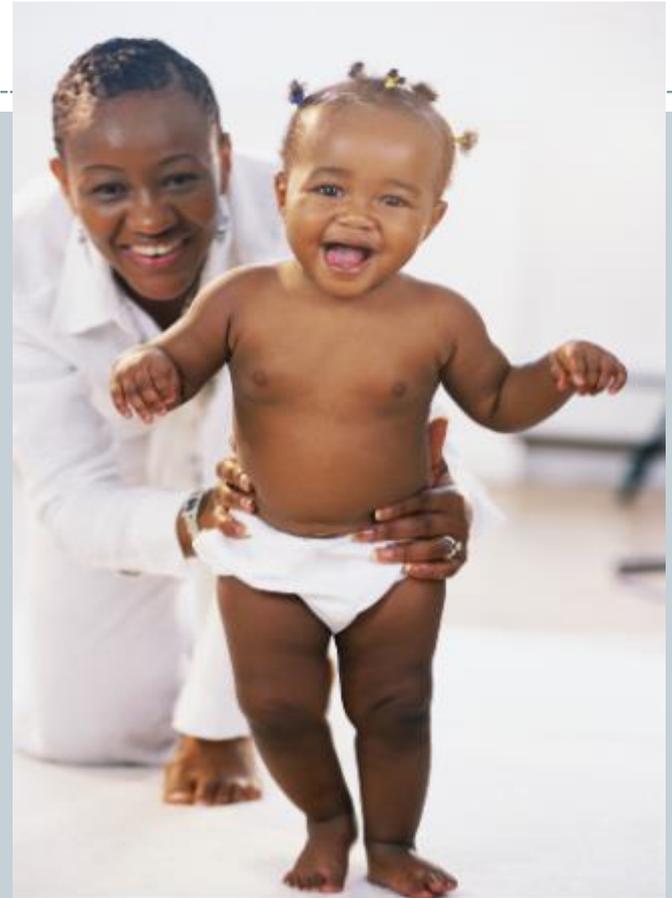
What Does the Data Tell Us?



- Florida DCF website
 - <https://www.myflfamilies.com/programs/childwelfare/dashboard/c-in-ooh.shtml>
 - Data can be broken down by area, age, date range, gender, race, placement type

Social Development

Emotional development includes feelings of self and others, and the development of social rules and standards.



Emotional Development

- The experience of feelings about self and others.
- The ability to control and regulate feelings in culturally appropriate ways.



Relationship with Primary Caregivers



- Through the relationship with the primary caregiver, infants learn what people expect of them and what they can expect of other people.
- Nurturing, protective, stable, and consistent relationships are essential.
- The state of the adults' emotional well-being and life circumstances profoundly impact the quality of infant/caregiver relationships.
- Infants and young children share and communicate feelings and experiences with caregivers and other children.
- Through these interactions, infants and young children develop a sense of competence to engage in relationships and to act in the world.

Courtesy of the Center for Prevention and Early Intervention at Florida State University



Relationship Development



Birth to 3 Months:

- Parent recognizes and responds appropriately to child's signals.
- Parent maintains protective closeness to the child.
- Parent nurtures the child.

3 to 7 Months:

- Child begins to smile and vocalize and the parent has appropriate emotional responses to this.
- Parent seeks to comfort the child, and child is able to be comforted by the parent.

8 – 12 Months

- The child uses the parent as a secure base for exploration and the parent welcomes the baby back and celebrates his/her accomplishments.
- The child experiences stranger/separation anxiety and the parent respects the baby's fears and need for closeness.

13 – 18 Months

- The child starts to explore and the parent encourages the exploration and applauds the child's efforts.
- The child seeks comfort from the parent during times of uncertainty and the parent helps interpret new or unfamiliar situations.

19 – 36 Months

- The child begins to become an individual and the parent provides opportunities for the child to make choices.
- The child begins to balance their wants and needs with the parents' desires and the parent sets appropriate limits.
- The parent helps the child cope with the range of emotions he/she is experiencing.
- The child expands his/her social circle and the parent supports these new friendships and experiences.

Brain Architecture



- Composed of highly integrated sets of neural circuits that are influenced by genetics and the environment of experiences, relationships, and physical conditions in which children live.
- Experiences “authorize” genetic instructions to be carried out and shape the formation of the circuits as they are being constructed.
- This developmental progression depends on appropriate sensory input and stable, responsive relationships to build healthy brain architecture.

Video



- Center for the Developing Child at Harvard University
- http://developingchild.harvard.edu/key_concepts/serve_and_return/

Serve and Return



- A major ingredient in the relationship between children and their parents or other caregivers in the family or community.
- Young children naturally reach out for interaction through babbling, facial expressions, gestures, and words, and adults respond with the same kind of vocalizing and gesturing back at them.
- “Serve and return” behavior continues back and forth like a game of tennis or volleyball.
 - If the responses are unreliable, inappropriate, or absent, brain development may be disrupted, and later learning, behavior, and health may be impaired.

Barriers to Serve and Return Interactions



- A breakdown in serve and return interactions between adult caregivers and young children can be due to many factors:
 - economic hardship, social isolation, and/or chronic disease, adult mental health impairments, or substance abuse involving alcohol or illicit drugs
- Caregivers who are at highest risk for providing inadequate care often experience several of these problems simultaneously.
- Neglectful acts or patterns occur in every culture, at all income levels, and within all racial, ethnic, and religious groups.

Still Face Video



- <https://www.youtube.com/watch?v=apzXGEbZhto>

Four Types of Diminished Responsiveness



- Using neuroscience, molecular biology, epigenetics, and a range of behavioral and social sciences to promote greater public understanding of this widespread threat to child well-being, four types of diminished responsiveness and their consequences have been identified.
- This framework can be used for developing more effective strategies to protect vulnerable children from the complex challenge of disrupted interaction.

Occasional Inattention



- There is considerable variation in the circumstances and contexts in which parents/caregivers do or do not respond in a timely fashion to the everyday needs of young children.
- If diminished attention occurs on an intermittent basis in an otherwise loving and responsive environment, there is no need for concern.
- Some developmental scientists suggest that variations in adult responsiveness present growth-promoting challenges
 - may help young children recognize the distinction between “self” and “other,” which is necessary for moving toward greater independence and increasing capacity for self-care and problem-solving.

Chronic Under-Stimulation



- If caregivers exhibit ongoing, diminished level of attention that fails to support a young child's need for cognitive, language, social, and emotional engagement, intervention can be helpful.
- Lack of serve and return engagement may be the result of limited understanding of the developmental needs of young children.
- May be caused by a range of risk factors such as caregiver depression, social or geographic isolation, the stresses of poverty or discrimination, or a family member's illness.
- Understanding precipitating factors and employing appropriate strategies to address identified needs can produce healthy returns on typically simple, voluntary interventions.

Severe Neglect in a Family Context



- Ongoing disruption or significant absence of basic serve and return interaction can produce serious physiological disruptions that lead to lifelong problems in learning, behavior, and health.
- This magnitude of neglect may also be associated with the failure to provide for a child's basic nutritional, medical, and educational needs.
- Children who experience this level of deprivation typically have no stable, adult source of reliable care and protection, and therefore meet the criteria for public intervention under the child welfare system.

Severe Neglect in an Institutional Setting



- Institutions that “warehouse” large numbers of infants and young children serve as extraordinary examples of extreme deprivation.
- Typically includes staff with little or no training, highly regimented “assembly-line” caregiving with minimal one-on-one interaction, ignored and nonstimulated for virtually all of their awake hours, and no adult-child relationships that are reliably responsive to a child’s individual needs.
- Young children who live in such settings experience little more than transient serve and return interactions.
- Frequent staff rotations mean that infants are cared for by many different people, making it extremely difficult to develop meaningful relationships with any single caregiver.
- In such circumstances, although basic needs can be met (thereby avoiding most legal definitions of neglect), the setting itself may still be a precipitant of severe psychosocial deprivation.

Four Types of Unresponsive Care

	OCCASIONAL INATTENTION	CHRONIC UNDER-STIMULATION	SEVERE NEGLECT; FAMILY CONTEXT	SEVERE NEGLECT; INSTITUTIONAL SETTING
FEATURES	Intermittent, diminished attention in an otherwise responsive environment	Ongoing, diminished level of child-focused responsiveness and developmental enrichment	Significant, ongoing absence of serve and return interaction, often associated with failure to provide for basic needs	“Warehouse-like” conditions with many children, few caregivers, and no individualized adult-child relationships that are reliably responsive
EFFECTS	Can be growth-promoting under caring conditions	Often leads to developmental delays and may be caused by a variety of factors	Wide range of adverse impacts, from significant developmental impairments to immediate threat to health or survival	Basic survival needs may be met, but lack of individualized adult responsiveness can lead to severe impairments in cognitive, physical, and psychosocial development
ACTIONS	No intervention needed	Interventions that address the needs of caregivers combined with access to high-quality early care and education for children can be effective	Intervention to assure caregiver responsiveness and address the developmental needs of the child required as soon as possible	Intervention and removal to a stable, caring, and socially responsive environment required as soon as possible

Impact of Trauma



- When children are exposed to stress, essential neural networks will not develop.
- Children born to depressed mothers risk reduced electrical brain activity in their emotion centers.
 - At age 3 they are more likely to be withdrawn, disobedient and aggressive.
- Stress can affect the ability to remember and transmit verbal information.
- Abnormal cortisol secretions have been identified in maltreated and traumatized children.

For infants & toddlers



- Displays very little emotion.
- Does not show interest in sights sounds or touch.
- Rejects or avoids being touched or held or playing with others.
- Unusually difficult to soothe or console.
- Unable to comfort or calm self.
- Extremely fearful or on-guard.
- Does not turn to familiar adults for comfort or help.
- Exhibits sudden behavioral changes.

Behaviors that may indicate emotional or mental health problems



Preschoolers



- Cannot play with others or objects.
- Absence of language or communication.
- Frequent fights with others.
- Very sad.
- Unusually fearful.
- Inappropriate responses to situations (e.g. laughs instead of cries).
- Withdrawn.
- Extremely active.
- Loss of earlier skills (e.g., toileting, language, motor).
- Sudden behavior changes.
- Very accident prone.
- Destructive to self and/or others.

Always consider



- How severe is the behavior?
- How many weeks or months has the behavior been occurring?
- How long does the behavior last (e.g., minutes, hours)?
- How does the behavior compare with the behavior of other children the same age?
- Are there events at home or in child care that make the behavior better or worse?

If these behaviors and considerations lead to concern

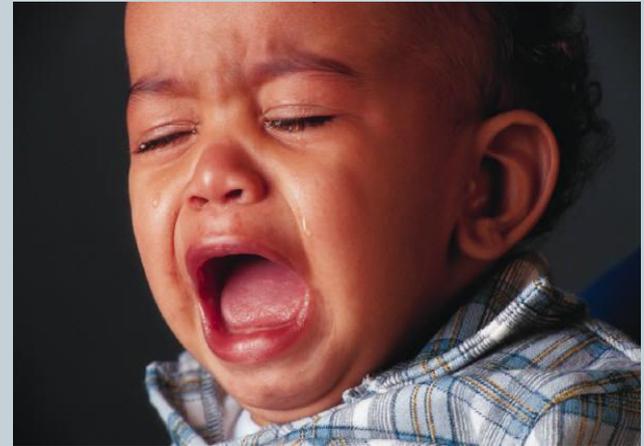


- Talk with a colleague or supervisor
- Talk with the child's family
- Recognize cultural differences
- Get more information
- Seek professional help

Child-Parent Psychotherapy



Emotional and behavioral issues must be addressed in the context of the care giving relationship.



*Reference: Lieberman and Van Horn
"Don't Hit my Mommy"*

**“The relationship
is the client.”**

Child-Parent Psychotherapy (CPP)



- Developed by Alicia Lieberman and Patricia Van Horn at the University of California San Francisco (UCSF) Child Trauma Research Program.
- Designed to improve social-emotional, behavioral, and cognitive functioning in children exposed to interpersonal violence and other traumatic events.
- Repairs the rupture of trust in the parent-child relationship following trauma by enhancing parent's capacity to protect the child and helping child regain a sense of safety in the relationship with the parent.
- Treatment also focuses on contextual factors that may affect the parent-child relationship.

Child-Parent Psychotherapy



- One of the few treatments for traumatized children that is empirically supported for 0-5 age group (SAMSHA, NCTSN)
- Multi-theoretical: based in psychoanalytic, cognitive behavioral theory, trauma, attachment, social learning
- Understanding of children's development is crucial to this approach; guidance rather than instruction (explaining child's responses to parent from developmental perspective).

Child-Parent Psychotherapy

Core Competencies

- Ability to observe behavior
- Capacity to understand and act as a conduit between parent's and child's experience
- Capacity for self-reflection
- Familiarity with:
 - Child development
 - Social and emotional development
 - Adult development
 - Developmental psychopathology
 - Trauma
 - Cultural influences

Child-Parent Psychotherapy

Key Components



- Strong emphasis on assessment of both child AND parent
 - “Ghosts in the Nursery”
 - Safety
 - Empathy
 - Creating a trauma narrative
 - Affect regulation
 - Reciprocity in parent-child relationship
 - Long term treatment: ideally for 50 sessions

How can adults nurture children's emotional development and mental health?



- Surround children with nurturing relationships.
- Create a trusting environment.
- Understand and respond to children's cues.
- Spend unhurried time together.
- Consider whatever you are doing or going through may affect your child.

Resources



Zero to Three: National Center for Infants,
Toddlers and Families

<http://www.zerotothree.org/>

Florida Association
for Infant Mental Health
(FAIMH)

<http://faimh.org>

Florida Association for Infant Mental Health



Our Vision

One day all children will be emotionally healthy, equipped to learn, and nurtured to develop their full potential.

Our Mission

Supporting and strengthening an infant mental health workforce to better serve the young children and families of Florida.



Conclusion



- The significant absence of basic, serve and return interaction can produce serious physiological disruptions that lead to lifelong problems in learning, behavior, and health.
- Programs that serve adults facing serious challenges — even those that don't specifically focus on children— can have a significant impact on child outcomes by building caregiver capacities and family resources that prevent deprivation from occurring.



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