Pathways to Professional Development

Building Foundations in Infant and Early Childhood Mental Health

Pregnancy and the Perinatal Period

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Pathways to Professional Development: Building Foundations in Infant and Early Childhood Mental Health

Pathways to Professional Development; was developed to build workforce competence and to prepare professionals working in the perinatal and birth to 5 periods

- 21 webinars focused on the foundations of Infant and Early Childhood Mental Health.
  - Provided live virtually
  - Recorded for viewing as LMS modules
- Diagnostic Classification of Mental Health And Developmental Disorders of Infancy and Early Childhood (DC:0-5) offered virtually and in-person.
  - View all offerings here→ https://www.ctacny.org/special-initiatives/pathways-to-professional-development/

The aim is to develop a well prepared and competent workforce trained to **identify** and address mental health concerns early, to **promote** awareness of mental health, to **prevent** long-term problems and to **intervene** to help children stay on developmental track.

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Pathways to Professional Development Webinar Series

- **Module I:** Developmental and Psychodynamic Foundations of Infant and Early Childhood Mental Health – 6 Webinars
- **Module II:** Assessment, Diagnosis, Formulation and Professional Development – 4 Webinars
- **Module III:** Risk, Stress, Protection and Resilience – 2 Webinars
- **Module IV:** Through the Lens of Family, Community and Culture – 2 Webinars
- **Module V:** Specific Disorders: A Closer Look: 4 Webinars
- **Module VI:** Helping in Infant and Early Childhood Mental Health – 3 Webinars

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Who we are

These trainings are funded by the New York State Office of Mental Health (OMH) and provided by the New York Center for Child Development (NYCCD) in collaboration with CTAC.

- **New York Center for Child Development** (NYCCD) has been a major provider of early childhood mental health services in New York with a long history of providing system-level expertise to inform policy and support the field of Early Childhood Mental Health through training and direct practice.

- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and Managed Care Technical Assistance Centers (CTAC & MCTAC), Peer TAC, and the Center for Workforce Excellence (CWE). These TA centers offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers across NYS.

    - **NYCCD and McSilver** also run the **NYC Early Childhood Training and Technical Assistance Center(TTAC)** which offers ongoing training and technical assistance for those working during the perinatal period to age 5

https://ttacny.org/

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Overview

- This presentation will highlight the developmental tasks of pregnancy and the post- partum period from an infant and early childhood mental health perspective
- It will review the biological and emotional processes that prime a woman toward nurturing behavior and attachment.
- Risk factors for a less successful adaptation to impending parenthood will be reviewed.
- The presentation will conclude with suggestions on how to best support women during pregnancy and the postpartum period.

Learning Objectives

Understand	Review	Learn	Connect
Understand the psychology of pregnancy and the developmental phase of impending parenthood	Review the factors that can complicate a pregnancy, childbirth, and/or the baby's first year of life	Learn how trauma may manifest during the perinatal period and impact early parenting	Connect with resources available to support parental mental health during pregnancy and the perinatal period

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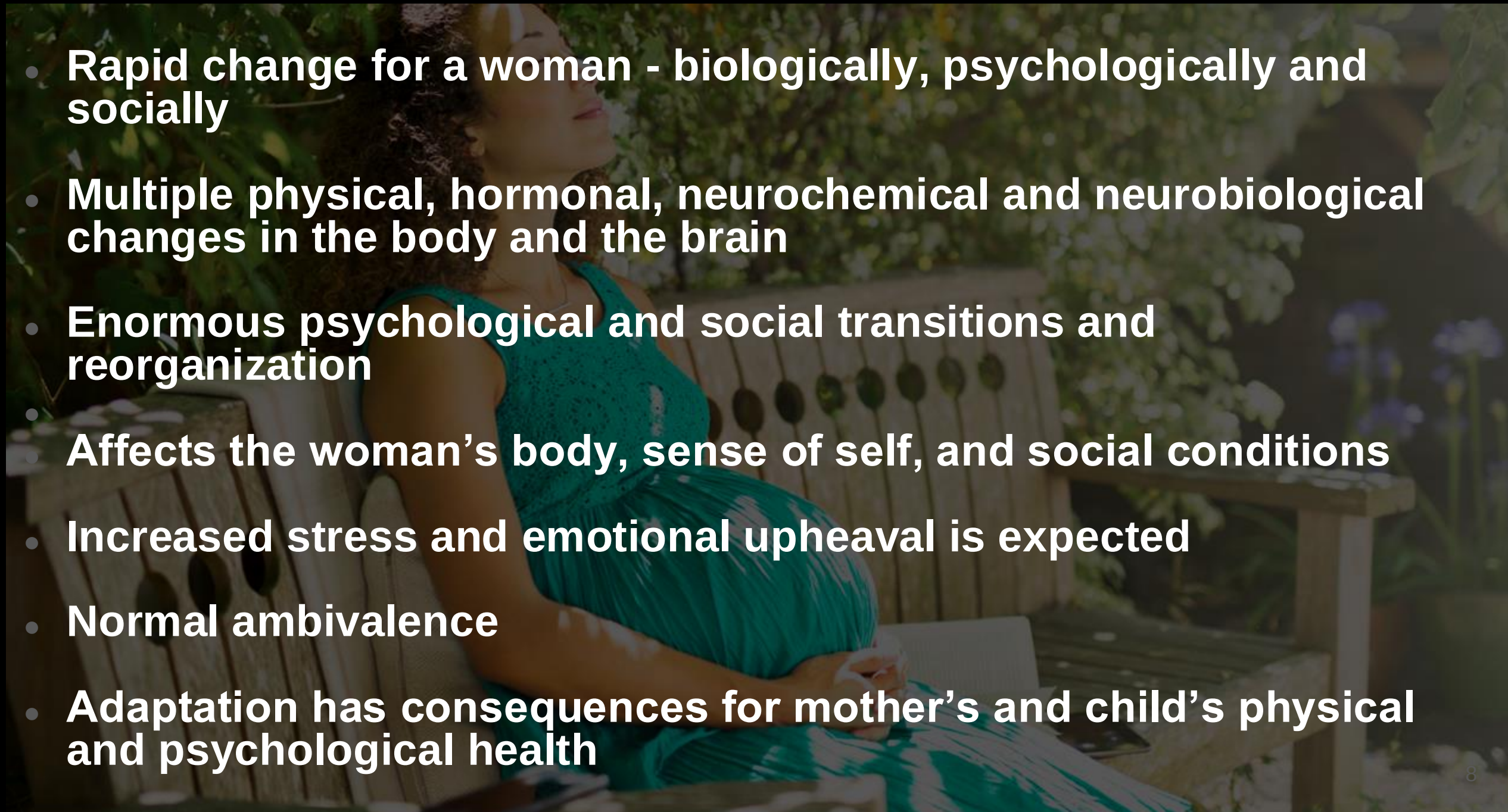
Pregnancy



- Rapid change for a woman - biologically, psychologically and socially
- Multiple physical, hormonal, neurochemical and neurobiological changes in the body and the brain
- Enormous psychological and social transitions and reorganization
- Affects the woman’s body, sense of self, and social conditions
- Increased stress and emotional upheaval is expected
- Normal ambivalence
- Adaptation has consequences for mother’s and child’s physical and psychological health

Pregnancy occurs in a context

- Woman's internal (emotional) life
- Physical health and biological/genetic strengths and vulnerabilities
- Network of relationships - to the father, her family, her community and her culture
- Within the matrix of her age and socioeconomic status
- Multiple changes in these core contextual foundations may occur simultaneously

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Pregnancy as an Opportunity

- Biological processes prime a woman towards nurturing behavior and attachment
- Increased openness in the emotional organization of the parents
- Heightened imagination and aspects of wish fulfillment - fantasies about the hoped for and ideal baby
- Timeline of 9 months to prepare psychologically and practically

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Developmental Tasks of Pregnancy

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Forming A Maternal Identity

- Pregnancy creates a shift in how women think about themselves
- Development of a maternal identity
- Often rooted in identification with own mother
- The many months of pregnancy permit the woman to consider and rework her psychological and actual relationship with her mother and come to see her in a more positive light
- The pregnant person and her mother become mothers together and she is less a child dependent on, or in conflict with, her her mother.

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Reorganization of Relational Representations

- Pregnancy can cause reactivation of old and more serious psychological conflicts/difficulties with the important people in the pregnant person's life, including her own mother
- When that relationship has been fraught or conflictual - hostile, rejecting or abusive - the development of a maternal identity is more complicated
- Becoming aware of, and resolving interpersonal and intrapsychic conflicts supports the development of a positive maternal identity and positive perceptions of baby
- Sometimes these conflicts are difficult to resolve independently

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Relational Reorganization

- Woman's romantic relationship will change when she becomes a mother
- Relationship with partner must expand to include a 3rd person with competing needs
- Pregnancy may bring numerous stressors to the relationship
- Women grow more dependent on others; need more support; availability of support is intrinsic to healthy adaptation

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Becoming Attached to the Baby

- Attachment to the baby often begins in the 2nd trimester - fetal growth is observable, fetal movements are detected, baby becomes more real to the mother
- Growing emotional bond of the pregnant woman to her unborn baby is compared to falling in love
- BABY AS A TRANSFERENCE OBJECT
- The baby, gradually, becomes an intense focus of her inner life – the beginning of the "primary maternal preoccupation"
- Concern about the baby's health and well being – eating well, abstaining from harmful substances, stroking/talking to the baby, and nesting behaviors

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Fathers

- Fathers make significant adjustments as well.
- Journey to / preparation for fatherhood begins when he learns of the pregnancy.
- Couple's emotional and sexual relationship are impacted
- Socioeconomic factors influence the couple's response to the pregnancy and adjustment to parenthood
- Fathers' relationship to his own father in childhood often plays a role in his sense of self as a father and feelings of attachment to the baby
- Father engagement can be a strong predictor of resilience and well being for mothers and babies

RELATIONAL REORGANIZATION HAPPENS FOR MEN TOO

- He is now sharing the mother with the expected or real baby
- May feel abandoned by his partner as she becomes more emotionally invested in the child
- Becomes defined for his role as provider
- Rapid cultural changes in gender roles; expectations of fathers by their partners
- Some fathers also experience perinatal depression
- Far less interface with professionals/support for fathers during pregnancy and the perinatal period than for mothers
- Some men “disappear” with notice of a pregnancy

Childbirth

- Labor and delivery can be frightening
- Presence of supportive companions is important
- Cultural beliefs, values and practices; in some culture, delivery is not as medicalized
- Doulas, midwives, lactation coaches, and IECMH consultants can all help promote best practice for culturally respected medical and mental health care

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Meeting the Baby

- The physical act of delivering the baby is also a psychological transition – a profound change in the life of a woman.
- The baby is now external - the imagined baby becomes the real baby
- The moment of meeting marks the beginning of a lifelong relationship
- Feeling the baby on her chest - a powerful moment in the creation of a maternal mindset
- When all goes well, there is a feeling of intense connection.
- When the father is also present, a triadic relationship begins to develop

Developing a Caregiving System

- Activation of the caregiving system - the biologically based predisposition to care for the infant
- Requires others to help
- Need for social support and other forms of concrete and practical support
- Development of a caregiving plan

Baby's First Months

- Mother's secure relationships in the past prime her to have positive expectations of the baby and of the relationship they will share
- Coming to know one another
- Parents learn to read baby's cues
- Become adept at providing comfort
- Success at feeding and establishing routines
- Confidence in sustaining the life of the baby
- Balance between caregiving and other roles

Risk and Protective Factors

Protective Factors

- Safe living conditions
- Stable and supportive relationships in childhood and in the present
- Childhood memories of being loved
- Good nutrition
- Good health care
- Resources that can provide concrete support in times of need

Risk factors

- Situations that affect the woman's health and safety
- Unwanted pregnancy or previous pregnancy loss
- Poverty, including inadequate housing, food insecurity, violent communities
- History of childhood adversity, trauma and/or attachment disruptions/losses
- History of mental health disorders
- Substance use disorders

Stages of Pregnancy

- **First trimester**: Circumstances of the pregnancy; woman's physical symptoms, woman's emotional response; partner's reaction; family's responses; decisions regarding the pregnancy, dealing with emerging realities though baby is still an abstraction

- **Second trimester**: Positive and negative attributions the fetus begin to emerge in response to the growing reality of the baby via ultrasound and quickening

- **Third trimester**: fears about childbirth; practical concerns – who will take the mother to the hospital? Who will take care of the other children? Who will be with mother at delivery? Does the family have the things that the baby will need?

Perinatal Mood and Anxiety Disorders
PMADs

Perinatal Mood and Anxiety Disorders are a group of illnesses that affect up to 1 in 5 women during pregnancy and the postpartum period, which cause emotional and physical problems that make it hard for women to function, and adequately care for themselves and their babies and families.

- Perinatal Depression
- Perinatal Anxiety Disorders
- Perinatal Obsessive-Compulsive Disorder
- Postpartum Psychosis

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Perinatal Depression

- Persistent sad, depressed, hopeless or “empty’ mood most of the day, nearly every day
- Diminished pleasure in things that used to be pleasurable
- Poor appetite or weight loss or weight gain
- Difficulty sleeping or oversleeping
- Fatigue or loss of energy
- Difficulty concentrating or making decisions
- Feelings of guilt or worthlessness
- In severe cases: recurrent thoughts of death or suicidal thoughts

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Perinatal Depression is Common

- Affects 10-20% of childbearing persons
- About 1 in 11 infants will experience their mother's major depression in their first year of life
- Rates are higher for women who have had previous episodes of depression or PMAD, family history of mental health disorder; have low income, have histories of adverse childhood experiences, are homeless, have poor social support, have experienced intimate partner violence or other life stressors, unplanned, unwanted pregnancy; traumatic birth or infant in the NICU

Postpartum blues vs Depression

Postpartum Blues

- 50-85% of women
- Starts 4-5 days after delivery; brief
- Mood lability, tearfulness, anxiety, irritability
- Remits on its own within 2 weeks of delivery; not really an illness

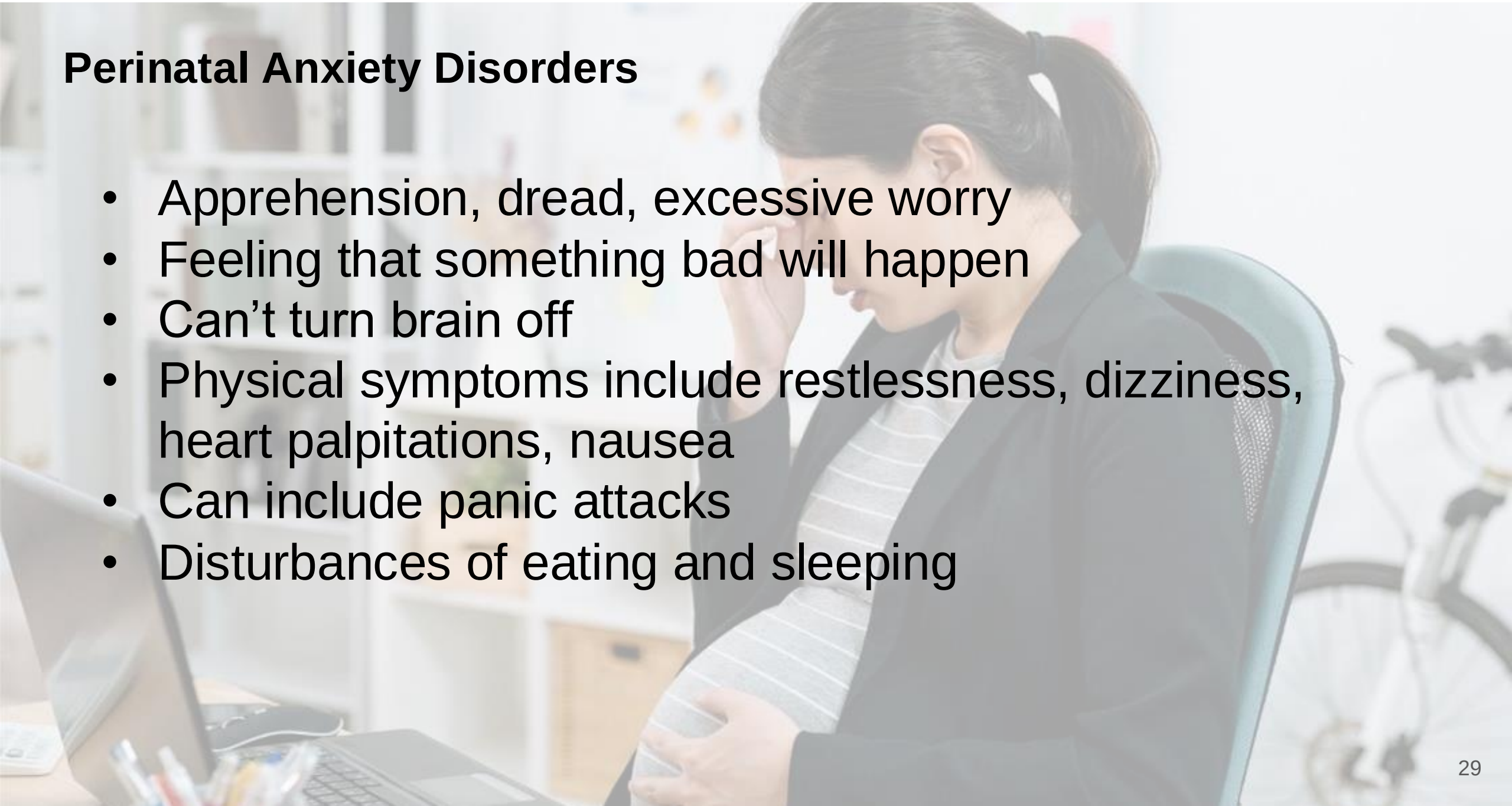
Postpartum Depression

- 10-20% of women
- Emerges anytime in the 2-3 months after delivery
- Depressed or irritable mood, sleep and appetite disturbances, difficulty with basic functioning
- Could last several months and be associated with negative outcomes

Impact of Parental Depression on Infants and Children

- Fatigue, low energy
- Difficulty maintaining basic level of functioning
- Negative mood, sadness, irritability
- Difficulty engaging and bonding with the infant
- Lower level of warm acceptance
- Fewer “serve and return” interactions that build brain architecture
- Less well-timed responsiveness
- Difficulty establishing routines for the infant
- Increased use of corporal punishment
- Higher rates of emotional/behavioral problems as children get older

Perinatal Anxiety Disorders



- Apprehension, dread, excessive worry
- Feeling that something bad will happen
- Can’t turn brain off
- Physical symptoms include restlessness, dizziness, heart palpitations, nausea
- Can include panic attacks
- Disturbances of eating and sleeping

Impact of Anxiety on Parenting and Child Development

- May diminish contingent, sensitive responses to infant; more negative and amplified responses
- Diminished parent-infant dyadic regulation
- Over-protectiveness; over-control
- Anxiety contagion

TRAUMA

- An exceptional experience in which powerful and dangerous stimuli overwhelm the person's capacity to cope and to regulate emotions
- Beyond the range of usual experiences
- Threat of death or serious injury to oneself or someone close
- Characterized by excessive fear and helplessness
- A psychological wound
- Shatters trust in the experiences of everyday life

Examples of Traumatic Events

- Natural disasters: fires, hurricanes, earthquakes, floods
- Exposure to war as combatant or civilian
- Terrorist attacks
- Mass shootings
- Car accidents / plane crashes
- Home invasions
- Police raids
- Stranger rape
- Child physical abuse
- Child sexual abuse / incest
- Experiencing/witnessing chronic, severe intimate partner violence
- Severe neglect
- For young children, prolonged separation from a primary caregiver or death or a primary caregiver
- Placement in foster care

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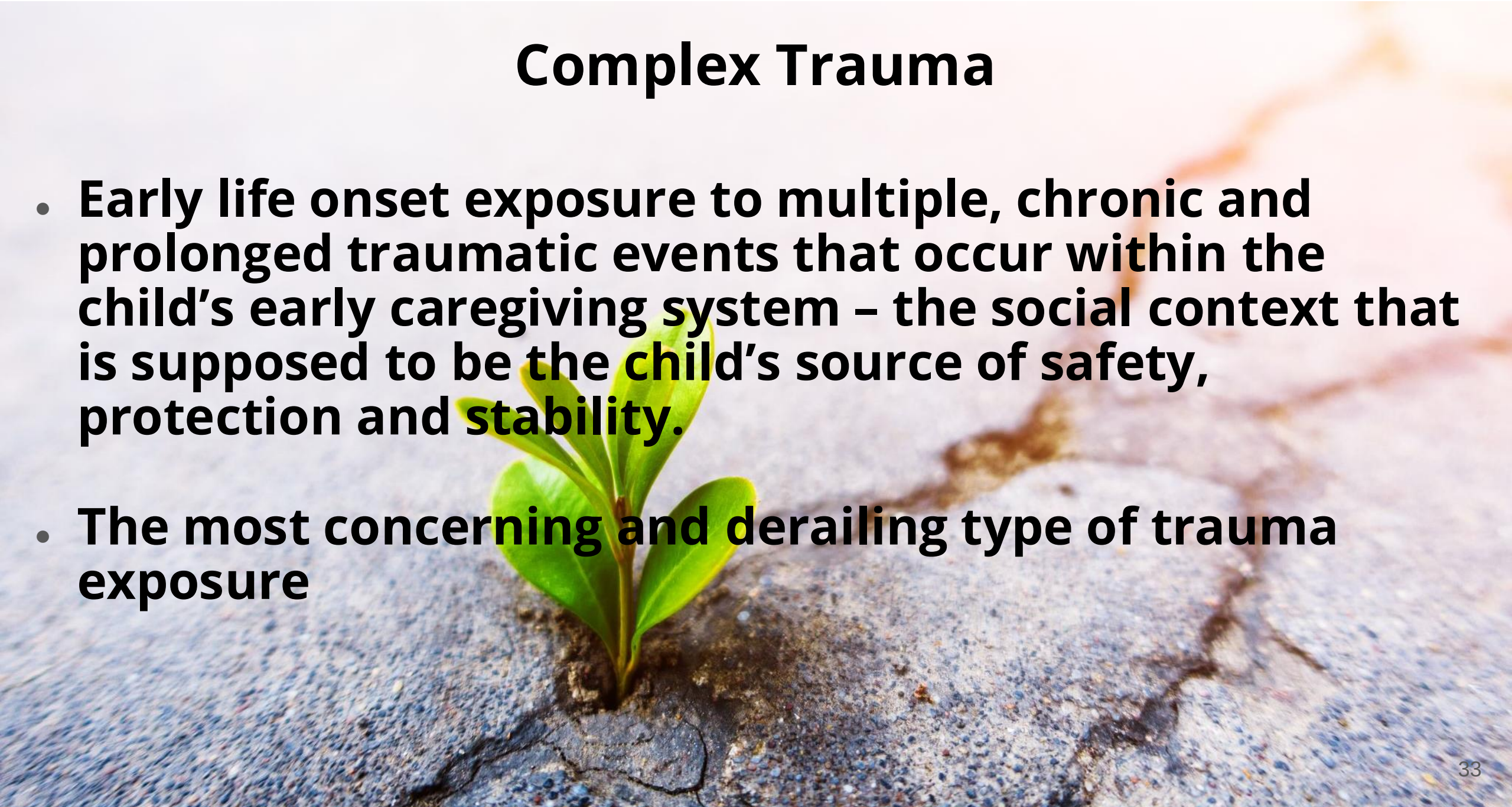
Complex Trauma



- **Early life onset exposure to multiple, chronic and prolonged traumatic events that occur within the child's early caregiving system – the social context that is supposed to be the child's source of safety, protection and stability.**
- **The most concerning and derailing type of trauma exposure**

Childhood Sexual Abuse

- Most often negatively impacts women significantly, and throughout their lives
- Traumatic sexualization, betrayal trauma, stigmatization, powerlessness
- The perinatal period can be particularly challenging
- Both sexual abuse and the perinatal period are very body-based experiences
- Sex is a shared feature

Consequences of Trauma/Complex Trauma

Hypervigilance to potential danger / or under-recognition of danger

Easily triggered dysregulation in the face of stress

Distrust in relationships. / Interpersonal problems

Reduction of social support

High risk behaviors / Pull to what is familiar, i.e., abusive relationships

Self blame; Self harm; Poor self concept; Shame; Guilt

Difficulty with executive functioning (planning, time management, prioritizing, response inhibition)

Post traumatic stress disorder (PTSD): also associated with high risk health behaviors (smoking, poor prenatal care, excessive weight gain)

Co-morbid with depression, anxiety, loss and grief, substance use disorder. PMADs

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Traumatic Reminders

- Traumatic events are comprised of many different moments and sensory experiences that become embedded and connected in the brain
- Anything that reminds the traumatized person of the event can cause a traumatic response as if the event is occurring again
- Often the individual is not aware of what is “triggering” their traumatic response
- Behavior can be confusing to others
- Trauma triggers should be attended to in the perinatal period, especially when there has been sexual abuse

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Pregnancy and Birth Related Trauma

- Infertility
- Unintended pregnancy
- Pregnancy loss / miscarriage
- Traumatic birth complications
- Prematurity and the NICU

The US is experiencing a rise in maternal and infant mortality.
Black women are three times more likely to die from pregnancy related complications than white women; a form and symptom of discrimination
Maternal mental health disorders are the #1 cause of maternal mortality (death by suicide or overdose)

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How Trauma Manifests in the Perinatal Period

Pregnancy as a Trauma Trigger

- Loss of control of one's body – powerless, vulnerable
- Touch by medical providers and often by others
- Concerns about the baby's gender and what it will be like to parent a girl or a boy
- Fear of labor and delivery – fear of bodily harm
- Increased stress and anxiety
- Women with PTSD report more physical symptoms during pregnancy
- Problems with sleep exacerbate/lower threshold for stress
- Stress of all these issues can lead to relapse of substance use

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Other manifestations, outcomes, or complications of trauma during pregnancy and delivery

- Avoidance of/ Difficulty maintaining Prenatal Care
- Unstable interpersonal relationships – some men leave upon learning about the pregnancy
- Escalation in intimate partner violence
- Increased incidence of PMADs in women who have been physically, emotionally or sexually abused and in women who have been depressed before
- Limited support system / Increased isolation at time of need

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Parental Identity Formation

- Failure of client's mother to protect impacts trust in their own mothering abilities, specifically ability to protect child
- Worry about her own capacity for abusing child
- Wish to become a different kind of parent
- Development of trust in self

Attaching to The Baby During Pregnancy

- Early relational experiences in childhood impact our expectations of new relationships
- Parental attributions begin in pregnancy
- Complicated, conflicted, rejecting relationships from the past are re-awakened during pregnancy and shape mother's fantasies about her unborn baby
- Ghosts in the Nursery – suppressed feelings of fear, anger, rejection from early childhood that unconsciously impact the parent's perception of, thoughts about, and response to the baby

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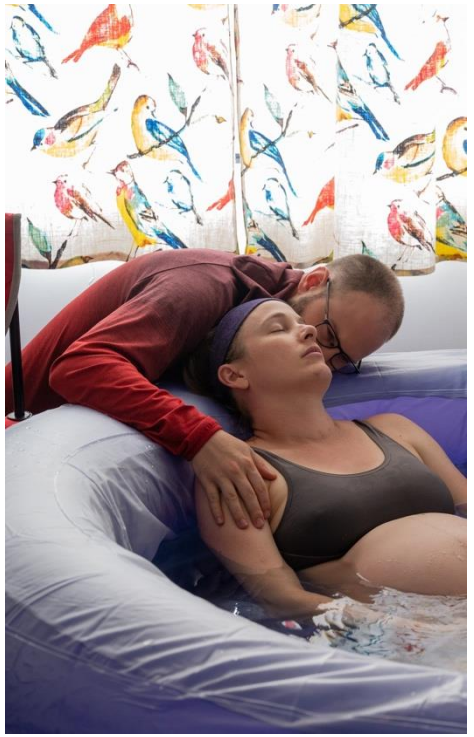
Labor and Delivery

- Pain of labor evokes memories of painful childhood sexual abuse
- Being touched, internal exams
- Losing privacy
- Lack of control
- Feelings of being overwhelmed
- Overpowered by authority figures
- Fear of bodily harm
- Fear itself, as a trauma trigger
- Efforts to recuperate from this traumatic re-enactment can interfere with efforts to bond with and care for infant



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TRAUMA IMPACTS THE TRANSITION TO PARENTING

Dysregulation

- Relentless demands of infancy, and stressors like crying
- Chronic activation of stress system contributes to easily provoked dysregulation
- Danger/survival brain inhibits capacity for reflective functioning
- Unable to be a co-regulator for the child
- Capacity for maltreatment

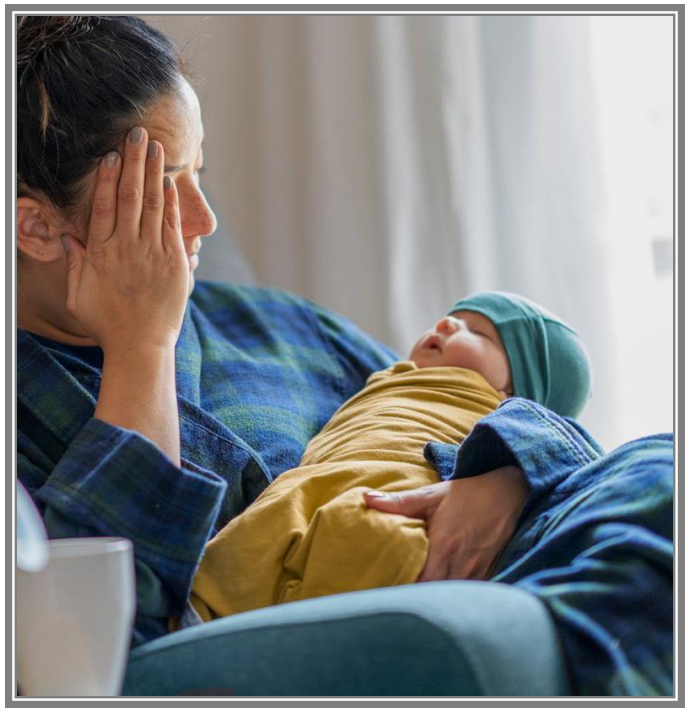
Infants' Dependency Needs

- Parent cannot respond to child's distress or dependency needs; often a defense against the pain of their own distress/dependency needs that were not met
- Limited parental empathy for child distress
- Dismissive of child's dependency needs
- Need to protect oneself from feelings of vulnerability
- Difficulty tolerating child's sadness

Parents Attributions to Babies and Toddlers

- Imbuing the child with characteristics of others in parent's past
- Selective attention to behaviors that conform to these expectations
- Self-fulfilling prophesies
- Hot spots around aggression, sexuality and rejection

Parent's Protective Functions



Ability to assess danger may be compromised; may not recognize danger, or may see danger everywhere

May not believe she can protect her child

May encourage child to take the role of caregiver – role reversal

Substance Use Disorders

- Substance use disorders often originate in childhood interpersonal trauma and become a powerful contributor to the intergenerational transmission of trauma because it alters parents' capacity to provide safe and predictable caregiving
- The negative impact of substance use on the baby begins in utero
- Also associated with other risk factors including health problems, poverty, homelessness, criminal justice system involvement and child welfare system involvement
- High correlation between substance use disorders and mental health disorders
- May be associated with a range of maladaptive parenting practices including neglect and lack of protective functions

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Intimate Partner Violence and Perinatal Trauma

- Partner violence often begins or escalates during pregnancy
- Compared to women who are not in violent relationships, women in violent relationships have more medical complications
- IPV may cause delay in obtaining prenatal care
- Sometimes exacerbated by substance misuse
- Climate of control may lead to unintended pregnancies
- Endangers the well being of the fetus
- Precursor to child abuse/neglect
- Intergenerational transmission

Teenage Pregnancy

- Physical maturity usually precedes emotional maturity
- Challenge of the dual developmental processes of adolescent development, and simultaneously taking on complex maternal roles and responsibilities
- Requires much support from family, but pregnancy often brings conflict with family
- Frequently, instability of the relationship between the pregnant teen and baby's father – likely single parenthood
- Decisions about education, employment and childcare are complicated
- Sometimes, mental health and educational problems predate the pregnancy and stem from life adversities – poverty, early neglect/abuse that amplify the stressors
- Medical complications of pregnancy and delivery

SUPPORTS AND INTERVENTIONS

Perinatal period is an opportunity

- **PREGNANCY PROVIDES STRONG MOTIVATION TO IMPROVE ONESELF AND ONE'S SITUATION FOR THE SAKE OF THE BABY**
- **More open to getting help**
- **Parents feel protective and aim to reduce substance use / other harmful substances**
- **Stop intergenerational cycles, become a different kind of parent**
- **Emotional and practical support is needed wherever it can come from – e.g., doulas**
- **Sometimes, multiple sources of support are needed (therapy, support groups, etc.)**

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BE AWARE OF INTERSECTIONALITY

- All persons are not at equal risk for poor outcomes during pregnancy and the perinatal period
- Black women experience higher rates of pregnancy complications
- Women with histories of mental health and substance use disorders
- Child welfare system involvement is a great fear (and reality) in some communities, making women hide their pregnancies or delay prenatal care

Supportive Strategies for PMADs

- Screen for depression (Edinburgh Postnatal Depression Scale; PHQ-9)
- Screen for anxiety (GAD-7)
- Screen at multiple points in time
- Educate parents about PMADS, including fathers/partners
- Have resources available including written materials parents can refer back to
- Provide guidance on self care
- **Postpartum Support International (PSI)**

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Additional Supportive Strategies

- Screen for trauma and especially for childhood sexual abuse and IPV
- Offer choice in childbirth provider
- Integrated mental health support in primary care and OB-GYN
- Centering pregnancy
- Provider hold steady through conflicts and strong reactions
- Normalize/accept ambivalence
- Normalize the physiological stress and the fears to assist with self-regulation
- Body based interventions – yoga, breathing, imagery
- Understand cultural contributions to parents' expectations during pregnancy
- Join with client to consider where her negative feelings or fears about the baby come from; discuss the circumstances of her childhood
- Meet concrete needs/crisis intervention; try to create safety
- Angels in the nursery
- Build hope
- Discuss support system – who can attend delivery; assist after baby is born
- Mental health plan

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TRAUMA INFORMED SUPPORT

- Ask about sharing wishes with OB-GYN team
- Enlist coping skills and external help
- Differentiate between remembering experiences and reliving them
- Put the past in the past; create space in the present
- Feelings that mother is trying to fend off are based in early fears; she is not destined to re-enact them.

Formal Interventions

- Interventions, including medication, for Perinatal Mood and Anxiety Disorder
- Postpartum Support International PSI
- PREPP (Practical Resources for Effective Postpartum Parenting)
- Perinatal Child Parent Psychotherapy
- Infant-Parent Relational Interventions
- Child Parent Psychotherapy
- Safe Mothers Safe Children (via ACS Preventive Programs)
- Home visiting programs – Nurse Family Partnership, Healthy Families, Child First
- Power of Two
- Parenting Journey
- Circle of Security
- Minding the Baby / Parental reflective capacities

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Parenthood as a Developmental Process

Parenthood is characterized by new challenges, new developmental tasks, vulnerabilities and potential conflicts but is also an enormous developmental affordance for personal growth, learning new skills, experiencing new satisfaction and fulfillment and even repairing relational and developmental failures and losses from the parents' own past.

Dr. Gilbert Foley, 2024.

References

- Foley, G.M. Self and Social-Emotional Development in Infancy: A Descriptive Synthesis. In G.M. Foley & J.D. Hochman (Eds.) Mental Health in Early Intervention: Achieving Unity in Principles and Practice. Baltimore: Paul H. Brookes.
- Fraiberg, S., Adelson, E., & Shapiro. V. (1975) Ghosts in the nursery: A psychoanalytic approach to the problem of impaired infant-mother relationships. *Journal of the American Academy of Child Psychiatry*, 14(3), 387-421/
- Lieberman, A.F., Diaz, M.A., Castro. G., & Bucio, G.O. (2020). Make Room for Baby: Perinatal Child Parent Psychotherapy to Repair Trauma and Promote Attachment. New York: Guildford Press.
- Lieberman, A.F., Padron, E., Van Horn, P.,& Harris, W., (2005). Angels in the nursery; the intergenerational transmission of benevolent parental influences. *Infant Mental Health Journal*, Vol 26(6), 504-520.
- Monk, C., Dimidjian, S., Galinsky, E., Gregory, K.D., Hoffman, M.C., Howell, A., Miller, E.S., Osborne, C., Rogers, C.E., Saxbe, D.E., & D'Alton, M.E., (2022). The transition to parenthood in obstetrics: Enhancing prenatal care for 2-generation impact. *American Journal of Obstetrics and Gynecology* MFM, 4:100678.
- National Partnership for Women and Families (2021). Intimate Partner Violence Endangers Pregnant People and their Infants. Retrieved from https://www.nationalpartnership.org
- New research offers cues about how pregnancy affects the brain. Retrieved from the New York Times 9/18/24
- Stern, D.N., (1995). The motherhood constellation: a unified view of parent-infant psychotherapy. New York: Basic Books.
- Slade, A., Cohen, L.J., Sadler, L.S., & Miller, M. (2009). The psychology and psychopathology of pregnancy. In C.H. Zeanah, Jr. (Ed.) Handbook of Infant Mental Health: Third Edition. New York: Guildford Press, 22-39.

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