Child psychotherapy in the early years

Mental health problems in infancy and the early years

In infants and young children symptoms such as excessive crying, chronic soiling, prolonged difficulties with sleeping and feeding or failure to thrive may well be symptoms of emotional disturbance, as physical and emotional states are inextricably linked in the early years. Disturbance in the parent-infant relationship may be observed by professionals working with the family or verbalised by parents: some, for instance, will find their baby's crying unbearable, others worry that they cannot love or feel close to their baby.

Understanding the interrelationship between parental and infant mental health and between physical and emotional states is key to identifying and treating mental health problems in this age group. Infants rely on their caregivers to make sense of their emotional and bodily states and what is going on around them. When parents are preoccupied with their own difficulties it is harder for them to tune in to their infants' needs. Relatively common conditions, such as depression and anxiety in the perinatal period, can reduce emotional availability and the capacity to register and respond to the baby's communications. Without this support infants are easily overwhelmed. Some infants become very demanding and difficult to soothe, later having severe and prolonged tantrums as toddlers and pre-schoolers.

Other infants become avoidant of interaction with others: sometimes an outcome of coming to expect that their needs will not readily be met. This can lead to a tendency to cut off from distressing experiences which are felt to be unmanageable and the beginnings of states where a baby appears vacant and unresponsive.

Complex pregnancy and traumatic birth, prematurity, time spent in neonatal intensive care and having a 'difficult' baby, are some of the other factors which increase the risk of problems developing later. All of these present particular challenges to infant and caregivers and can interfere significantly with the development of healthy attachment.

Parents with conditions such as borderline personality disorder have often experienced neglect or trauma in their own childhoods. Unresolved internal conflicts can show in unpredictable and volatile behaviour which is alarming to children and likely to lead to the development of attachment difficulties.

When young children's needs for reliable and sensitive care-giving have not been consistently met they may show their distress in self-harming behaviours such as chronic head banging or hair pulling. Disturbance may also be externalised in aggressive behaviour towards others. Prompt access to professionals with expertise in infant mental health is vital, yet service provision is currently limited and postcode dependent.

Case example: Zain

Zain, aged two and a half, was referred to the child psychotherapist following parental concerns about his extreme 'head banging', disobedient behaviour and slow speech development. The work with the child psychotherapist and bi-lingual family support worker lasted four months.

Their assessment revealed the possibility of a link between Zain's father's chronic clinical depression, his own abusive childhood and Zain's current behaviour, as well as feelings of disappointment and shame between the parents.

At the end of this period, Mr A had agreed for the first time to seek psychological help rather than further medication that had not helped to lift his mood. Mrs B, Zain's mother, had begun to attend a women's group and felt better supported.

As these painful feelings began to be addressed Zain stopped head banging. Mr A felt for the first time that he could set limits for Zain, without fearing that he too was being abusive to his son, as he had been abused himself as a child.

How the child psychotherapist can help children and families

By carrying out a specialist assessment

During the perinatal period and the early years of a child's life brief therapeutic interventions are often highly effective and can reduce the likelihood of problems becoming chronic, and far more difficult and expensive to address.

A specialist assessment by a child psychotherapist will explore the issues that may contribute to the presenting symptoms in the infant, and the parent's thoughts and feelings about *their* relationship with *their* baby in the context of wider family relationships. Experiences in the parents' own childhood which resurface in the transition to parenthood can seriously disrupt the process of bonding with the baby.

Specialist training in the establishment of a baby's early relationship with its parents and how this contributes to subsequent development equips child psychotherapists to identify and understand these kinds of difficulties and to think with the family about the kind of intervention which is likely to be helpful for them.

Case example: Beatrice

Beatrice is a young mother who was referred with her four-week-old baby Leone to the Parent Infant Psychotherapy project in a CAMH Service. Beatrice had disclosed to her perinatal psychiatrist that she did not love her baby. She suffered from severe depression throughout her pregnancy and since the baby's birth was expressing suicidal thoughts and described herself as 'a very bad mother'. She found Leone's crying very hard to bear. She and Leone were seen for weekly sessions and sometimes Leone's father, Orson, also attended. During the sessions Beatrice was able to explore her experience of feeling unloved and abused by her own mother, which has in turn, coloured her own parenting. She was helped to observe her baby and think about what she might be communicating. Beatrice and her partner had time to reflect on the changes in their relationship since Leone came along. Gradually Beatrice grew in confidence and found that she was able to respond more readily to her baby. Leone in turn became less fretful and began sleeping better at night. After only six sessions Beatrice said: "I love looking after her now. I never thought I'd feel like this. I want to have the kind of relationship with Leone that I never had with my own mum."

Through therapeutic interventions

Child psychotherapists working with the under-fives use a variety of approaches for which there is a growing evidence base (for an overview see Barlow 2010). Interventions typically involve the baby or young child as a crucial partner in the therapeutic work and both parents are encouraged to participate in sessions whenever possible. Mothers and fathers have the opportunity to talk over their thoughts and feelings about the pregnancy, labour and the developing relationship with the baby.

They are helped to make links between the developing relationship with their child and their own experience of being parented. This is because aspects of past relationships are often unconsciously rekindled and have a way of repeating themselves, despite parents' conscious wishes to do things differently and better with their own children. Exploring the relationship between the parents and extended family is also crucial to understanding and modifying difficulties between parent and infant. This may relieve distressing symptoms in the infant.

A similar approach is helpful with pre-school children, who may present with challenging behaviour. Parents are encouraged to reflect on the child's understanding of the world and their experiences. This insight enables the parent to empathise more fully, for instance with the young child who may be experiencing feelings of exclusion when a new baby arrives in the family and to set limits in a firm but kindly way so as to reduce the child's feelings of rejection. With some families the use of video can be helpful in enabling parents to observe themselves and their children in interaction and to reflect with the therapist on what the child may be communicating and how best to respond.

One of the many strengths of such work is the rapid pace of change that is possible in the early stages of a baby or young child's life. While some cases will need weekly work over an

extended period of time, these tend to be in the minority and many families will benefit significantly from a relatively brief intervention and/or an intervention which does not require weekly appointments after the initial phase of engagement and assessment.

Child psychotherapists commonly work in multi-disciplinary CAMH Services, where links with other members of the multi-disciplinary team facilitate access to a range of professional expertise when additional consultation or assessment is indicated.

By providing consultation and training

As well as direct work with the infant and family, child psychotherapists have an important role in providing consultation and training to other professionals working in primary care, children's centres and Early Years settings. Through this work they help professionals involved with the family gain insight into the child's view of the world and what the child's behavioural symptoms may reveal about underlying anxieties.

These ways of disseminating the understanding gained from the in-depth training of the child psychotherapy profession help to build the capacity of the children's workforce to understand and respond to the mental health needs of infants, young children and their families and to identify those families who will need referral to Specialist Child and Adolescent Mental Health Services.

Case example: Ahmed

Ahmed is 18 months old. The health visitor (HV) asked for a consultation with the child psychotherapist because Ahmed screamed if he felt his mother was too far away and physically need to firmly grip her at all times, even during the night. The HV relayed that the parents are refugees from a war torn country with no extended family. The father worked long hours away from home. The mother said she became pregnant here because she was lonely. The child psychotherapist explored with the HV what the child's behaviour meant for this mother. The little boy was frightened that his mother would disappear out of his reach, despite his mother's constant reassurance. Through discussion they understood this little boy's need to physically hold on to his mother might be linked with his mother's own depression at the loss of her country and family which meant that she was not emotionally available for him. The HV was then able to attend to the mother's loneliness and depression and helped the parents to come together as a parental couple and support each other. This enabled the parents to feel better about separation, and the mother became more responsive to Ahmed who then became less clingy. The parents were then able move Ahmed into his own cot.

What does the research literature tell us?

Note: full references to papers marked * can be found in the review paper by Barlow, J. et al, (2010) listed below.

- The first few years of life are critical in terms of the infant's developing brain and the significance of the parent-infant relationship in influencing neurological development. The absence of good enough care in infancy has lasting and serious consequences, impacting on a child's attachment to his or her parents and on the capacity to form lasting

and satisfying relationships in later life (*Sroufe, L.A. et al 2005). Chronic neglect can lead to developmental delay and can compromise the ability to empathise, regulate emotions and behaviour, and manage intimacy and ordinary social interaction (*Schore, A. 2004).

- Parental mental health problems have been shown to have an adverse effect on the parent-infant relationship with long lasting consequences for the child's cognitive and behavioural functioning, attachment and social development. (*Murray, L & Cooper, P.J. 2003).

- Children under five years of age suffer the greatest degree of child maltreatment. A report on Serious Case Reviews of children who suffered death and serious injury found that 67 per cent of those who were the subject of reviews were under five, with almost half of all incidents reviewed concerning infants under one year. Serious physical assault was the main cause of harm. Brandon, M. et al (2010): DFE Research Report RR040 *'Building on the learning from Serious Case Reviews: a two year analysis of child protection database notifications 2007 -9'.*

The evidence base for therapeutic intervention

- Barlow, J. et al, (2010) *Health-Led Interventions in the Early Years to enhance Infant and Maternal Mental health: A Review of Reviews'*. Child and Adolescent Mental Health, Vol 15, (4) 178 -185.)

- Parent Infant Psychotherapy leads to improvement in infant mental and motor functioning and a reduction in parents' concerns about their children. Baradon, T., Fonagy, P., Sadre, C., & Allison, L. (2002): 'The Parent Infant project (PIP) Outcome study'. Unpublished report. The Anna Freud Centre, London.

- Watch Wait and Wonder and Mother Infant Psychotherapy led to reduced levels of depression and increased parenting satisfaction as well as improvement in emotional regulation and cognitive development in infants. Cohen, N. et al (2002): *Six-month follow-up of two mother-infant psychotherapies: Convergence of therapeutic outcomes*. Infant Mental Health Journal, 23, (4)361-4380.

- Solihull approach based on parent infant psychotherapy showed a reduction in presenting difficulties and parental anxiety over an average of three sessions. Douglas, H., & Brennan, A. (2004). *Containment, reciprocity and behaviour management; preliminary evaluation of a brief early intervention (the Solihull Approach) for families with infants and young children*: International Journal of Infant Observation, 7, 1, 89-107.

- Kennedy, E & Midgley, N. Eds. (2007) '*Process and Outcome Research in Child, Adolescent and Parent-Infant Psychotherapy; a Thematic Review'*, NHS London. Section 3 summarises some of the main psychodynamic approaches to clinical work with parents and infants, and reviews measures used in research and evaluation in this field.

- Salomonsson, B., Sandell, R. (2011) *'Mother Infant Psychotherapy improved mother-infant relationships and maternal sensitivity and depression'*. Infant Mental Health Journal 32(2) 207-231.

Key UK policy documents

- The National Service Framework for 'Children, Young People and Maternity Services' 2004 highlighted that "appropriate parenting styles are fundamental to caring for children's' mental health". It emphasises that the early attachment between parents and their babies is important and needs to be supported.

- NICE, Clinical Guidance 45. (February 2007) *Antenatal and postnatal mental health: Clinical management and service guidance*. NICE London. Highlights the importance of improving parent-infant interaction.

- Field, F. (2010) *The Foundation Years,* HM Government, London, identifies three fundamental factors that shape a child's health and development in all areas: secure bonding with the child, love and responsiveness of the parents and good maternal mental health.

- Allen, G. (2011) *Early intervention: the Next Steps*, Cabinet Office, London. This report examines the current research across the fields of neuropsychology, attachment and child development.

- C4EO (2010) *Grasping the Nettle*: *Early intervention for children, families and communities*. Centre for Excellence & Outcomes, London. This highlights that the earlier the intervention the better to secure maximum impact and greatest long-term sustainability.

- Hosking, G. & Walsh, I (2010) *'The Wave Report: International experience of early intervention for children, young people and their families'*. (63-67) The Wave Trust, Croydon, UK. This report reviews a number of projects and highlights the economic and financial importance of early work.

Commissioning child and adolescent psychotherapy

If you are interested in commissioning a child psychotherapy service in your locality, either via your local NHS CAMHS or via a private provider, please call the ACP office on 020 8458 1609 or email contactus@childpsychotherapy.org.uk. You can access more information on our website, including further briefing papers on the work of child and adolescent psychotherapists with fostered and adopted children, in schools, in family courts, in hospitals, with parents and carers, with children with disabilities and through long-term and intensive work.

www.childpsychotherapy.org.uk