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Social and Emotional Development in the Early Years

Information Sheet for
Child Welfare Workers



This information sheet provides child welfare workers with a concise summary of evidence to support effective practice in promoting healthy social and emotional development in infants and toddlers.

This information sheet was prepared for the BC Healthy Child Development Alliance by Evelyn Wotherspoon (www.evelynwotherspoon.ca), in partnership with the Public Health Agency of Canada (PHAC). The views expressed in this publication do not necessarily reflect the official views of the Public Health Agency of Canada.

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Other sources include:

- Alberta Health Services Collaborative Mental Health Care Team: <http://www.albertahealthservices.ca/services.asp?pid=service&rid=2141>.
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- ZERO TO THREE. www.zerotothree.org.

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1 *Promoting the mental health of infants from birth to three*

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 a person.ⁱ This information sheet provides child welfare workers with a concise summary of evidence to support effective practice with infants and toddlers. Although much of the content is applicable to all ages, this information brief focuses on infants, meaning a child from birth to age three.

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.ⁱⁱ All aspects of a child's development are affected by his or her emotional health because young children who are mentally healthy are free to learn and explore the environment around them. Thus the infant's cognitive and motor development, among other skills, are closely tied to the child's 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.ⁱⁱⁱ

What do infants need for healthy emotional development?

Infancy is a period of exuberant growth and change. The newborn brain is approximately one quarter to one third the weight of an adult brain. A significant portion of brain growth happens before the second or third birthday. While humans are born with the majority of brain cells (called neurons) present, it is the connections between brain cells (called synapses) are rapidly created during this period, allowing learning and thinking to take place. Think of the wiring in a house that is necessary before electricity can flow as the 'brain architecture' that is developing.^{iv}

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.^v



How do infants develop mental health problems?

It is rare that a single event, even a traumatic one, will profoundly 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 the accumulation of risk factors or repeated exposure to traumatic events, combined with an absence of emotionally nurturing care that impedes development.^{vi}

Risk factors could include:

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

Traumatic events for an infant could include:

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

Chronic neglect, especially emotional deprivation, deprives infants and toddlers of the interpersonal experiences they need to develop language and social skills and exposes them to chronic stress. When babies experience too much stress during sensitive periods of development, the development of the brain can be affected and important social skills are impaired.^{vii}

Babies and toddlers who are repeatedly frightened by their parents, because of threatening behaviour or 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.^{viii}

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.^{ix, x}

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 (For more information see www.purplecrying.info) 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. Public health nurses in British Columbia can screen for social emotional concerns and help with appropriate referrals. (See page 7 for screening tools).^{xi}

Health concerns - Chronic health problems or developmental delays; sudden regression in skills; feeding and/or digestion problems; odd eating habits; poor muscle tone or rigid, stiff muscles.

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 - Failure to establish sleep/wake cycle; 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 for more information); no interest in play or little make-believe play by age three; little interest in others.

Sensitivity - Easily upset or unusually upset by changes in routine or people; hyper-vigilant (wide-eyed, stiff muscle tone, wary); fearful; unusually sensitive to touch, light or noise; frequent nightmares.^{xii}

2 *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 timing and quality of early experiences is important; even small changes to risk factors early in life can substantially improve the odds of a positive outcome for maltreated children.^{xiii} 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 (For resources see page 5). 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.



3 *Where can I find local resources to help?*

Services for infants and families:

- Health professionals including: family physicians, pediatricians, psychiatrists, public health nurses, speech and language therapists, occupational therapists, physiotherapists and social workers
- Early Intervention Programs: www.mcf.gov.bc.ca/spec_needs/eits.htm
- BC Children's Infant Psychiatry Clinic: phone 604 875-2010 or www.bcchildrens.ca
- Child & Youth Mental Health Services (Ministry of Child and Family Development or MCFD): http://www.mcf.gov.bc.ca/mental_health/pdf/office_services.pdf.
- MCFD Child Welfare Worker: local MCFD office is listed in the blue pages of the phone book; after hours, phone the Helpline for Children at 310-1234 (no area code is needed) or visit www.mcf.gov.bc.ca/getting_help/help.htm.
- Infant Development Programs: www.mcf.gov.bc.ca/spec_needs/idp/htm
- Aboriginal Infant Development Programs: www.mcf.gov.bc.ca/spec_needs/aidp.htm
- HealthLink BC: Dial 811 or visit www.healthlinkbc.ca

Services for adults:

- Crisis Line Association of BC's Mental Health Support and Information Calls: 310-6789 (no area code needed) or www.crisislines.bc.ca
- The Crisis Centre: 1-800-SUICIDE (784-2433) or www.crisiscentre.bc.ca
- Alcohol and Drug Information and Referral Service: 1-800-663-1141 or (604) 660-9382 (Lower Mainland)
- Pacific Postpartum Support Society: (604) 255-7999 or www.postpartum.org
- BC Reproductive Mental Health Program: www.bcwomens.ca/Services/HealthServices/ReproductiveMentalHealth/default.htm

Check your local Health Authority for other services for infants, families and adults:

- Interior Health Authority: <http://www.interiorhealth.ca>
- Fraser Health Authority: <http://www.fraserhealth.ca>
- Vancouver Coastal Health Authority: <http://www.vch.ca>
- Vancouver Island Health Authority: <http://www.viha.ca>
- Northern Health Authority: <http://www.northernhealth.ca>
- Provincial Health Services Authority: <http://www.phsa.ca/default.htm>

4 For more information

Attachment:

- Appleyard K, Berlin LJ. **Supporting Healthy Relationships between Young Children and Their Parents: Lessons from Attachment Theory and Research.** Durham, North Carolina: Center for Child and Family Policy at Duke University; 2007:
www.childandfamilypolicy.duke.edu/pdfs/pubpres/SupportingHealthyRelationships.pdf
- Public Health Agency of Canada. **Connections for Life: Attachment Toolkit:**
www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/funding-financement/npf-fpn/family-famille-eng.php

Crying:

- National Center on Shaken Baby Syndrome. **Period of Purple Crying:** www.purplecrying.info

Development:

- Best Chance website (including Baby's Best Chance and Toddler's First Steps): www.bestchance.gov.bc.ca
- Centre of Excellence for Early Childhood Development:
www.excellence-earlychildhood.ca/home.asp
- National Scientific Council on the Developing Child, Center on the Developing Child at Harvard University:
<http://developingchild.harvard.edu/initiatives/council/>
- Toronto Red Flags Guide: www.toronto.ca/health/earlychilddevelopment/pdf/redflagsguide.pdf
- ZERO TO THREE: <http://main.zerotothree.org>

Maltreatment:

- Assessing Emotional Neglect in Infants: <http://www.cecw-cepb.ca/publications/523>
- BC Handbook for Action on Child Abuse and Neglect for Service Providers:
www.mcf.gov.bc.ca/child_protection/pdf/handbook_action_child_abuse.pdf
- Child Trauma Academy: www.childtrauma.org
- Emotional Trauma in Infancy: www.cecw-cepb.ca/publications/917
- National Child Traumatic Stress Network: www.nctsn.org
- Shaken Baby Syndrome: www.dontshake.org
- Supporting the Social and Emotional Needs of Infants in Foster Care:
www.cecw-cepb.ca/publications/525

Mental Health:

- American Academy of Pediatrics: www.aap.org
- British Columbia Pediatric Society: www.bcpeds.ca
- Canadian Pediatric Society: www.cps.ca/english/publications/MentalHealth.htm
- Handle with Care: Strategies for Promoting the Mental Health of Young Children in Community-Based Child Care. <http://www.hincksdellcrest.org/Home/Resources-And-Publications/Learning-through-Play/Learning-through-Play.aspx>
- Here to Help: www.heretohelp.bc.ca
- Infant Mental Health Promotion (SickKids): www.sickkids.ca/imp/
- Kelty Mental Health Resource Centre: 1-800-665-1822 or 604-875-2084 or www.keltymentalhealth.ca
- The F.O.R.C.E. (Families Organized for Recognition and Care Equality) Society for Kids' Mental Health:
www.forcesociety.com

For More Information:

Parent Handouts:

- **Circle of Security:** www.circleofsecurity.org
- **Collaborative Mental Health Care:** www.calgaryhealthregion.ca/mh/collaborative.htm

Screening Tools:

- **Ages and Stages Questionnaire/ ASQ Social Emotional:**
www.brookespublishing.com/store/books/squires-asqse/index.htm
- **Edinburgh Postpartum Depression Scale (pre and postnatal screening tool for depression in mothers):**
www.perinatalervicesbc.ca/Edinburgh%20Perinatal%20Postnatal%20Depression%20Scale.htm
- **First Words Project (free downloadable screening tools):** <http://firstwords.fsu.edu/>
- **Contact your local public health unit, Infant Development (IDP) or Aboriginal Infant Development (AIDP) program for screening services.**

End Notes

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5 *Source Material and Resources*

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