

Early Childhood Mental Health Matters:

The 8 Principles of Development that Determine our
Social and Emotional Health

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How we have understood Mental Health Problems in the past

- Genetic vulnerability
- Congenital abnormalities
 - Birth injury, exposure to chemicals, physical deformities, exposure to infection
- Learned Maladaptive Behavior
- Psychological Conflict
- Social relations problems (knowledge, drive)
- Caregiver/child relationship
 - Attachment and Loss
 - Temperament
- Medical problems
 - In child
 - In caregiver
- Physical trauma
 - Head injury
 - Broken bones, burned skin
 - Dog bites

Now we must add 2 more

- Interruptions of development
- Psychological Trauma

Interruptions of Development

What happens to a person when things that are supposed to happen during a developmental stage don't...

Interruptions of Development

- Inexperienced caregiver
 - Lack of support for caregiver, lack of capacity of caregiver
 - Problems of Sensitive Responsiveness and mutually confirming interactions
 - Inability to attune to child's states
- Loss of continuity of affectionate care
 - Removal from home; placement
 - Loss of parent, nanny, sibling
- Challenges that are not overcome early
 - Sleeping, eating
 - Speech and language, fine and gross motor development
 - Social development
 - Behavioral problems (aggression, emotional dyscontrol, anxiety, depression, attention)

Psychological trauma

What happens to a person's ability to modulate and regulate their emotions, cognitions, relationships, and biological homeostasis when they are overwhelmed by experiences

Overwhelming Psychological Trauma

- Exposure to domestic violence
 - Caregiver is impaired
- Severe neglect
- Physical abuse
- Emotional abuse
- Sexual abuse
- Combinations
- Physiologic reaction to these experiences
- Psychological reaction to these responses
 - Emotional
 - Cognitive
- Anatomical reaction to the above
 - Ability to handle future trauma

These 2 additions are changing the way we view health and mental health

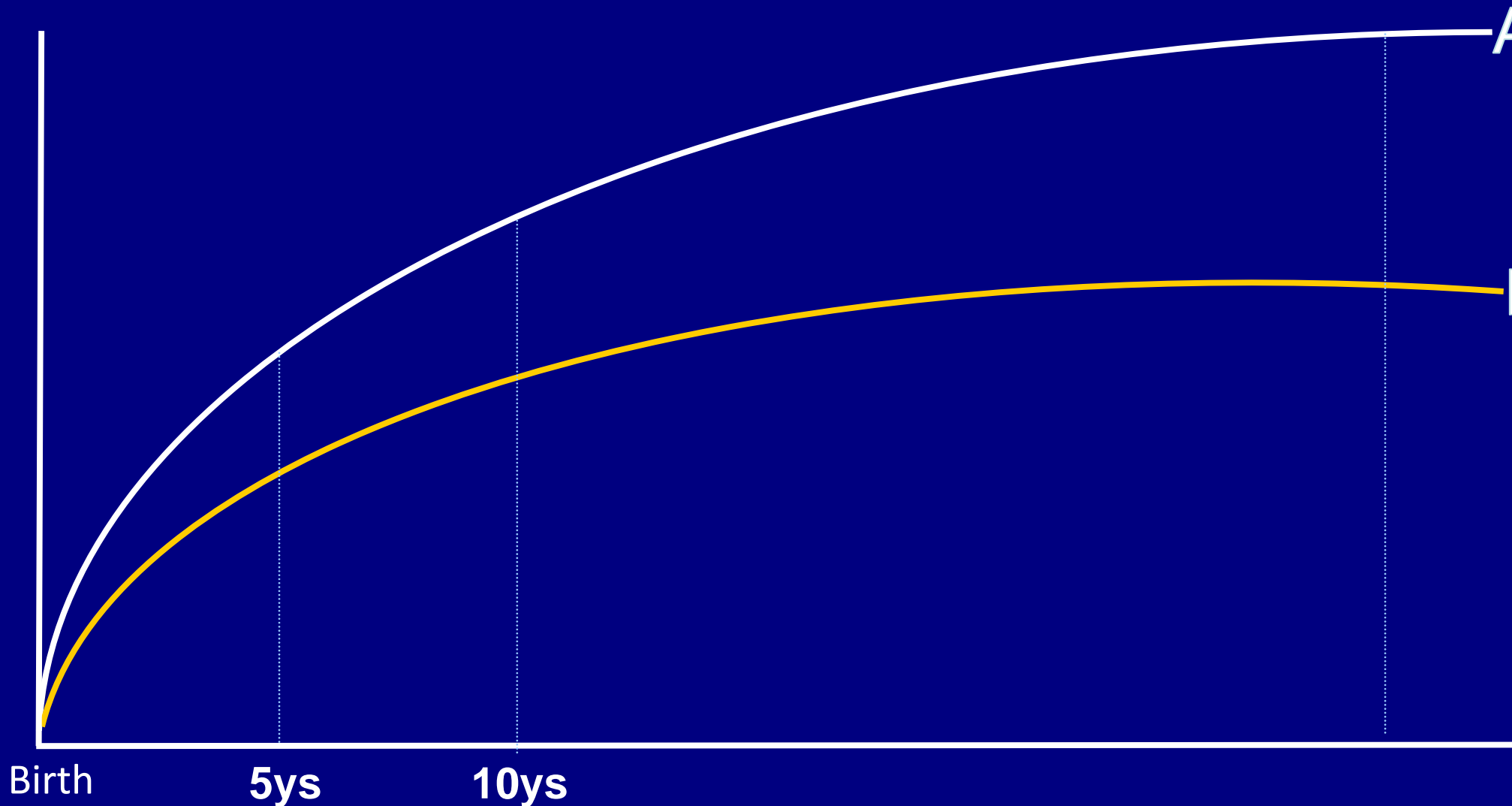
- This conference is concerned with the earliest years of life- prenatal to age 6.
 - Development
 - Exposure to trauma
 - Medical, mental health, developmental problems, and family stress
 - Long term wellbeing

Science: Observations, measurements, and experiments

- Science marches on
 - Much of what will be presented during this lecture has been learned in the last 20 years
- This work has been devised to help us understand the intimate connection between physical growth, cognitive maturation, and social and emotional development

Developmental Trajectories

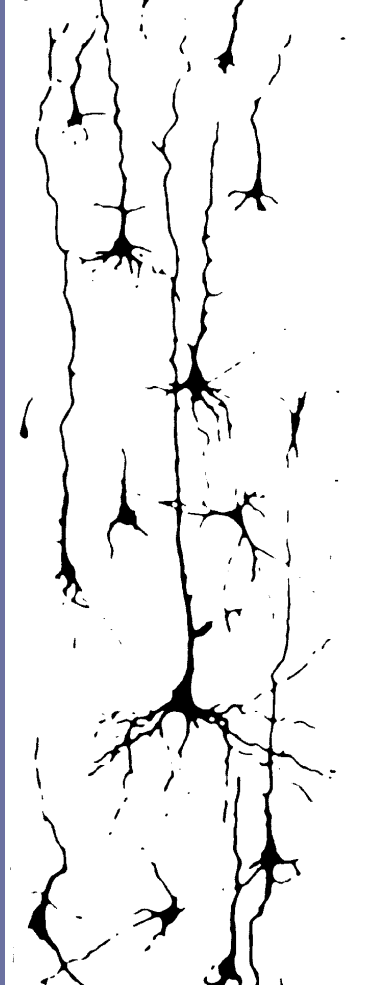
Early Relationships Matter



ECMH Principle #1

- There is tremendous growth in the brain from birth through age 2 which is lateralized to the right hemisphere
 - This area is known to be dominant for social and emotional functioning
 - Critical periods of social and emotional development occur during this early, intense phase of growth

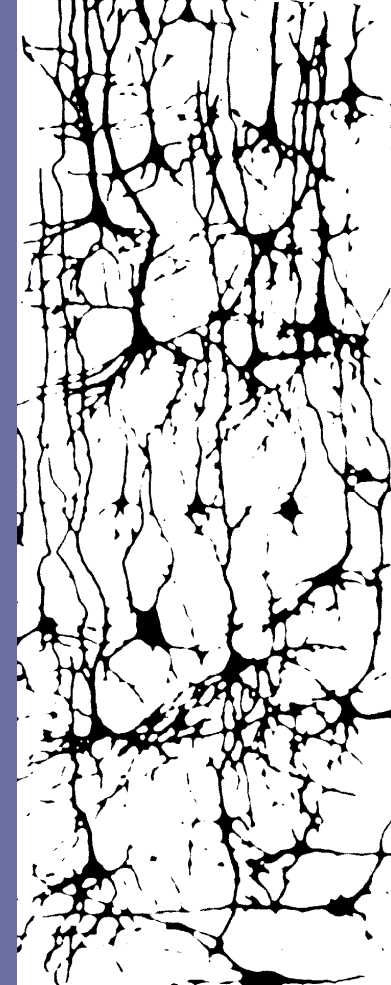
Synapses



Birth



6 Years

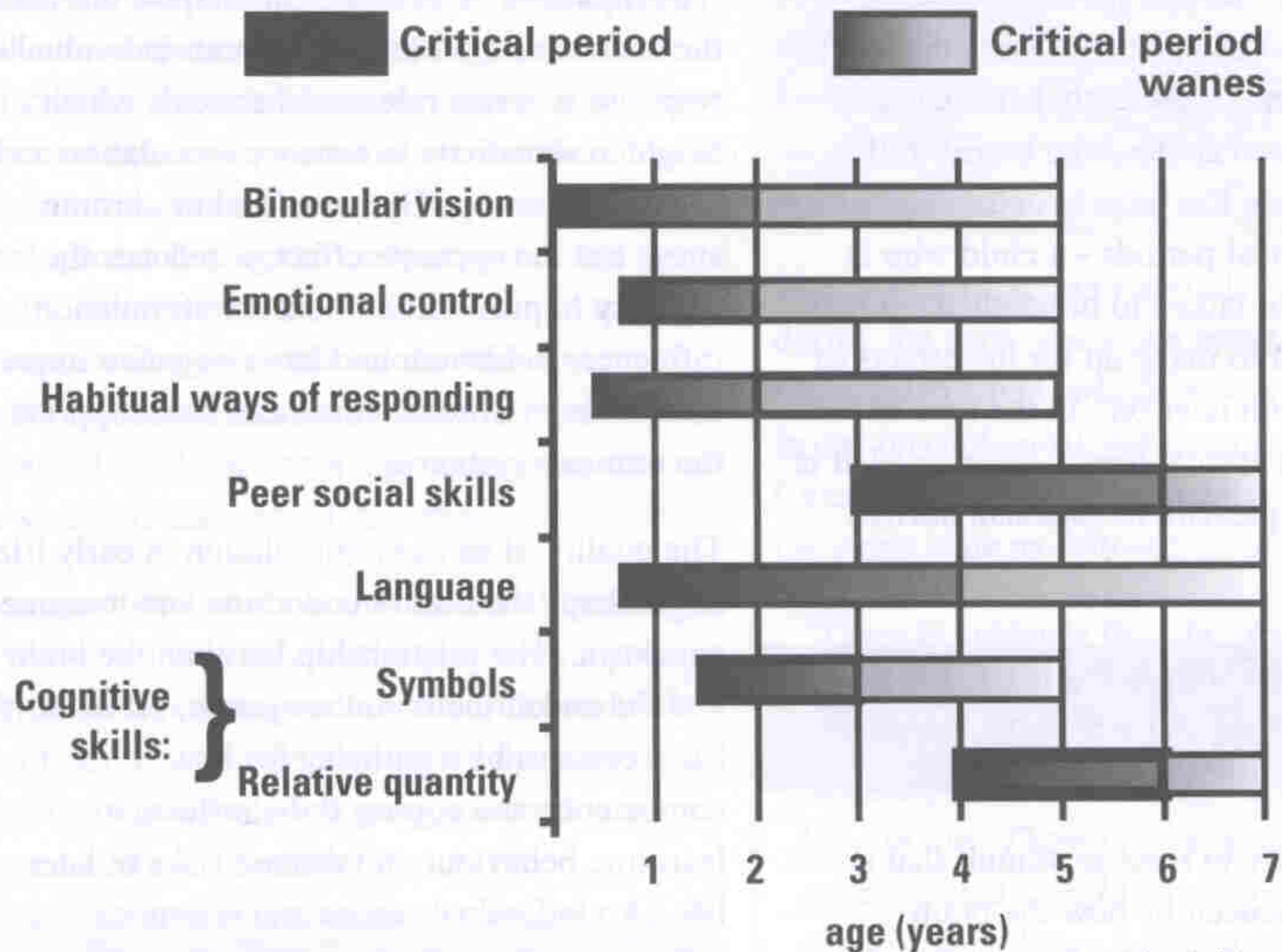


14 Years

Critical periods of socio-emotional development include:

- Strategies for emotional regulation
- Strategies for coping with stress
- Attachment patterns including the storage of the internal working model of the attachment relationship

FIGURE 1.2 CRITICAL PERIODS FOR SOME ASPECTS OF BRAIN DEVELOPMENT AND FUNCTION



Adapted from Doherty (1997)

ECMH Principle #2

- Socioemotional development occurs within the context of a relationship(s)
 - Early emotional interactions directly influence the experience-dependent maturation of the regulatory system of the right brain and limbic systems
 - “the mother’s impact on her child’s brain is widespread and profound; early interactions build neural networks and establish biological set points that last a lifetime”

ECMH Principle #2

- Neurobiology shaped by social environment
 - Socioemotional development is more readily influenced by epigenetic factors than either temperament or IQ
- Young children use their caregiver's socioemotional **competencies** as a template to establish their own

ECMH Principle #3

- Sensitive, attuned caregiving supports the regulation of emotions and levels of physiological arousal
 - When consistently held in a regulated state, a child will develop the ability to manage their own emotions (regulate him or her self)
 - The parent's regulatory scaffolding leads to the establishment of traits within their child
 - States become traits

ECMH Principle #4

- Most children have the intrinsic capacity for secure attachment relationships:
 - Whether or not they develop a secure attachment is contingent upon the relationship(s) in which they are involved
 - One of the most important socioemotional milestones to be reached in the first year of life is the establishment of a secure attachment bond

ECMH Principle #4

- **Secure (60-65%)**: tends to explore if parent is nearby, exhibits proximity seeking behaviors after separation but is quickly soothed and soon returns to play
- **Insecure-Avoidant (15-20%)**: appear not to respond to either the parent's leaving or subsequent return; tends to be "dismissive" of parent's overtures. Internal stress indicated but often not exhibited

ECMH Principle #4

- **Insecure-Ambivalent (10-15%):** little exploration while parent is in the room. Returns to parent after separation but not easily soothed nor quickly resumes play. Exhibits angry resistance/ambivalence to physical contact
- **Disorganized (5-10%):** exhibits confusion about approaching or avoiding; most distressed by separation; chaotic and disoriented behavior such as approach with withdrawal, rocking, freezing

ECMH Principle #4

The Secure Child Learns:

- They can regulate their emotions themselves, for their parents were able to show them how
- They can engage in reciprocal interactions with others, for they have learned reciprocity from their parents

Ruth Newton, Ph.D.

ECMH Principle #4

- They can explore the world with confidence and autonomy, for they know their parents are there if they need them
- They can be empathetic toward others, for they have learned from their parents that when one is in need, the other responds
- They can influence others and be successful in the world, for they have been successful in getting their needs met by their parents

ECMH Principle #5

- The psychological foundation of who we are as individuals, in essence, our sense of self, emerges from relationships
 - The individual mind starts as a relational mind
 - Shared emotional experiences
 - Dyadic expansion of consciousness
 - Internal Working Model

ECMH Principle #6

- The Primary Entrainment Period is that period of socioemotional development where the ability to regulate emotion, the development of attachment patterns, and our nascent sense of self (inner psychological life) become established

ECMH Principle #6

- Development during the Entrainment Period occurs in the implicit domain
 - Primarily based on sensorimotor and emotional experience
 - This is a procedural/non-verbal level before formal cognitive processes have been established
 - These early implicit lessons persist and remain impactful throughout our lives

Implicit Domain

- Present at birth
- Unconscious and non-volitional
- We are not aware that we are recalling anything
- Impacts emotions, thoughts, behaviors, and perspective
- Non-verbal, procedural, associational
- Involves the amygdala

Explicit Domain

- Develops in the second year of life
- Internal sense of recall
- Conscious/deliberate referencing
- Made verbal through activity of left hemisphere
- Involves the hippocampus

ECMH Principle #7

- Emotional development supports cognitive development and the readiness to learn
 - Emotions **support** executive function when they are well regulated but **interfere** with attention and decision making when they are poorly controlled.

ECMH Principle #8

- Younger children who experience adversity during these critical formative years are particularly vulnerable to compromises in their socioemotional competencies and their brain development

ECMH Principle #8

- In studies of neglect paradigm, Tronick and Weinberg write, “When infants are not in homeostatic balance or are emotionally dysregulated (e.g. they are distressed) they are at the mercy of these states.”
- Until these states are brought under control, infants must devote all their regulatory resources to reorganizing them. While infants are doing that, they can do nothing else.”

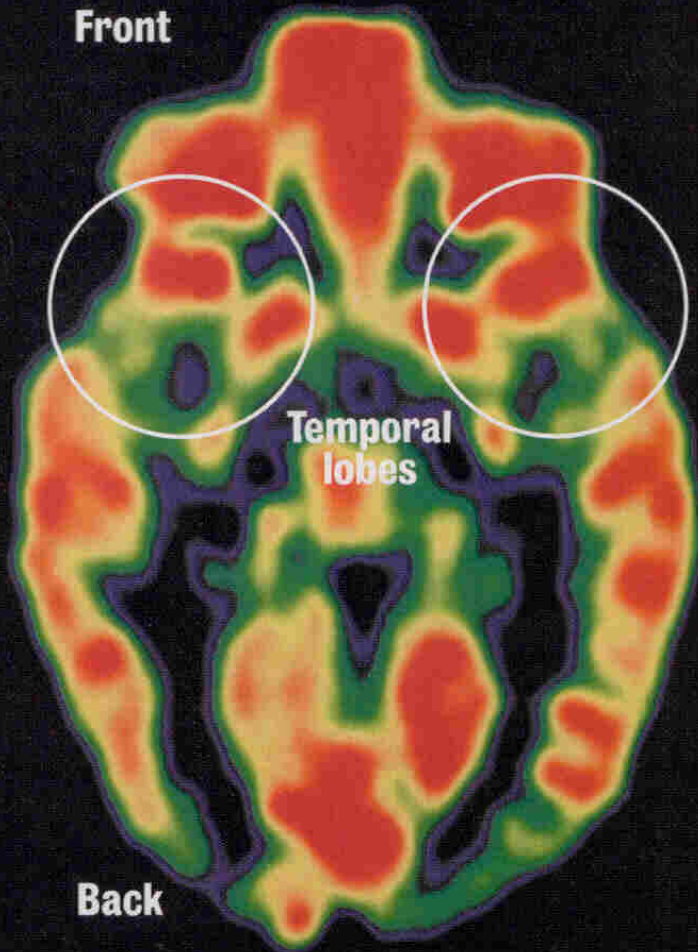
ECMH Principle #8

- According to Schore, the “nothing else” that the authors refer to “is a failure to continue to develop.” These infants “forfeit potential opportunities for socioemotional learning during critical periods of right brain development (i.e., synaptogenesis).”

Adversity Impacts Brain Development

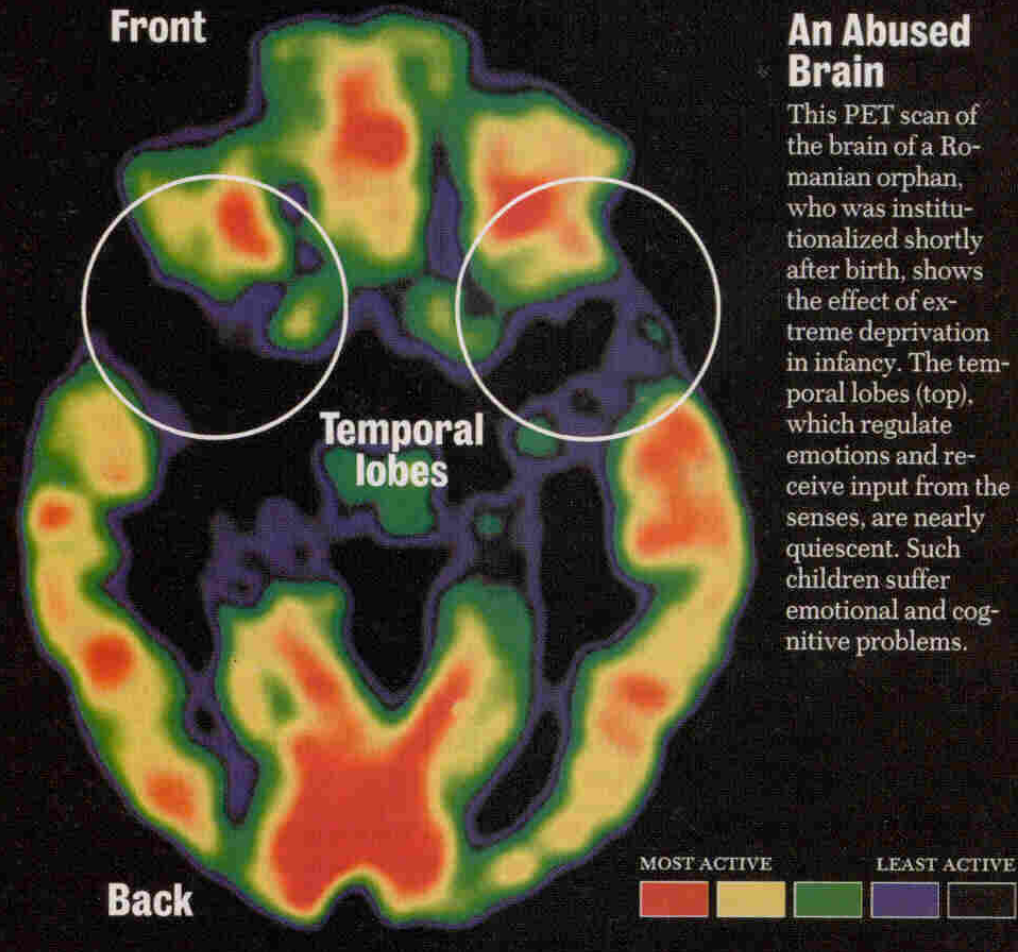
Healthy Brain

This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.



An Abused Brain

This PET scan of the brain of a Romanian orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.



ECMH Principle #8

- Children are driven by the biological imperative to attach. But if the object of this attachment is also the source of pain, frustration, neglect and/or rejection, then a central or core conflict develops within the child.
- This conflict creates a dynamic tension between wanting to connect and wanting to protect. Strategies to cope with this contradiction are often seen as “maladaptive”