

Exploring the Therapist's Role in Early Childhood Mental Health

10th Annual Early Childhood Mental Health Conference

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1

Learning Objectives

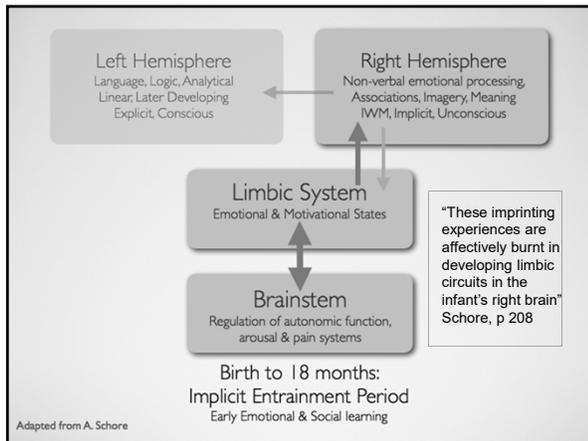
1. Review core principles that are foundational to infant & early childhood mental health practice
2. Distinguish between the clinical processes of enactments, countertransference, and resonance phenomena
3. Understand the elements that support the *use of self* as an essential "instrument" of infant & early childhood mental health practice

2

Core Principles of I-F & ECMH

- Implicit Entrainment Period
- Affect regulation & the window of tolerance
- Attachment schemas/representations
- Reflective Self-Awareness
- Supervision and Parallel Process

3



4

"For the rest of the life span, the right hemisphere that has been imprinted and organized by early relational experiences is dominant for the nonconscious reception, expression, communication, and regulation of emotion, essential functions for creating and maintaining social relationships, especially intimate ones." (Schore, 2012, p 209)

5

Implicit Domain of Learning & Memory

- Implicit memory typically "manifests itself only when the individual engages in the skills and operations into which (that) knowledge is embedded" (Fonagy)
- Includes the family rituals/rules, values, customs, communication patterns and ways of relating that need not be spoken yet all family members understand
- Implicit relational knowing allows us to interact with others spontaneously, without thinking. It supports the synchronization of two (or more) individuals communicating with each other

6

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- Schore's affect regulation theory integrates developmental neuroscience and attachment theory
- Early emotional interactions directly influence the experience-dependent maturation of the regulatory system of the right brain.
- The mother initially provides an external regulation for many of the physiological mechanisms that the infant possesses, but that are not yet mature and capable of managing.

7

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- Mental states are organized by and around affect
- The regulation of affect is foundational to optimal functioning
- Regulatory deficits are fundamental to all developmental psychological disorders
- A primary target of therapeutic action = mechanisms of affect regulation

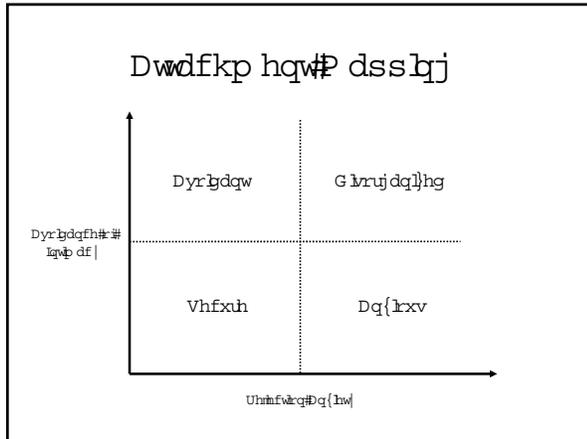
8

Interpersonal Neurobiology

- "The right hemisphere holds representations of the emotional states associated with events experienced by the individual..."
- When that individual encounters a familiar scenario, representations of past emotional experiences are retrieved by the right hemisphere and are incorporated into the reasoning process."

Shuren, J. E., & Grafman, J. (2002). The neurology of reasoning. Archives of Neurology, 59, 916-919.

9



10

Attachment Assessments

- The Strange Situation Procedure (SSP) captures the quality of a particular attachment relationship not necessarily the capacity of the child to attach
- Whereas the Adult Attachment Interview moves the assessment of attachment from a focus on behavior patterns to a focus on internal representations of the attachment relationship

11

Ainsworth	Main
Secure - explores if parent is nearby, is quickly soothed after separation; returns to play	Secure /Autonomous -values attachment, is reflective about relationship
Avoidant- appears not to respond to either the parent's leaving or subsequent return; dismissive	Dismissing - dismissing of attachment needs, tend to idealize or normalize past
Ambivalent - May be distressed even prior to separation; little exploration. Preoccupied with parent; fails to settle	Preoccupied -Preoccupied with past attachment relationships. Appears angry, passive or fearful. Inconsistently available
Disorganized - Displays disorganized, disoriented behavior suggesting a collapse in strategy (freeze at reunion, falls prone; clinging and crying but leaning away from parent	Disorganized- unresolved issues. Parent shows lapse in monitoring of reasoning or discourse. May lapse into silence.

12

Dismissive Parents

Emotionally unavailable: distancing behaviors
Restrictive affective range: suppression, dissociation
Mirroring is marked not matched
Rejecting/dismissive of: emotional intimacy & physical affection
Unresponsive: to safe haven attachment needs
Expectation of child : performance and self-reliance
Representational state: deactivating, minimizing proximity seeking

13

Preoccupied Parents

Inconsistently - available, perceptive and responsive
Expanded affective range: lack of regulation
Mirroring is matched not marked
Parent's own state of mind projected onto their children
Unsupportive of secure base attachment needs
Expectation of child : meet parent's emotional needs
Representational state: overactivating; proximity-seeking behavior is *not* terminated by contact with parent

14

Transference & Countertransference

- Attachment theorists view transferences and countertransferences as the "playing out of internal working models (Hill, p. 216)
- In other words, they involve the activation of attachment patterns of both the client and therapist
- They are automatic ways of being in relationships that are typically applied without awareness, particularly under duress

15

What is an enactment?

- It is an affectively (charged and) driven set of behaviors that represents a “repetition of past events that have been buried in the unconscious due to associated unmanageable or unwanted emotion”
- It provides an opportunity “to relive the past, from an affective standpoint, with a new opportunity for awareness and integration” (Maroda, 1998, p. 520)

16

Implicit/Unconscious

- “The discovery of the implicit memory has extended the concept of the unconscious and supports the hypothesis that this is where the emotional and affective – *sometimes traumatic* – presymbolic and preverbal experiences of the primary mother-infant relations are stored (Mancia, 2006, p. 83)

17

Resonance Circuit: ‘Limbic conversations’

18

Social Circuitry of the Brain

- We are designed as social beings to connect to and be affected by each other's internal state.
- This happens because *the social circuitry* in our brains acts like a tuning fork, automatically picking-up or "reading" another person's internal state - their own system becoming activated in the connection in what is known as resonance.

19

Social Circuitry of the Brain

- It allows for fast, near spontaneous (automatic bodily based perception) communication
- Attunement occurs when a parent matches their infant's emotional experience in terms of "intensity, timing, and shape/contour" (Stern)
- Creates an alignment or synchronizing of internal states between parent and child.

20

Use of Self in I-F & ECMH

- Implicit, non-verbal world of communication, learning, and meaning-making.
- Therapist required to work outside the bounds of traditional "technique"
- Intuitive, dynamic, relational (intersubjective) space co-created between therapist & parent-child dyad.

21

Clinician Challenges

- Countertransference/enactments
 - Attachment dissonance
 - Cultural dissonance
 - Implicit bias/prereflective unconscious
- Tolerance for ambiguity/not knowing
- Emotional availability/range/intensity
- Resonance load (differentiation)
- Personal trauma history
- Secondary traumatic stress (STS)
- Reflective capacity
- Lack of system support

22

Clinician Supports

- Recognition and valuing importance of ECMH at the organizational level
- Importance of training in transdisciplinary models including EBP's and EIP's
- Importance of ongoing supervision/consultation that includes reflective practice elements

23

Supervision and the Parallel Process

- Parallel process (supervisor-therapist-parent-child)
- Working in the implicit, non-verbal realm
- Attachment patterns and disruption repair
- Non-conscious, unconscious elements
- Enactments, transference-countertransference
- Resonance circuit (emotional loading)
- Secondary Traumatic Stress (STS)

24