Infant mental health programs create better futures for little Michiganders and their parents

Julie Ribaudo.
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Julie Ribaudo says people don’t really think about infant mental health until they notice its absence – but when they do, the difference is “stark.”

“When you see a baby who doesn’t smile, engage, babble, or seems listless, it hits you a little bit more,” says Ribaudo, a clinical associate professor of social work at the University of Michigan (U-M). “When babies are struggling, we see increased fussiness and inconsolability beyond the colic stage. We see eating problems, food refusal, and sleeping problems.”

Those early signs can be symptomatic of larger problems in the relationship between child and caregiver, and they can lead to continued mental health issues and social challenges as a child ages. That’s why more and more Michigan providers are recognizing and promoting the importance of infant mental health services.
Ribaudo describes infant-parent psychotherapy as an intense, complex intervention that repairs the child-parent (or child-caregiver) relationship. It can take place in a clinic or an in-home visit. The infant is never on “the couch,” but always present with the parent so the provider can observe the parent-child relationship, reinforce positive interactions, and explore negative experiences that arise.

The provider helps the parent pick up on the baby’s cues and also provides emotional support to families in crisis. Risk factors for infant mental health include poverty, parents with a previously existing mental illness, postpartum depression, domestic violence, substance abuse, and many others.

“It takes so much time and energy to be a good parent without risk factors,” says Mary Ludtke, innovative services section manager for the Michigan Department of Health and Human Services’ Division of Mental Health Services to Children and Families. “A lot of our parents in our community mental health system are in poverty. Their infants, referred from doctors or Head Start programs, may be having problems with feeding or sleep, for example, and they cannot find any medical reason. Infant mental health looks at these (factors) and helps ensure positive relationships between that parent and infant or toddler.”

The practice of treating infants with mental health issues within the context of their relationship with their caregivers has deep roots in Michigan, and the state has been a national leader in infant mental health. Selma Fraiberg, a founder of the infant mental health field, developed her theories and practice in the ’70s while teaching at the U-M

Fraiberg’s colleague, Betty Tableman, used Fraiberg’s theories to transform the state of Michigan’s mental health prevention services. She negotiated collaborative agreements between community mental health clinics, the Michigan Department of Mental Health, and U-M’s Child Development Project to develop a home-based service delivery model for infants and parents that remains in place today.

Ludtke notes that there are infant mental health staff in every community mental health agency in Michigan.

“Infant mental health services are a relationship-focused intervention,” she says. “Building the most basic of relationships sets the standard for relationship for that young child throughout their lives.”

Ludtke recalls the story of a mother she worked with who had been diagnosed with a life-threatening illness and gave birth in her late teens. To prepare her child for facing the world without a mother, the woman intentionally kept her baby at an emotional distance. She mistakenly believed that bonding with her child would cause them harm. Thanks to Ludtke’s intervention, the woman realized that making a close connection with her baby was the best way she could prepare the child for the future.

“We know that the infants and parents we serve have a number of risk factors. We’re working to minimize those factors so a child can develop emotionally, behaviorally, and socially and we can prevent delays, including cognitive delays,” Ludtke says. “The infant mental health staff sees quite a range of issues. They help parents have the support that they need to be the best parents they can be.”

According to Ribaudo, research suggests that the relationship template formed in the first three years of life influences how a person behaves in all relationships for the rest of their life.

“If the relationship template says, ‘If I’m stressed, it’s okay to show them and they soothe me, calm me, and comfort me,’ the world is a safe place,” she says. “If, when I’m stressed, I get rejected, rebuffed, or harmed, then I learn to not trust relationships. ... Those rules get embedded in the body system.”
Ann Stacks, Ph.D., director of the Infant Mental Health Program at Wayne State University, says the resulting template is “the foundation for relating to others, taking part in groups, staying calm, and paying attention in school.”

“It matters downstream,” she says.

Infant mental health interventions are traditionally made within the context of a baby’s home environment. But Stacks says it’s equally important to implement programs that consider young children’s relationships in daycare and preschool settings, noting that young children are expelled from daycare at much higher rates than school-aged kids.

“There’s some pretty good research to suggest that early behavioral health problems in toddlers along with other risk factors are good predictors of mental health and future involvement with the justice system,” she says. “It’s such an opportunity to intervene early.”
One way to reduce a child’s possibility of later interactions with the criminal justice system is through the proactive early intervention of a baby court. These specialized dockets focus on cases dealing with infant and toddler abuse or neglect, promoting a positive outcome for the affected child by attempting to reduce foster care placements, accomplish stable reunion of parent and child, and/or accomplish stable adoption. Baby courts are currently up and running in Wayne, Genesee, and Midland counties.

"Longer-term separations are very stressful for babies and can be a trauma in and of themselves," Stacks says. "Sometimes traumatic things happen. But a loving, supportive caregiver buffers that impact. You don’t see the same negative outcomes. There’s a lot of resilience in children if they have sensitive, responsive caregivers."

Of course, beyond the domain of the legal system, the same holds true for any infant.

"Babies need to be adored and to adore," Ribaudo says. "Babies grow better when they love deeply and are loved deeply."

A freelance writer and editor, Estelle Slootmaker is happiest writing about social justice, wellness, and the arts. She is development news editor for Rapid Growth Media, communications manager for Our Kitchen Table, and chairs The Tree Amigos, City of Wyoming Tree Commission. Her finest accomplishment is her five amazing adult children. You can contact Estelle at Estelle.Slootmaker@gmail.com or www.constellations.biz.

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