

# **'Ghosts in the nursery': Baby mental health assessed by exploring parent-child cues, family history**



**Long before babies have learned how to say “dada” or “mama,” they’ve been “talking” to their parents.**

**Different cries will signal hunger, boredom or discomfort. A well-timed gurgle or giggle can make Dad pay attention. Lack of concern when Mom leaves and then re-enters the room can hint at a break in the parent-child bond.**

Cues like these, coupled with deep, exploratory work with caregivers, can help therapist Stephanie Mestery assess, diagnose and treat an infant’s mental health long before their language centers have fully developed.

“That first 18 months is so important and vital. It lays the framework for how we grow,” says Mestery, a licensed clinical social worker who specializes in infant mental health at Together Counseling.

**Infant brain wired for learning – and remembering trauma**

Since the 1970s, brain scientists have explored how infants, even in utero, start learning so much earlier than we once thought. “The remarkable abilities of newborn babies highlight the extent of prenatal brain development,” writes the [Urban Child Institute](#) website. “Newborns can recognize human faces, which they prefer over other objects, and can even discriminate between happy and sad expressions. At birth, a baby knows her mother’s voice and may be able to recognize the sounds of stories her mother read to her while she was still in the womb.”

As a baby’s brain is wired for quick learning and adaptability to its surroundings, very young humans are especially vulnerable to abuse, neglect and trauma during this period, according to the UCI. But there’s also an upside: The incredible neuroplasticity of infant gray matter makes it easier to unlearn trauma responses and develop resilience for the future.

Those crucial first years of a human’s life will basically lay the foundation for how we relate to others, self-regulate when upset and develop overall well-being. A child’s “attachment style” – their deep, abiding confidence in the availability and responsiveness of a caregiver – is usually set by age 3 and will determine how they relate to others throughout their lives.

“They are born to be in relationship,” Mestery says. “If we’re secure, we have an innate ability to self-regulate, vs. living in a state of constant hyper-vigilance.”

## **Signs of mental-health stress**

Mestery uses a broad range of approaches to assess potential challenges, help caretakers learn more effective parenting, promote parent-child bonding and prevent future pitfalls.

Although the therapist relies on a treatment tool known as the DSM 0 to 5 to help diagnose babies and young children, much of what she gathers about them comes directly from caregivers.

After all, babies and children learn much about how to express and manage their emotions from their closest caregivers. Many times, Mestery’s work isn’t so much about what she does as what she sees. She may spend considerable time simply observing interactions between child and caregiver, while watching for behaviors such as:

- Persistent fussiness.
- Trouble with transitions – showing great distress if anything in environment changes.
- Behavior that signals weak attachment with primary caregivers, such as lack of concern when caregiver leaves the room, failure to greet caregiver after they re-enter room or showing more comfort with strangers than caregivers.
- Eating or sleeping problems
- Listlessness or withdrawal.
- No interest in toys or (for toddlers) games.
- Not smiling or seeking comfort.
- Not reaching to be picked up.

## **Finding the ‘ghosts in the nursery’**

She also conducts a complete intake assessment, examining issues like caregiver relationships, the child’s environment, whether there has been a major attachment rupture, child’s medical history and caregiver reports (for instance, if baby has spent time in Child Protective Services). If the child is in foster care, she will attempt to involve birth parents in treatment too, so as to get the most complete picture of the child’s experiences as possible. Mestery uses a variety of approaches to work with babies and caretakers during their sessions:

- **Creating a safe and nurturing holding space** in which a caregiver and the therapist can think deeply about the care of the infant, the emotional health of the parent, the multiple challenges of early parenthood and the possibilities for growth and change.
- **Exploring “ghosts in the nursery”** to see how parents’ experiences with their own parents may influence their current beliefs about caregiving. For instance, a parent whose own parent felt it was healthy for a child to “cry it out,” may try using the same approach on a foster child, even though it could be unproductive or even harmful
- **Discovering who the child represents to the caretaker.** A parent’s behavior toward the infant in their care can represent an unresolved relationship from their own past. A parent may have trouble showing love to a child because it represents the baby brother she had to “mother” when she was just a child herself. Or the baby could represent the parent herself as a neglected or abused child.
- **Encouraging positive parenting behaviors; finding better options to less-helpful behaviors.** Much of her work involves affirming positive caretaking behaviors (“I like how you comforted the child and patted his arm”) while identifying and talking through negative ones.
- **Videotaping interactions between parent and child.** This can give parents objective feedback on parenting approaches, while seeing how the child responds to different strategies. It is especially helpful in reinforcing positive parenting behaviors captured on camera, or in showing parents how far they’ve progressed since they started counseling, Mestery says.
- **Determining capacity to parent.** Together Counseling works with partners such as Southeast Human Service Center, which does assessments to diagnose mental illness or addictions. In more serious cases, it may not be possible for them to provide adequate care to a child.

Mestery’s work isn’t always easy, but she does find it rewarding to walk with families at a time when a bit of exploration, a non-judgmental ear and better self-awareness among caregivers can build stronger, happier and healthier adults in the future.

Learn more about our infant mental-health program by calling Together Counseling at 701-404-0997

*By Tammy Swift*