

**KEEPING THE BABY IN MIND WHEN  
DEPRESSION AND ANXIETY TRANSPIRE**

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**FUSSY BABY NETWORK® NEW ORLEANS  
AND GULF COAST**

Fussy Baby Network (FBN) works to educate, support, and ease the transition into parenthood and reduce the risk of child abuse or Shaken Baby Syndrome by offering home visits, in-community visits, case management and Warmline support.

FBN is focused on providing parents with immediate support while increasing the parent-infant relationship and parental self-efficacy.



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**FBN® NOGC SERVICES**

**Fussy Baby Warmline**

Some parents have their urgent concern addressed over the phone

**Fussy Baby Network® Home Visiting**

Home-visiting provides the least distraction and barriers for the family and affords the provider the ability to see the baby in his/her own home

Free Service

Visits typically last approximately 1.5 hours, once a week

Visits end at the discretion of the family and clinician

**Community Connections**

Case management available to the family, based on individual need

**NICU & In-Community visits**

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## INTERVENTION

The Fussy Baby approach to intervention:

- Grounded in attachment theory and child development
- Utilizes an infant mental health lens to conceptualize infants and families
- Emphasizes reflection and self-awareness to help clinicians understand families and themselves
- Relationship based: fosters provider-family relationship which in turn nurtures the parent-infant relationship




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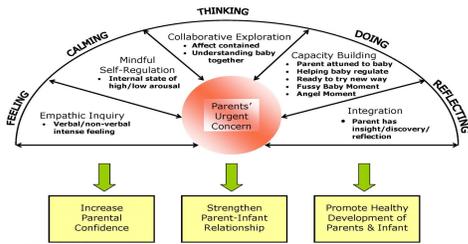
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## THE FAN

### Fussy Baby Network® Approach




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## THE FAN

The FAN facilitates Fussy Baby intervention:

- Helps clinicians remain attuned to parents and their concerns
- Helps clinicians understand a family and their own experiences of the family via a reflective posture




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## ATTUNEMENT

The FAN facilitates attunement

What is attunement?

- Affect Attunement: phenomenon observed between parents and their infants, which allows an "intersubjective sharing of affect." (Stern, 2000)
- Just as infants and parents connect to one another and share internal states via attunement, so also families and clinicians are sharing intersubjective experiences.



Stern 2000

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## REFLECTIVE POSTURE

Be fully present and emotionally available.

Monitor affect and engagement.

Move according to the parent's need.

Continually assess the effectiveness of the intervention.

Watch baby's state and capacities.

Embrace mismatch/repair.

Trust the process!



Gilkerson 2012

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## LONGITUDINAL PILOT STUDY



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## OUTCOME STUDY MEASURES

- Postpartum Worry Scale - measures postpartum related worry
- Parental Stress Index (Short Form) – measures parenting stress
- Maternal Efficacy Questionnaire – measures parenting self-efficacy
- Karitane Parenting Confidence Scale – measures parental competency
- Edinburgh Postnatal Depression Scale – measures postnatal depression
- Postpartum Bonding Instrument – measures quality of relationship between mother & infant
- GAD-7 - measures general anxiety
- Maternal ACEs - assesses negative childhood experiences of mother
- Demographics form

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## PILOT DATA (N = 12)

- Significant improvements found from pre- to post- on all measures
- Except the PSI where a significant increase in stress was found
  - Working through that one



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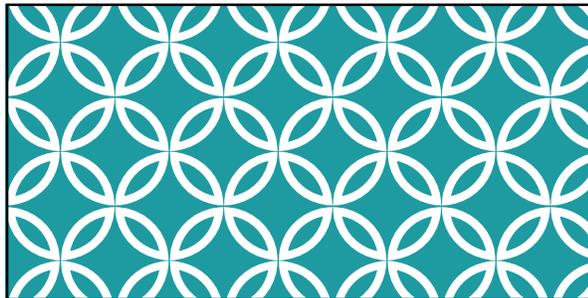
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## IMPACT OF PERINATAL MOOD & ANXIETY ON INFANT & PARENT-INFANT RELATIONSHIP

A brief overview of the literature

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## THE FINDINGS

Perinatal depression and anxiety symptoms have been shown to negatively impact infant development in the short- and long-term.

Perinatal depression and anxiety also skew the parent-infant relationship towards less secure modes of attachment.

Insecure attachment styles can have a long-term impact on the infant's ability to form trusting relationships with others including peers and are associated with a myriad of mental health concerns.

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## A CASE EXAMPLE

Baby Tess & Mama Mary

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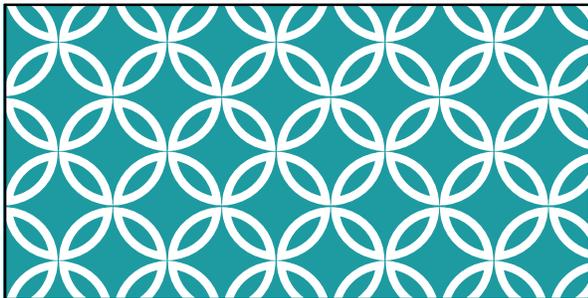
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## PORTS OF ENTRY

Treatment Approaches

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## ADULT PSYCHOTHERAPY APPROACHES

Evidenced-based approaches include:

- Interpersonal Psychotherapy
- Cognitive Behavioral Therapy
- Acceptance and Commitment Therapy
- Couples approaches
- Group approaches



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## INFANT MENTAL HEALTH APPROACHES

Evidenced Based approaches include:

- Child Parent Psychotherapy
- Circle of Security
- Mother Infant Treatment Group



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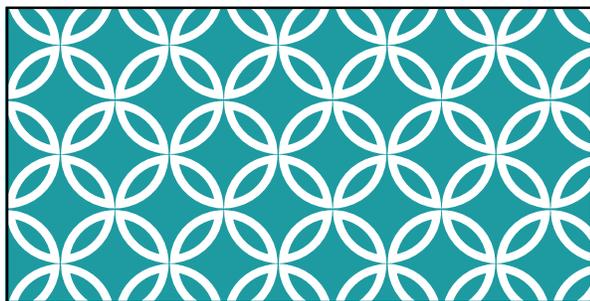
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## HOW THE INFANT IS PRESENT IN TREATMENT

Whether the baby is in the  
room or not

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## PARENT PERCEPTION

Research suggests that parent perception of the infant's temperament and concerns is what drives difficulties in the parent-infant relationship.

- I.e. not objective tests or clinician ratings
- Negative attributions regarding the infant or the infant's behaviors can be indicative of a number of parental psychological processes
  - Lack of parenting self-efficacy, misunderstandings regarding child development, projection, parent relational history



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## PARALLEL PROCESS

At the same time parents are seeking treatment for perinatal mood and anxiety, they are typically striving to initiate and maintain an attachment relationship with their infant(s).

Relationship-building concerns with infant may not be addressed or may be missed if clinicians only focus on symptom reduction as treatment outcome.



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## AND BABY MAKES THREE

Parents may desire to bring baby to the session for a variety of reasons

- Practical
  - Lack of childcare
  - Breastfeeding
- Psychological
  - Concern for the attachment relationship
  - Desire to delight in baby with the clinician



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## USEFUL PSYCHODYNAMIC PRINCIPLES

Primary Maternal Preoccupation: Gradually developing state of heightened sensitivity to the baby, beginning in late pregnancy and continuing following the baby's birth. (Winnicott 1956)

- "Normal illness" which Winnicott states "enables [mothers] to adapt delicately and sensitively to the infant's needs at the very beginning."
- Preoccupation with the baby "to the exclusion of other interests, in the way that is normal and temporary."



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## USEFUL PSYCHODYNAMIC PRINCIPLES

The Motherhood Constellation: "Mother's self-sense becomes largely organised around the presence of her baby, its well-being, and their mutual connection." (Stern 1998)

- Shift in mother's understanding of herself, that may last for months or years.
- Focused specifically on protection of the child, as well as responsive caregiving.
- Additional focus on the mother's own mother



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## CAN I BRING THE BABY?



How would you respond?

- Depends on treatment modality, prior training, and clinician judgment
- Response will impact rapport
- Serves as an opportunity to support parent-infant attachment

Keeping the baby in mind in session is an important, though sometimes daunting goal.

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**RETURNING TO OUR CASE** | Baby Tess & Mama Mary

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**DISCUSS OUR READINESS TO WELCOME BABY, PRACTICALLY**

What does a baby friendly office look like?

- Toys, baby-proofing, white noise machine

What ground rules do I want to set for meeting baby's needs in session?

- Babies will need to be fed, diapered, and put to sleep while in session
- Lactation

How will my office mates/surrounding businesses feel about a baby in my office?



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**DISCUSS OUR READINESS TO WELCOME BABY, EMOTIONALLY**

Delight in baby, but with caution

- Delighting in baby supports the parent in forming an attachment relationship with their baby
- How might mom experience our delight?
  - Ignoring her pain
  - Jealousy
  - Blaming baby for current emotional state
  - Unplanned/unwanted baby



Thoughtful developmental guidance

- Current research on child development
- Our own parenting practices, and how they can seep in
- Timing: does mom need/want this guidance at this time?

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## PARENTING SELF-EFFICACY

A parent's perceived competence in tasks associated with parenting

- change with development, illness, special needs

Feeling regarding their ability to parent overall



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## PROMOTING PARENTING SELF-EFFICACY

Provide parent an opportunity to:

- Describe specific parenting tasks she struggles with (may not be what we expect)
- Describe positive changes in child

Emphasize parent's ability to address problems through:

- Their own skills
- Their own efforts

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## CLINICAL STRATEGIES

### Use Generously:

Emotional support for parenting struggles

Achievable goals

Noting the positive effect their efforts have on their child

### Use Cautiously

Modeling

- Without parent practice and feedback

Recommendations/advice

- Too many
- Too difficult to implement

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**PROMOTING PSE IN ACTION** | Baby Tess & Mama Mary

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**BRINGING HOME THE BABY**

What will you take back with you to your practice?  
Lingering questions?  
Grand ideas/aspirations!



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