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**Sometimes very young minds need special care, experts say**



By  
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Traditionally, young children have rarely crossed paths with psychiatrists or psychologists. Not anymore. With a growing amount of research focusing on early brain development, more youngsters — even infants — are being targeted to receive the services of mental-health professionals.

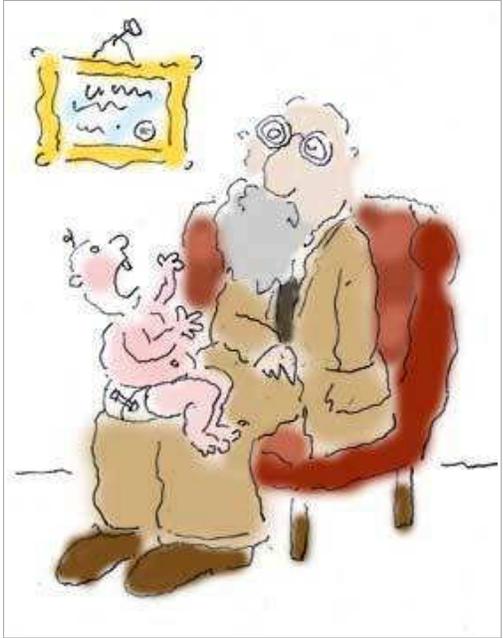
There are no hard numbers available for just how many pre-kindergarten children are being seen, but experts say infant/toddler mental health is moving into the mainstream. Psychological research on this age group is a hot topic at major universities, and last year the American Academy of Pediatrics launched a task force with at least part of its purpose to push more infant/toddler mental health intervention.

This may cause some readers to roll their eyes — especially those who believe Americans have a tendency to pathologize and treat the slightest blip of a bad mood.

Before you pass judgment, however, it's important to understand what infant/toddler mental health is all about, says Ngozi Onunaku, a policy analyst with Zero to Three, a Washington, D.C.-based nonprofit organization dedicated to furthering mental wellness for preschool-age children.

“When you put the words ‘infant’ and ‘mental-health treatment’ next to each other, that’s really scary to some people,” says Onunaku. “People think of medication and, from a more comical standpoint, they think of a baby on the couch.”

Onunaku says that, in fact, a more accurate way to talk about this issue is to call it infant/toddler mental wellness. “It’s more helpful to see mental health as a continuum. There are kids who need intense interventions, there are kids in the middle who are at risk for a problem and then at the other end you have your everyday, typical



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children who also need their caregivers to promote mental health and wellness.”

While all humans can benefit from what researchers and doctors are learning about infant mental development — namely, that infants are sentient, perceptive beings whose brain development can be strongly influenced in the first weeks, months and years of life — there are certain issues that drive most parents to get help for their children.

Eating and sleep issues are primarily why mental-health professionals see babies, says Dr. Thomas Anders, an infant psychiatrist at the University of California, Davis M.I.N.D. Institute and president of the American Academy of Child and Adolescent Psychiatry.

Toddlers are more often seen because of developmental delays or behavioral problems such as temper tantrums.

Other reasons infants and toddlers are evaluated include abuse, adoption or other separation from a birth parent, maternal depression, premature birth and trauma such as a natural disaster or illness.

With the right therapy and care, many of these conditions can be helped significantly and often swiftly. “Sometimes one session or two sessions and a couple of phone consultations are all you need to take care of a problem,” Anders says.

### **Parent-infant therapy**

Oftentimes, it’s just a matter of educating parents or teaching them some very specific parenting skills. For example, Anders, who studies infant sleep, says he may get a call because an infant appears to have a sleep disorder but sometimes it’s a matter of working with parents to establish a more productive bedtime ritual.

“Most of the treatment for children under 3 or 4 is what we call parent-infant therapy,” says Anders. “Medications are very rarely used in this age group.” In fact, when a young child is having any sort of problem it’s always a matter of determining how the family can solve the problem.

“What we’re really doing primarily with infant and toddler mental health is saying, ‘What guidance can we provide to help a parent cope better?’” says Penny Glass, a developmental psychologist with Children’s National Medical Center in Washington, D.C. “Sometimes it’s amazing when you just counsel parents on how to establish structure.”

Glass notes that having organized mealtimes and bedtimes often help families feel as if they have more control and helps eliminate toddler behavioral problems. “Even if you just help a child get a decent amount of sleep many of the problems don’t seem so big,” says Glass.

In some cases, parents may mistake one issue for another. Glass recently saw a boy, age 3 and a half, who was referred to her for behavior problems. But when Glass did the full evaluation she found out that the child was actually developmentally delayed and operating more at a 2-year-old level. He didn’t understand some of the words or thoughts and ideas that people were trying to convey to him because they were speaking to him at the level of a 3- or 4-year-old. Once this was understood Glass could recommend therapy to help get him up to speed, but she could also counsel the parents, teachers and caregivers in how to speak and treat him appropriately.

Just knowing the problem and what they were dealing with, Glass says, helped the parents

feel better, understand the child better and treat him in a more health-promoting way.

Some conditions are being detected at much earlier ages than ever. Dr. Joan Luby, a child psychiatrist at Washington University in St. Louis, says thanks to the attention being focused on infant mental health, professionals are now more likely to diagnose certain problems such as autism spectrum disorders as early as 18 months.

And research in the past several years by Luby and colleagues, published in the *Journal of the American Academy of Child and Adolescent Psychiatry* and elsewhere, has helped scientifically validate that children as young as preschool age can suffer from depression, anxiety and other mood disorders.

Even with these disorders, though, doctors tend to be wary about medicating the pre-kindergarten set because most of the drugs used to treat the disorders haven't been properly studied in children.

"Treatment for mood disorders really depends on the disorder but, in general, behavioral and psychotherapeutic modalities are still the first line," says Luby. The more severe the impairment, she adds, the more likely the child will eventually need psychotherapy and medication.

"It sometimes helps to think about [mental illness] in terms of diabetes," says Anders. "If a child was diabetic you wouldn't like it but you'd get treatment. If it's true that your child has a problem, you need to treat it."

### **Teen problems can have early roots**

Experts say that while many of us haven't realized it, our children have often paid steep prices for not having their mental health taken into consideration. Dropout rates, drug abuse, suicide and eating disorders are all adolescent problems that could have roots in treatable early childhood mental-health issues.

Zero to Three's Onunaku points out that we don't even have to wait until adolescence to see the impact of ignoring early childhood mental wellness.

A Yale study last year looked at the problem of pre-kindergarten children being expelled. Led by Yale Child Study Center researcher Walter S. Gilliam, the study found that in classrooms where the teacher had no access to a psychologist or psychiatrist, preschool students were expelled about twice as frequently.

"We know for certain that kids this young can have significant problems. By catching the problems early and working with them we have a chance to positively influence how their lives progress," says Onunaku.

Researchers point out that more than just influencing whether a child gets kicked out of a school or not, by identifying and treating certain mental and emotional problems extremely early there is a chance that the brain could even be altered positively.

"If we intervene early there is the issue of plasticity of the brain," says Glass. The ability of the brain to change with learning is called neuroplasticity, or plasticity. "There are no absolutes and we know we can't just fix everything that isn't right."

But, she says, there is reason to believe that if we help early on we may be able to help more

and perhaps in a more permanent way.

There's even hope, says Glass, that with early intervention we'll have fewer teens and adults "on the couch" in the future.

*Victoria Clayton is a freelance writer based in California and co-author of "Fearless Pregnancy: Wisdom and Reassurance from a Doctor, a Midwife and a Mom," published by Fair Winds Press.*

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