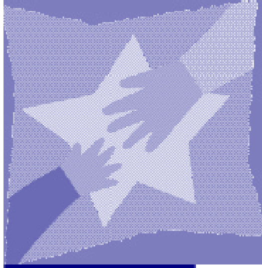

The Newsletter of
The Indiana Association for Infant and Toddler Mental Health

From The Chair

Our current issue provides an opportunity to focus on two low incidence disability areas, vision and hearing impairment. Efforts to understand babies with sensory differences have a long history in infant mental health. Selma Fraiberg, godmother of infant mental health, was an early researcher in this area. Her work was one of the first efforts to examine the development of infants with visual impairments. Ever the pioneer, Fraiberg, along with colleagues, studied how infants with blindness meet developmental milestones, including attainment of an attachment relationship. The authors reported that a key for building an attachment with a baby who is blind is for mothers to learn to attend to the babies' hands, since facial expressions do not develop in the same way as for sighted infants. Fraiberg noted that mothers of children with blindness must learn to see the smiles and excitement in their babies hands, rather than in facial expressions. Once mothers can see these emotions, then the positive turn taking interactions needed for social and emotional development can occur. Fraiberg described the differences in how infants who are blind attain these skills as "heroic adaptive feats" rather than as delays or deficits. For an interesting recent discussion of how hand skill development occurs in infants and children with sensory impairments and recommendations for helping babies with dual sensory impairment, see *Talking the Language of the Hands to the Hands* by Barbara Miles (http://www.dblink.org/lib/hands.htm).

Angela M. Tomlin, Chair, IAITMH

Developmental and Psychiatric Disorders in Children with Blindness or Visual Impairments

While Blindness/Visual Impairment (B/VI) is said to be not very common among children, just how commonly it appears at particular times, is an ongoing concern of the Developmental Disabilities Surveillance Program conducted in a five county area around Atlanta, Georgia by the Center for Disease Control (CDC).[i] In 2000, the prevalence of visual impairment at age 8 years was 1.2/1000. The American Foundation for the Blind (AFB) and the National Federation of the Blind (NFB)[ii][iii] agree upon 93,600 as the approximate number of students nationwide with B/VI (10,800 of them also have deafness).

According to the AFB, 55,200 students meet criteria for legal blindness. In their chapter devoted to psychiatric conditions in youth with perceptual impairment, Gonzales and Chess extensively cite a 1977 study conducted by Jan et al. in Vancouver, BC, which reported 43% of youth with B/VI were free of psychiatric diagnoses [iv]. The CDC estimates that one half to two thirds of the children with B/VI in the aforementioned surveillance program also had one or more developmental disabilities. Among comorbid developmental disabilities are found cerebral palsy, intellectual disabilities and autism spectrum disorder (ASD).[v] The prevalence of B/VI may be considered uncommon in children, but among our children who have B/VI there is greater than ordinary risk for developmental disabilities and childhood psychiatric disorders. The needs are great, but, sad to say, inadequately met: for teachers with specialized training in educational skills that address not only B/VI but also ASD, for mental health professionals who are readily available to respond to ASD and other psychiatric conditions that are even less likely to spare youth with B/VI than those who are sighted, for collaboration between state and university to develop better assessments and treatment techniques.

Submitted by Matthew Galvin, MD. For full report and references, see iaitmh.org.

REFLECTIONS

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Universal Hearing Screening and IMH: Are We Missing the Boat?

The significance of a newborn's life experiences is well documented in infant research. As early as 1945, Spitz demonstrated that the primary caregiver significantly affects infant development. Some years later, Bowlby reviewed several studies on the effects of institutional care and confirmed Spitz's conclusion that the presence of a mother figure was crucial to infant development. Since Bowlby's original work, a considerable body of evidence has been accumulated that links the attachment relationships to child developmental outcomes (Hadadian 1996).

Further, this body of research suggests emergence and development of attachment relationships in the first few years of life as the foundation for subsequent social-emotional development. A number of researchers have provided us with evidence that the quality of (secure-insecure) early attachment relationships can predict later problem-solving skills, social competence skills, and generally the quality of affectional interaction with other people.

Within the attachment-research paradigm, babies with special needs/risk factors could create a challenge to the formation of the attachment relationship to their primary caregivers. According to experts, quality of attachment relationships to caregivers depends on a number of factors, including the extent to which the child can develop a mental picture of his or her caregiver; how well the child can hear, see, and feel caregivers' responses to his or her communicative cues, and above all, the primary caregiver's sensitivity/ responsiveness to the baby's cues. However, from an intervention standpoint at this junction the child's disability is a vulnerability risk factor and not an attachment disorder etc. (Hadadian 1996).

Although there are well over 100 years of history related to early intervention with young children with hearing impairment, the needs of deaf and hard of hearing children became a matter of urgent national attention through implementation of Universal Newborn Hearing Screening (UNHS). To date, 37 states and the District of Columbia have laws that mandate hearing screening for newborns, including Indiana beginning in 1996. Some concerning ramifications of this law and its implementation include: false positive/negative results, major gaps between identification and intervention, and a lack of adequate and appropriate trained personnel both at the medical and educational level. Some practitioners, as well as researchers, have started to question UNHS practices on the basis of lack of outcome data. For example, Wrightson (2007) reported that no prospective studies have compared the outcomes of children who received services through a UNHS and those who were identified through a risk-factor based approach. He added, "Whether early intervention in hearing-impaired children identified with universal screening improves language and communication skills has not been established by good-quality studies." (p. 1). Similarly, the U.S. Preventive Services Task Force (UPSTF) found insufficient evidence to recommend for or against UNHS in the immediate newborn period. Furthermore, Fitzpatrick and colleagues (2007) reported that the USPTF systematic review as well as the Canadian Working Group on Childhood Hearing (CWGCH) acknowledged the difficulty of documenting the benefits of universal screening and early identification of hearing loss. Despite these concerns, at the present time, the consensus of many organizations, including the American Academy of Pediatrics, is that the benefits of the UNHS make it a worthwhile program.

When weighing the value of early nurturing relationships on brain development and research on UNHS, one wonders if we may need to revisit our practices. The fact of the matter is, I, as an individual who has been in Deaf Education and Early Intervention for over 25 years, am not opposed to UNHS. However, if we are identifying children but not following up with appropriate and adequate services, we may be taking away the most precious time for brain and attachment relationship development. My professional experience as well as available limited research indicates that once you tell the parent, "Your child is Deaf," regardless of the false positive risk, the parent may freeze and start to mourn the loss of the "perfect child." A family can become entangled in the web of hospitals, doctors, audiologists, and other professionals, leading to risk in relationship building. Families of all children, including those who are Deaf, will benefit from supports aimed at relationship building.

Continued on page 3

Universal Hearing Screening continued from page 2…

This discussion brings to memory my last visit to Sweden in 2000. While I was talking to two prominent Swedish child psychologists, who had extensive knowledge on deafness and child development, I raised the practice of UNHS. Their response was, "Why?" I then explained, "Because early identification is critical for deaf children's language development. The sooner the child is identified, the better we can serve the child…" Their response again was, "Why? How can you be confident in saying what you are going to offer down the road can replace that early nurturing relationship?" What I heard in a phone conversation from a mother of a Deaf child the other night says it all: "…Yesterday was my daughter's first birthday. It was exciting… Azar, can you believe it? It was the first time I noticed the color of my daughter's eyes."

Submitted by Azar Hadadian, Ph.D.

References

Fitzpatrick, E., Graham, I., Durieux-Smith, A., Angus, D., Coyle, D. (2007). Parents' Perspectives on the Impact of the Early Diagnosis of Childhood Hearing Loss. *International Journal of Audiology,* 46, 97-106.

Wrightson, S. (2007). Universal Newborn Hearing Screening. *American Family Physician,* 75 (9).

Hadadian, A. (1996). Attachment Relationships and its Significance for Young Children with Disabilities. *The Transdisciplinary Journal*, 6 (1), 1-15.

Link to History of Newborn Screening Program: http://www.cdc.gov/ncbddd/EHDI/history.htm

TRAINING CALENDAR

Mental Health America Annual Conference, May 16, 2008, Indianapolis

Cultural Competency (MHAI), June 5, 2008, Marten House, Indianapolis

TEACCH Conference, June 2 through 6, 2008, Bloomington

Department of Corrections Conference, June 23 through 25, Adams mark Hotel, Indianapolis

Indiana Statewide Transition Conference, August 6 and 7, 2008, Indianapolis

IAITMH 10th Annual Conference on IMH, August 21 and 22, 2008, Riley Outpatient Center, Riley Hospital for Children, Indianapolis

4th Annual Infant-Toddler Specialist Initiative Conference, August 21 and 22, 2008, West Lafayette.

For details: see Calendar at iaitmh.org

BOOKS

Classic:

Fraiberg, S. (1977). Insights from the Blind: Comparative Studies of Blind and Sighted Infants. New York: Basic Books.

New:

Lieberman, A. F. & Van Horn, P. (2008). *Psychotherapy with infants and young children: Repairing the effects of stress and trauma on early attachment.* New York: Guilford.

Ostler, T. (2008). *Assessment of parenting competency in mothers with mental illness*. New York: Brookes.

Steele, H. & Steele, *M. (2008).* Clinical applications of the adult attachment interview. New York: Guilford.

MEDIA LIBRARY

The Media Library contact person is now Patricia Hanneman, Administrative Assistant, Riley Child Development Center. She can be reached at (317) 274-8167, by FAX (317) 274-9760, and by email pahannem@iupui.edu.

What is IAITMH?

The Indiana Association for Infant and Toddler Mental Health is an inclusive group of individuals, family members, caregivers, professionals and agencies who collectively use their knowledge, concern, education and expertise to actively advocate, promote, educate, and influence local, state, national and international mental health issues regarding infants and toddlers.

Membership renewals will be sent in June. If you do not receive your renewal, please contact Tiffany Peek at tpeek@mhai.net.

MEMBERSHIP

Yes, I want to become a member of the Indiana Association for Infant and Toddler Mental Health

Name________________________________

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____

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☐Family $15 ☐Professional $30
☐Student $10
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