

HEALING HANDS



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Homelessness Challenges Infants' Social-Emotional Development

Factors that precipitate and prolong family homelessness—including poverty, violence, mental disorders, and substance use—and stresses associated with displacement may have a significant negative impact on the social, emotional, and cognitive growth of infants and toddlers. The mediating variable for environmental stresses in the life of a young child appears to be the relationship the child has with his or her primary caregiver, typically the mother. Yet in homeless families, this relationship is often threatened by maternal depression, lack of parenting skills, the need to focus on immediate survival needs, and the pressures of “parenting in public.” This issue of Healing Hands examines the determinants of infant mental health, risk and protective factors, effective interventions (including parenting skills training), and the role of the HCH clinician in promoting healthy children and families.

“Many circumstances of homeless families challenge normal infant development,” says **Joan Sheetz, MD, FAAP**, pediatrician with Wasatch Homeless Health Care in Salt Lake City, Utah. These include poverty, domestic violence, parents’ mental illness and/or substance abuse, frequent moves undermining stability, unpredictability of day-to-day life, inconsistent parenting, lack of developmentally appropriate stimuli, poor nutrition, and child neglect or abuse. However, the situation is far from hopeless.

In its seminal report on the science of early childhood development, *From Neurons to Neighborhoods*, the Institute of Medicine points out that “children who begin life at a disadvantage are not doomed to enduring difficulty.”³ Knowledge of healthy child development and how it can be interrupted when a family becomes homeless helps clinicians understand how to intervene successfully in the lives of young homeless children.

DEFINING INFANT MENTAL HEALTH “Many people find themselves bemused by or even averse to the term ‘infant mental health,’” writes **Charles H. Zeanah, Jr., MD**, Executive Director of the Tulane Institute of Infant and Early Childhood Mental Health in New Orleans, Louisiana. “It is provocative to juxtapose the terms ‘infant,’ with its associations of innocence, beginnings, and hope for a better future, and ‘mental health,’ with its associations of maladjustment, stigma, and major mental illness.”⁴ The term often is credited to psychoanalyst **Selma Fraiberg**, founder of the Child Development

Homeless Children: By the Numbers

- Families are the fastest growing segment of the homeless population, now accounting for almost 40 percent of the nation's homeless.
- At least 1.35 million children are homeless during a year's time.
- 42 percent of children living with homeless parents are under the age of 6.
- Homeless babies show significantly slower development than other children do.
- More than one-fourth of children under age 5 suffer from depression, anxiety, or aggression after becoming homeless.²
- Less than one-third of homeless children who need help for their emotional problems are receiving it.

Unless otherwise specified, statistics were derived from the National Center on Family Homelessness.¹

Project at the University of Michigan, who used it to refer to the social, emotional, and cognitive well-being of children under age 3 and their families—broader conceptions of “infant” and “mental health” than traditionally used.⁵

“Infant mental health is the developing capacity of the child from birth to three to: experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore the environment and learn—all in the context of family, community, and cultural expectations for young children. Infant mental health is synonymous with healthy social and emotional development.”⁶

THE IMPORTANCE OF ATTACHMENT Bolstered by advances in neuroscience that confirm the importance of a child’s first few years of life to healthy growth, development, and learning, the field of infant mental health has grown steadily in recent decades. Scientists and clinicians now understand that a secure attachment between parent and child is the key determinant of mental health not only in infancy, but across the lifespan.^{3,7}

The concept of attachment was introduced by **John Bowlby** in a report on the effects of maternal deprivation. He concluded that to grow up mentally healthy, “the infant and young child should experience a warm, intimate, and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment.”⁸ Bowlby hypothesized that if this attachment process were interrupted, it would leave enduring emotional scars and predispose children to behavioral problems. Research and clinical practice have confirmed his theory.

“Experiences in the first 3 years of life are the foundation for every other experience,” says **Christine Dobson, PhD, LMSW**, Director of Programs at The ChildTrauma Academy in Houston, Texas. “A baby whose needs are met learns that the world is a safe and predictable place.” In particular, a child needs his primary caregiver to serve as both a secure base for exploration of the world and as a safe haven to which to return for reassurance.⁸

RISK FACTORS Risks for insecure attachment are well-documented and many of them come together in the condition of homelessness. Challenged by poverty, mental illness, violence, limited social support, and the difficulties in meeting basic survival needs, homeless mothers may be unable to respond to their infant’s cues for emotional closeness. An infant who is difficult to soothe because of innate temperament or other biological factors (e.g. low birthweight, prenatal exposure to toxic substances, etc.) also may contribute to poor attachment. The inability of a mother and child to form a secure bond reinforces the parent’s sense of inadequacy, which already is heightened for parents who are homeless.

“Put yourself in the homeless Mom’s place,” says **Marguerite Wright, EdD**, Senior Clinical and Research Psychologist at the Center for the Vulnerable Child in Oakland, California. “She has to worry about

meeting basic needs, she has little social support, and she may have her own health and psychological problems.” Homeless mothers suffer from posttraumatic stress disorder at three times the rate of women in the general population and have twice the rate of major depression.⁹

Trauma is significant in the lives of homeless women. When childhood and adult experiences are taken together, an astounding 92 percent of homeless women have been severely physically or sexually assaulted.⁹ While witnessing violence is itself traumatic to an infant or toddler, the impact it has on the mother and on her relationship with the child is most damaging. “A child who witnesses domestic violence may experience trauma as a result of Mom’s vulnerability,” says **Wendy Vaulton**, Senior Research Associate at the National Center on Family Homelessness in Newton, Massachusetts.

“When the Mom is depressed, the baby may become distant or fussy,” says **Renee Reed, RNC**, Pediatric Outreach Nurse and Case Manager at Primary Health Care Outreach Project in Des Moines, Iowa. “Babies need one-on-one attention.” At Albuquerque HCH in New Mexico, **Tina Carlson, MSN, RNCS**, Clinical Nurse Specialist in Psychiatry, helps educate primary care physicians and obstetricians about the need to screen for maternal depression in ways that will allow homeless mothers to feel comfortable accepting services.

There is a good deal of evidence, Vaulton notes, that “it is the multiplicity of risks over time, rather than a single risk factor, that predicts negative outcomes.” Research by the National Center on Family Homelessness reveals that young homeless children don’t look that much different from other children being raised in poverty. The differences show up as they age, when developmental tasks become more complex and require more sophisticated self-regulation skills. “Self-regulation develops as a function of attachment,” Vaulton points out.

Further, “infants experience risk factors such as poverty, maternal mental illness, and partner violence primarily through their effects on infant-parent relationships,” Dr. Zeanah writes.⁴ Nevertheless, a relationship with a loving adult can mediate many of the risk factors homeless children experience (see the section on “resilience” below).

EARLY CHILDHOOD DISORDERS Infants and toddlers exposed to multiple risk factors may experience delays in language, fine and gross motor skills, and social and emotional development. Very young children may express their emotional distress by crying episodes, sleeping and eating disturbances, withdrawal from adults and peers, and temper tantrums.⁶ Even infants can become depressed, Carlson says. “They become flat and lethargic and show failure to thrive when their emotional and psychological needs are not met.”

Dr. Sheetz points to the following signs of potential problems:

A 2-month-old that avoids eye contact, a 4-month-old that doesn’t smile and wriggle in response to your baby talk, a 6-month-old who responds only minimally to immunizations, a

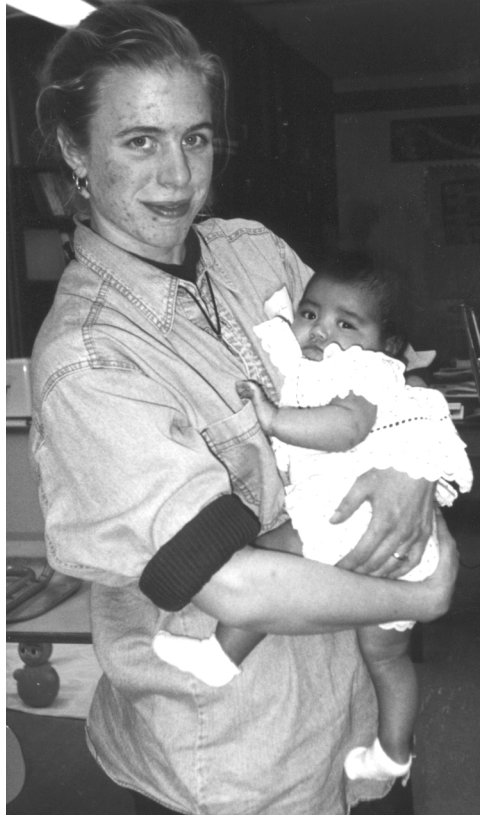
1-year-old who doesn't try to remove your stethoscope from his chest, a toddler who climbs into your lap within 3 minutes of meeting you—these scenarios should all raise suspicion of disrupted mental health development and prompt a deeper investigation of the family's circumstances.

Evaluation/Treatment Evaluation and treatment of infants is difficult, Dr. Sheetz notes. "We all see kids who seem to be a little outside the range of normal, but often we fail to have the succeeding thought, 'Does this represent a variant of normal development or abnormal development?'" Figuring this out requires someone with special training and understanding of early childhood development, which many mental health agencies do not have. Referral sources include your state's Early Intervention Service (see www.nectac.org/contact/ptccoord.asp) or Infant Mental Health Association (www.waimh.org/affiliate/listAll.asp). In addition, there are a growing number of post-graduate training programs for infant mental health specialists.

"However, a referral is only as good as the communication between the primary care provider and the agency, so be sure to develop a personal relationship with any referral agency you use," Dr. Sheetz advises. More information about the role HCH providers can play in supporting the social-emotional development of infants and toddlers is presented in a separate story in this issue.

EXAMINING RESILIENCE The good news is, although children are influenced by their psychosocial environment, "most are inherently resilient and can deal with some degree of adversity."⁷ Researcher **Ann Masten** found resilience among the homeless children she studied in Minnesota. She discovered several key protective factors that allow children to develop well under difficult conditions. These include relationships with competent, caring adults and healthy brain development that supports such individual protective factors as intelligence and self-efficacy.¹⁰

Masten proposed three strategies to foster better outcomes in high-risk children: reducing risk of adversity, boosting resources, and facilitating protective relationships with competent adults. Because homeless children already have experienced multiple risk factors, she



noted, efforts to increase resources—including the basics of food, clothing, and medical care, plus opportunities to develop thinking and other talents—and to facilitate relationships with competent adults will be crucial.¹⁰

"Children need at least one person in their life they can trust," Vaulton says. "If Mom can't be that person for a period of time, a teacher, nurse, or shelter worker can offer consistent, caring, and trustworthy support."

INTERVENTIONS John Bowlby wrote, "If a community values its children, it must cherish their parents."⁸ Intervening in the lives of homeless infants and toddlers at risk for developmental delays and emotional disorders means intervening in the lives of their mothers. Indeed, for both homeless and housed children living in poverty, their mothers' level of emotional distress is the most powerful independent predictor of emotional and behavioral problems.¹¹

Carlson sees this in her work with mothers who are depressed. "When we get Moms stabilized with the help they need, we see their infants do so much better," she says. Infant massage is a technique that helps both babies and their Moms, according to **Laura Luz, MS, LMFT**, Child and Family Therapist at Hamilton Family Center in San Francisco. "When we taught parents how to do infant massage, we saw parents fall in love with their children," says Luz. "They experienced profound bonding when they realized they had the ability to soothe their baby."¹²

Many interventions designed to help at-risk children focus on supporting the attachment between the primary caregiver and the child. Promoting First Relationships, a curriculum developed by Kelly and colleagues at the University of Washington in Seattle, provides

early intervention to homeless families and teaches providers to support parents' feelings of competency. "We videotape interactions between parents and children and later show them to the parents," says **Jean Kelly, PhD**, Research Professor in the university's Department of Family and Child Nursing. "We reflectively observe the tape together and give positive feedback about the parents' strengths."

"Resilience does not come from rare and special qualities, but from the everyday magic of ordinary human resources in the minds, brains, and bodies of children, in their families and relationships, and in their communities."¹⁰

— Ann Masten

When this curriculum was used with HCH Network providers in Seattle, Kelly reports, their knowledge about parent-child interactions and their ability to support parents increased, and parents became more sensitive, responsive, and stimulating in their interactions with their children. The more positive feedback mothers received, the more positively they acted toward their young children. “When parents feel supported and confident in their role, they are better able to support their children,” Kelly says.

THE NEED FOR STAFF SUPPORT Working with homeless families with young children can be “sad and distressing, and the stress trickles down from staff to parents to infants,” says **Susan Kline, MN, ARNP**, Certified Pediatric Nurse Practitioner with the HCH Network in Seattle. Indeed, for staff to model and support the

relationships infants and their parents need, they must be physically and emotionally healthy themselves.¹⁴ HCH programs need to understand this and build in mechanisms for staff support, Kline recommends. Regular meetings, team building activities, and sufficient time off are strategies HCH clinicians suggest.

CREATING POSITIVE IMPRINTS Despite their knowledge of the risk factors homeless parents and young children face, clinicians and researchers who work with them feel far from hopeless. “To realize that you can create an imprint that will resonate through the years is both daunting and invigorating,” acknowledges Vaulton. “It means you can create positive imprints to counteract negative ones.” When HCH clinicians teach a young homeless Mom to cuddle and coo at her baby, this simple act may have reverberations that last a lifetime.

Parenting 101: Teaching the Basics of Bonding and Positive Discipline

Two things become clear when you talk to providers who work with homeless families: parents who are homeless love their children very much, and they face extraordinary challenges in doing a job that can be difficult even under the best of circumstances.

“The vast majority of homeless parents want what is best for their children,” says Marguerite Wright. “But they have no one to turn to, and they become overwhelmed.” Many homeless mothers, raised themselves in unstable homes, have few parenting skills. They find it difficult to parent in public shelters, where their behavior and their children’s actions are tightly regulated. Lacking privacy and appropriate skills, many homeless parents provide inconsistent or inappropriate discipline, and few have the time or energy to pay attention to their children’s physical and emotional needs.¹⁵

PARENTING IN PUBLIC **Donna Haig Friedman, PhD**, Director of The Center for Social Policy at the University of Massachusetts in Boston, wrote the book on parenting in public,¹⁶ and she knows what a double-edged sword it can be. “For homeless families, shelter living can be life transforming or a chilling experience filled with humiliation and judgment,” she says. Positive interactions with shelter staff can affirm a

Mom’s self-worth and promote her attachment to her child, but “value-laden, paternalistic regulations” that leave her feeling flawed and broken will have a negative impact on her ability to be a good parent.

As family life advocate **Mary Lewis**, quoted in Friedman’s book, notes, “For many [homeless mothers], the sense that they are ‘good enough’ parents is the one thing they have left. To tread, even lightly, on this sense feels like an intrusion.” The key for shelter staff, Friedman says, is to recognize a homeless Mom’s strength in asking for help, learn to make judgments without being judgmental, and form relationships with parents that focus on mutual accountability and respect.

TEACHING PARENTING SKILLS

Friedman makes clear that not all homeless parents need parenting classes, and that those who need it the most may not participate. However, assistance with parenting, either in structured programs or one-on-one, can be one of the most successful areas of help given to families while they are living in shelters, she believes. Often such help begins with teaching the basics.

“Sometimes homeless Moms don’t know that they should play with their children or hold them when they cry,” says **Jay Sanchez**,

LMSW, Program Director of HCH and Health Care for Homeless Children at El Centro Del Barrio in San Antonio, Texas. “They want their babies to be self-sufficient.” HCH in San Antonio offers parenting classes that focus on child development, positive discipline skills, and community resources.

In Des Moines, Iowa, Renee Reed’s parenting classes are all about the basics. “We go over bonding and the importance of making eye contact, talking, and positive touch,” Reed says. “We encourage them to hold their baby and socialize during feeding. We stress consistency. These Moms are so used to chaos and drama in their lives that without it, they create their own. We tell them it’s okay not to be in crisis.”

Reed acknowledges that teaching appropriate discipline is difficult. “Most of our Moms have been abused, but we have to teach them that it’s not okay to hit,” she says. Dr. Joan Sheetz likes to teach parents the concept of a “time-in.” “We focus a lot on time-out, but time-in—noticing and praising a child’s good behaviors—is at least as strong a behavior modifier,” Dr. Sheetz says.

Perhaps most important, Reed says, “We provide an open forum where they can ask ques-

tions. They get excited about what their babies are doing, and they look to us for reassurance and acceptance.”

CHOOSING A CURRICULUM There are numerous parenting curricula available, but many may need to be adapted to serve homeless families, notes **Jane Prusso, LSW**, Program Monitor with Philadelphia Health Management Corporation. In particular, she points out, “You may need to adapt skills to the structure of shelters. For example, if a family is standing in line to eat dinner and the child acts out, there is no way to give him a time out.”

Attention to culture also is important. As the Institute of Medicine report makes clear, culture influences everything from how and when babies are fed, to where and with whom they sleep, the goals and expectations parents have for their young child’s development, how discipline is handled, and how illness is perceived and treated.³ Providers who are unclear about parents’ expectations may mistake what is normal in their culture as a sign of inappropriate parenting (e.g., allowing a child to sleep with a parent, which is more common in parts of Asia, Africa, and Latin America than in the U.S.³).

In addition, Prusso says, it’s important to assess the ability of shelter staff to encourage a parent’s new skills. “If a child acts out and the staff person writes up an incident report, that doesn’t support the parent’s ability to negotiate with the child around his behavior,” Prusso says. For an evaluation of parenting curricula used in Philadelphia, contact Prusso at jane@phmc.org

HELPING PARENTS FLOURISH

Sometimes, all a homeless Mom needs is someone with whom she can vent. “I’ve seen homeless mothers flourish with just a little bit of support,” Wright says.

The Clinician’s Role: Helper, Advocate, Friend

HCH clinicians can be an important ally in helping homeless parents raise emotionally healthy children. The key, says **Betty Schulz, RN, CPNP**, Pediatric Nurse Practitioner with Mercy Children’s Health Outreach Project at Baltimore HCH, is to “start where the parent is. If Mom says she needs baby wipes, get her baby wipes. You have to earn her trust.” Additional strategies include:

- **Use a strengths-based approach.** “You have to reinforce what parents do well,” says Tina Carlson. “I am amazed at how resilient homeless mothers are. I have a lot of respect for them, and I let them know that.”
- **Be directive but not shaming.** “When you build the Mom’s confidence and competence, the infants respond,” Carlson says.
- **Let the parent lead.** “Help her problem-solve,” Schulz says. “Ask her what has worked for her in the past and what she likes to do with her child.”
- **Respect the parent’s perspective.** “Affirm parents by seeing them as full of knowledge about their child,” says Donna Haig Friedman. “This builds trust and brings out the best in the parent.”
- **Address the parent’s feelings about being parented,** what Selma Fraiberg referred to as the “ghosts in the nursery.”¹⁴ “Maybe a homeless Mom was never hugged,” says Jane Prusso. “You may have to give her permission to love her child.” Help parents enjoy their children.
- **Be a positive role model.** “Model in your relationships with parents the elements that are best for their relationship with their child,” says Laura Luz.
- **Provide or make arrangements for practical assistance and social support.** Because many families are homeless for only a brief period of time, HCH providers need to work with mainstream providers to create what Luz calls “a web of support” to help them maintain stability. “When homeless Moms are less anxious about survival, they are more able to attend to their child,” she notes.
- **Advocate, advocate, advocate.** Susan Kline recommends that HCH providers advocate both on behalf of individual families and in the larger service system. “There is nothing sadder than seeing a Mom in shelter with a newborn,” Kline says. “We have to advocate for shelter policies that help families get into transitional housing as soon as possible. We also need to influence the environment in shelters. Mothers who are homeless need more quiet places where they can nurture their children.”
- **Recognize your limitations.** “Sometimes it’s difficult in a 20-minute well-child visit to address all of your concerns,” Kline says. “Often I have to focus on the basics, like telling parents to hold and rock and talk to their baby. There is only so much they can hear.”
- **Create a nurturing work environment.** “Staff in a supportive and safe work environment are better able to provide a safe and supportive environment for their clients,” Jean Kelly says.
- **Never give up on anybody.** Marguerite Wright says this is the overriding lesson her work has taught her. Homeless mothers most need a sense of hope. “As the mother is, so will the baby be,” she concludes.

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