

National Network for the Study of Infant Mental Health

Regional Centers in Oslo, Bergen,
Trondheim and Tromsø

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Nationwide Network for Infant Mental Health in Norway

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- National Mandate given by the Ministries of Health, Child and Equality
- Research and implementation staff:

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One of the main objectives of the network is to develop and validate scientific findings with relevance to mental health practitioners. Additional aims focuses on promoting relevant research studies, training of clinicians, and to keep parents and politicians informed and updated on infant mental health issues.

The main goals of the Network are as follows:

1. To develop and validate research results which are practically applicable
2. To contribute to the acquisition of knowledge about infant mental health, and strengthen existing aspects of the field
3. To encourage an increase in the production of research on issues concerning infant mental health

In addition, the network arranges regular conferences and work-shops concerning central issues of infant mental health and invites researchers within the field to present their work. We are also currently launching five major research projects of our own.

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Why so Important

Through daily life
have a direct impact
on the mental health
and brain
development.

New knowledge
about Prevention



Priorities

Training Health Practitioners in Infant Mental Health, a Two-Year Postgraduate Program Implemented in Norway

Implementation of evidensbased instruments and programs

A Randomized Clinical Trial (RCT) Study of Marte Meo Intervention of Parent-Infant Interaction

A Planned Longitudinal Epidemiological Study of Children from Age One to Two

Sustained Withdrawal - An Early Warning Signal?

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Children are biologically prepared to depend on caregivers

Infant reliance on parent both protecting from danger, contact comfort, security, neuroendocrine regulation etc.

Failure in this caregiving system, nothing could be more threatening

Study the adaption to failure and possibility to repair

(Mary Dozier)

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Differences in childrens responses

The recognition of individual differences in childrens responses to stress and adversity has been followed by research seeking to determine which factors foster resilience and recovery and on the other hand promotive factors that may serve as regulators of development and help buffer the effect of high-risk factors (Sameroff 2000).

The Importance of detecting protective factors

From a clinical perspective, the information about possible promotive factors is especially useful in the process of designing intervention programs for this group of children and their caregivers.

Biomedical vulnerability and early neglect influence strongly on the caregiving environment.

Insecure or disorganized strategies

Insecure strategies are developed to maximize the Infants experience of security and minimize anxiety in the context of an unavailable or rejecting caregiver.

Disorganization represents a breakdown in goal directed behavior to overwhelming or frightening caregiver behavior.

Shift of family – same behaviour?

These behaviors and strategies, is carried over into new relationships and into new homes because it becomes a part of identity.

Fosterparents state of mind in regard to attachment influences how she or he will anticipate, interpret and respond to a child's attachment signals and needs.

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Correspondence

The correspondence between parent and infant attachment organization tends to be strongest when considering the adult autonomous and the infant secure classifications when children were placed in care before 12 months of age (Stovall-McClough & Dozier 2004) .

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Today new follow up programs for parents

Attachment and Biobehavioral Catch-Up

University of Delaware, Mary Dozier

Attachment for foster care and adoption BAAF,
Mary Beek and Gillian Schofield

Circle of Security

The Spokane group, Bert Powell, University of
Virginia Bob Marvin and William Wheelan

Marte meo for infants

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Need for Action on Multiple Fronts Engaging families, Neighborhoods, Kindergarten and Communities

A continuum of services and supports for
children and families:

Quality postnatal and prenatal care

Family support, home visiting

Early development screening

Attention to social and emotional development

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