

USING INFANT MASSAGE WITH FOSTER PARENTS

Children's Research Triangle (CRT) provides comprehensive medical, psychological and educational assessment services for foster, adoptive, and biological families who have concerns about any aspect of their child's development. Children are often referred to CRT when there are uncertainties about the impact of their prenatal substance exposures or post-natal neglect or trauma on the child's quality of life. Our comprehensive assessment process becomes the cornerstone of educational and treatment planning. Through individual, family, and group therapeutic interventions are dedicated to designing and providing interventions that make a difference in the life of the child and their family. Our therapeutic services also include counseling and consultation for parents prior to and after adoption. We provide both comprehensive assessments and treatment services for children in our foster care system.

Babies who are placed in to the foster care system have many needs. 50-60% of these infants and toddlers have been prenatally exposed to alcohol or other illegal drug substances. These infants are four to five times more likely to experience developmental delays than other infants and toddlers in the general population. They experience many developmental risk factors because their mothers often did not have any prenatal care or had limited prenatal care, they may have been born prematurely, they may have been neglected or abused, exposed to violence, and as a result have delayed or impaired abilities to attach to a primary caregiver. Many of these babies demonstrate poor arousal and state regulation, behavioral characteristics such as irritability, distractibility, abnormalities in postural tone, excessive crying, feeding and sleeping problems (Chasnoff, I. J. et al, 2008). Exposure to alcohol or drugs in the prenatal environment affects the developing brain and puts children at risk for self-control problems (Tarullo, A., Obradovic, J., and Gunnar, M., 2009). Heavy prenatal alcohol exposure can lead to structural abnormalities in the orbitofrontal cortex, anterior singulate, hippocampus, and amygdala leading to deficits in self-control, hyperactivity, and increased rates of ADHD (Mattson, Fryer, McGee, and Riley, 2008). Prenatal cocaine exposure affects the development of the anterior cingulate and the prefrontal cortex and permanently distorts the balance of brain chemicals in the prefrontal cortex leading to poor impulse control, greater emotional reactivity, and difficulty sustaining attention (Langlois and Mayes, 2008). When the brain develops in a neglectful environment, it is deprived of appropriate experiences to shape the development of self-regulation and control (Shackman, Wismer-Fries, and Pollack, 2008).

Infant massage helps infants become more regulated. This is the greatest need for most of the infants in the foster care system. Because the infant's service plan is often to return home he/she may have parental visitation visits which may also include other family members. As the infant massage instructor I want to include the foster parents, the biological parents, other family members, and any other primary caregivers in teaching them infant massage with this baby. In my opinion this is critical. Infant massage can be the one consistent intervention for this infant who unfortunately may be moved around, back to family, back to foster care, a pre-adoptive home situation, etc. The consistency of a care-giving routine that involves infant massage which helps the infant regulate

him/herself will be organizing for that child and will also help the baby bond and feel secure with different caregivers.

Some of these infants because of their prenatal exposures may experience sensory processing problems. They may be hypo or hyper sensitive to touch. Infants who have been neglected or abused may be resistant to touch. As the infant massage instructor it will be important to help the foster parents and other caregivers, to learn the baby's behavioral cues of engagement, disengagement and stress, normal reflexes and the baby's behavioral states so that the adult can better understand the baby's needs and how to adjust the implementation of the infant massage routine. Signs of withdrawal and signs of pain (for example in an abusive situation) need to be discussed and the instructor needs to carefully work alongside the foster parent. Using Resting Hands before doing massage or by massaging the baby over his/her clothes are recommended strategies until the baby feels confident. I have found that it takes quite some time for many of these babies to tolerate the massage without their clothes because their clothes provide containment for them and being unclothed in a large space is very disorganizing for them. Also they experience difficulties with vestibular stimulation so that any position changes often cause them to become dysregulated. The foster parents need to be aware of this and need to prepare and move the baby gradually during the infant massage.

Because the baby is often moved to different home situations they have to adapt to a new environment. The baby may miss their old environment and experience feelings of loss and grief. Infant massage may help them release these feelings through emotional crying. Foster parents need to be aware of this and not be frightened by, nor personalize it and feel rejected by the baby when this occurs.

It is very important not to massage the baby as the instructor. Even though the temptation is very high in order to learn how best to help support the baby, because of the baby's experience with multiple caregivers if the instructor would do this it serves as another separation for that child and thus negatively interferes with the baby's bonding with the foster parent.

When working with the biological parents it is important that the infant massage instructor demonstrate a welcoming, accepting and respectful attitude. Demonstrating the use of Resting Hands and Containment Holds is very helpful for the biological parent/s to employ. These parents may be experiencing withdrawal themselves and sometimes are also experiencing post-partum depression. Talking about these difficulties and what the parent can do to help nurture themselves is very important. I have found that the biological parents need quite a bit of support in learning the value of infant massage. They need to be given to in order to enable them to give to their babies.

Working with these infants and their foster and biological parents in teaching infant massage is more difficult, but also more rewarding. It takes longer than five sessions and it works better in a 1:1 situation with a lot of coaching by the infant massage instructor. Much support needs to be given to both foster and biological parents. Discussing how

they can care for themselves should not be forgotten and frequently should be addressed and reinforced.

References

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Cheryl Pratt, Ph.D.

Infant Mental Health Specialist

Coordinator 0-3 Psychology

Director Clinical Institutes

-- Cheryl Pratt Ph.D. is a Pediatric Clinical Nurse Specialist, a Child Development Specialist, an Infant Mental Health Specialist, and a Developmental Psychologist. She started her career as an Intensive Care Nursery nurse. She established the discharge planning and neonatal follow-up program at Christ Hospital and Medical Center. She is an alumnus of the Erikson Institute for Advanced Child Development and completed her Ph.D. in 1992 from Loyola University of Chicago. She has taught at Loyola University and St. Xavier University, and was a University Professor in the College of Education and Psychology at Governors State University. Currently she is the Coordinator of the 0-3 Psychology team at the Child Study Center. Cheryl has provided consultations related to developing programs for infants, toddlers, and their families as well as mental health consultation to Early Childhood programs. Cheryl has presented on a range of Infant Mental Health issues as well as teaching developmental and social-emotional screening and assessment tools. Her research interests include the study of parent-child relationships in dyads experiencing perinatal vulnerability, substance abuse, and other pediatric chronic and

acute illnesses. Cheryl is also the director of Clinical Training Institutes at National Training Institute/Children's Research Triangle.