



We do what we know,
and when we know better,
we do better.

—MAYA ANGELOU

CHAPTER 1: Factors in the Development of Mental Health in Children

As we discussed in the introduction, the development of mental health in young children is the product of both nature and nurture. Each child enters the world with a unique set of factors that will influence how she develops. At the same time, there are many ways that a child’s family, culture, and environment can shape and influence her development, behavior, and mental health.

Two children may be born with a similar tendency to develop a certain mental disorder, such as depression, perhaps because of a genetic predisposition. If one of these children develops a strong attachment to a nurturing parent and has a predictable, supportive environment, the chances decrease that he will develop that disorder. If the other child is passed from one foster home to another and experiences life as a series of dangerous and unpredictable events, he will be at a higher risk of developing the disorder. It is this complex interplay between inborn tendencies, family dynamics, culture, and environment that determines how a child will develop. Disregarding this interplay and focusing only on a child’s behavior—biting or tantrums, for example—can lead to narrow conclusions, such as “He’s just a bad kid” or “He’s just looking for attention” or “She can’t do anything for herself because her mom is always babying her.”

The provider for five-year-old Daniel reported to a counselor that Daniel was a thief. “He steals snacks out of other children’s lunch boxes, and I’ve caught him a few times going into my desk where I keep extra crackers.” She said they had talked to him about his stealing again and again for months, but that he would still try to sneak food practically every day. “He’s a naughty child who has no regard for others and their property” was her conclusion.

After looking into the child’s history and talking with his mother, the counselor reported back to the provider that Daniel had been adopted from Central America when he was eighteen months old. He had been abandoned as an infant and had spent months in a crowded orphanage after he was finally rescued from the streets. At the time he was adopted, he was suffering from severe malnutrition. Understanding the child in context allowed Daniel’s provider to see him through totally different eyes. Working together as a team, Daniel’s provider, his family, and the counselor were able to help Daniel learn that hunger was a thing of the past and that there were now many loving adults in his life who would make sure he was safe and secure. By stepping back to look at the bigger picture, the provider gained a more accurate and useful understanding of Daniel’s behavior. After a few weeks of intense work, Daniel no longer “stole” food.

The causes of challenging behavior in children are usually more complex than what appears on the surface. To better understand this, we will now examine in detail how a child’s behavior results from a combination of four basic factors:

- inborn characteristics, such as temperament and genetics
- relationships with family and other caregivers
- culture
- environment

To decide how best to support a child and to gain a deeper understanding of what makes a child tick, all four factors must be taken into account. When you put all this information together, you come to a better understanding of why the child is behaving the way she is and how best to help her.

Inborn Characteristics

While family, culture, and environment play a large part in the emotional development of children, the child also brings something to the mix. Each child is born and grows with a unique set of physical, emotional, and developmental qualities. Children have different temperaments and develop at different paces. Individual differences between children can make it difficult to determine whether a behavior is part of normal development or a symptom of something more concerning. Does the child have a shy temperament or is she depressed? Is the child going through the “terrible twos” at age four or is he showing signs of oppositional defiant disorder? Observation, experience, and knowledge of typical child-development timelines are needed to make sense of atypical behaviors.

PHYSICAL FACTORS

The physical factors that can influence and cause psychological disorders fall into three main categories: pregnancy and birth; heredity; and injuries, illnesses, or disabilities.

Pregnancy and birth. For example, babies born prematurely, those born to mothers who use alcohol or drugs, and those who have low birth weight are at higher risk of developing problem behaviors and psychological disorders.

Heredity. A history of mental illness in the family increases a child’s chances of developing mental illness. For example, children with depressed parents have a higher chance of developing depression.

Injuries, illnesses, or disabilities. Children with vision or hearing challenges, speech and language delays, sensory problems, or learning disabilities are at higher risk of developing social or emotional challenges. A child’s early experience with an injury or illness—and its lasting effects—can also play a part in behavior. Though these experiences and their effects are not “inborn” qualities, we have included them here because they may affect a child’s behavior in much the same way an inborn quality would.

EMOTIONAL QUALITIES

Babies are born with unique temperaments that color how they interact with the world. In any group of children, many behavioral differences based on each child’s inborn temperament are readily apparent. A child with a quiet,

observant temperament might take a lot of time to observe a playgroup before trying to enter it. A toddler with a more adventurous, outgoing temperament might move right in before figuring out what the other children are playing. A baby who startles easily might cry when the doorbell rings, whereas an easy-going baby might look around with curiosity. Temperament includes some of the qualities and behaviors listed below.

Sensitivity. Does he get upset easily? Does every little sound wake him?

Attention span. Does she gaze into your eyes for a minute or two, or does she immediately turn away? Does her attention flit quickly from one thing to another?

Activity level. Is he always awake and aware and ready to go? Or does he enjoy sitting quietly, watching the world go by?

Distractibility. Does she focus on the task at hand, even when other things are going on around her? Or does she easily get sidetracked by little things that happen nearby?

Intensity of reactions. Does he jump in response to a sudden noise but then easily return to whatever he was doing? Or does he startle easily and begin to cry?

Daily rhythm development. Is she developing a pattern of sleeping, eating, and playing on her own? Or do her hunger and sleepiness appear to be random?

DEVELOPMENTAL QUALITIES

Although there are predictable behaviors that develop concurrently with cognitive, physical, and emotional development, each child develops at his own pace, constantly changing, sometimes moving forward and sometimes moving backward. This week the baby might give up her bottle, but next week she might ask for it again as she begins cutting a new tooth. A child who's been crying when his grandmother drops him off in the morning may soon become attached to his new provider and no longer be distressed when his grandmother departs.

Some developmental discrepancies can be signs of a more serious problem. A typical behavior for a two-year-old, such as biting, might cause concern when the child is four. While tantrums at four might be typical, at thirteen they are not.

Children have unique personal strengths and challenges. A four-year-old child with a knack for language may develop friendships quickly and might evolve into a leader, but a four-year-old child with speech challenges who finds himself left out of dramatic play might decide to quit trying to play with others.

The Social/Emotional Developmental Continuum in Appendix A shows developmental expectations for infants, young toddlers, older toddlers, preschoolers, and prekindergarteners. This continuum provides a guide to the skills children typically develop at certain ages, although each child will move through the stages of skill development at her own pace. Overall, some children will develop slowly, others more quickly. Some will develop rapidly in one area and slowly in another. It is less important that a child reaches a particular milestone at a particular age than that she exhibits a pattern of growth over time. The child should be moving from stage to stage, developing new skills. If a child stagnates at one level for a long period of time or moves further and further backward over the months, it may be time to talk to her parents about getting a professional assessment.

What the Family Brings

Relationships are the building blocks of healthy development. Infants, toddlers, and preschoolers do all their social and emotional learning in relationship with others. The quality of the caregiver-child relationship is one of the biggest factors that influences the overall development and mental health of a child. The child's relationship with his primary caregivers—his parent(s) or guardian(s)—has the greatest influence. If he is in child care or preschool all day (or even half a day) three to five days a week, then his providers or teachers, as secondary caregivers, also have a tremendous influence on him.

The primary caregiving relationship is a two-way street. The match between a caregiver's temperament and a baby's temperament is sometimes called "goodness of fit." A quiet, observant baby may be relaxed with a low-key caregiver but may exhibit a lot of stress with a louder, more exuberant caregiver. An active, alert, and curious baby might enjoy time with a very interactive caregiver but might not do as well with a caregiver who is more passive and quiet.

The nature of the primary and secondary caregiving relationships and the goodness of fit between child and caregiver are particularly important because these repeated interactions can assume patterns and become internalized as "models" or expectations about self, the world, and others. These expectations

play a major role in guiding the way the child interacts with the larger world as she develops. Research has shown that early caregiving experiences affect the physical development of the brain, molding neural pathways in the brain that become harder to change over time. A child's relationship with his primary and secondary caregivers has a significant effect on how she thinks about herself, her relationships, and her world.

SELF

Self-esteem and self-efficacy. If a child's caregivers are consistently responsive and nurturing, the child learns that he has value and that others can be depended on for support and comfort. He learns that he can communicate his needs to others and that those needs will usually be met. When children grow up in an environment where their cries for help, food, or comfort receive erratic responses, they likely will come to believe that they are powerless to get their needs met and that they have no value as individuals.

Children may also feel unworthy if caregivers have unrealistic expectations of them. When a caregiver demands, for example, that a two-year-old share her special toy or that a four-year-old learn to "write neatly between the lines," the child is likely to feel confused and discouraged. Or if screaming and threatening are the caregiver's principal means of communicating with a child, the child may, over time, show signs of distress.

Self-regulation. Self-regulation is the basis of early childhood development. At birth, it is up to the child's caregiver to "co-regulate" for the infant, who enters the world with little ability to do this for herself. For example, when a baby is distressed, a caregiver does what she can to figure out what the infant needs, and she tries to soothe the baby. When the baby grabs on too hard to the caregiver's glasses, the caregiver gently moves the child's hand away. She may take the baby outside or find something interesting to catch the baby's attention. Over time, babies and toddlers begin to learn how to soothe themselves, how to control their behavior, and how to focus and pay attention. These three kinds of regulation—emotional, behavioral, and attentional—are required for all other learning and development in the early years.

When a caregiver provides routines, consistent expectations, appropriate soothing experiences, and support to help a baby manage distress, that baby gets the training he needs to begin developing his own regulation skills. If a caregiver's responses are confusing or uncertain, or if the caregiver doesn't help a child manage his natural frustration and distress, the child may have difficulty learn-