

Working to support parents in their relationship with their children?

Jennie Ericksen
Clinical psychologist
Parent Infant Research Institute
Austin health

www.piri.org.au

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Parent-Infant Research Institute

www.piri.org.au



Investing in the Earliest Years to Build a Brighter Future



Plan for the session

- Community HUGS © therapeutic playgroup
 - Preventative early intervention
- What can we do to promote interaction and attachment?
 - Intervention targets and strategies
 - What can you do to promote interaction
 - Enjoyment in play
 - Your relationship matters
 - Sensitive care giving
 - Direct Intervention
 - Empowerment through education



DEVELOPING COMMUNITY HUGS: A THERAPEUTIC PLAYGROUP PROVIDING PREVENTATIVE EARLY INTERVENTION

What is CHUGS?

- A therapeutic playgroup focused on enhancing the relationship between mother and her infant in 10 X 1.5 hour sessions
- For women and their infants (2-10 months) who are vulnerable due to psychosocial or mental health factors
- Developed from existing PIRI HUGS © programs and including therapeutic play experiences from Intuitive Mothering Program (dance therapy) and other evaluated M-I programs.
- CHUGS © development work in progress since 2006
- Includes manual for facilitators, handouts for mothers to support each session, supportive music, a DVD and Information booklet for fathers and evaluation.

Therapeutic focus

In light of a review of the theories and research, intervention should focus on three therapeutic tasks (Berlin & Cassidy 2001)

- Parent's internal working models of attachment
 - Mother's schemas related to caregiving drive parenting behaviours through interpretation of and response to infant needs
- Parenting behaviours
 - Interpret child's needs accurately and respond immediately and sensitively using reflective functioning
- The therapeutic relationship
 - A secure base for the parent and empathic model

Frameworks and parent-infant programs reference by CHUGS

- Previous work has informed Community HUGS
 - Watch Wait Wonder Muir 1992
 - Interactional Coaching/Obs Field 1982, Brazelton
 - Direct work with Baby McDonough 1993
 - Ghosts from the nursery Fraiberg 1980
 - Intuitive Mothering Elizabeth Loughlin 1999
 - Selective Affect Attunement Stern 1985
 - The ‘Good Enough’ Mother Winnicott 1974
 - Cognitive Behaviour Therapy Beck 1967
 - Circle of Security Marvin, Cooper, Hoffman & Powell 2002
 - Mentalization/reflective function Fonagy 1995 Slade 2005

The CHUGS difference

- Willingness to work eclectically
- Embrace multifaceted approach
- Distill essence of all that is available
- Synthesize into a workable program
- Short term cost effective
- Well received by mothers and facilitators
- Achievable through capacity building in the community

Theoretical underpinnings of CHUGS

- Attachment theory
 - Therapeutic attachment relationship supports change
 - Fostering secure attachment through representations
- Behaviour therapy
 - Observation of behaviour
 - Response to infant changes through experiencing new alternatives (medium is play)
- Cognitive therapy
 - Thoughts affect feelings, behaviour and parenting
- Psycho Education
 - Learning about self, infant, parenting and the connection
- Psychodynamic theory
 - Recognition of internal working of the mind, finding meaning
 - Development of the infant's 'self'
 - Influences from the past affecting parenting

CHUGS strategies

- Enjoyment in play
- Direct intervention and coaching
 - Mother infant interaction
 - Experiencing alternatives
- Empowerment through education
 - Understand own & infant needs & cues
- Psychotherapeutic techniques
 - Group process, slow, collaborative
 - Debriefing & social support
 - Mother's experience of her infant
 - Thoughts, feelings and parenting behaviour
 - Reflective functioning

Structure of the program

- Let's play

Group formation, experiencing play and anxiety management

- Including play activities, finding time to play, stress busters and baby massage

- Getting to know each other

Parenting and attachment

- Info on temperament, observation and discussion about what has been learned from the babies, what they need from you!

- Know yourself

Family of origin & cognitive behavioural therapy

- How you parent, Interpreting thoughts and feelings, finding time for you, the balance

- Happiness, Understanding, Giving & Sharing

Consolidation and celebration of progress

Important components of intervention

- Focus is always on the mother infant interaction with infant present
- Observation of infant's behaviour for mother and therapist to notice and reflect on
- Information on infant development, parenting and what influences parenting for reflection in group
- Experiencing alternatives and semi structured play opportunities
- Finding and sharing enjoyment in baby
- Group support
- Therapeutic relationship

Points of CHUGS Intervention

- Target the mother's sensitivity to her infant
- Ability to feel comfortable enough to provide a secure base for her infant
- Target mother's internal representations of her child
- Shared experiences in play, see the baby's self
- The importance of the therapeutic relationship which provides a secure attachment for the mother in which she can explore change

What CHUGS can do!

- Promote
 - Sensitive mother-infant interaction
 - Mothers responding to their infant's distress
 - Mother-infant attachment
 - Maternal self esteem
 - Infant development
 - Mutual enjoyment
 - Playfulness
 - Social support
 - Secure attachment base for mother

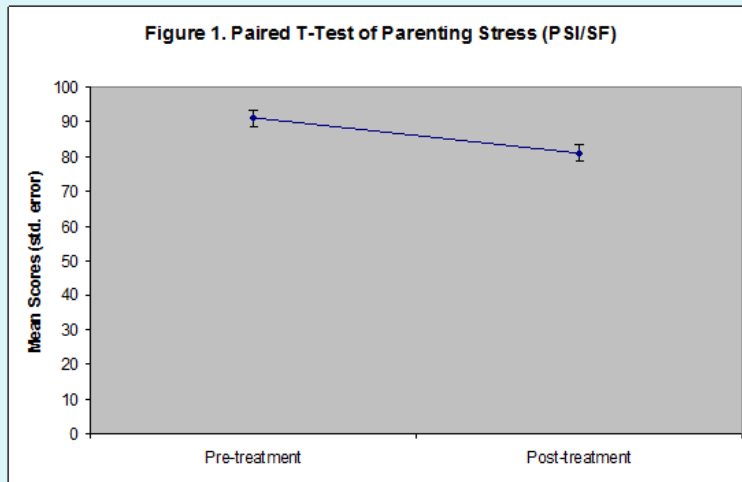
DOES IT MAKE A DIFFERENCE?

Measures

- T1 before session 1
 - Edinburgh Postnatal Depression Scale EPDS
 - Depression Anxiety and Stress scale DASS
 - Parenting Stress Inventory PSI/short form
 - Pediatric Infant Parent Exam PIPE
 - Parenting Sense of Competency Scale, self efficacy subscale PSC
- T2 after session 10
 - Same as T1
 - Evaluation of the program
 - N=57

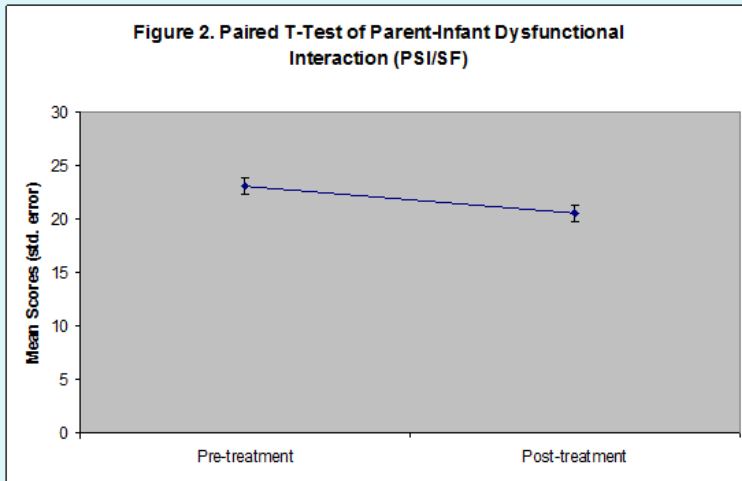
Reductions in parenting stress

- Scores below clinically significant range post
- Mothers reported less distress in parenting role
- Rated infant easier to manage



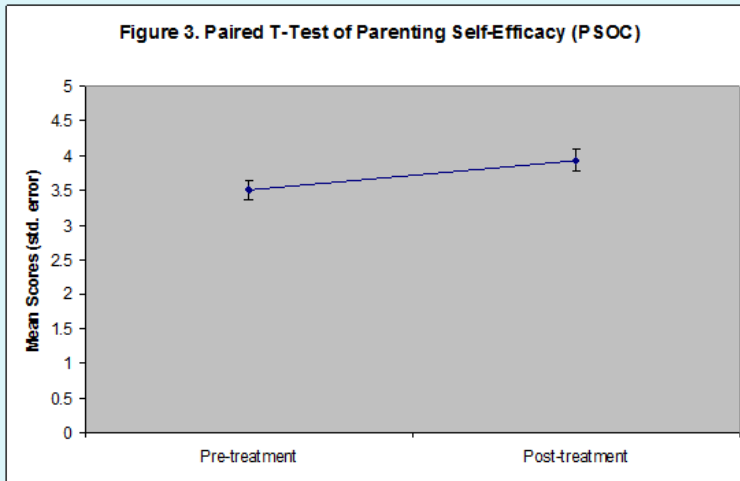
Improved M-I interaction

- Significantly less dysfunctional interactions reported
- PIPE results also reflect this



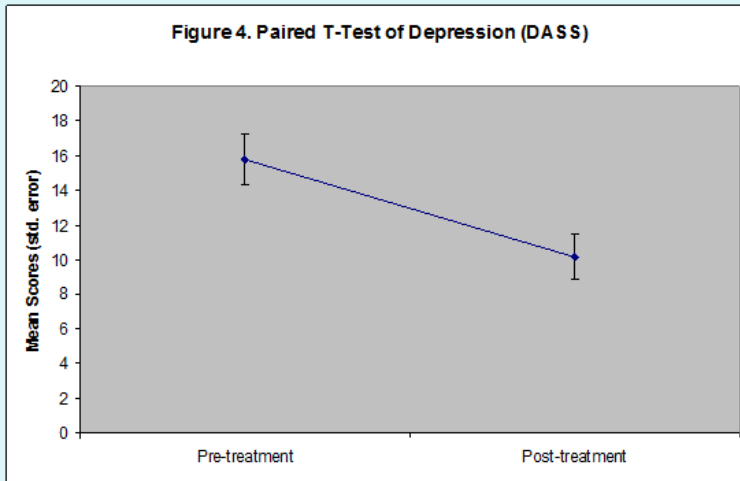
Increased feelings of self efficacy

- Reported feelings of parenting capacity, problem solving ability competency significantly improved



Less depression, anxiety and stress

- Mothers depression scores significantly lower, moderate to mild
- Anxiety and stress also improved significantly



CHUGS Findings for women

- Reductions in parenting stress
- Improved mother-infant interaction
- Increased maternal feelings of self-efficacy
- Less depression
- **Desire to have this experience shared with their partners**



Feedback from women

- *“Group support was good, not feeling so isolated”*
- *Not feeling guilty about playing, it’s not time wasting. Don’t need to be productive. Factor in time for play. Permission to do it”*
- *I like the dancing’. ‘Ways to interact with Baby’*
- *“I have more patience with her since doing this group”*
- *“Coping and understanding child’s feelings was great”*
- *“Discussion on feelings and own upbringing influencing child rearing was relevant”*
- *‘Respond to the request for closeness even if busy’*

**WHAT OPPORTUNITY DO YOU HAVE
IN YOUR WORK WITH FAMILIES TO
PROMOTE INTERACTION?**



WHAT HAVE WE LEARNED ABOUT STRATEGIES TO PROMOTE MOTHER INFANT INTERACTION?

Strategies to promote interaction

- Infants develop optimally when they feel secure, nurtured and have their needs met quickly and predictably
- Most mothers have a will to do the best they can for their infants
- Things may stand in the way of this.
- Address what you can
 - Lack of knowledge about what to do stemming from poor parenting models
 - Lack of confidence and low self esteem
 - Depression & anxiety symptoms
 - Psychosocial factors like homelessness, drug and alcohol use

- Any activity that targets the mother's sensitivity to her infant and their needs is going to be beneficial.
 - How do we gauge sensitivity?
- Strategies need to be carefully and collaboratively carried out. Don't want to undermine mother's confidence
 - What does collaborative intervention look like?
 - Notice when things go well and comment.
- Observation of baby, noticing what they are doing, being curious and reflecting on what the baby may be needing, doing or thinking
- Promoting thought or reflection in the parent

YOUR RELATIONSHIP MATTERS

Your relationship

- Must establish a relationship
- Work collaboratively, share enjoyment in baby
- Slowly at mother's pace, not the expert
- Build confidence in mother's ability, strengths
- Be curious, wonder 'What would baby like?'
- Notice baby and comment
- Mother is the expert on her baby
- Enquire about baby's likes, thoughts & feelings
- Seize windows of opportunity

SENSITIVE CARE GIVING

Key maternal behaviours for attachment

(Ainsworth et al 1978)

- Being able to take the child's perspective
- Accurately reading child's cues
- Appropriately responding to these cues
- Sensitive parent provides
 - care and nurturance in response to the child's cues for comfort (safe haven)
 - Facilitates independent forays in response to a child's efforts to explore (secure base)
- It is the balance of providing safe haven to return to and provision of secure base from which to explore that fosters security in the child

Ways to promote sensitivity

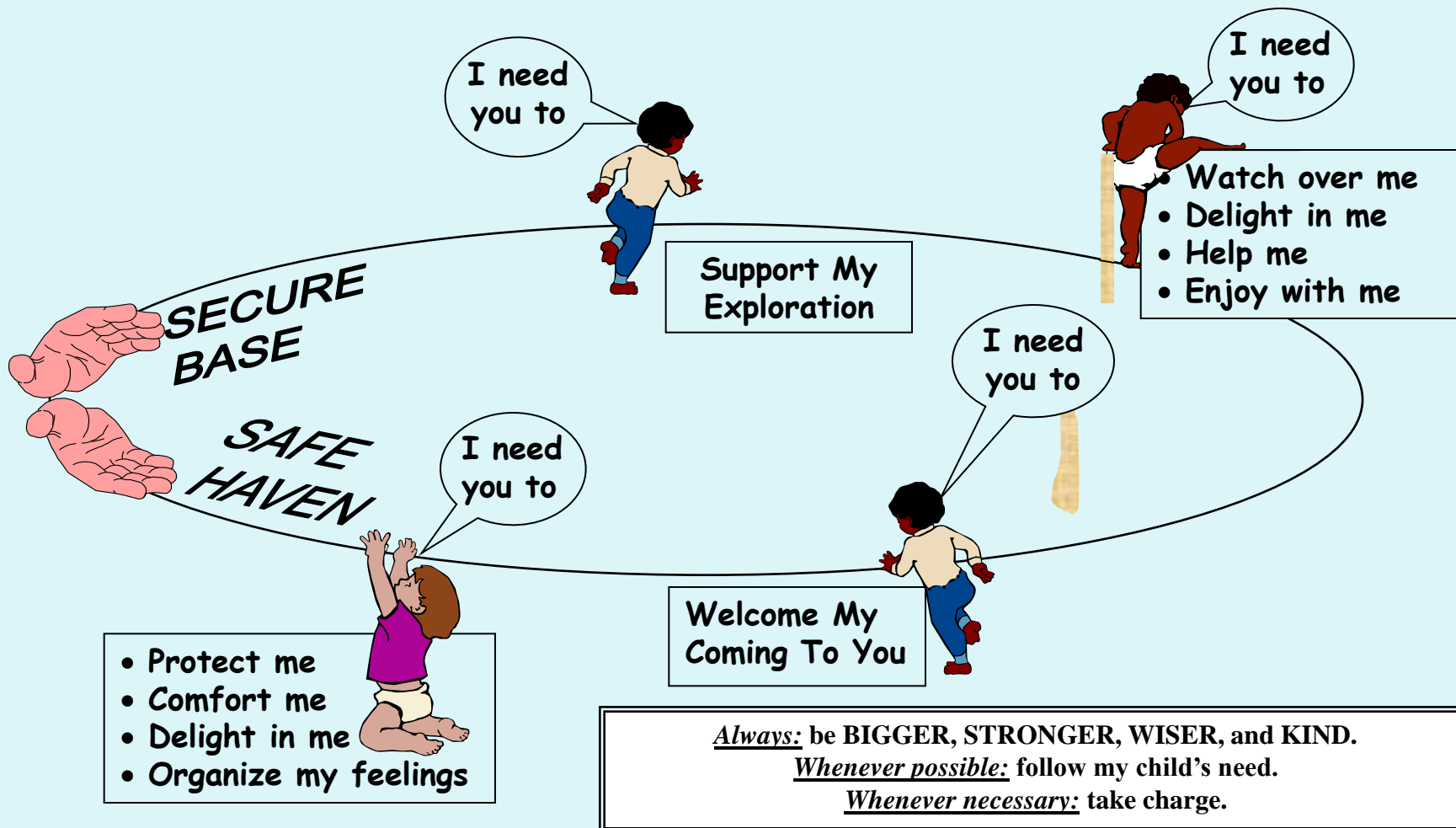
Assist the parent to notice their baby and to reflect on what they might be needing or feeling

Observe play interactions and situations to comment on and wonder about what is going on for the child

- What do you think he might be needing now?
- What do you think that it means when he does.....?
- Wondering what the child is needing, feeling?
- What might they need from you?
- What are you doing and feeling?

Circle of Security

Parent Attending to the Child's Needs



ENJOYMENT IN PLAY

HOW CAN YOU INCORPORATE PLAY?

The best toy for your baby is you

- Help mother to experience some enjoyment in play, can see when things are going well.
- Reconnect with her experiences of play, bubbles
- Enliven the relationship through trying new things or old things in a new way
- Learn through trying and watching others
- Be curious and creative. Comment on what you see
- Opportunity to see the baby's self 'What does he notice, do, enjoy?' "How does he explore that?"
- Challenges preconceptions.

Digital photo's

(McDonough 2004)

Use video or digital cameras to capture interactions and use to:

- assist identification of strengths
- reinforce positive interactions
- Provide evidence of and reinforce the developing relationship over time- a memento

DIRECT INTERVENTION

When to use direct intervention

- Established collaborative relationship
- Observing a mother who is struggling to
 - Entertain her baby
 - Know what her baby might like
 - Is negative about activity “He doesn’t like peek a boo”
 - Play with her baby for very long with a ball.
 - Start a game and gives up easily
 - Doesn’t appear to get any enjoyment from her interaction

What direct intervention

- Coaching : Suggesting other ways
- Commenting on what you see
- Noticing connections or behaviours and drawing attention to them
- Modeling alternatives or extension activities
- Wondering about
- Offering alternative interpretations
- Speaking for the baby- Oh I like it when you...!
- Directly working with the baby

EMPOWERMENT THROUGH EDUCATION

Concepts mothers report finding useful

- Good enough mother,
 - Don't have to get it right 100% of the time.
- Being a detective- observe behaviour
 - to know what baby may be communicating
- Temperament
 - Babies personal style, fit with own and partner's
- COS secure base & safe haven
 - what babies need from me
- Reflective parenting
 - What would I need in that situation

Thinking about the infant

- Observing cues as communication
 - How does baby tell you things or let you know what they need
 - How does your baby communicate to you?
 - Verbal
 - Non verbal
- Temperament- your babies personal style
 - How would you describe your baby's temperament?
How active, how strongly do they react to things ,
new people or change? How does it fit with yours?
 - No good or bad right or wrong

Reflective functioning

- Mother's capacity to reflect on and understand her baby's internal experience helps her child feel safe secure and understood by mother
 - Recognize child has feelings, thoughts and intentions
 - Link this awareness to own mental state and behaviours
- “Put yourself in their position, what would you want or need?”
- Let baby know you understand by mirroring feelings and intentions

Case example

Here is an every day example that can be used to talk about what Amber is thinking and wanting.

Exercise mothers ability to reflect on what is on her daughter's mind.

What might you think to yourself?

What might you say to her mother?

You might ask:

What is Amber doing?

Why?

What does she want?



Case example

Nappy change a time for protest??
Why is nappy change so difficult??

Reflect on it from his point of view.

HeBehaviour

Because.....Mental state

This made me feel.....

He wanted toMental state

So he.....Behaviour

He screamed

Because I lay him down to change
nappy

This made me feel inadequate and
anxious

He wanted to continue playing

So he screamed arched and wriggled
to get away



DEAL WITH DEPRESSION & ANXIETY IN RELATION TO INFANT

Anxiety management

- Anxiety stands in the way of being with baby



- Recognize bodily signs
 - Breathing exercises
- Baby Massage
 - Pleasant activity for both, touch
 - Relaxing and calming for baby
 - Range of techniques

A PIRI option MumMoodBooster

- MumMoodBooster
 - Internet based treatment trial
 - Full psychological assessment over the phone
 - Monitoring for 6 months
 - Access to 6 CBT modules on line with support coach calls
 - Access to library articles and partner support website
 - Face to face condition
 - Waitlist control
 - Positive results from feasibility and treatment trial
 - Recruiting now
 - Eligibility
 - Over 18 depressed with baby under 12 months and internet access
 - Not receiving other psychological or pharmacological treatment
 - Not actively suicidal, psychotic or bipolar affective disorder
- piri@austin.org.au 0496 4496
- www.mummoodbooster.com

Summary

- Your relationship
 - Collaborative, curious, not expert
 - Wonder together
- Strive for enjoyment in interaction
- Promote sensitive care giving
 - Noticing cues and responding to them
 - Accurately and in a timely way
- Empowering through education
 - Information about COS, reflective functioning
 - Child development, temperament



Frontiers in Perinatal Mental Health - looking to the future

We welcome you to
Melbourne, Australia in
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