

# Impact of Social and Family Factors on the Mental Health Outcomes for Young Children



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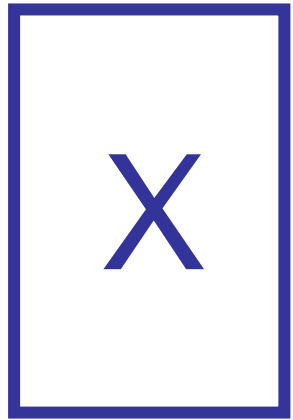
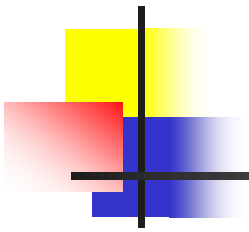
QEC 2008 5th Biennial International Conference  
*Reaching Out to Vulnerable Families:  
Achieving Better Outcomes for Children*  
Melbourne, Australia - November, 2008

- "Infant mental health" is a term that refers to:
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*The healthy social and emotional development of a child from birth to three years.*

**It is the developing capacity to:**

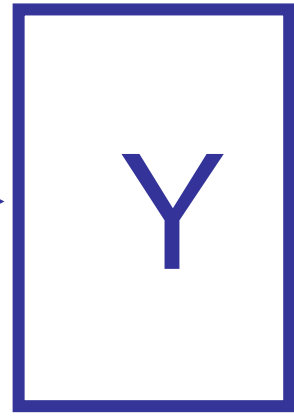
- *experience and regulate emotions*
- *form secure relationships*
- *explore and learn*



***Babies***



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***Successful  
Adults***

# Babies Who Became Famous, and Why



HAMLET

Colicky



ALFRED  
HITCHCOCK

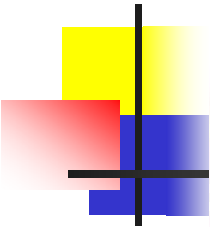
Easily Spooked



JACKSON  
POLLACK

Messy

*Huguette Moril*





# Infant & Family Well-Being

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How *babies* grow to be happy and productive members of society?

How *people* grow to be nurturing caregivers of themselves and others?

Hint: *Quality attachment relationships with their caregivers is a good start*





# Who Are The Families with Whom We Work?

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- Many of *our* families could be described as being “overburdened” by issues of poverty, inadequate education, family mental illness, substance abuse, lack of parenting partner, and/or lack of social support.
- Nevertheless, most overburdened families are *experts* at surviving.



# Who is Suffering and How Do They Let Us Know?

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- **Infant**
- **Parent/Caregiver(s)**
- **Family**
- **Community/Society**
- **Professionals**



# Behavioral Indicators of Emotional Distress in Infants

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- Dull eyes without sparkle
- Back arching and body stiffening
- Resisting molding onto the adult
- Digestion or elimination problems without infection present
- Sleep disturbances
- Difficulty falling asleep or staying awake



# Behavioral Indicators of Emotional Distress in Infants (cont.)

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- Feeding problems
- Eating disorders (Growth Failure)
- Compulsive body rocking
- Inconsolable crying for hours
- Persistent head banging
- Flat or frozen affect
- Self-injury



# Indicators of Emotional Distress in Toddlers

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- Little interest in peers or other persons
- Regular avoidance of or indifference to caregiver
- Fearful withdrawal or flinching when caregiver tries to caress
- Continuous biting or hitting of others without provocation
- Allowing other children to hit or hurt him/her without protest



# Issues Contributing to Family Distress and Suffering

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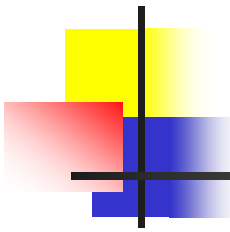
- Marital problems
- Domestic violence
- Absent partner
- Inadequate child care
- Family health problems
- Substance use
- Financial insecurity
- Lack of stable employment
- Homelessness
- Lack of developmental knowledge
- Lack of parenting skills
- Low parental self-esteem
- Sleep deprivation
- Lack of social support
- Depression and other mental health problems
- Neglect and abuse experienced in the past and the present



# Issues Impacting Community Distress and Suffering

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- Inadequate housing
- Environmental hazards
- Unsafe neighborhoods
- Community violence
- Poor job opportunities
- Inadequate public transportation
- Lack of quality child care
- Lack of access to medical services
- Lack of recreational opportunities
- Impoverished economic opportunities
- Lack of social services
- Inadequate educational opportunities and social services



# What Guides Our Prevention and Early Intervention Work?

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## ***CONCEPTUAL MODELS:***

1. *Developmental Model*
2. *Ecological – Social Model*
3. *Relational Model*
4. *Self-Regulation Model*
5. *Representational Model*

# Where To Intervene?

*Child, Parent, Family, Community, Society*

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Intervening at any level requires us to understand the processes by which external factors (e.g., racism, poverty, parental mental illness) become internalized by the child and carried forward into their ever broadening social world, *impacting future relationships and functioning.*



# Community Strengths

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- Provides supports to new families
- Provides educational opportunities
- Supports special needs
- Provides quality child care
- Provides hazard-free environment
- Safe neighborhoods
- Affordable housing and transportation
- Integrated systems of health care
- Accessible and clean water and food supply
- Promotes community interactions
- Promotes positive ethnic/cultural milieu



# Family Strengths

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- Meets basic needs
- Provides safe environment
- Enjoys and feels attached to infant
- Responds to developmental needs
- Responds to interactive behaviors
- Offers emotional support
- Encourages exploration
- Uses appropriate discipline
- Strong family relationships
- Parents share care
- Siblings/family are involved with infant
- Extended family support
- Parents pursue career advancement/work interests



# Who's the Client?

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- Infant/Child
- Parents and/or Child's Caregivers
- The *Relationship*



# Why a Relationship Approach?

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- Infant behavior cannot be viewed apart from the child's relationships
- During infancy the most important relationships are with the primary caregivers
- Caregivers have relationships with their social context: extended family, friends, cultural & spiritual networks

# Infant-Caregiver Relationship

## Two relationships

Perceived and experienced by the *young child*

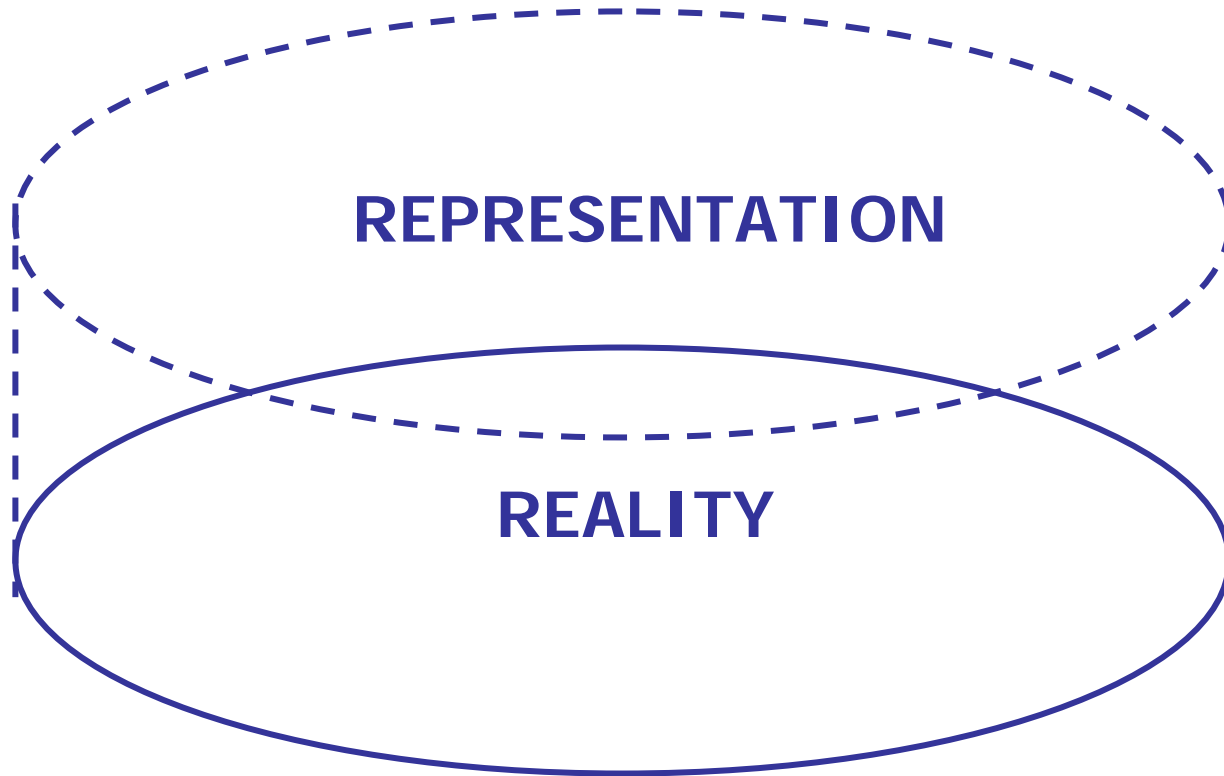
Perceived and experienced by *caregiver*

**Relationship that exists *between* both  
child and caregiver(s).**

*Emergent property of*

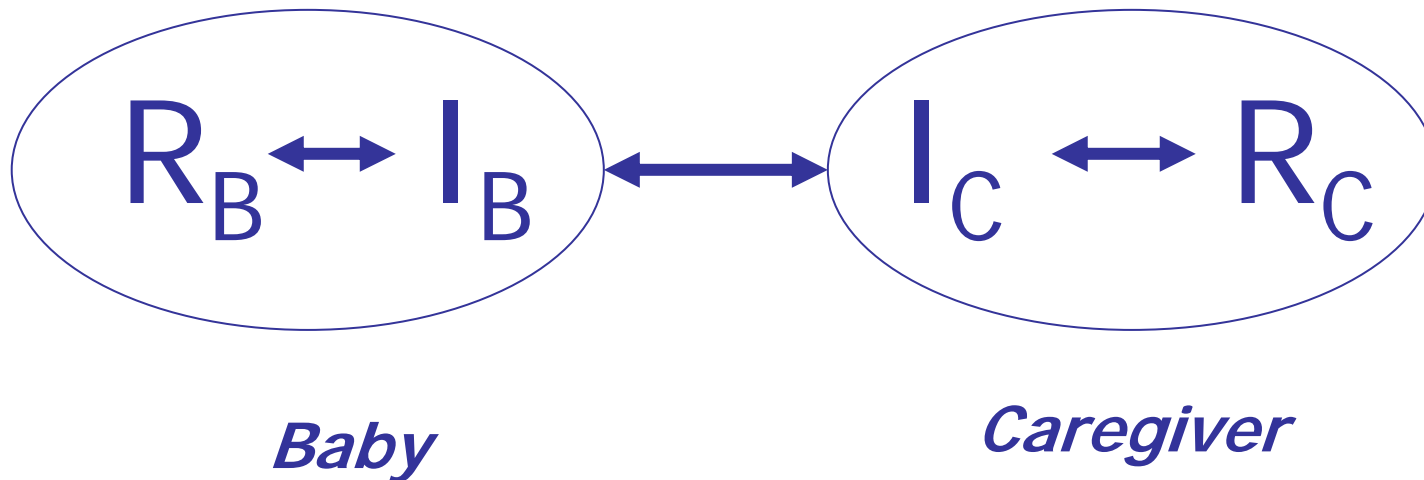
**Interaction *and* Subjective Experience  
of both partners.**

# Psychological Model



# Conceptualizing Infant-Caregiver Relationships

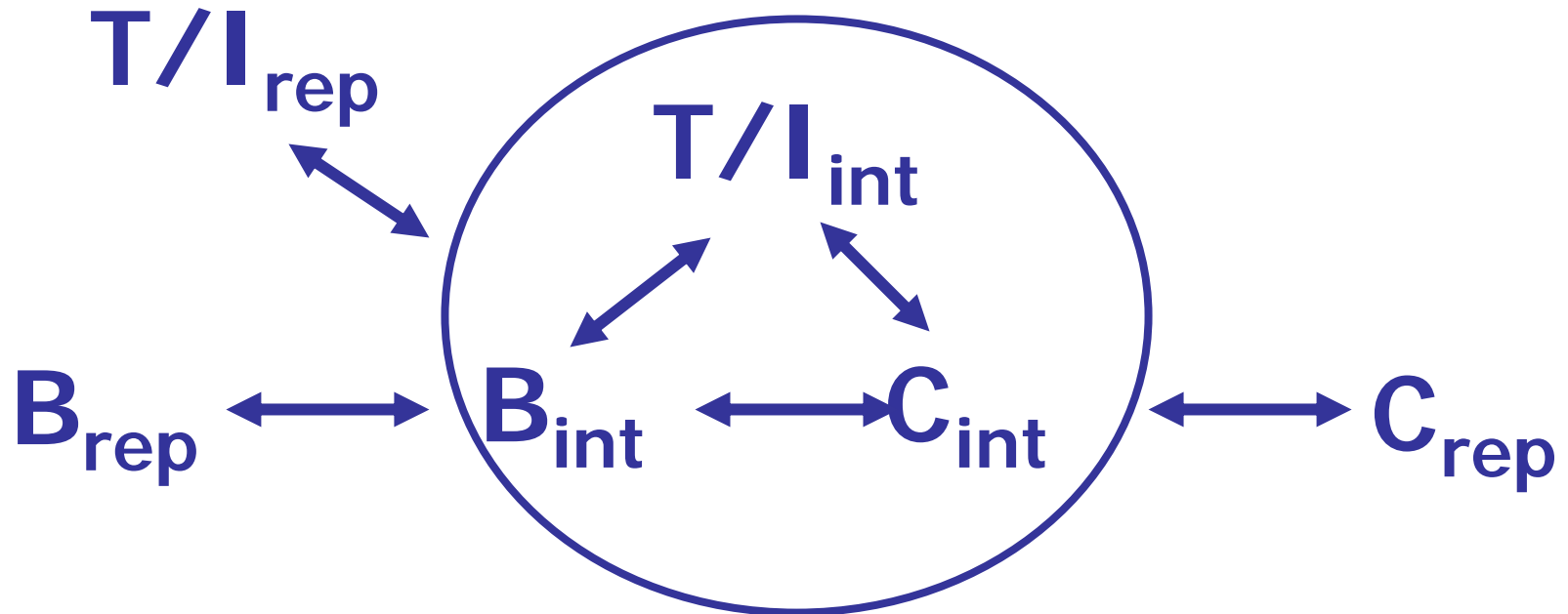
*Representations (R) & Interactions (I)*



Stern & Stern-Bruschweiler, 1989; Stern, 1995

# "Relationships Affecting Relationships"

(Emde et al., 2004)



*Adapted from MOTHERHOOD CONSTELLATION  
Stern & Stern-Bruschweiler, 2000; Stern, 2004*



# Origins of Interaction Guidance

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- Created specifically for families who were not successfully engaged in mental health treatment or refused referral.
- Incorporated principles of family systems and dynamic theory, the use of video technology and brief psychotherapy practice to address parent-infant relationship problems.



# Why Don't Some Families Want Our Help?

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They don't trust that we're *different* from others who:

- promised to help them and couldn't
- claimed that they (or the program they represent) is the "answer"
- threatened to use their authority to force them to comply



# How Can We Work with These Families?

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**Listen to how others have treated them without trying to explain, clarify, defend, or instruct.**

**Acknowledge and legitimize their feelings of betrayal, mistrust and disappointment.**

**Ask, rather than assume, that they believe you can be helpful.**



# Where to Begin?

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*Therapeutic “Port of Entry”*

Treatment approach matches  
family's needs & capabilities

*at this point*

in their family life cycle



# Interaction Guidance “Port of Entry”

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## FAMILY INTERACTIONS

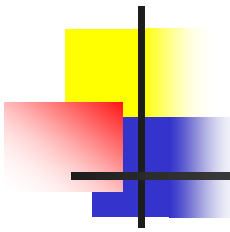
*Reflection* of present child-caregivers' relationship and family functioning:

Parents ability *to provide* nurturance

Child's ability *to accept* nurturance

*Representation* of caregivers' own childhood parenting experience

# Interaction Guidance

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- Relationship focused
  - Interaction as:
    - *Early focus* of intervention
    - *Reflection of representation*
  - Egalitarian therapeutic relationship
  - Replay and reflection of interactions inviting alternative family perspective
  - Time-limited “piece of work” with follow-up and referrals



# IG Treatment Phases

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- ***Engagement visits in home or referral source:*** Therapeutic relationship building through information sharing
- ***Intervention sessions:*** Encourage families to reflect on observed interactions, relate family stories, remember and revisit past times, and provide alternative perspectives for future
- ***Follow-up opportunities "do another piece of work" and referral resources***



# Engagement Phase

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**Observe the family functioning and learn communicative style.**

**Gain knowledge of the family's belief system and cultural influences**

**Assess availability and perceived helpfulness of social support**

**Evaluate availability of family material and physical resources**



# Engagement Process

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**Develop a mutual understanding of how family views “problem”**

**Describe other families have addressed similar issues of concern**

**Assist family in generating goals and treatment “success” criteria**



# Treatment Session Structure

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- Weekly visits to playroom or family's home (12 hourly sessions)
- Infant and caregiver(s) participate together; other family members can join as wanted or needed
- Developmentally appropriate toys are available to encourage family play
- Video replay early in session provides therapeutic material for session



# Significance of Play in IG

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**Child-family play is the context through which both family and therapist can observe, and come to understand, the quality of the parent-child relationship:**

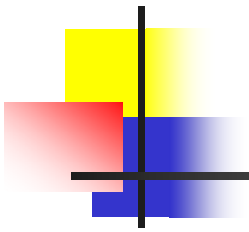
*each person's* self-regulatory capacity,  
sensitivity and responsiveness,  
communicative style  
developmental expectations



# Treatment Phase: Family Play Sessions

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- Review videotaped child-family play interactions
- Focus on identifying positive parenting behaviors
- Empower family members by attending to problems and insights that they share
- Evaluate each session with parent



# *Process Elements:* Therapeutic Stance

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- Ask, rather than assume, that the family believes that you will be helpful to them.
- Embrace a culturally sensitive, nonjudgmental approach in coming to know each family.
- Assume a cooperative, egalitarian stance when identifying family problems and generating potential solutions for treatment.
- Emphasize family strengths but recognize family vulnerabilities.



# Observing and Reflecting through Video

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- Permit families to view their own behavior objectively and to reflect on what they see.
- Listen carefully to what families say and how they say it - *content and perceived meaning*.
- Watch what families do and how they go about doing it - *activities and style*.
- Note *encouraging signs* of sensitivity and nurturance while acknowledging *worrisome* attributions and behaviors.



# Introducing “Treatment” to Families

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- Other families have told me that it was helpful to think about their own family’s story with someone who really wants to “get it”
- While acknowledging family’s past, broaden family’s story to include what went well despite challenges
- Offering possibilities for a different future—recognize change is difficult

# Therapeutic Use of Video Replay



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- Recognize *culturally relevant* patterns of family interactions and communications that can be acknowledged and explored
- Identify examples of family sensitivity, responsiveness, nurturance, and areas of concern, over time
- Provide a visual record of the family's life challenges and triumphs
- Create visual family narrative that can be viewed and shared with others



# *Treatment Phase:*

## **Follow-Up**

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- **Ongoing scheduled contacts (phone)**
- **Periodic Home Visits**
- **Refresher videotape play session**
- **Invite family to reconnect as needed**



# Defining Treatment Success with Overburdened Families

*Changing family's total life  
circumstances can not be criteria of  
success.*

Targeted changes in family  
interactions *and* altering caregivers'  
representation *can* be achieved.



# Defining Treatment Failure

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- Failure to engage family in working alliance
- Active drug use\* by primary caregivers)
- Competing mandated or recommended services
- Failure of service providers to coordinate treatment with other family obligations
- Active sabotage of ongoing treatment by others



***“A society that values its children, must cherish its parents” – John Bowlby***



**Child-family  
relationships begin  
before birth**

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**Parenting begins  
before conception**

