

# Five Things Early Interventionists Need to Know Before Embedding Intervention Strategies into Family Routines

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**An Infant Mental Health-Informed Early Intervention**

**By**

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# Today's Joint Planning



- What are the gaps in family-centered early intervention?
- How infant mental health (IMH) concepts will help us lessen those gaps?
- What are the IMH principles we could immediately apply to our work in early intervention?

**Supports can be divided into three categories: emotional, material, or informational.**

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McWilliam & Scott 2011



# Gaps in Family-Centered Early Intervention

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- The outcomes of the family-centered EI are not unanimously and concretely conceptualized (Bailey, Raspa, & Fox, 2011; Dempsey & Keen, 2008).
- The focus of the family-centered EI has been on stimulating child development and promoting child outcomes, with much less emphasis on meeting the needs of the family as a unit and enhancing family outcomes (Turnbull, Summers, Lee, & Kyzar, 2007).

# Gaps in Family-Centered Early Intervention

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- Most praises and encouragement in home visits are directed at how well children are doing and less at how well their parents are facilitating such progress (Brandy, Peters, Gamel-McCormick, & Venuto, 2004).
- The prior and extant research on parental adjustment in families with children with disabilities has underutilized different theories of family adjustment, adaptation, and resilience (Brotherson et al., 2010; Stuart & McGrew, 2009).



# Gaps in Family-Centered Early Intervention

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- Unmet Needs Project: EI families need emotional support and assistance with children's behavioral problems (i.e., sleep, crying, and hitting).
- EI providers (70% of those who were surveyed) and CFCs (100%) felt unprepared to address social and emotional or mental health needs of children and families in EI.
- Yet, the child care, public health, and prevention programs that were surveyed relied on EI as a primary source for mental health referrals.

Supports can be divided into three categories: **EMOTIONAL**, material, or informational.

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McWilliam & Scott 2011



# Why integrate IMH into EI?

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- All EI for children occurs between home visits (McWilliam, 2010).
- The focus has shifted away from providing EI services to children to providing and coordinating supports to people in children's lives.
- We need a way to nurture the parent's resilience and enhance their competencies. Building adult's capacities strengthens child's outcomes (Center on the Developing Child, Harvard University).



# Why bother again?

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- **Both/And Thinking in Early Childhood Practice:** We need to move from either/or to both/and thinking. “The call was in response to a recurring tendency in the American Discourse on education: the polarizing into either/or choices on many questions that were more fruitfully seen as both/ands” (Copple, Bredekamp, Koralek, & Charner, 2013, p. 20).
- Children and families benefit from BOTH intentional, well-scaffolded education AND relationship-based care focusing on self-esteem, sense of self, and resilience. BOTH ECSE AND IMH.
- “Transdisciplinary approach means holding onto or owning our lens while honoring and integrating the lenses of others.” – Jennifer Black

# Infant Mental Health

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- The healthy social and emotional development of a child from birth through age five years.
- A multi-disciplinary research and practice devoted to
  - Promoting healthy social and emotional development;
  - Preventing mental health problems;
  - Treating mental health problems of very young children within the context of their families.

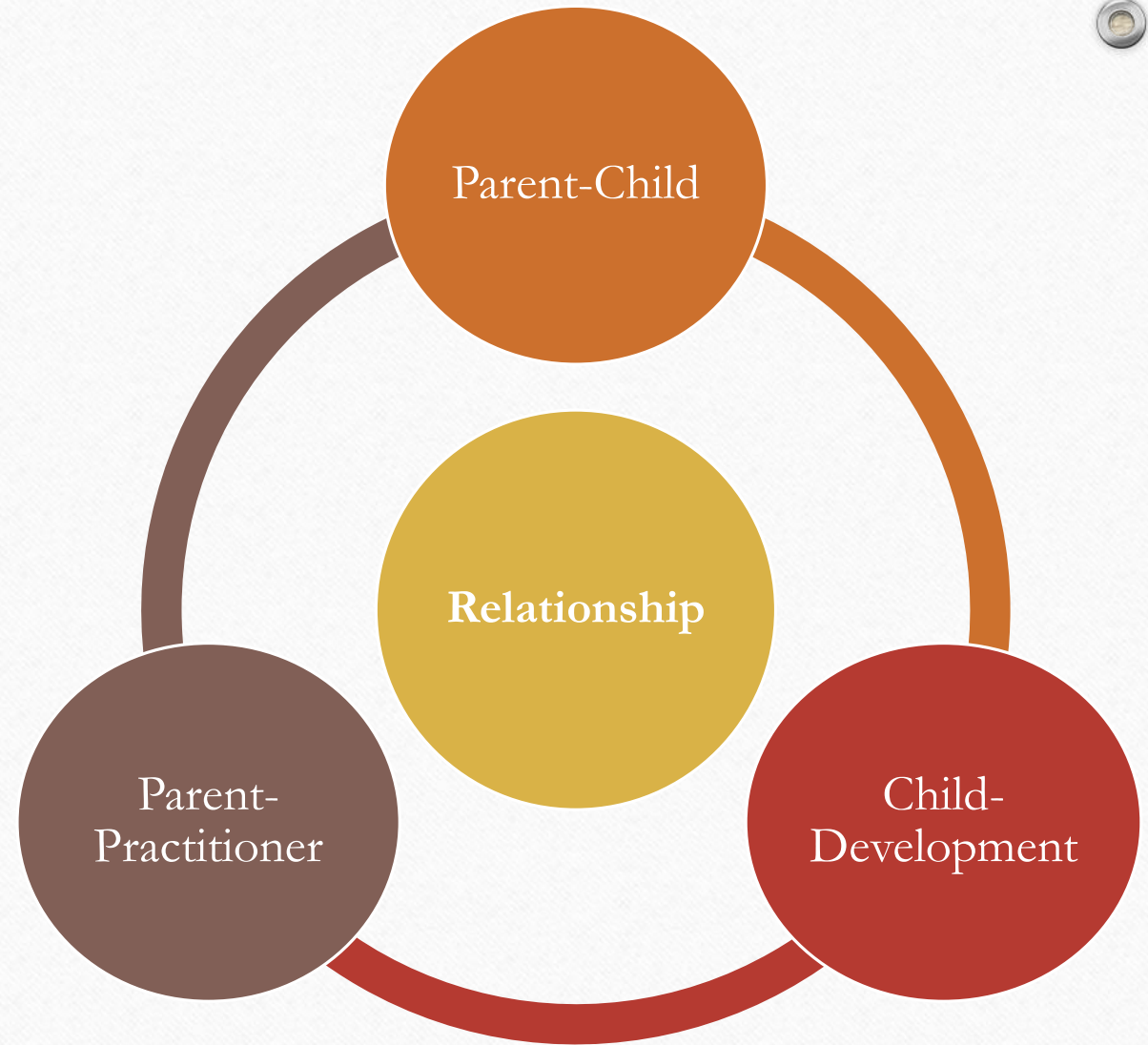
Zero to Three; Zenah & Zenah, 2001



**Positive relationship drives  
growth and learning.**

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**There can be no therapy if a therapeutic  
relationship is not established (Stern, 1990).**



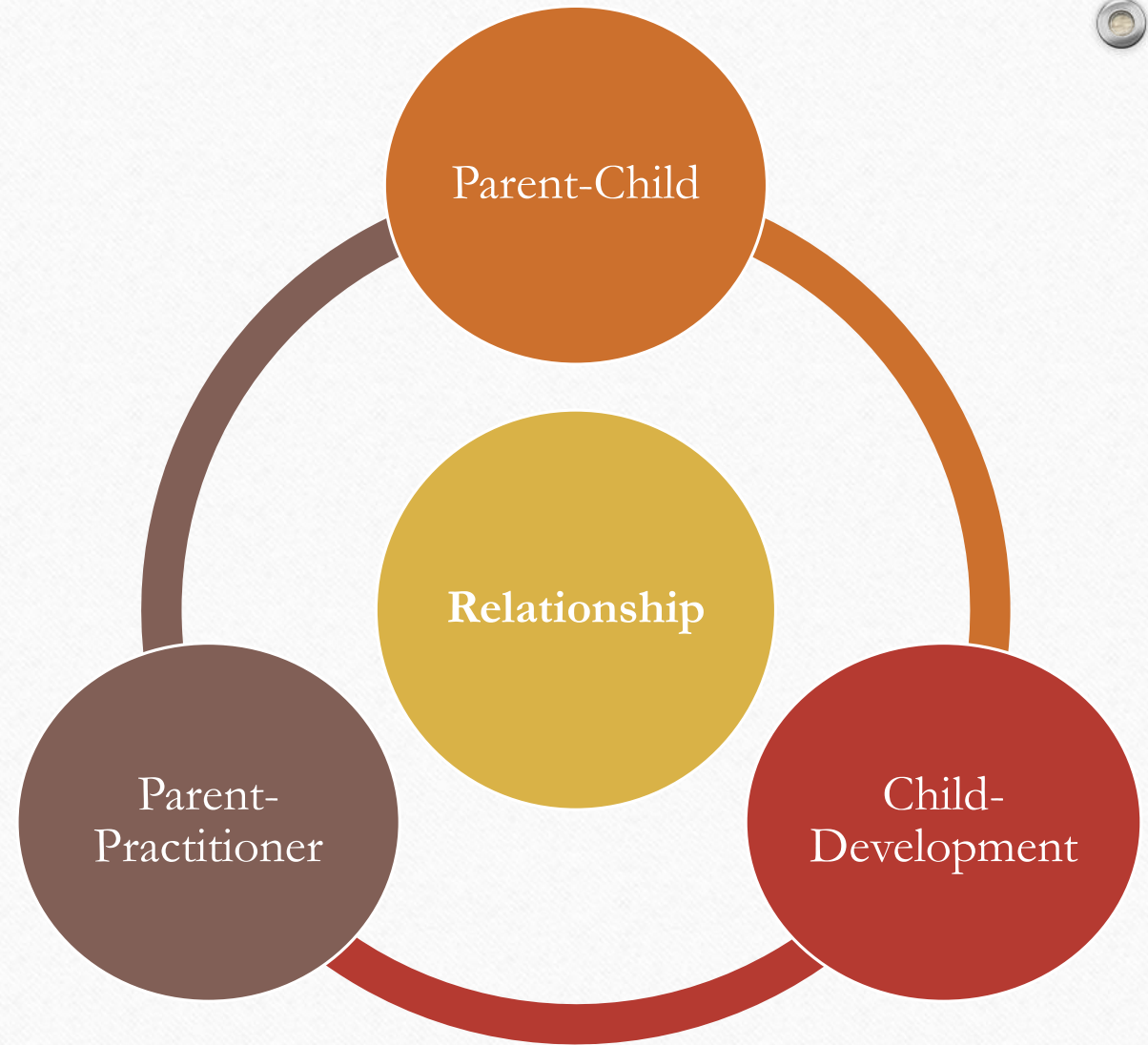
## Positive relationship drives growth and learning.

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**“In order to develop normally, a child requires progressively more complex joint activity with one or more adults who have an irrational emotional relationship with the child.**

**Somebody’s got to be crazy about that kid. That’s number one. First, last, and always.”**

**Urie Bronfenbrenner**







1. Parent-Child relationship as a foundation of development



2. Strategies to promote a robust parent-child relationship



3. Parent-Practitioner relationship as a foundation of EI



4. Strategies to enhance a strong parent-practitioner relationship



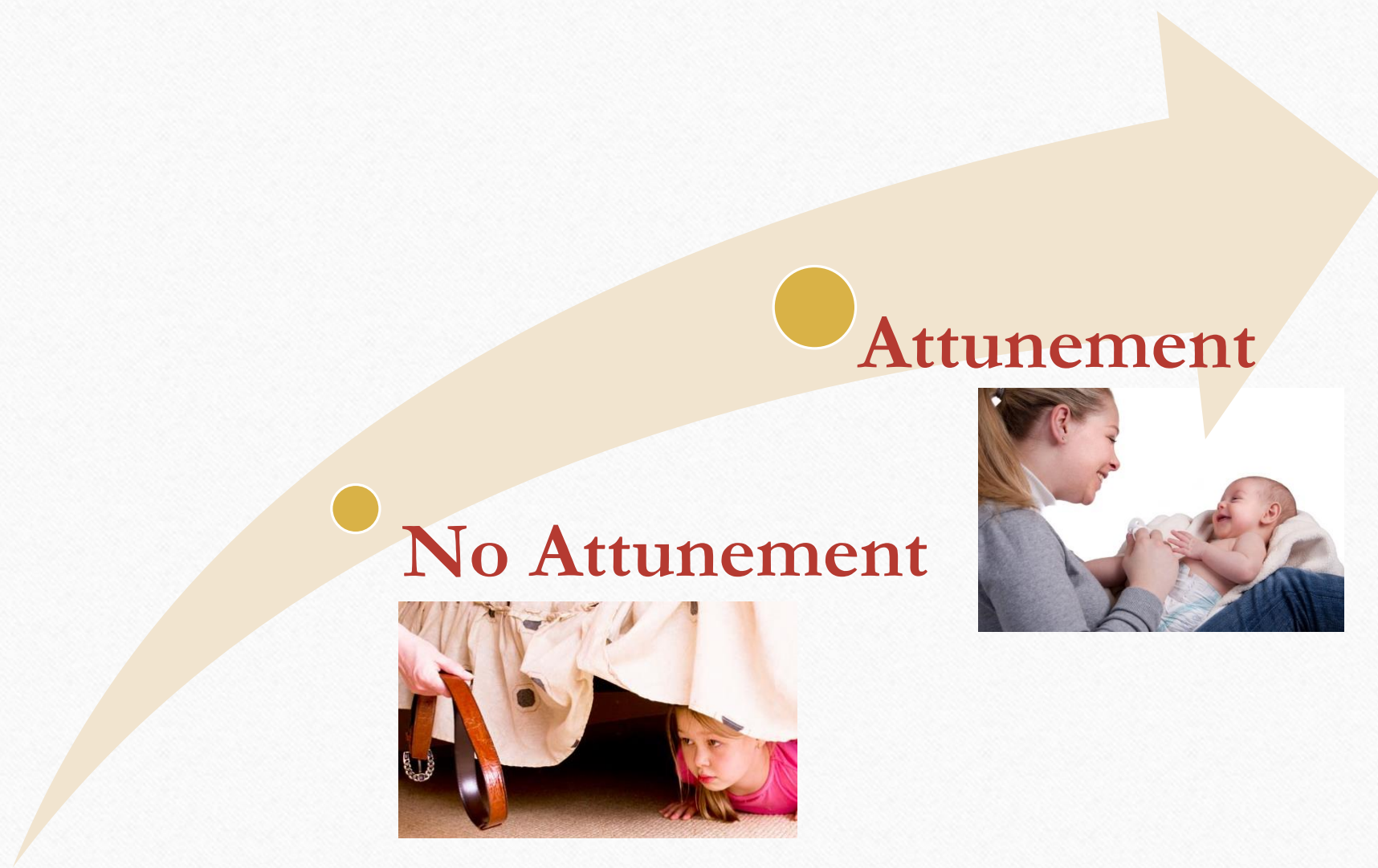
5. Reflection, reflection, and reflection.

# 1. Parent-Child Relationship As A Foundation Of Development

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**“There is no such thing as a baby” – only a baby and someone. (Winnicott, 1947/1957, p.137)**





**Nurturing and stable relationships with caring adults lay the foundation of capacities that children will use for a lifetime.**

National Scientific Council on the Developing Child, 2004





# Early Competencies Afforded by Attuned Early Relationships

Self-confidence

Emotional well-being

Ability to develop and  
sustain friendships and  
intimate relationships



Ability to solve problems and  
resolve conflicts

Ability to control  
impulses

Motivation to learn

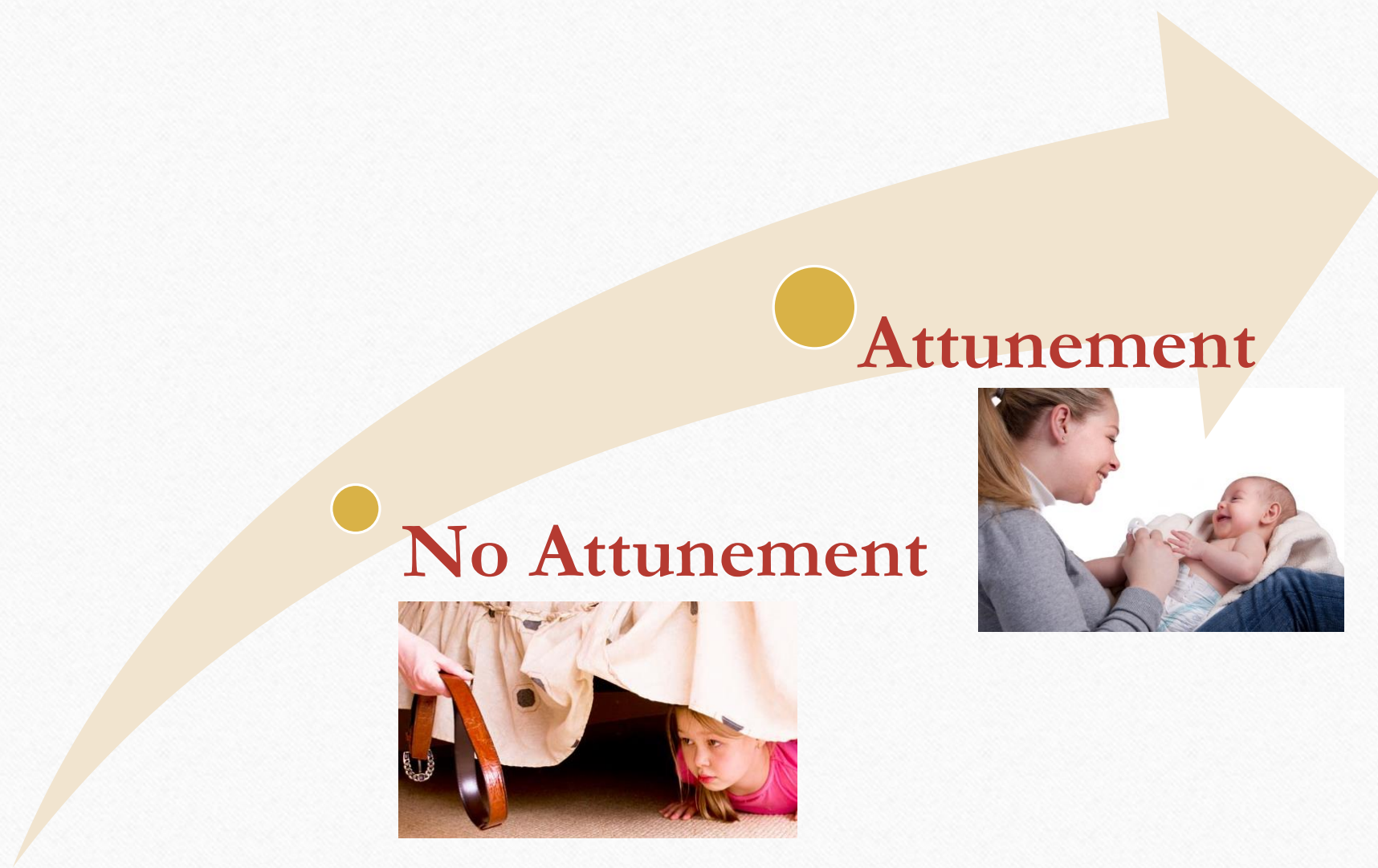




The “serve and return” or reciprocal interaction between parent and child occurs when a child initiates an interaction through gestures, facial expressions, and vocalizations and parents respond back with their gestures, facial expressions, and vocalizations.

When the child’s experiences are timely acknowledged and positively responded to, her brain architecture is strengthened and her sense of self is nurtured.





**No Attunement**



**Attunement**



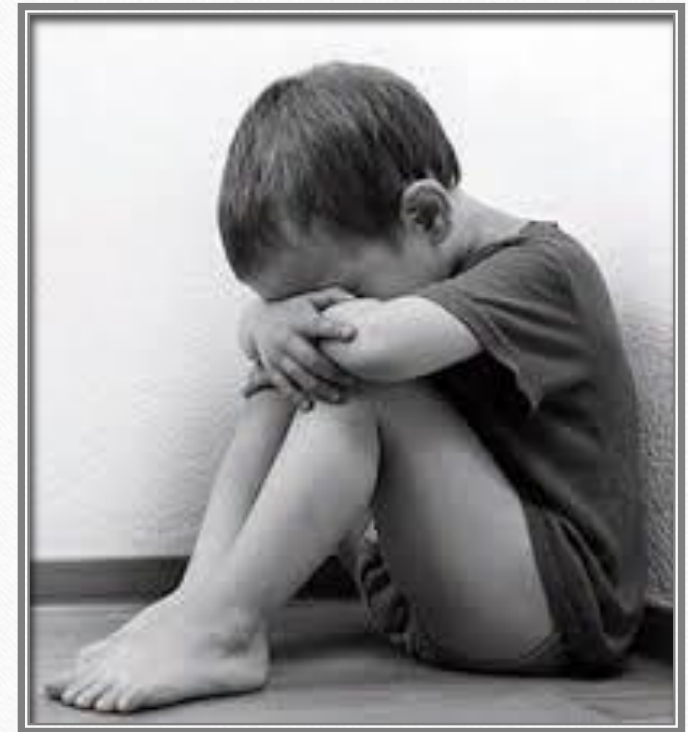
## Adverse Childhood Experiences (ACE)

Abuse, neglect, exposure to stressors (e.g., feeling unloved, being called names, poor hygiene)

People who grew up experiencing six or more types of ACEs died about 20 years earlier than those without exposure to ACEs.

The number of ACEs directly correlate with health conditions and risks (e.g., obesity, liver disease, unintended pregnancy, depression, suicide, risk for intimate partner violence, and so on).

[Retrieved from: www.cdc.gov/nccdphp/ace](http://www.cdc.gov/nccdphp/ace)





## Adverse Childhood Experiences (ACE)



ACEs is associated with telomere erosion by age 10. Frayed telomeres are linked to chronic disease, premature aging, and early death (Shalev et al., 2013).

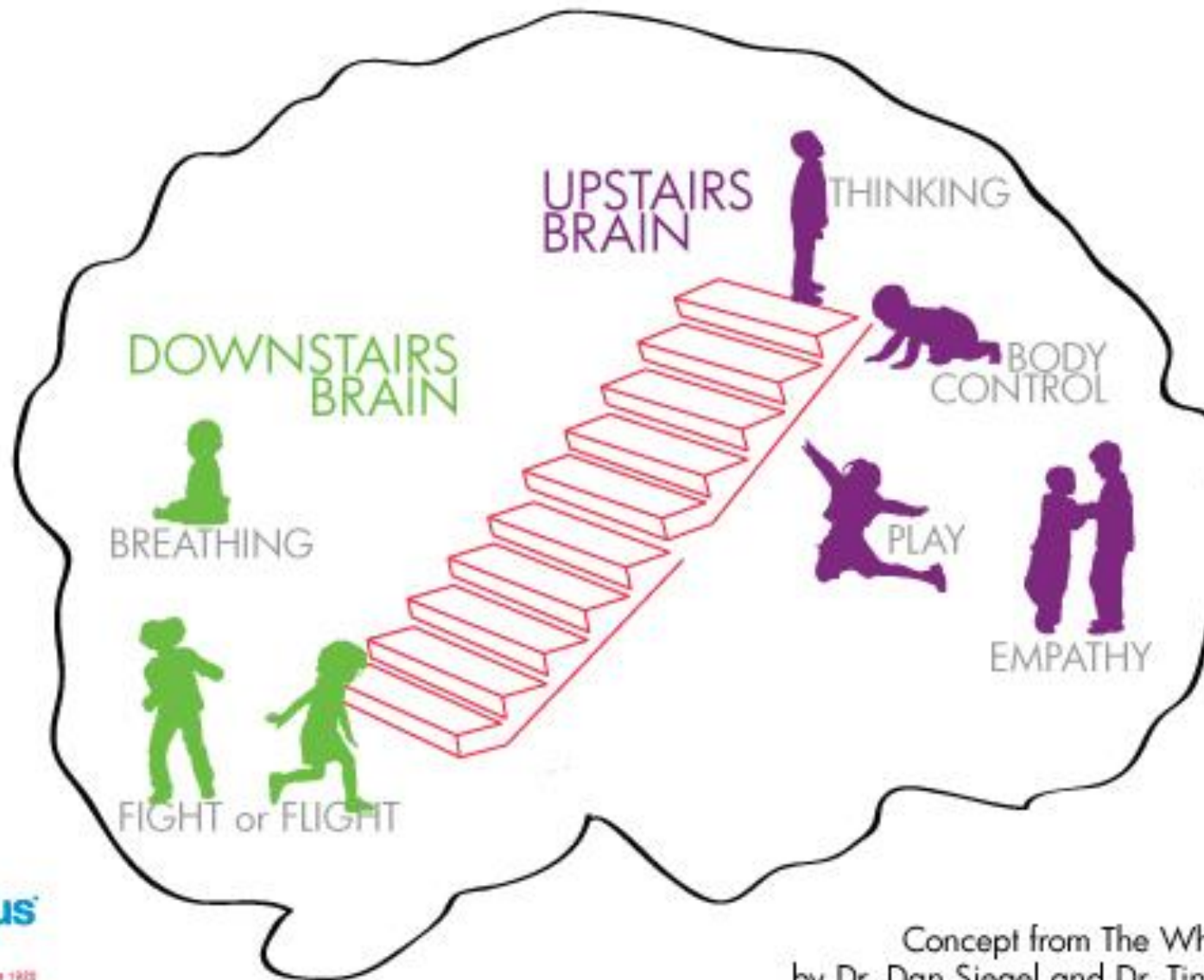
Diminished growth in the left hemisphere, irritability in the limbic system, smaller growth in the hippocampus, and impaired corpus callosum (Teicher, 2000).



**“Science shows that the prolonged activation of stress hormones in early childhood can actually reduce neural connections in these important areas of the brain (the areas devoted to reasoning and learning) at just the time when they should be growing new ones...**

**Toxic stress can be avoided if we ensure that the environments in which children grow and develop are nurturing, stable, and engaging.”**



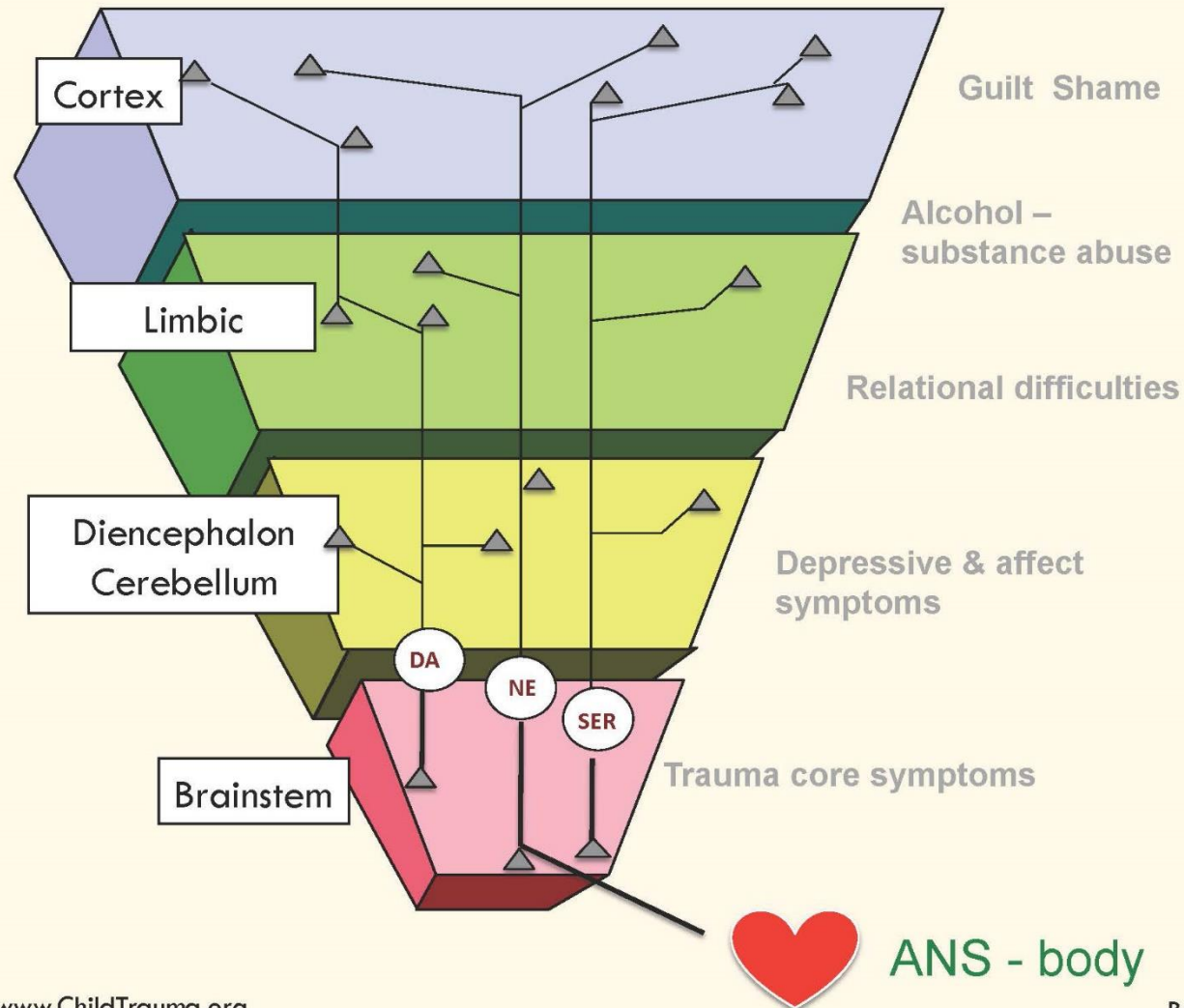
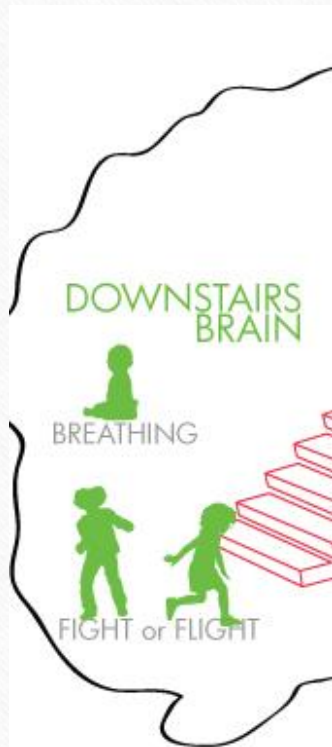


For example, when a child has a melt down after biting his friend, a lecture on appropriate behaviors will not do. The child in tantrum is operating from the Downstairs brain, which is the primitive parts of the brain. When the Downstairs brain goes online, the Upstairs brain (the smart parts of the brain) goes offline.

Imagine a child exposed to toxic and chronic stress whose Downstairs brain is online 24/7.

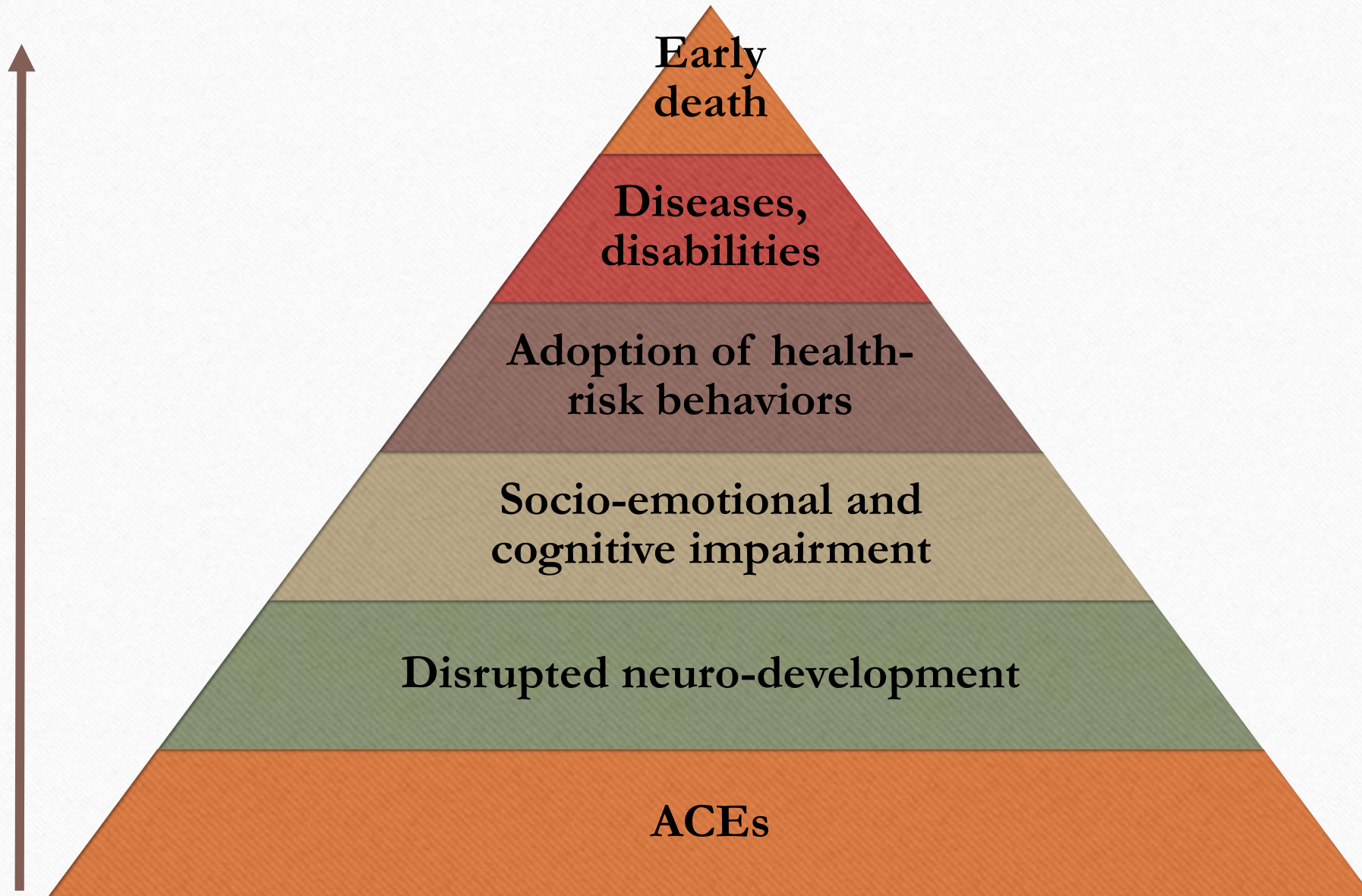
Concept from The Whole-Brain Child  
by Dr. Dan Siegel and Dr. Tina Payne Bryson





- Abstract thought
- Concrete Thought
- Affiliation/reward
- "Attachment"
- Sexual Behavior
- Emotional Reactivity
- Motor Regulation
- "Arousal"
- Appetite/Satiety
- Sleep
- Blood Pressure
- Heart Rate
- Body Temperature





# But Disability is not Abuse?

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- The Contextual Approach of the Family Stress Management Framework (Boss, 2002): A disability diagnosis is a **chronic and ambiguous** stressful life event (also known as a stressor).
- **Ambiguous:** Parents hardly know what the child's disability mean to them, to their family as whole, to their career, or even to the family's routines. They might not know if the condition is going to get better or worse in the future or not.
- **Chronic:** What the parents know is they are going to take care of the child for the rest of their lives.



# But Disability is not Abuse?

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- Parents must handle such uncertainty while managing other family functions, such as marital satisfaction and the other children's education and care, to keep the entire family afloat (Patterson, 2002).
- Parental stress has a tremendous amount of impact on how available and attuned parents are to their child. Parental stress influences a parent-child relationship.

# But Disability is not Abuse?

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- For parents whose child has disabilities, they hold two opposing thoughts simultaneously. Both acceptance and denial are at play concurrently.
- The duality in perception and emotional response of parents are common when they face a stressor that is ambiguous (Boss, 2004; Larson, 1998).



# But Disability is not Abuse?

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- Parents need to make sense of a disability disorder, and then reap the benefits of parental growth before moving on to the other coping strategies.
- Families often need support in reconstructing a sense of normalcy to fit a new life condition (raising a child with special needs; Walsh, 2003).
- What roles do early intervention providers play in helping parents adjust to their child's disability and in getting the family ready for EI?

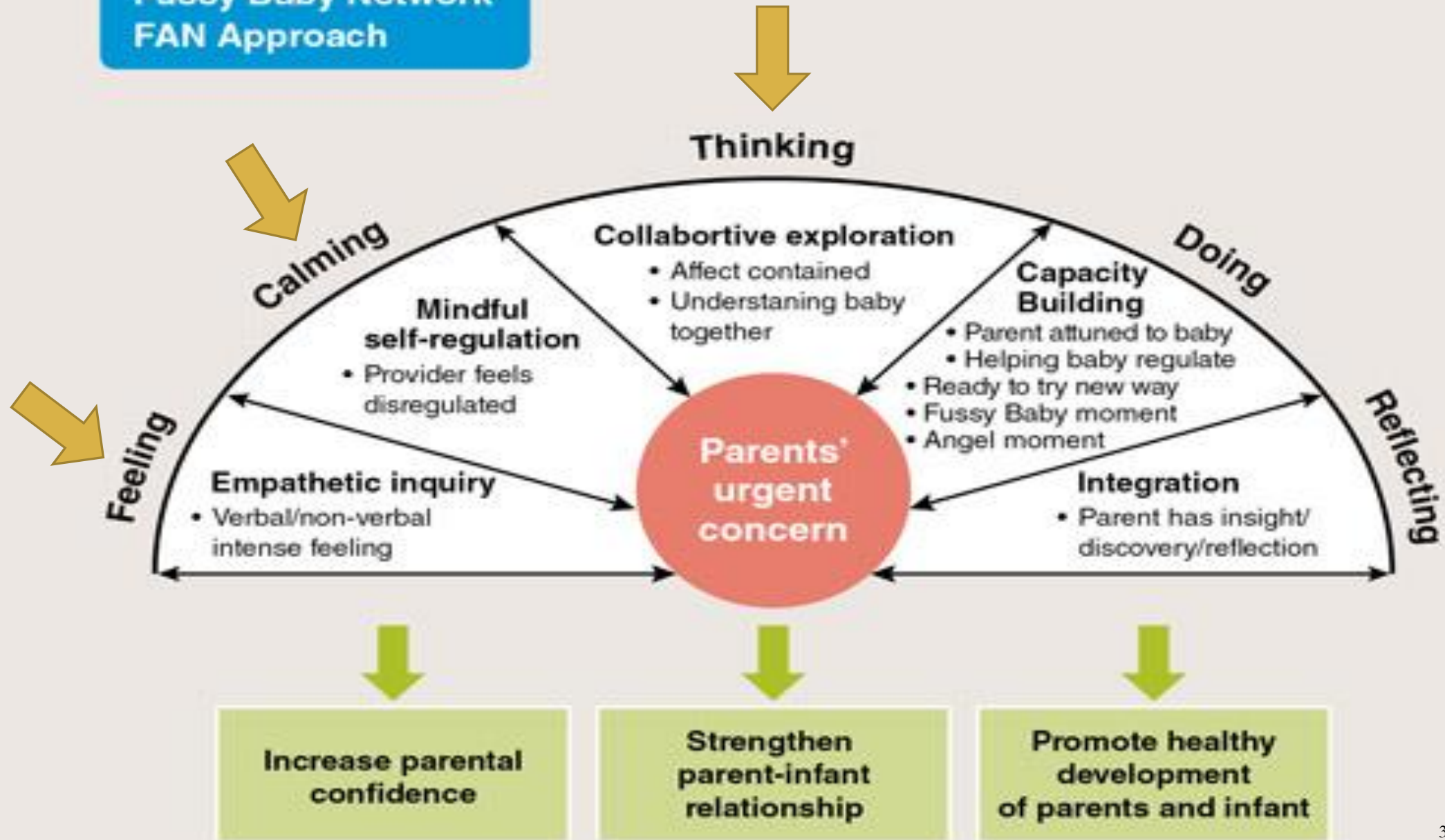
## 2. Strategies to Promote a Robust Parent-Child Relationship

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**“Wondering is discovering, not assuming. Wondering allows us to be brilliantly stupid- choosing to set aside our presumptions and open ourselves to the data in front of us, the data that only emerge when we wonder.” (Koloroutis & Trout, 2012)**



## Fussy Baby Network FAN Approach



## Empathic Inquiry

The presence or absence of feelings typically revolves around: “Is my baby alright?” “Am I a good enough parent?” Brazelton, 2014

It's not always about educating parents. When feelings dominate, explore them and empathize with the parents. Use Mindful Self-Regulation to slow down and put myself in the parents' shoes.

*Ask ourselves: “What is it like to be this baby?” “What is it like to be this parent?”*





Moving into child-focused  
outcomes



As long as early interventionists believe that they must help, fix, or educate families, rather than collaborate with them, equal partnership, which is the crux of family-centered practice may not be realized

McWilliam, 2010; Schein, 2011

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**Let's pause before we educate parents about their child. Let's collaborate with the parents and understand their priorities for this child in front of us.**

*See the baby the parents see...*



Who is this baby to his parents?

New hope? Second chance?

Is that why the parents are so on board with EI?



Ghost in the nursery,  
Fraiberg, Adelson, & Shapiro 1975





Who is this baby to her parents?

Could the mom see her brother with cerebral palsy, who consumed all of her parents' attention, in her prematurely born baby?

Is that why she is reluctant to give this baby the necessary attention?

Ghost in the nursery,  
Fraiberg, Adelson, & Shapiro 1975



What is this behavior to the parents?

Mom's implicit memory of her abusive father might be activated each time her son yells and screams.



Is that why spanking is used consistently?

Ghost in the nursery,  
Fraiberg, Adelson, & Shapiro 1975

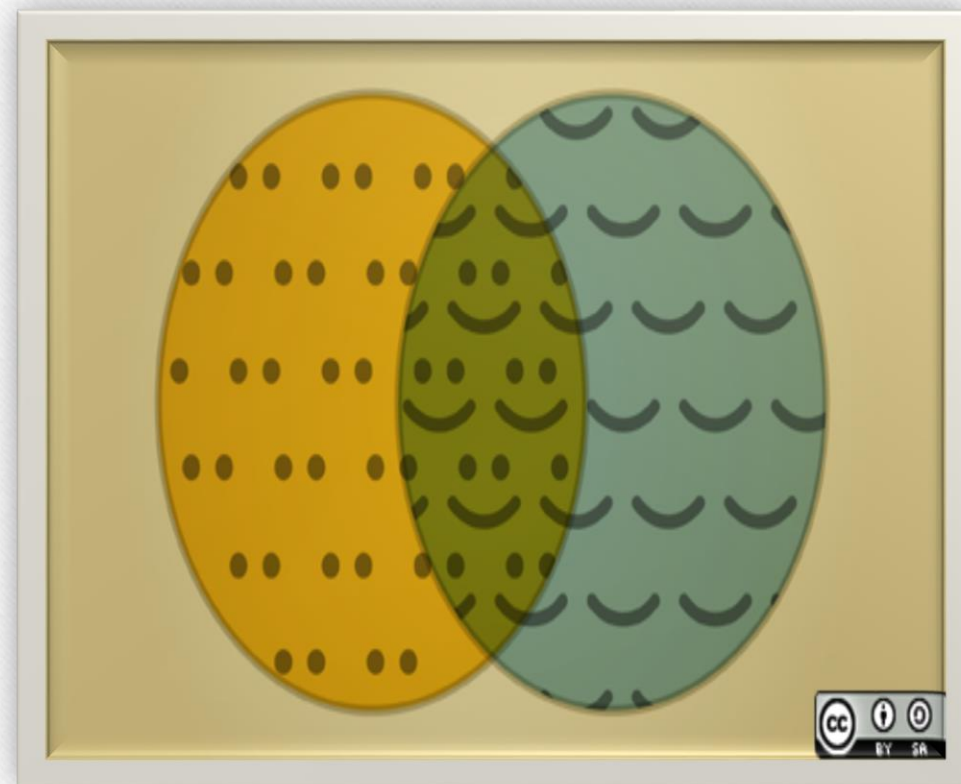
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## Collaborative Exploration

Wonder out loud with parents and avoid giving advice before exploring their meaning making.

Avoid asking parents to tell us what the problem is so we can help them...See the baby they see first.





“Before asking any question, ask myself what my motives are before I ask any question. Am I feeling humble and curious or have I fallen into thinking I have an answer and am just testing out whether or not I am right?” (Schein, 2011)

“Let parents tell you what they want to do and can do. Do not tell parents what to do (Brazelton, Napa lecture, 2014).”

Wonder: Am I saying this to move the individual or group forward, or am I saying this only to be part of the conversation, tell my story, or let my opinion be known? (Hornstein, Napa lecture, 2015)

Ask the following questions:

Do you need any information to help with this?

Should we try to solve this?

Would you like me to show you?

What would you like to see happen instead?

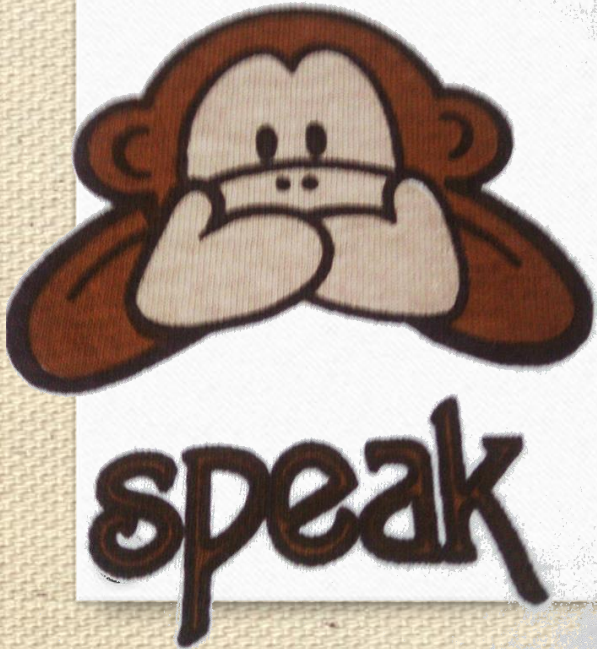
(McWilliam, 2010)

Ask the following three questions:

What have you tried?

How did it go?

Would you like some advice on this?  
(Brazelton, Napa lecture, 2014)

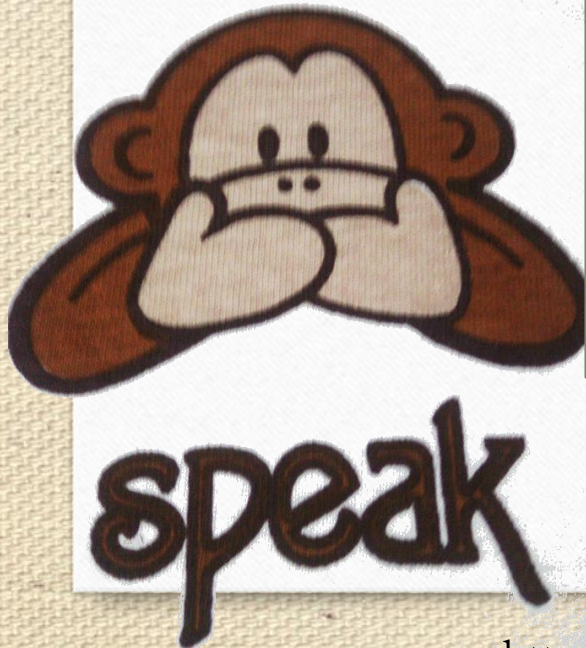




When a father asks me, “What should I do? It takes us one to two hours to get her to sleep,” I can immediately start talking about what the medical people ridiculously call “sleep hygiene” (bedtime environment and ritual) and I can tell the father how to condition the child to decreasing attention time (fading). In the course of doing so, I would undoubtedly mention things they have tried, things they wouldn’t like to try, things they wouldn’t believe would work, and also some great ideas. It would be quite easy for me to feel like the hero of the visit.

Instead, however, I want the father to be the hero of the visit. At the end of the visit, I want him to think, “I came up with a plan, with Robin’s help. I’ve already done a number of things right and I provided useful information for us to arrive at the new plan.” Furthermore, the act of coming up with that plan should have helped the father with problem-solving skills. Almost everyone can solve problems, of course, but sometimes families benefit from learning how we arrive at solutions—the factors we consider when trying to find the right strategy.

We train people to ask four questions before they mention a potential solution (i.e., a suggestion). This helps slow down the home-based early interventionist.





### 3. Parent-Practitioner Relationship As A Foundation of EI

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**“Let others see their own greatness when looking in your eyes.” – Mollie Marti**

# What does it feel like to ask for professional help?

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Here you are, the professional, eagerly awaiting your new dance partner. Your arms are stretched out inviting us, parents, to enter your world... We, as parents, having not chosen this dance, are usually not as eager to join you. We may approach you not with open arms but with tightly folded ones clutched to our chest... We may feel reluctant, ambivalent, and often unwilling. For one thing, if we choose to join you, we have to acknowledge that our child has special needs. We have to acknowledge that we are entering your world- one that is initially unfamiliar and frightening. Entering into our partnership with your demands that we let go of our dreams and begin to build new ones...

Because we are sitting with you during one of the most painful and difficult times of our life, we feel thrust into an uninvited and awkward closeness with you... the nature of the circumstances forces an immediate intimacy that is awkward.



## What does it feel like to ask for professional help?

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Parents need to feel that they are ample resources for understanding and caring for their young child. Indeed, there is likely no greater wound to a **parent's fledgling sense of competence** as a parent, and of relatedness as this child's parent, than to see and feel the child losing developmental ground and turning away from their relationship, all the while not knowing how to help them (Shahmoon-Shanok, ICDL Clinical Practice Guidelines ).

## When my child moves on to the next milestone, it could also mean...

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Parents must learn to notice, observe, and read their child's odd and frustrating behaviors as individual differences. Parents must recognize, welcome, and respond contingently to their child's increasingly complex functional communicative, cognitive, and emotional levels. For parents, this means recognizing that just when they become accustomed to dealing with one level, they must shift to another to keep up with and/or to stimulate their child's incipient growth (Shahmoon-Shanok, ICDL Clinical Practice Guidelines ).



## 4. Strategies to Enhance A Strong Parent-Practitioner Partnership

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**“Presence-** the eye-to-eye, deeply breathed connection in which at least one being is in calm, silent wonderment of the other- **heals things in us that we didn’t even know were broken.” – Michael Trout**

## Parents and Practitioners co-create a unique partnership.

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Know what we, practitioners, bring  
into the partnership

Know what parents bring into the  
partnership.





## Reflection Before Action

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What informs your practice as a practitioner...

“How do I construct this idea or come to believe that X leads to Y?”





## Capacity Building

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Recognize parents' contribution to child's growth, development, and general well-being. Compliment parents' resources for supporting their child's development or the specific skills they show in caring for, interacting with, or teaching their child.





## Capacity Building

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“Oh, I just saw you did/said XYZ with/to Johnny. Let’s brainstorm how we can use that strength to increase Johnny’s learning during bath times.”

“He really likes to play with you like that.”

“She sure looks at you when you imitate her.”

“That was a good idea to move it closer.”





# Capacity Building: Naming & Noticing

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- Confirming what has been successful so that parents try those strategies again and simultaneously assert parents' competence so they will have the confidence to consider new learning.
- “What strategies have you tried that might be similar or different to this one?”
- “How is this strategy different from what you are already doing?”
- “What went well in this session for you?”
- “What strategies you wish you had tried in the session together?”



# Capacity Building: Generalizing

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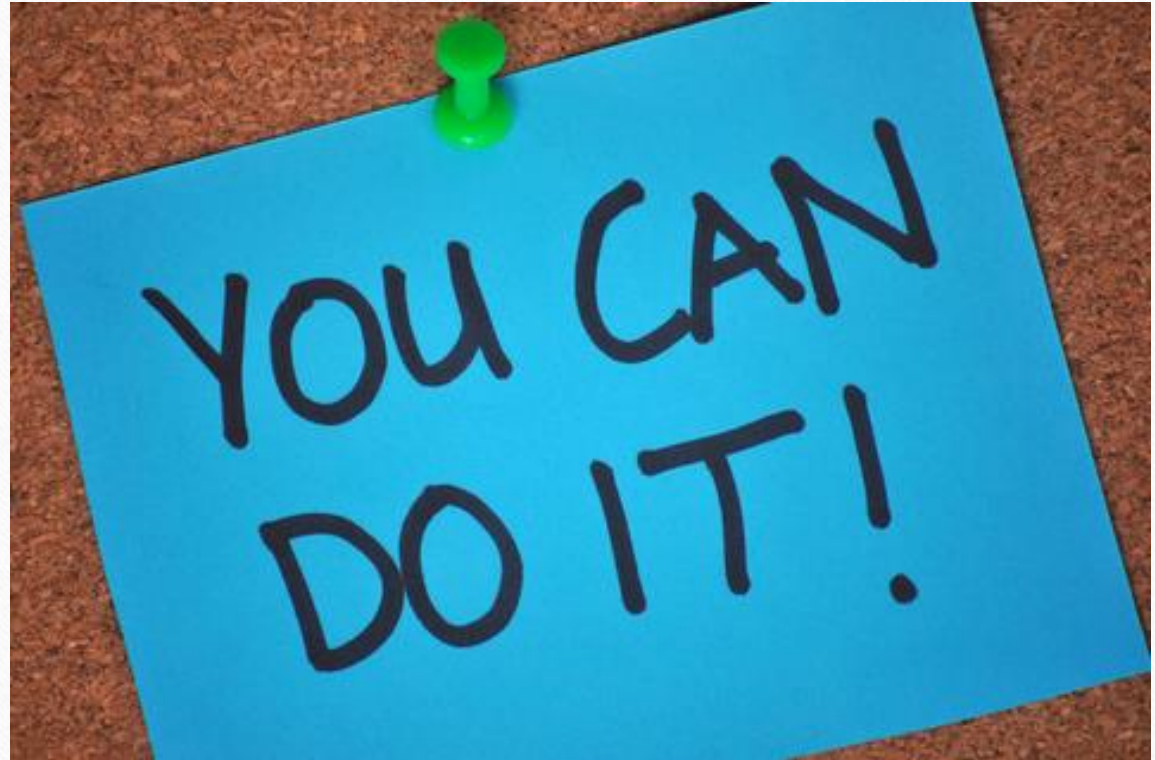
- Helping parents connect the dots between what they already know and what they are learning that is new.
- We want parents to ask themselves not only “What do I know about this?” but also “What do I know that is like this?”
- Use a metaphor: “That’s like...”

## Capacity Building

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In short, our capacity building comments aim to invite parents to retell their EI stories from an agentive or empowered position.

Remember that parents are the heroes of the sessions.





# Capacity Building: Making Mistakes

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- Model “Rupture and Repair” and take pressure off of parents. No need to be perfect.
- “In normal dyadic interactions this [mutually attuned parent-child interaction] is thought to occur as much as 30 percent of the time; the other 70 percent of the time, the caregiver and infant are in various degrees of being out of synch with one another.” (Tronick, 1989)
- Parallel process: therapist & parent/ parent & child.

# 5. Reflection. Reflection. Reflection

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## Cases and Exercises



# Summary

...presented the paradigm shift from a developmental to a relational approach, and reviewed outcomes from a relationship perspective (e.g., quality of parent-child relationship, parent's understanding of child, parent's confidence and satisfaction, child's adaptive capacities). Emphasis was placed on the practitioner's capacity to (1) listen carefully and demonstrate concern and empathy; (2) ask questions that promote reflection; (3) observe, highlight, and foster the parent-child relationship; and (4) understand the professional use of self (e.g., being aware of one's own feelings and desires to help, thinking about one's impact on the parent and child, being aware of social and cultural differences, being aware of the parent's history of relationships).

Relationship-based Systems Change: Illinois' Model for Promoting Social-Emotional Development in Part C Early Intervention by Linda Gilkerson and Carolyn Cochran Kopel. Occasional paper number 5, Herr Research Center, Erikson Institute



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