

PARENTING WITH FEELING

Early Intervention for High Risk Parents and Infants

Professor Louise Newman AM

Royal Womens Hospital



BUILDING EARLY ATTACHMENT AND RESILIENCE

(BEAR) PROJECT

A collaboration between the Mental Health Foundation of Australia, Resilience Australia (MHFA-RA), The Royal Women's Hospital, The University of Melbourne, Monash University & funded by The Pratt Foundation, Liptember



courtesy of www.marycassatt.org

PARENTING WITH FEELING

- Group intervention targeted at high risk parents and infants 2-12months
- Uses attachment and relational approach and direct infant parent intervention
- Focus on improving parent capacity to understand and respond to infant communication

DEVELOPMENT IN INFANCY

- Neuropsychological processes
- Affect regulation
- Representations of self, other
- Attachment Style
- Adaptation to Stress
- Capacity for intimacy and empathy



INFANT CAPACITIES

- Programmed for social interaction and connectedness
- Ability to communicate emotional experience
- Move towards development and self-regulation
- Organisation of affective and self experience in context of attachment relationships

EARLY BRAIN DEVELOPMENT

- Promoted by emotionally responsive care and parental capacity for empathic functioning
- Sharing of positive affective states
- Carer maintains optimal level of arousal
- Mutually attuned synchronized interactions promote affective development
- Processes of repair and reattunement promote anxiety regulation and experience of validation of communication

RELATIONAL CONTEXT OF EARLY DEVELOPMENT - principles

- Infant development at neurological and psychosocial levels occurs in a relational context
- Primary carer acts to provide scaffolding for affective regulation and the quality of early emotional interaction shapes developing neural networks and emergent capacities for self regulation
- Infant brings to the relationship a drive for social connectedness and need for reflective response to communication
- Parental capacity to read , label and respond to infant affective communication is the basis of the ability to reflect on or mentalise the inner world of the infant and is the origin of infant subjectivity

EARLY PARENTING

- Modulation of infant arousal and affect
- Processing and labeling of infant affect
- Sensitivity to infant signals
- Support for self-regulation
- Capacity for reflection on the inner world

Relational Trauma

- Trauma in the context of caregiving and attachment relationships
- Usually at the level of disturbed emotional interaction and regulation
- Infant experiences high levels of stress, confusion and inescapable fear
- Impact of stress related hormones on brain development



INFANT IN THE MIND OF THE PARENT

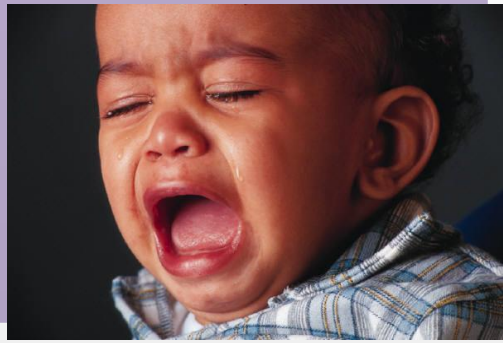
- **I**nfant is born into a preexisting network of relationships and meaning
- **A**tttribution of characteristics and personality
- **C**apacity to allow independent psychological existence and development of interiority

TRAUMATISED AND TRAUMATISING PARENTS

- Parents with unresolved traumatic attachment issues and histories of maltreatment/neglect
- Range of issues and conflicts when they attempt to parent – from anxiety to avoidance to repetition
- Opportunity for the prevention of disturbed parenting and abuse

PREVENTION IN HIGH RISK DYADS

- Interventions focus on improving responsiveness and emotional attunement
- Aim at improving understanding of infant needs and changing perceptions of the infant
- Attachment focussed interventions
- Infant -led interventions



IMPLICATIONS OF EARLY EMOTIONAL TRAUMA

- **A**ttachment disruption and emotional distortion will effect emerging capacities for interaction and self-regulation
- **D**isruption during critical periods and rapid phases of development are potentially most damaging
- **T**rauma effects brain development

MATERNAL RISK FACTORS

- Early experiences of neglect and abandonment
- Early abuse and maltreatment
- Unresolved anger and hostility
- Limited access to memories and self-reflection
- Envy and unconscious need to devalue infant experience

MATERNAL SELF-CONCEPT

- Capacity to Nurture
- Ability to manage frustration and aggressive feelings
- Tolerance of Dependency
- Reworking female identity and relationship with own mother

RANGE OF INTERVENTIONS

- Parent-focused psychoeducational approaches
- Behavioral Management Approaches – PPP (Sanders et al): limited use in high-risk groups
- Relationship and Attachment based Approaches – Slade, Suchman: current trials in high-risk parents
- Psychodynamic and Psychoanalytic influences – WWW: modifications for high-risk – Newman and Stevenson, 2008

NEURODEVELOPMENT & TRAUMA

- Dysregulation of HPA axis functioning - stress system
- Altered cortisol pattern- stress hormone
- Reduced volume of hippocampus- memory
- Reduced volume of corpus callosum- information processing
- Potential effects on mood and impulse control, emotional regulation

TRAUMA RELATED DIAGNOSES

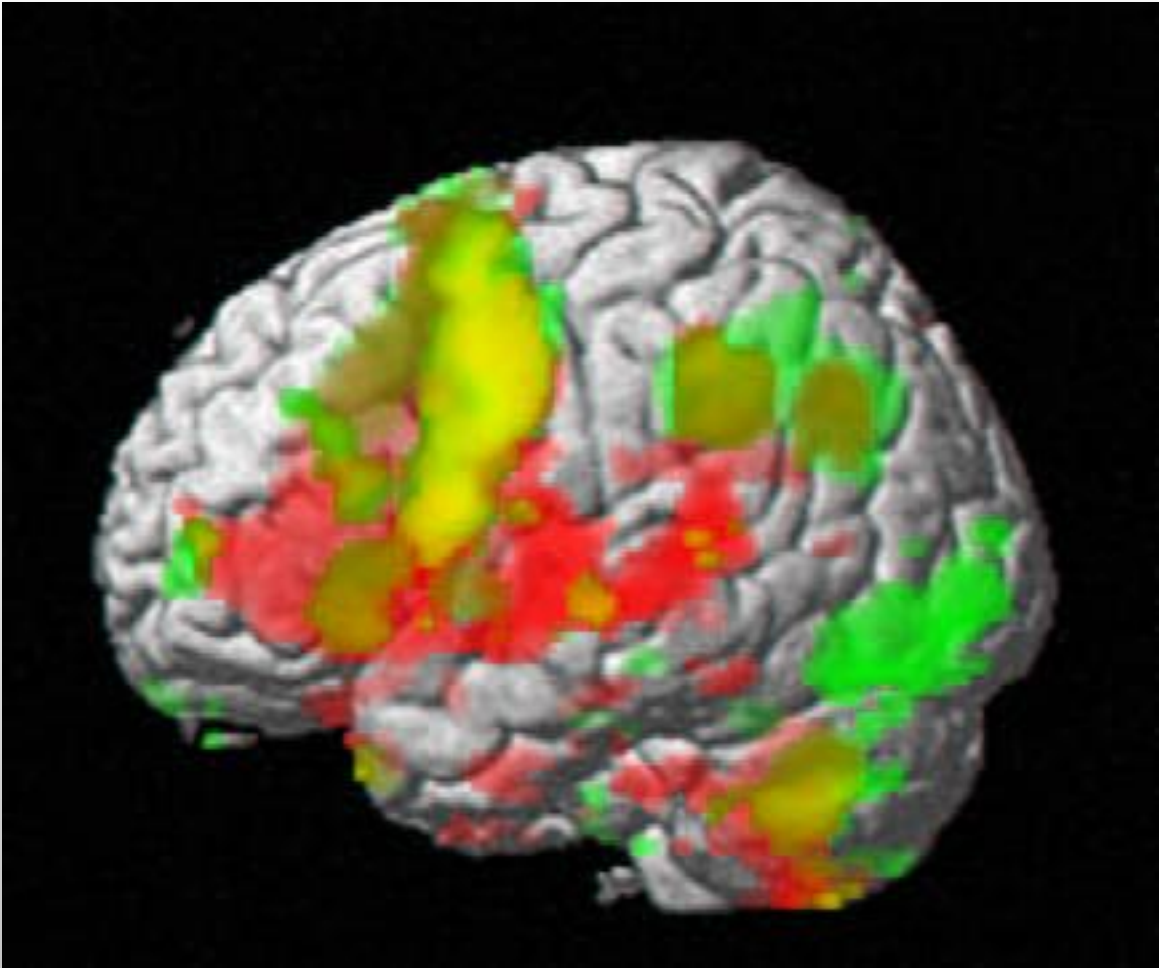
- Acute stress responses in infants – dissociation, failure to thrive, withdrawal
- Post-traumatic stress disorder - traumatic play, fears, dysregulation
- Disruptive Behaviour Disorders - ?ADHD
- Attachment Disorders - RAD

AFFECT RECOGNITION AND RESPONSE

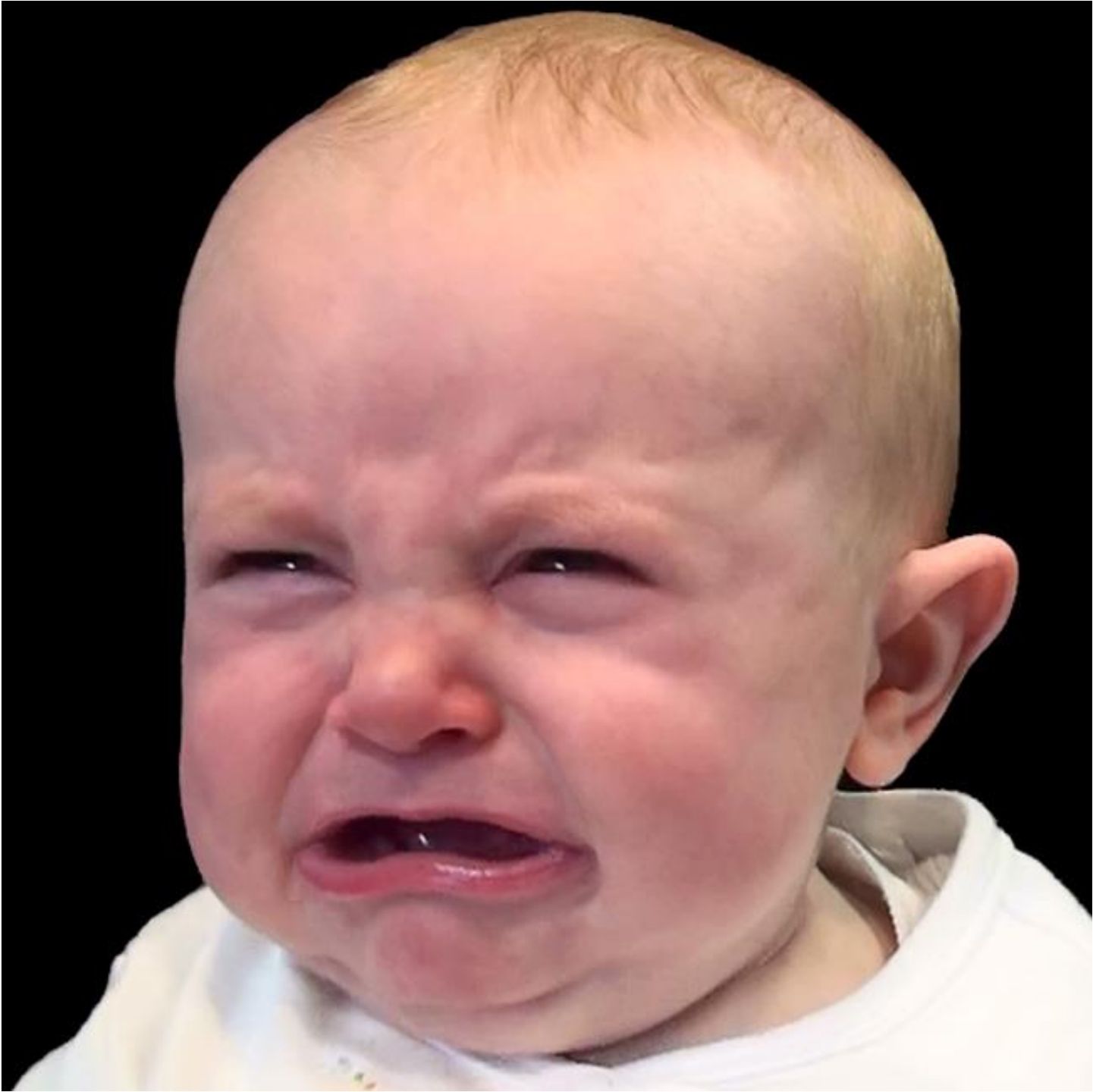
- Capacity to read and identify and process with infant affect
- Process of reflection on infant inner experience – hypothesising
- Reflected in ability to think about the infant, language and containment
- Markedness and contingent interactions

VISUAL AFFECT RECOGNITION

- Central to early parenting – accurate reading and response to affective signals related to infant brain growth
- Strathearn et.al. presentation of smiling, neutral and crying infant face (MRI 6sec exposures): increased activation to own infant in dopaminergic/oxytocinergic reward areas















MEANING OF THE INFANT



- **Baby as Ghost**
- **Baby as Self**
- **Baby as Repetition of Past Relationship**

THINKING ABOUT THE BABY

- Crucial in establishment of attachment relationship and emotionally attuned early interaction
- Gives infant experience of being validated and contained and is the beginning of self development and self regulation
- Process of reflection, interpretation and handing back

PARENTAL REFLECTIVE FUNCTIONING

- Capacity to understand own and child's behaviour in terms of underlying mental states
- Basis of parents ability to hold the infants affective experience in mind
- Gives meaning to the child's affective experience and re-presents it to the child in a regulated fashion

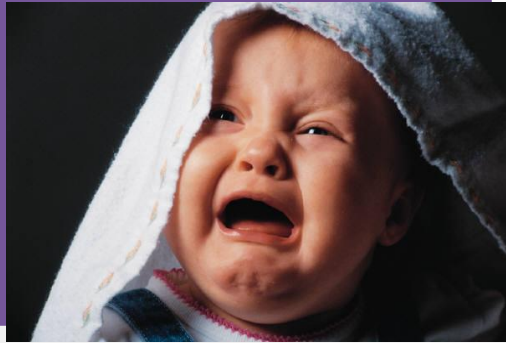
PARENTAL REFLECTIVE FUNCTIONING

- RF is the basis of parental access to their own emotions and memories of their own early attachment experiences
- Mediates the reworking of parents early relationships in the transition to parenthood and representation of the child
- Impacts on interactive and parenting behaviours



MATERNAL RISK FACTORS

- **E**arly experiences of neglect/abandonment
- **E**arly abuse and maltreatment
- **U**nresolved anger and hostility
- **L**imited access to memories and self-reflection
- **E**nvy and unconscious needs to devalue infant experience



PROBLEMS IN INFANCY

- **P**roblems develop when the parent cannot see the infant as separate and communicating
- **U**nresolved parental attachment trauma permeates the relationship with the infant



INFANT IN THE MIND OF THE PARENT

- **I**nfant is born into a preexisting network of relationships and meaning
- **A**tttribution of characteristics and personality
- **C**apacity to allow independent psychological existence and development of interiority



EARLY MATERNAL DISTURBANCE

- **I**nability to tolerate infant negative states
- **P**erception of the infant as attacking, hostile, rejection or overwhelming
- **M**isperception of the infant
- **A**tttribution of negative motives to the infant
- **I**nfant experiences stress, anxiety anger and depression

EARLY MATERNAL DISTURBANCES

- Inability to tolerate infant negative states
- Perception of baby as attacking, hostile , rejecting or overwhelming
- Misperception of the infant
- Attribution of negative motives to the infant
- Infant experiences stress, anxiety, depression, anger

HIGH-RISK PARENTS

- Attachment related trauma – maltreatment, neglect
- Mental health issues – depression, anxiety regarding parenting, substance abuse, relationship and personality issues
- Social adversity – isolation, poor support, community trauma, violence and other traumatic exposure, poverty
- Involvement with multiple agencies, issues with engagement

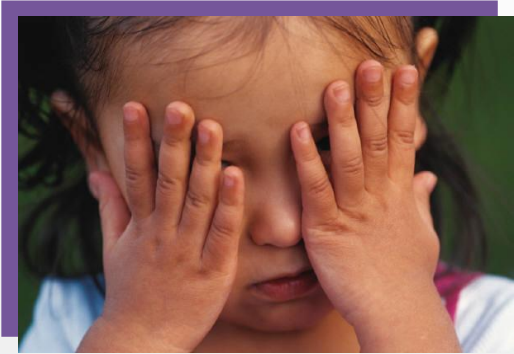
HIGH RISK ATTACHMENT PROBLEMS

- Mother feels persecuted by the infant and attributes hostile intent
- Infant is identified with traumatic attachment figure or abuser
- Mother re-experiencing effects of early trauma
- Previous infant maltreatment or neglect

TRAUMATISED PARENT

- Unprocessed traumatic memories
- Infant as a projective focus – misinterpretation
- Infant experienced as anxiety provoking, persecutory, hostile





THE LEGACY OF TRAUMA

- **T**rauma is reenacted in the relationship with the infant
- **U**nresolved parental attachment trauma is reflected in the handling and care of the infant
- **T**rauma disrupts emotional interaction and regulation

TRANSGENERATIONAL TRAUMA

- Patterns of traumatising parenting are often repetitions
- Maltreatment, abuse and exposure to violence in infancy are risk factors for later abusive behaviour and revictimisation
- Prevention of child maltreatment involves identification of high-risk parents and early intervention

EXTREME TRAUMA IN INFANCY

- Brain structure and functioning may be permanently altered
- Results in long-term dysregulation of stress and emotional systems
- Damages the capacity to relate, to regulate and understand emotions, manage anger and frustration
- Risk of problems in personality development

TRAUMA REACTIONS

- Acute stress responses – withdrawal and dissociation
- Post-traumatic Stress responses – avoidance, anxiety, re-experiencing, post-traumatic play
- Disruptive behaviours and aggression
- Attachment Disorders

STRESS IN INFANCY

- Infants do not have adult stress adaptation mechanisms and are vulnerable to extremes of arousal
- Infants cannot escape stressful interactions and attempt to distance themselves and withdraw
- Paradox of maltreatment by primary carer

ATTACHMENT DISORGANISATION

- Poor development of internal state language
- Poor reflective function
- Deficits in empathy
- Contradictory representations of self and other
- Dysregulation of behaviour, affect and impulses

NEGLECT AND TRAUMA

- Neglect is a form of trauma and produces stress response (De Bellis)
- Lack of parental containment of anxiety – abandonment
- Lack of secure base and chronic anxiety
- Frequent exposure to other traumatizing experiences – violence, chaos



3 Year Old Children



Normal



Extreme Neglect

PARENTAL REFLECTIVE FUNCTIONING

- Capacity to understand own and child's behaviour in terms of underlying mental states
- Basis of parents ability to hold the infants affective experience in mind
- Gives meaning to the child's affective experience and re-presents it to the child in a regulated fashion

PARENTAL REFLECTIVE FUNCTIONING

- RF is the basis of parental access to their own emotions and memories of their own early attachment experiences
- Mediates the reworking of parents early relationships in the transition to parenthood and representation of the child
- Impacts on interactive and parenting behaviours

THINKING ABOUT THE BABY

- Crucial in establishment of attachment relationship and emotionally attuned early interaction
- Gives infant experience of being validated and contained and is the beginning of self development

INTERVENTION APPROACHES

- Range of intervention approaches centered on improving parental sensitivity and reflective capacity i.e. capacity to think about the child's experience and developmental needs
- Attachment based intervention focusing on the interactional level

CLINICAL APPROACHES – Slade 2006 Minding the Baby

- Modeling reflectiveness – giving voice to infant experience
- Developing a Reflective stance – wondering
- Eliciting affect as a means to Mentalization- focus on observed affective interactions
- Holding the parent in mind – containing relationship and supporting links between past and present

ATTACHMENT BASED INTERVENTION

- Early intervention – antenatal, infant and toddler
- Program incorporating focus on emotional development and child's needs for attachment
- Focus on improving maternal emotional availability and reflective capacity
- Evidence for medium term programs

HIGH RISK ATTACHMENT PROBLEMS

- Mother feels persecuted by the infant and attributes hostile intent
- Infant is identified with traumatic attachment figure or abuser
- Mother re-experiencing effects of early trauma
- Previous infant maltreatment or neglect

TRANSGENERATIONAL TRAUMA

- Repetition of disturbed interactions and patterns of relationships
- Repetition of abuse and maltreatment
- Issues for abused parents - anxiety, compensation and reparation, envy
- Re-enactment of unresolved attachment trauma

INTERVENTION APPROACHES

- Cognitive behavioral and psychoeducational
- Attachment based – importance of parental capacity to perceive and sensitively respond to child's emotional needs
- Without emotional attunement parenting programs may improve management but not the emotional aspects of the parent-child relationship

Early Intervention

Borderline Mothers and Infants

- Supporting organisation of attachment
- Improving empathy and responsiveness
- Developing affective language and reflective functioning
- Promoting infant organisation

CLINICAL TRIALS

- Parenting skills programs (behavioral) show some short term improvement in parenting skills and child compliance
- Little evidence for long-term improvement in the quality of parent-child relationship and child psychological adjustment
- Little emphasis on child's emotional needs or parent emotional availability

EMOTIONAL REGULATION

- Parent has difficulty in recognizing infant affect and may misinterpret signs of distress. This reflects their own distorted or denied affect related to early experiences
- Limited reflective function related to maladaptive parenting such as withdrawal, hostility and intrusiveness

REFLECTIVE PARENTING PROGRAMS

- Focus on initially improving parental tolerance of infant affective experience - mirroring and containment
- Improve parental understanding of the way in which infant affect and mental states influence behaviour and other mental states
- Improve understanding of interpersonal and dynamic relationships between inner worlds

CLINICAL APPROACHES – Slade 2006 Minding the Baby

- Modeling reflectiveness – giving voice to infant experience
- Developing a Reflective stance – wondering
- Eliciting affect as a means to Mentalization- focus on observed affective interactions
- Holding the parent in mind – containing relationship and supporting links between past and present

PWF KEY CONCEPTS

- Trauma and representation of the infant
- Development of affective competency
- Parent as attachment figure
- Parental reflective capacity and mentalization
- Supportive exploration and normalisation

Main aim

Evaluate efficacy of two comprehensive interventions over traditional approach:

- (i) *Mindfulness-based 'mindbabybody' (MBB) program (K. Mercuri)*
- (ii) *Attachment-based 'Parenting with Feeling' (PWF) program (L. Newman)*

Outcomes of interest

- Parental reflective functioning
- Emotional availability
- Parent-infant interactional quality
- Organisation of infant attachment
- Depressive and anxiety symptoms

Preliminary Evidence

- MindBabyBody pilot Study: shown to significantly reduce anxiety symptoms (STAI) and increase mindfulness (Woolhouse, Mercuri, Judd & Brown, 2014)
- PWF pilot study: shown to increase global parental functioning in parents with substance use problems (Newman et al., 2014)
- Positive feedback from participants and hospital staff
- RCT is next important step in evaluating interventions' efficacy

PARENTING WITH FEELING

- Uses interaction of infant and parent in direct way – observation and reflection
- Uses video of infant communication
- Addresses trauma issues in parents history and current issues
- Tasks to improve reflective capacity

COMPONENTS OF PWF

- REFLECTIVE PARENTING EXERCISES AND DISCUSSION – role as attachment figure and how this emerges
- OBSERVATIONAL EXERCISES AND SUPPORT – watch and interact and interpret
- TRAUMA FOCUSED SUPPORTIVE DISCUSS – parenting in the face of adversity

SESSION 1

- Becoming a parent – learning about infant needs and communication
- Emotional parenting
- What do you want to do as a parent?
- Interactional session with infant – mirroring, interpreting

SESSION 2

- Getting to know you – infant social communication
- Wondering and thinking about the infants experience and inner world (reflective capacity)
- Thinking about parenting – what the baby wants

SESSION 3

- Emotional parenting – parental stress and strong feelings
- Mutual gaze and connection with the infant
- Responding to infant emotional needs

SESSION 4

Managing difficult feelings – ambivalence and conflict around being a parent

- Parents role as emotional regulator
- Discussion of the strong feelings an infant can provoke

SESSION 5

- Models of parenting – parent as attachment figure and this function
- Infants need for containment, attachment and emotional regulation
- Knowing how to parent – advice, feelings, own history

SESSION 6

- Parental Self-reflection
- Infant as a psychological being – inner states, awareness, motives, wishes
- Infant ability to communicate inner states
- Metallization, hypothesising

SESSION 7

- Being a Safe Base
- Importance of emotional availability
- Issues for vulnerable parents – dependency, anxiety and avoidance, current stressors, depression
- Recognition of infant anxiety

SESSION 8

- Mind – Mindedness and metalization
- Infant sensitivity to the parents emotional state and how parent attempts to manage this
- Maintaining a focus on the infant and factors which make this hard
- Managing own needs and feelings – frustration, anger, guilt, ambivalence

SESSION 9

- Responsive parenting – being attuned and available and factors making this difficult
- Needing support as a parent
- Issues of intrusive issues from the past – trauma and re-experiencing in the relationship with the infant

SESSION 10

- Getting it Right – parenting in the face of adversity
- Parenting as a developmental challenge and opportunity
- Promotion of positive and realistic self-evaluation and understanding of motivation to parent

SESSION 11

- Dealing with the Past – living with factors and past experiences impacting on the relationship with the infant
- Focus in the current relationship and ways of thinking about a new relationship
- Management of post-traumatic experiences and need for ongoing support

SESSION 12

- Moving towards the future
- Summary of parent as attachment figure and emotional regulator
- Summary of issues related to parenting after abuse and opportunity for self-awareness
- Mindful parenting – wondering, affect awareness

Jane Age 22

- Jane initially referred by child protection for assessment of parenting capacity and recommendations regarding intervention approaches
- Single parent of a 10 month girl Tara
- Supported by church, GP and local mental health services
- Tara in alternate placements from 2 months
- Jane has diagnosis of Borderline Personality Disorder related to early abuse and trauma

Jane

- History of early neglect and abuse. Placed in care at 3 months. Multiple sibs removed. ? Parental substance abuse. No current contact with family other than brother in jail
- Adoption at 2 years following several placements and failed attempts at restoration

JANE cont.

- History of onset of self-harm and behavioral disruption around 5 years of age
- Diagnoses of ADHD and ODD
- Peer and school difficulties
- Attachment behavior described as overfamiliar and provocative
- Difficulties with managing anger and impulses

JANE

- Adolescence – self cutting, multiple ED presentations and symptoms. Investigated for pelvic pain, joint pain, headache, abdo pain
- Compulsive eating and obesity
- No history of substance abuse
- Brief relationships and continues living at home with adoptive brother

JANE cont.

- Pregnant at 19 and discloses sexual assault by adoptive brother. Rejected by family.
- Discloses sexual abuse in early childhood by adoptive father. Denied.
- Irregular antenatal care. Gestational diabetes. Ongoing self harm and hospital presentations.
- DOCS report and involvement

JANE

- Tara seen as special baby, denial of ambivalence
- Early parenting described as intrusive and anxious
- Easily overwhelmed and withdrawn
- Treated for depression post-partum
- Respite care and support

TARA

- Removed when Jane self harming and depressed
- Jane ambivalent about caring for Tara and anxious
- "I don't know what she needs or what she is saying"
- Series of placements
- Jane easily angry with care arrangements and Department

PARENTING CAPACITY

- Tara shows features of attachment disorganization – dysregulated, anxious, fearful
- Concerns re capacity to protect
- Jane described as anxious in interaction with Tara, insensitive, and inconsistent
- Tara settles well with caregivers

TRIAL OF INFANT-PARENT INTERVENTION

- Focus on improving capacity to reflect on child's emotional state
- Containment of maternal anxiety
- Interactional approach to improve sensitivity and build up RF
- Role of individual therapy for Jane
- Weekly sessions

PROGRESS

- JANE – no further self harm; some medical presentations. Low grade depression.
- Improvement in emotional sensitivity and greater understanding of Tara's needs for response and support with anxiety
- Some reflection on her own early trauma and disrupted care
- Tara – improved language and socioemotional development. Better able to signal need for connection with Jane with less fear and anxiety