Booster Training in Infant Mental Health-Home Visiting as an Evidence-Based Practice

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

MDHHS Michigan Department of Health and Human Services

Agenda

- 9:00-9:30: Wellness Tree (Check-in) get paper if you don't have it---Took 45 minutes.
- 9:30-10:00: Deeper Dive in IPP --
- 10:00-10:20: Case
- 10:20-10:35: Break
- 10:35-10:55: Discussion
- 10:55-11:25: Reflective Functioning
- 11:25-11:45: Discussion
- 11:45-12:00: Integrating (Check-out)

Nurturing Wellness

The synergy that is created when heart, mind, body, and spirit are all healthy and working together

Spirit
Connectedness, purpose, and meaning

Heart
Love, compassion, and empathy

Mind
Conscious thinking and reasoning, beliefs, emotions, and attitudes

Body
Health, nutrition, and rest

Drawing your house

- Self-care can be a juggling act—our body may be ok, but our heart may be bleeding, giving to one area (for body taking walk) can mean another area has to pay (house cleaning)
- Self-reflection: Where is it that I'm hurting?
- Can ask ourselves, "Does my ___ (mind/body/heart/spirit) need care?"
- Get paper, imagine your safe (or comfortable if safe is too strong and nothing feels safe) place—perhaps your home or other place that represents safety (comfort) to you.
- Imagine, you've had a very stressful, awful week—and you arrive home, or to this safe/comfortable space.
- In that home are 10 things that will help you manage stress and recover from a really busy/hard/stressful day.
- Could be any sort of 10 things—a bed, good food, connecting with friend, music, etc.
- Could also be a "wish list" – may not be things you have, but would wish for, that would represent soothing and healing for your mind-body-heart-spirit

Relating, Tolerating, & Creating: The Practice of Infant-Parent Psychotherapy

Infant-Parent Psychotherapy

- Treatment focuses on the relationship between therapist and parent as well as parent and infant
- Related to traditional psychodynamic approaches but with some differences
  - Major advance promoted by Fraiberg was an integrated model that directly included the infant in the intervention.
- Now “manualized” yet very individualized

The “Background Music” of Trauma Survivors (“Ghosts”)

- Common themes
  - “The world is not a safe place,”
  - “I am helpless to protect my child,”
  - “I’m afraid I might be like my [perpetrator] or too close to my baby; but I try hard to be different,”
  - “I don’t want to think about it,”
  - “I have come to understand how my past influences me as a parent.”

Muzik & Rosenblum, 2009

Therapist may..

- Help ‘turn down’ the background music
- Hold parents in nurturing, safe environment with room to share aspects of own story and feelings
- Monitor moods, sleep
- Referrals for psychiatric needs
- Attend to representation of self (therapist)
  - E.g., role of “wise woman,” interest in maternal experience, “hold so mother can hold”

Ghosts in the Nursery: Risk for Repetition of Past in Present

"Children never forget what they don't remember" (attributed to Alice Miller)

Image By: Lorraine Cormier

Ghosts in the Nursery: Intergenerational Transmission

"In every nursery there are ghosts… Even among families where the love bonds are stable and strong, the intruders from the parental past may break through the magic circle in an unguarded moment...But how shall we explain another group of families who appear to be possessed by their ghosts? The intruders from the past have taken up residence in the nursery, claiming tradition and right of ownership… While no one has issued an invitation, the ghosts take up residence and conduct the rehearsal of the family tragedy from a tattered script."

Fraiberg, Adelson, & Shapiro, 1975, pp. 387-88.

Ghosts in the Nursery

- We all “know” how to parent, but we “know” based on how we were parented, especially in the pre-verbal years
- Some ”ghosts” are benevolent, some are transitory and some “take up residence” (Fraiberg)
- Repetition of negative early interactions are greater when:
  - memories/experiences are repressed or denied
  - when affect is cut off from memory of earlier experience/pain or suffering

Repetition of Past in Present

Fraiberg (1980) described how the risk for repetition of the past in the present is increased when…

- Parents' own memories of early childhood pain or suffering are repressed or denied
- When parents are unable to access affect connected to earlier experience, pain, or suffering [Repression/Isolation of Affect]
  - Repression – totally "forgetting"
    - Ex. A mother who didn't recall her own sexual abuse until she was watching her 18-month-old child play and the sun caught his hair in a way that brought memories flooding back
  - Isolation of Affect – ex. Unable to mourn a personal loss but cries at funerals of distant relatives

Protective Processes– Preventing Repetition of Past in Present

- **Remembering**
  - Connecting to one's own memory and history helps to make feelings and reactions in the present understandable and reduces the need to reenact painful or conflicted experiences
  - Being able to more accurately perceive infant as infant, e.g., not as the aggressor, and not as the baby they once were but as their own unique being
- **Experiencing/Tolerating**
  - Being able to tolerate strong/potentially conflicted feelings about the past allows the parent to increase empathy/attunement with the real baby in front of them

Infant-Parent Psychotherapy

- Relationship-based practice– therapeutic alliance with parent and infant
- Infant/child as transference object
- Therapist can give voice to parent and infant experiences – voicing affect that is repressed or isolated and being repeated in present
  - “Who would have soothed you when you were sad?”
  - ”What might have happened when you were angry like she just was?”
  - “From what you have told me, you would have been so lonely…it sounds like you don’t want that for him.”

What is Required in Relationship-Based Practice?

- Experiencing: Range of feelings, safety in “being with” another
- Recognizing and tolerating painful affect
- Regulating: learning to soothe and calm the nervous system (yourself and others)
- Tolerating: Recognizing and tolerating painful affect
- Meaning making: Narrative processes – creating coherence
- Reflective Functioning: Enhancing capacity to see mental states underlying behavior- make behavior meaningful

Relationships in Infant-Parent Psychotherapy

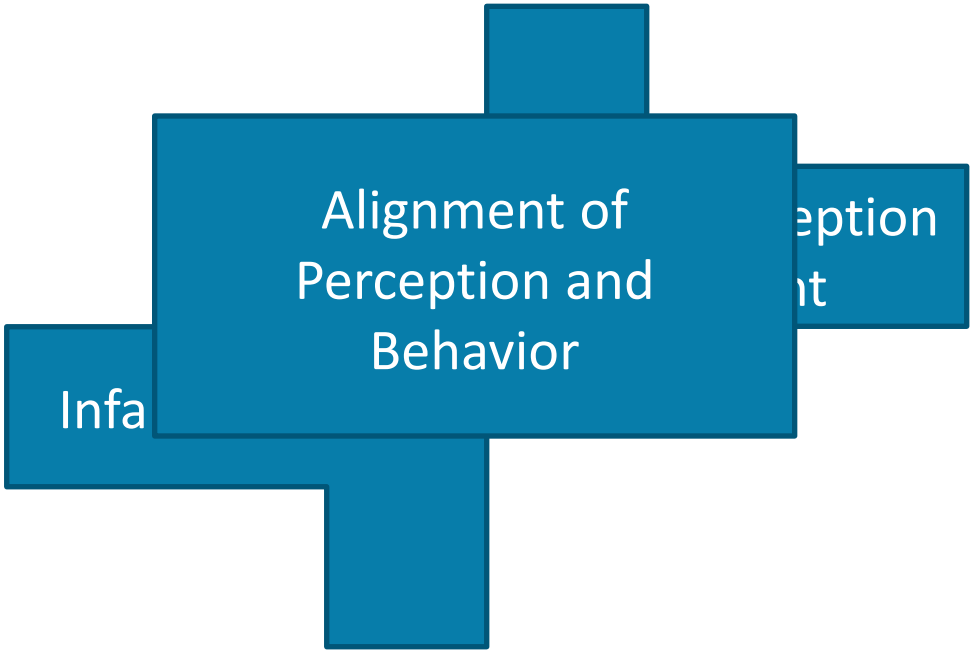
- Relationship-based practice– therapeutic alliance with parent and with the baby
- Infant/child as transference object
- Therapist can give voice to parent and infant experience – with special attention to voicing affect that is repressed or isolated and being repeated in present
  - Ex. “You were so little, you would have needed someone to hold you as gently as you hold her.”
- Balancing attention to all relational dynamics – parent-infant; parent-therapist; baby-therapist; dyad-therapist; therapist –supervisor, etc.

Holding Relationships in Mind

- What is it like to be this baby?
- What is it like to be this parent?

Infant-Parent Psychotherapy

Intergenerational ghosts cause misalignment between the parent's ***perception*** of the infant and the infant's behaviors and the infant's ***actual*** behaviors.
IPP serves to correct this misalignment.



In Most Nurseries There are also Angels

Our task is to help find the angels

Becoming a parent can bring back:

- Times of feeling loved, nurtured and cared for
- Memories of experiences leading to feeling lovable, worthy, loving

“When I was a boy and I would see scary things in the news, my mother would say to me, ‘Look for the helpers. You will always find people who are helping'... Because if you look for the helpers, you'll know that there's hope.”

~ Mr. Rogers

https://www.youtube.com/watch?v=-LGHtc_D328

Infant Mental Health Home Visiting Case Presentation

Julia & Trey

Family Background

Family Context (biological family of 3)

Trey

- Latino/African American
- Diagnosed with Spina Bifida in utero
  - Ongoing medical complications, including requiring multiple urine catheters per day
- Receives Early On/Early Head Start throughout course of treatment
  - ASQ scores varied across the 12 months; with consistent delays in gross motor.

Family Context (biological family of 3)

Julia

- Undocumented immigration status, came to the US from Mexico at 5 years old with her mother
- Father was already living in the US; he had come from Mexico 3-4 years prior
- At intake, scored Moderately Severe for Depression, positive for PTSD, and Severe for Anxiety
- Aces score of 7 (emotional, and physical abuse and neglect, parents being separated or divorced and using street drugs)

Family Context (biological family of 3)

Alex

- Employed, ~22 yrs old, African American-he grew up in South Carolina with mom (grandparents stayed in Michigan)
- Julia and Alex met in South Carolina
- Amicable and engaging towards clinician, present at many sessions
- History of alcoholism
  - Sober December 2017-May/June 2018

Family Home Environment- observations and information

- Single family home
  - Julia reported frequent neighborhood violence, including gun violence
  - Julia discussed feeling uncomfortable spending time in the yard or in the neighborhood due to violence
  - Home was often dark and smelled of urine due to Trey needing multiple urine catheters per day

Maternal Protective Factors

- Love and commitment to her son
- Easy manner, calm, and observant
- Willingness to be open and share her experiences (vulnerability)
- Ability to obtain and utilize multiple community resources (resourceful)
- Commitment to her values, and ideals
- Ability to understand what she can and cannot control (e.g., with immigration)

Maternal Risk Factors

- Undocumented immigration status
- Concerns for Domestic Violence
- Spina Bifida diagnosis
- Feelings associated with not having a “normal” developing child, grief and guilt that it was her fault
- History of depression and anxiety
- History of Cutting and Hospitalization

Individual Activity

- What do you think about the family?
- What do you notice in your body?
- What emotions are you feeling as you think about this family?
- What are you curious about?

Free Play

- Video Clip: JTclip5; early in treatment

Paired Activity

- What identities do you share with this person? (e.g., race, gender, background, etc.)
- What identities do you not share with this person? (e.g., race, gender, background, etc.)
- How do your identities impact how you are experiencing this family (thoughts and feelings/reactions)?

Break (15 minutes)

Group Discussion (20 minutes)

- What did you notice about the words you used to describe your impressions of the family?
- What did you notice about what you felt when thinking about the family?
- What did you notice that you were curious about?
- What identities do you share with this person? (e.g., race, gender, background, etc.)
- What identities do you not share with this person (e.g., race, gender, background, parental status, etc.)
- How do your identities impact how you are experiencing the family; what are your reactions and feelings?

Reflective Functioning

Reflective Functioning

- “The domain of interpersonal skills used to understand oneself and others as internally motivated psychological beings (Fonagy and Target, 2002)”
- Involves
  - Cognitive
  - Emotional
  - Being aware of own and others mental states
  - Conscious/unconscious
  - Automatic/deliberate

The Therapist Mental Activities Model
(TMA; Normandin, 1991)

- Phase 1: Recognize and differentiate reactions
- Phase 2: Explore reactions that could contribute to understanding the family/dyad

The Three R's: Understanding our Responses

- Reflective-Awareness of an individual's internal experience (thoughts, feelings, motivations), and ability to acknowledge that internal experience while also recognizing own response
- Rational (Observation)- Description of what is happening for the individual without attention to the individuals internal experience
- Reactive – Over identification with a parent

Explore reactions that could contribute to understanding the parent

- Explore interpersonal and subjective perceptions
- Integrate with rational deductive understanding
- Based on objective observations about the patient

Review responses from earlier

- In looking at your listed responses
  - Thoughts
  - Feelings
- Are these responses
  - Reflective
  - Rational (Observations)
  - Reactive

Paired Discussion (20 minutes)

- How does your identity impact the type of responses you may experience?
- When with parents do you find it harder to be with them, in the moment?

Check out

- Look back at your house that you drew earlier. Given what we discussed today, can you think of a word or phrase to describe how you might integrate what you learned today into your house.