Infant Mental Health Skills

Training in the Michigan Model of Infant Mental Health Home Visiting

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

zero TO THRIVE

Infant Mental Health Skills

Trainer's Intentions

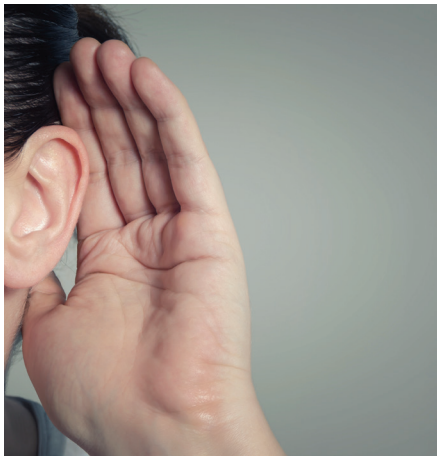
- To identify the core IMH Skills that we use to inform a working theory to guide diagnosis and treatment
- To describe a number of the IMH Strategies that we might use to intervene
- Practice identifying and using these strategies
- Discuss the intention and care that must be taken in using any of these strategies with a family

Focus of Treatment

- Although often it is the infant who is the greatest concern clinically, the focus of treatment is on the parent-infant dyad/relationship by way of:
  - Altering parent's behavior with infant
  - Altering mental representations of their relationship with their infant
  - Supporting developmentally appropriate expectations

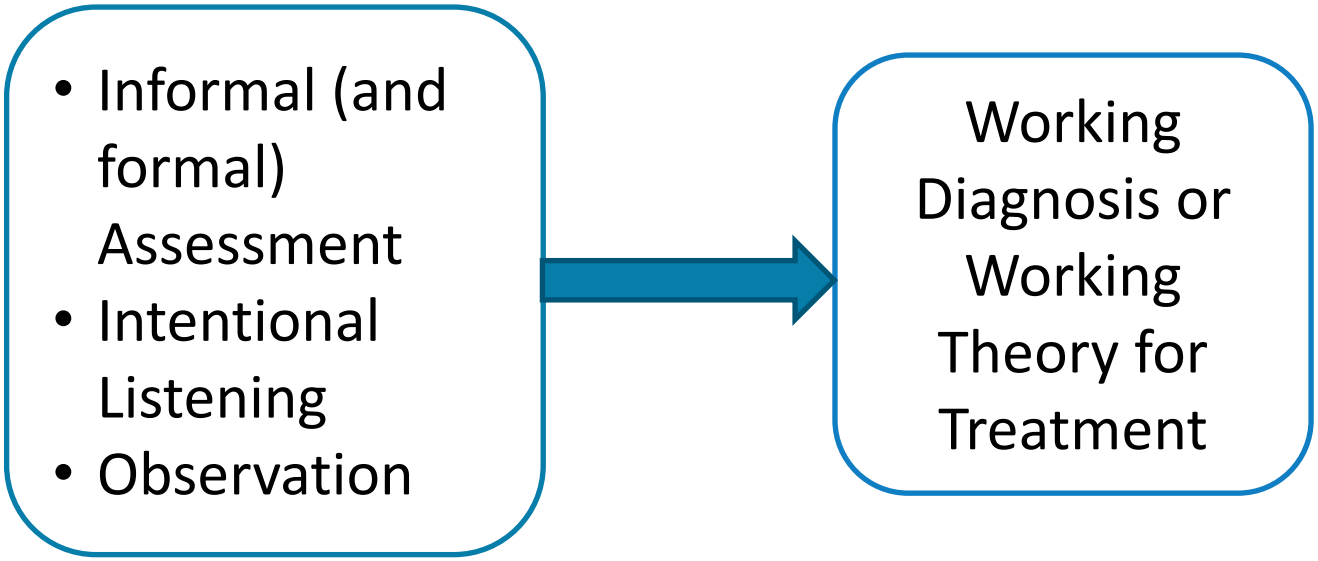
Infant Mental Health Skills

1. Informal Assessment*
2. Intentional Listening and Empathy
3. Observation



*Formal assessment tools can and should support our work. Informal assessment also includes how we notice and make use of a wide range of information through our work with families.

We use our Infant Mental Health Skills to inform a working theory for diagnosis or for treatment



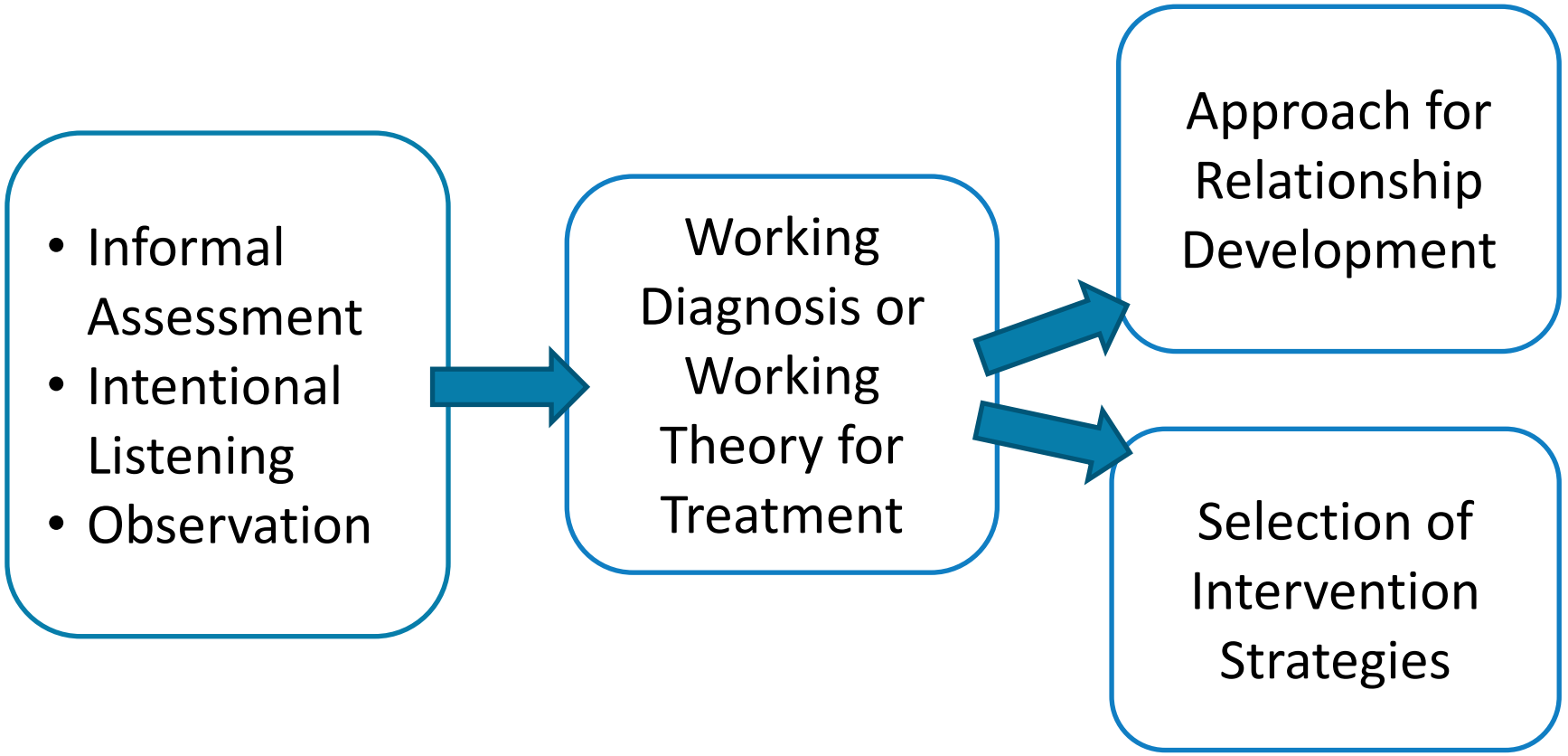
Our IMH Skills Guide Selection of IMH-HV Intervention Strategies

- Encouraging Parental Observation
- Speaking for the Infant
- Encouraging the parent to speak to the infant/toddler
- Encouraging games and play activities
- Watching and Wondering
- Guided Interactions
- Noticing and acknowledging positive interactions
- Encouraging Positive/Authoritative Parenting Practices
- Modeling Interactions
- Problem Solving
- Video Feedback and Review

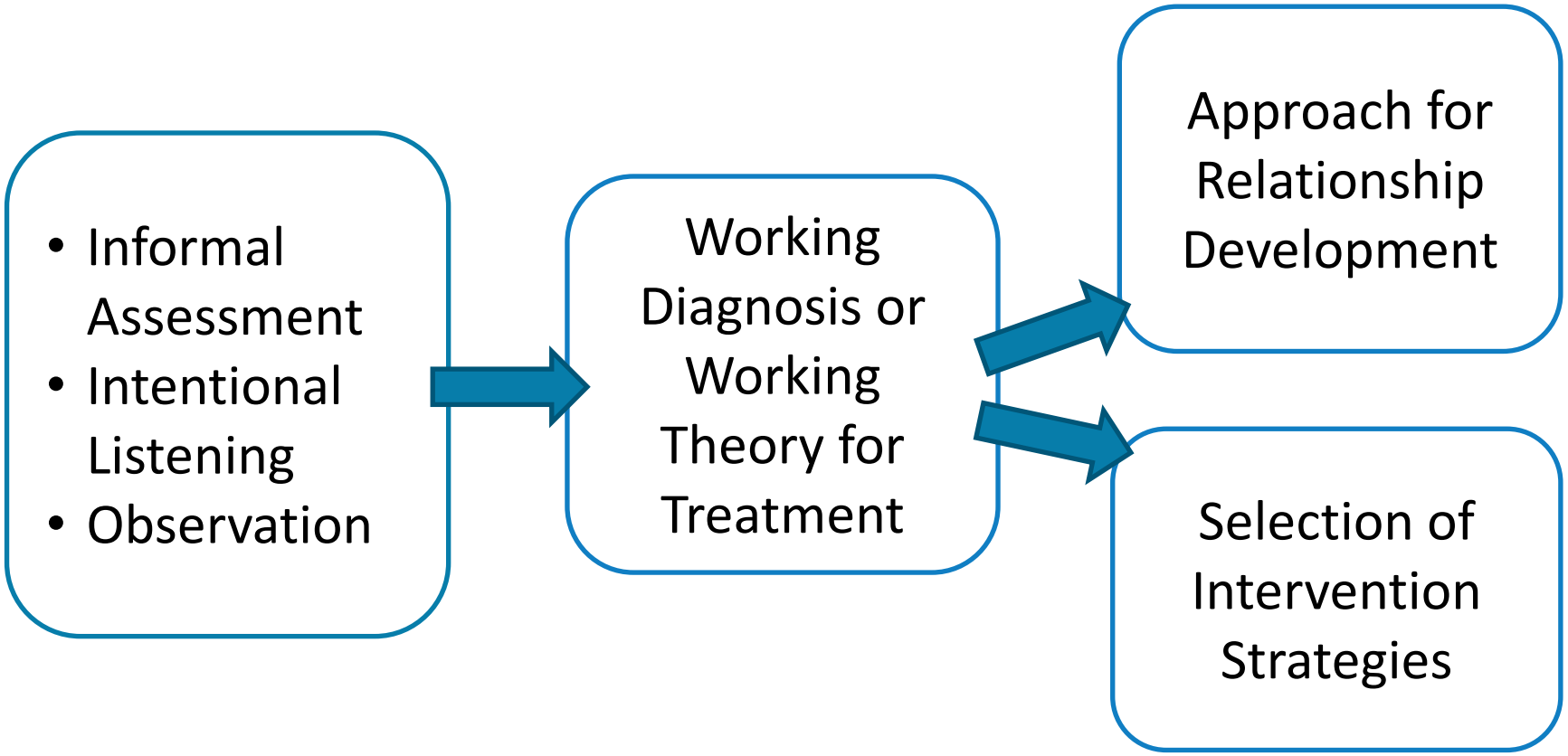
Infant Mental Health Skills

1. Informal Assessment
2. Intentional Listening and Empathy
3. Observation

Infant Mental Health Skills inform a working theory that guides goals and strategies used



Infant Mental Health Skills. **ITERATIVE.**



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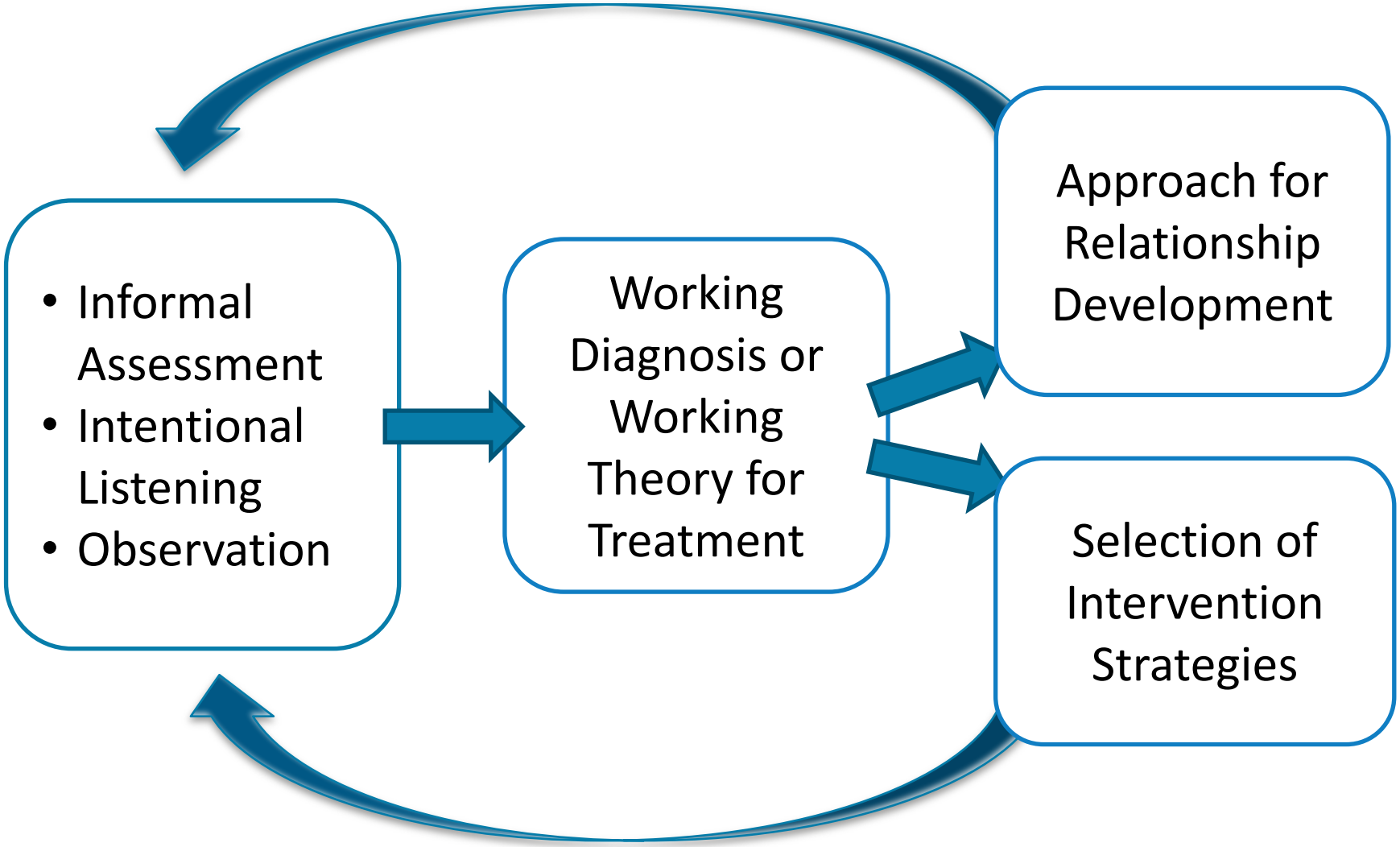


Digging Deeper: IMH-HV Skills

Informal Assessment

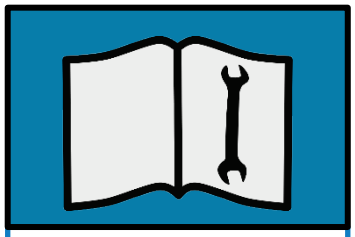
Intentional Listening and Empathy

Observation

Informal Assessment

Informal Assessment

- Who is the **infant/toddler**?
  - What are their needs? Personality? What do they delight in?
- Who are the **parents**?
  - What are their needs? Strengths? Caregiving capabilities? Feelings toward child? What brings this parent joy? Fear? Pain?
- What are **relationships** like here?
  - Parent and infant? Parent and other children? Between children? Parent and infant's other parent? Parent with other adults? Foster and biological parents?



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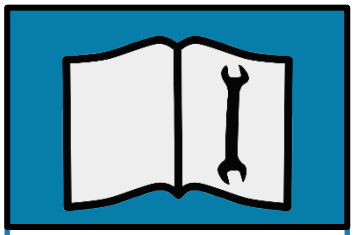
Informal Assessment

- How does it feel to be an individual **in this home**?
  - Physical environment, emotional environment, cultural factors
- What **circumstances/conflicts** make preparing for the baby or caring for this infant/toddler difficult?
  - Financial circumstances? Circumstances of pregnancy? Parent/infant special needs? Historical trauma? Intergenerational trauma?
- What **strengths** can be harnessed?
  - Infant strengths? Parents strengths? Environmental strengths? Natural Supports?
- What about this family feels **hopeful**?



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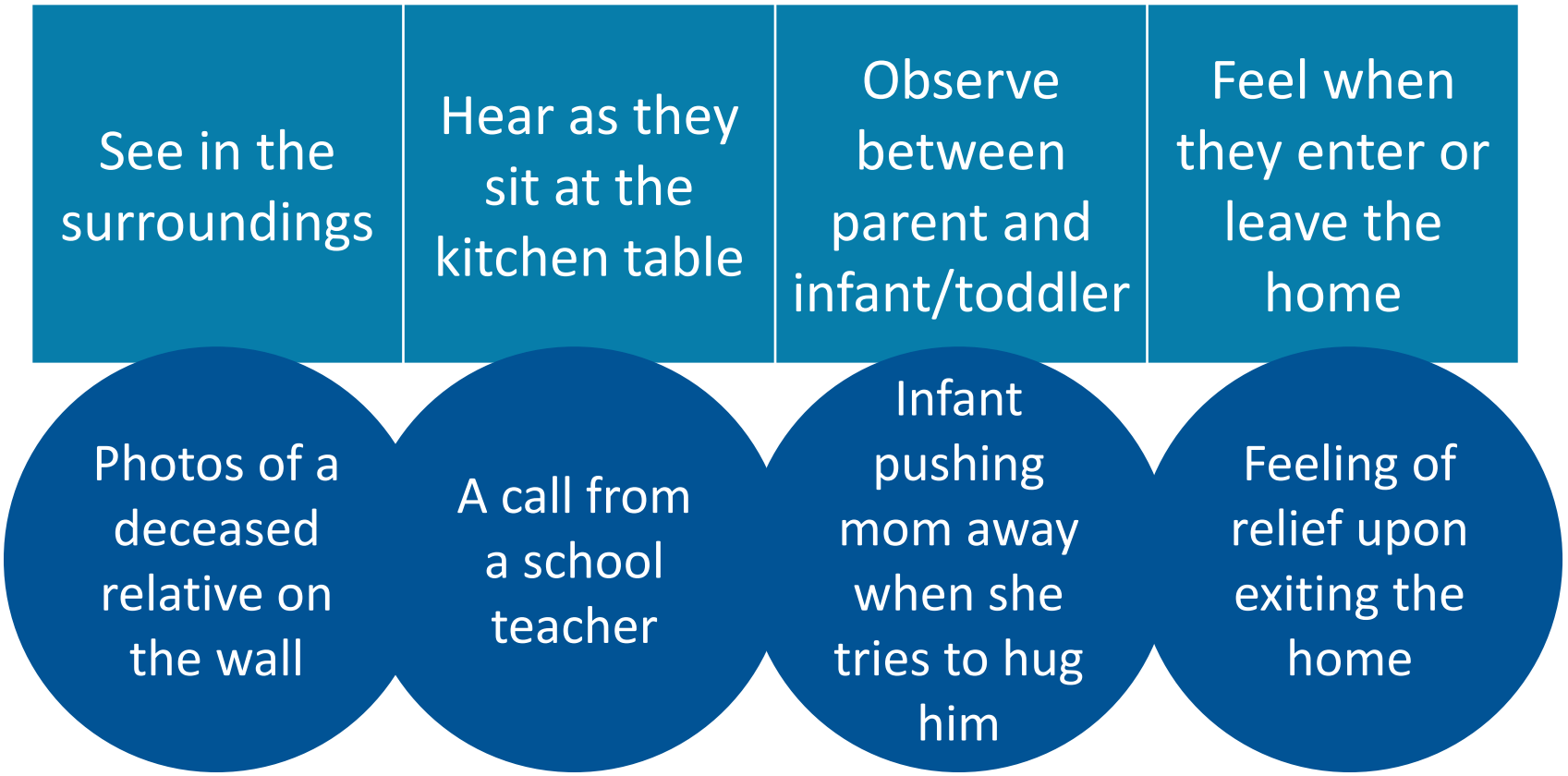
IMH Clinician assesses based on what they ...



Small Group Discussion:

- What is something that you have **observed** in a family's home that tipped you off to some **larger concern** with this family?

- How did you handle the situation? What was the result?

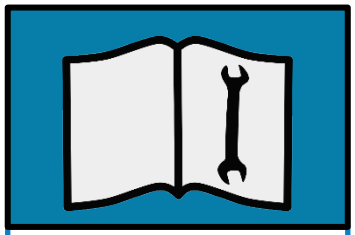
Informal Assessment may also occur in conjunction with formal assessments:

- Taking a complete developmental history
- DECA (child social and emotional health)
- ASQ (child development)
- DC: 0-5 (child mental health)
- Piccolo (positive parenting)
- PHQ-9 (parent/caregiver depression)
- PSI-SF (parenting stress)
- Massie Campbell (attachment)
- And others

Intentional Listening & Empathy

The IMH Clinician…

- **Listens** carefully to follow the parent's lead and support without making value judgments
- **Verbalizes** what the parent's feelings are about the tasks that lie ahead and helps to clarify what the parent wants and needs
- **Observes** carefully the clues that a parent gives related to those needs, as well as nonverbal cues and interactions that determine the risks and needs
- **Sits beside the parent and watches the infant/toddler**, expressing interest or pleasure in the emergence of mastery of a new skill



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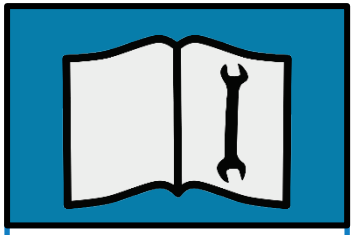
The IMH Clinician…

- **Offers to understand** feelings related to the infant/toddler and challenges of early parenthood and helps the parent put those feelings into words
- **Gives permission** for many feelings to be expressed out loud, with intensity, about relationships, past and present, and to experiences that affect the caregiving role
- **Clarifies her role** as an ally who will work with the parent and on behalf of the infant/toddler, continuing to nurture and protect



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Listening and Empathy (Brene Brown)

https://www.youtube.com/watch?v=1Evwgu369Jw&spfreload=10

Listening and Empathy

- Listening and genuine empathy are the **most powerful** interventional tools
- New home visitors often want to jump into action when witnessing difficult home factors, however IMH families vary in their trust of professionals as well as their readiness for feedback/change
- Home visitors must learn **to sit with the difficulty** reality in front of them if they want to cultivate enduring change (We used to call this sitting on our hands!)
- Many IMH families experience loneliness, isolation and lack social supports
- Often the IMH home visitor is the **only adult the parent can count on** to regularly visit

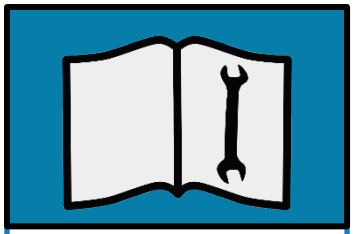
Rapport-Building Question Generator Activity

Write down as many rapport-building questions one could ask at the beginning of treatment

Asking the right questions takes at least as much skill as giving the right answers.

Responding

- IMH Clinicians must resist desire to offer advice or a concrete solution when parent is not directly requesting one.
- Instead clinicians responses should **communicate concern** for parent's struggles. Responses are thoughtful and supportive:
  - *"It's not easy to meet the needs of a new baby all by yourself."*
  - *"Life is very different for you now that the baby is here."*



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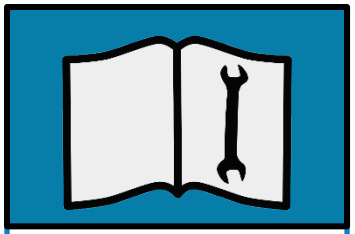
Responding

- Instead clinicians responses should **communicate concern** for parent's struggles. Responses are thoughtful and supportive:
  - *"You have no one here to help with the infant. That's so hard."*
  - *"It's really difficult to be at home day and night with a sick infant."*



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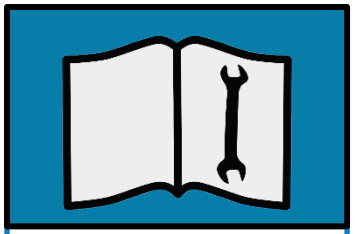
Responding

- Responses may also **identify or reinforce feelings**:
  - *" That must have been very difficult for you."*
  - *"Things happen sometimes that really aren't fair."*
  - *"I'm sorry that happened to you."*
  - *"You waited so long for this baby. I could imagine you felt disappointed that he couldn't come home with you."*
  - *"This is not what you expected, is it?*



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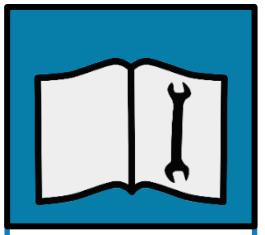
Feeling

- IMH clinician may be **equally overwhelmed** by sights, sounds and smells that envelop them as they enter the world:
  - Their **stomach** tightens as they grip the door knob, prepared to comfort a tearful young parent, a fretful infant or an exhausted toddler
  - Their own **anxiety** may increase as they sit across from a mother who chain smokes, paces, talks without a pause and jiggles the infant precariously on her knee



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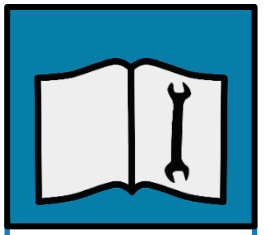
Feeling

- IMH clinician may be **equally overwhelmed** by sights, sounds and smells that envelop them as they enters the world:
  - They may feel **painfully sad** as they listen to the frail cry of a 4-month old child who is not responded to
  - They may feel **trapped and isolated** after sitting in a dim, smoke-filled apartment
  - They may feel **disorganized** after sitting in the midst of a cluttered, disorderly apartment where children grab what they need from the kitchen cupboard and drop what they don't want wherever that happens to be.



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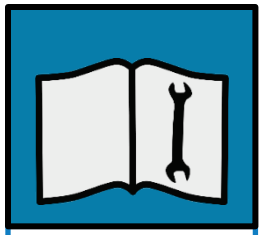
Feeling

- **Ability to let feelings register** during drive back provides powerful information about family:
  - What does it feel like to be an infant/toddler in this house?
  - What does it feel like to be the parent?
  - **What do these feelings tell me about the family's capacity to cope as well as their service needs?**

- These questions challenge IMH Clinician to feel these things herself



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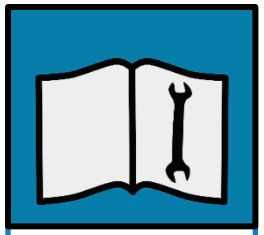
Feeling

- Once clinician begins to feel what the infant/toddler and parent experience on a daily basis she will have a thorough understand of their strengths, risks and needs
- **Anxious, angry, enraged, abandoned, hungry, lonely, isolated, confused, irritated, agitated or uncomfortable→** These feelings take on a new meaning as they are often absorbed by the clinician (parallel process)
  - Reflective Supervision aids clinician in separating her own feelings from the feelings absorbed from the family



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Mirror Neurons

https://www.youtube.com/watch?v=Sv1qUj3MuEc

Parallel Process

- “Do unto others as you would have others do unto others” – Jeree Pawl
- If we want a parent to listen more closely to infant cues, she or he also needs the experience of being closely listened to…and in order to do this, you need the experience of being closely listened to, as well
- Use what you know, what you experience, to begin to understand what the parent may feel
- Supervision creates space for recognizing these experiences, reflecting on meaning

Parallel Process

- The IMH clinician has the difficult task of keeping **both the baby and parent's experiences** in mind .
  - The clinician may find that they tend to identify with one more than the other based on own experience
  - Challenge becomes giving the infant what they need **by way of the parent** as opposed to identifying with the infant and demonizing parent.
  - Clinician's goal is to demonstrate interest and empathy for the parent, infant and the relationship.

Parallel Process

What the baby needs from the parent

- Baby begins to do something independently.

May be related to what the parent needs from clinician

- Parent feels rejected and pushes clinician away saying, “he’s fine so I don’t think we need help any more.

Which influences what the clinician needs from supervision

- Clinician feels rejected and thinks the family doesn’t need her help. Considers closing the case even though the baby and parent may not be truly ready

Being Held in the Mind of Another

- Jeree Pawl Zero to Three article
- Read aloud from article