

PARENT-INFANT CLINICAL INTERVENTION

THEORETICAL MODELS

RATIONALE FOR INTERVENTION

- Increasing evidence for the foundational importance of infancy
- Need for prevention and early intervention
- Relationship problems are transgenerational
- New knowledge of early brain development

PARENT-INFANT INTERVENTIONS

Focus on the infant and the caretaking environment

Promote infant development and attachment security

Preventive focus

Use observable interactions and their meaning

Model of affective communication

RANGE OF INTERVENTIONS

- Parent-focused psychoeducational Approaches
- Behavioral Management Approaches
- Relationship based Approaches
- Psychodynamic and Psychoanalytic
- Eclectic

INTERVENTIONS

- Dyadic or Triadic
- Infant experience as focus
- Understanding Carers representation of the infant
- Eclectic technique – behavioural, dynamic, systemic

DEVELOPMENT OF PROBLEMS IN INFANCY

- Infant is born with capacities to establish a relationship with a human being
- Born into a network of intergenerational internalized relationships
- Infant has meaning in the mind of the parent

PROBLEMS IN INFANCY

Problems develop when the mother/carer cannot see the infant as separate and communicating

Unresolved parental attachment trauma permeates the relationship with the infant

WINNICOTT: MATERNAL HOLDING

- ☐ Meeting the infants spontaneous gesture
- ☐ Allowing the infant to take initiative and communicate internal states
- ☐ Non-Intrusive attention
- ☐ Allows infant to experience own impulses and promotes authentic self

BION: CONTAINING MOTHER

- ☐ Capacity to tolerate infants' negative affect
- ☐ Capacity to interpret infant communication
- ☐ Affective regulation and language
- ☐ Capacity to tolerate dependency
- ☐ Capacity to tolerate individuation of infant

TASKS OF BIRTH

- ☐ Adaptation to the particular infant
- ☐ Coping with loss of fusion
- ☐ Coping with fears of harming the infant
- ☐ Tolerance of dependency
- ☐ Tolerance of physicality

BABY AT BIRTH

- ☐ Imaginary Baby
- ☐ Relationship with developing fetus
- ☐ Actual Infant

MEANING OF THE INFANT

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

MATERNAL SELF-CONCEPT

- ☐ Capacity to Nurture
- ☐ Ability to manage frustration and aggressive feelings

- ☐ Tolerance of Dependency
- ☐ Reworking female identity and relationship with own mother

PROBLEMS OF EARLY ATTACHMENT

- ☐ Maternal Anxiety
- ☐ Maternal Ambivalence
- ☐ Transition to Parenthood
- ☐ Partner/Systemic Issues

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

EARLY ATTACHMENT PROBLEMS – INFANT FACTORS

- ☐ Intrinsic problems of interaction and regulation
- ☐ Dysregulated infant – prematurity, neurological, substance exposure, perinatal insult
- ☐ Neurodevelopmental Effects of trauma and stress in pregnancy

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

MISPERCEIVED INFANT

- ☐ Lack of sense of authenticity
- ☐ Fears of abandonment and annihilation
- ☐ Confusion about emotional states and expression
- ☐ Neurodevelopmental effects of chronic stress

INFANT-PARENT PSYCHOTHERAPY

- ☐ Range of approaches using observable infant-parent emotional interaction

- Model of understanding the infants difficulty as a response to relationship issues and parental impingement
- Relationship disturbances linked to unresolved parental issues

INFANT-PARENT PSYCHOTHERAPY

- Perception of the infant is distorted by parental conflict
- Infant is trapped in a series of reenactments or reworkings of unresolved trauma
- Intervention aims at reconstructing past relationships and freeing infant from network of projections

LEVELS OF INTERVENTION

- Systemic Approach:
- Infant and parent behaviour and communication
- Infant and parent representations

PSYCHODYNAMIC PSYCHOTHERAPY

- Formulation of the core conflict between mother and infant
- Focus on negative affect and its origin
- Use of interpretive interventions
- Focus on infant experience

PSYCHODYNAMIC PSYCHOTHERAPY

- Double Agenda – listen to mother and observe infant
- Joint Focal Attention – therapist and mother focus on the infant and understand his/her experience and communication
- Parallel Process – relationship between therapist and mother, mother and infant

INFANT-PARENT PSYCHOTHERAPY

- Fraiberg: Ghosts in the Nursery
- Unresolved parental conflict
- Infant presence in the sessions
- Emotional interactions and repetition
- Infant as transference object

INFANT-LED PSYCHOTHERAPY

- Increased focus on the infant as active communication partner
- Aims to help parent see infant as autonomous and

communicating

- Techniques to show infant initiating, responding and being meaningful
- Gives infant experience of being validated in the interaction