

Evidence-based practice in infant Mental Health

Anilla Del Fabbro, M.D.

May 2014

IHS-Parenting Toolkit

Too early in
the field to
reach
consensus

What is the
meaning of
evidence-
based
practice?

Widespread
acceptance
and policy
support

What does it mean?

- Evidence-Based Practice- Supported by research findings and/or effective through examination of current and past practices
- Evidence-Based Model- A set of evidence-based practices requiring manuals, protocols and/or guidelines
- Science/Research-based Practice- Includes techniques, activities and programs that have been shown to be effective through research
- Best Practice- A practice that is known to produce outstanding results (sometimes defined as being demonstrated through research)

TERM	KEY COMPONENTS
Evidence-based	<ul style="list-style-type: none"> • A process for making decisions • Integration of best available research with professional and family wisdom and values
Research-based	<ul style="list-style-type: none"> • Associated with the best available research component of evidence-based practice
Empirically based	<ul style="list-style-type: none"> • Associated with the best available research component of evidence-based practice
Scientifically based	<ul style="list-style-type: none"> • Associated with the best available research component of evidence-based practice • Applies the highest standards of scientific rigor
Recommended/Best Practices	<ul style="list-style-type: none"> • Systematically promulgated lists of practices or treatment protocols based on scientific and experiential knowledge • Designed to help make practice decisions
Clinical practice standards (or guidelines)	<ul style="list-style-type: none"> • Systematically promulgated lists of practices or treatment protocols based on scientific and experiential knowledge • Designed to help make practice decisions under specific circumstances
Developmentally appropriate practices	<ul style="list-style-type: none"> • Broad-based practice guidelines or philosophical statements that reflect what is known about children’s development and learning, their individual characteristics, and their social and cultural contexts.

Where to look for EBPs

- Coalition for Evidence-Based Policy
- Promising Practices Network on children, families and communities
- SAMHSA NREPP (National Registry of Evidence-based programs and Practices)
- Home Visiting Evidence of Effectiveness (HomVEE)

Current examples of EBPs

- Active Parenting Now
- Al's Pal's: Kids Making Healthy Choices
- Child-Parent Psychotherapy (CPP)
- Children in the Middle
- DARE to be you
- Families and Schools Together (FAST)
- Healthy Alternatives for Little Ones (HALO)

Current examples of EBPs

- HighScope Curriculum
- Incredible Years
- Nurse-Family Partnership
- Nurturing Parenting Programs
- Parent-Child Interaction Therapy
- Parenting Wisely
- Partners with Families and Children: Spokane

Current examples of EBPs

- Primary Project
- Promoting Alternative Thinking Strategies (PATHS), PATHS Preschool
- Systematic Training for Effective Parenting
- Teaching Students to be Peacemakers
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Triple P—Positive Parenting Program

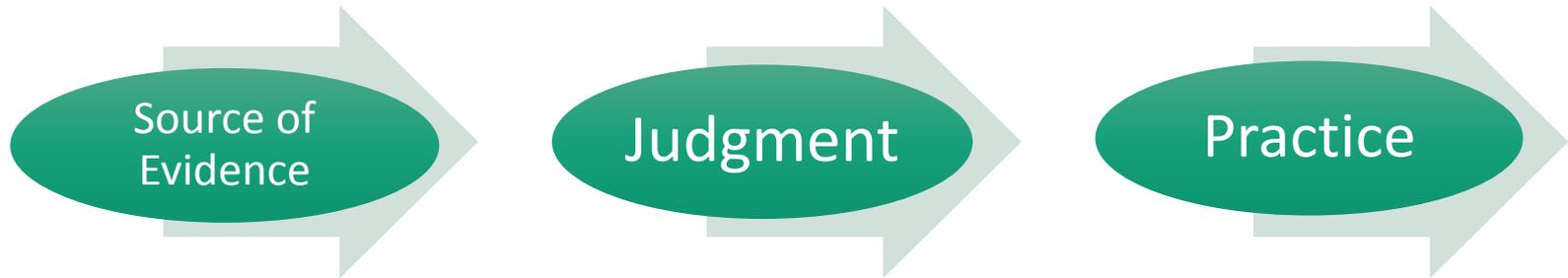
Social Programs that work in Early Childhood

- Nurse-Family Partnership (A nurse home visitation program for low-income, pregnant women)
- Triple P System (A system of parenting programs for families with children age 0-8)
- Abecedarian Project (High-quality child care/preschool for children from disadvantaged backgrounds)
- Perry Preschool Project (High-quality preschool for children from disadvantaged backgrounds)

<http://evidencebasedprograms.org/wordpress/>

Nurse-Family Partnership

Applying evidence to inform practice decisions



- Best available research evidence
- Wisdom, craft knowledge, experience
- Core values and beliefs

- Weighing research evidence against other sources of evidence
- Resolving dilemmas created by conflicting evidence
- Considering the local context and characteristics, needs, and

- Applied to particular cases or situations

The NICHD Study Of Early Child Care And Youth Development

- Aware of the growing use of child care and the increasing public and policy concern about this issue, the National Institute of Child Health and Human Development (NICHD) of the U.S. Department of Health and Human Services set out to develop a comprehensive, longitudinal study about the relationships between the children's experiences in child care and their development over time.

High quality Childcare

The NICHD Study of Early Child Care and Youth Development

- In the study, parents—not the researchers—selected the type and timing of child care that their children received. They were placed in a wide variety of child care settings: care by fathers, other relatives, in-home caregivers, child care home providers, and center-based care.
- The research team observed these settings at regular intervals (6, 15, 24, 36, and 54 months) to assess quality of care, which was found to be highly variable.

The NICHD Study of Early Child Care and Youth Development

- The children's developmental outcomes were assessed using multiple methods (trained observers, interviews, questionnaires, and testing) that provided measures of many facets of their development (growth and health, cognitive and language development, school readiness and achievement, relationship with their mothers, self-control and compliance, problem behaviors, and peer relations).

- The findings are reported on a regular basis at scientific meetings and in scientific journals and books (NICHD Early Child Care Research Network)

FROM NEURONS TO NEIGHBORHOODS

- All intervention can be derived from theories of child development
- Development unfolds-influences of genetic predisposition and individual experience
- Relationships impact -cognitive, linguistic, emotional, social, and moral development
- Environment is both physical and social-impact on development

- Caregivers sensitivity is influenced-internal resources and external circumstances
- Buffer of protective factors and sources of support
- Early intervention programs affect children directly and indirectly
- Child-focused interventions
- Caregiver-focused interventions

- Child and family outcomes-individual differences among children the caregiving environment, and the match between resources and goals
- Success of an intervention-soundness of strategy, its acceptability, and quality of implementation

A review by Yoshikawa (1995) of the effects of early childhood intervention programs found that all four of the programs that showed a long-term impact on chronic delinquency had influenced multiple family risk factors in early childhood, including parent-child interaction.

The high prevalence of depression, attachment difficulties, and posttraumatic stress among mothers living in poverty serves to undermine their development of empathy, sensitivity, and responsiveness to their children, which can lead to diminished parenting behaviors and thus decreased learning opportunities and poorer developmental outcomes (McLeod and Shanahan, 1993; McLoyd, 1990; Pianta and Egeland, 1990)

specific problems inherent in the available data

- **incomplete** information on sample children and families
- **inadequate** documentation of services
- substantial methodological **limitations**
- most intervention studies focus on the quantification of **aggregate** effects

new studies of early childhood intervention

Quantitative and qualitative research methods

1. Tailor specific services to children and
2. Focus on the child, the family, the community, or other?
3. Program intensity, levels of parent engagement necessary?
4. Developmental timing and duration of different interventions?
5. Sustain positive change?
6. Barriers that limit positive change?

ALWAYS REMEMBER TO LOOK AT AND BE AWARE

- Despite widespread consensus about its importance, the underlying science of **cultural competence** remains to be developed.

Where to go from here?

Attention to essential features of effective interventions:

- (1) **individualization** of service delivery
- (2) **quality** of program implementation
- (3) timing, intensity, and **duration** of intervention
- (4) provider knowledge, skills, and **relationship** with the family
- (5) a family-centered, community-based, **coordinated** orientation

Looking at New Programs

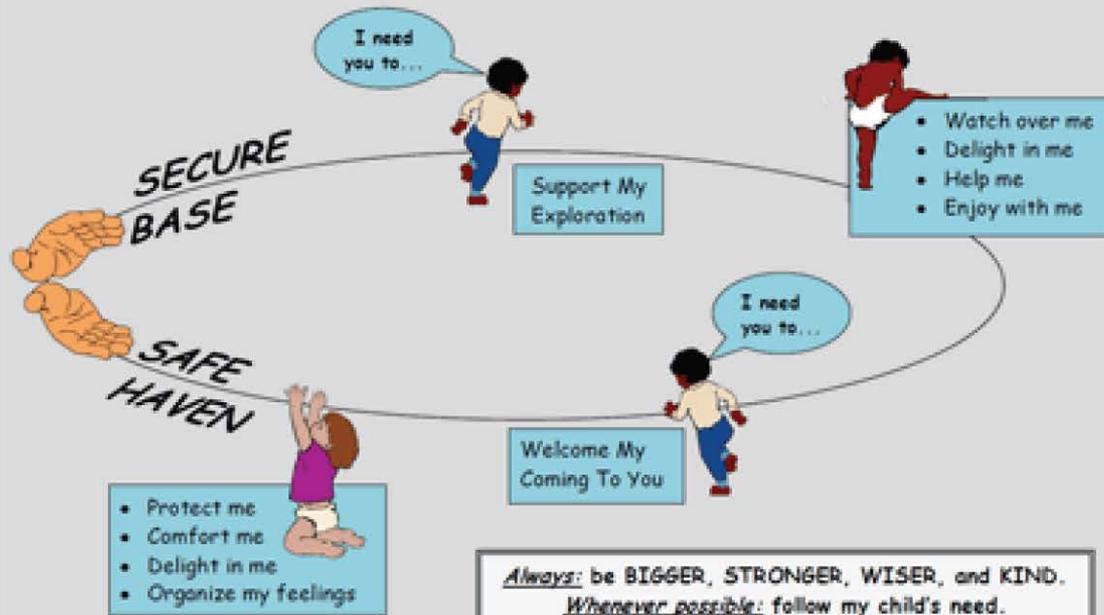
Circle of Security-innovative, attachment-based, early intervention program designed to alter the developmental pathway of parents and their young children.

- 20-week, group-based, parent education and psychotherapy intervention designed to shift patterns of attachment– caregiving interactions in high-risk caregiver–child dyads
- Its core constructs are Ainsworth’s ideas of a Secure Base and a Haven of Safety (Ainsworth et al 1978)
- Parents can understand cognitively and emotionally
- Graphic representation
- Aimed at preschoolers up to the age of 4 years

CIRCLE OF SECURITY

CIRCLE OF SECURITY®

PARENT ATTENDING TO THE CHILD'S NEEDS



- Initial assessment-the 'Strange Situation' procedure, (Ainsworth 1978), observations, a videotaped interview-COSI
- The child's attachment pattern is classified
- Therapy is 'individualized' according to each dyads attachment/caregiver pattern
- Weekly over 20 weeks, consists of group sessions, video feedback vignettes and psycho-educational and therapeutic discussions
- Caregivers learn, understand, practice observational and inferential skills regarding their children's attachment behaviors and their own caregiving responses

- Preliminary results of 75 dyads suggest a significant shift from disordered to ordered patterns, and increases in classifications of secure attachment
- Bring COS model to a larger audience; parent educators and clinicians can use a brief 8-10 session approach (group or individual contact)

More information is available at www.circleofsecurity.org

(Almost)

Everything I Need to Know About Enhancing Security

in

25 Words or less

**Always be: BIGGER, STRONGER, WISER, and
KIND**

Whenever possible: follow a child's need

Whenever necessary: take charge

Security

Mary Ainsworth, pioneer of attachment theory and the structured protocol , “The Strange Situation” commented that the secure relationship is the most calm, direct, obvious, and straight forward.

It doesn't take a lot of thinking to understand a secure relationship. A need is a need is a need, and it can be openly expressed

DIFFERENCE THAT MAKES A DIFFERENCE

- ✓ Enjoy more happiness with their parents
- ✓ Feel less anger at their parents
- ✓ Get along better with friends
- ✓ Have stronger friendships
- ✓ Are able solve problems with friends
- ✓ Have better relationships with brothers and sisters
- ✓ Have higher self-esteem
- ✓ Know that most problems will have an answer
- ✓ Trust that good things will come their way
- ✓ Trust the people they love
- ✓ Know how to be kind to those around them

Unregulated/Unmet Feeling

Big Emotions and no way of
knowing how to regulate or manage
them

Miscue

A misleading or contradictory cue used to protect the child from the pain of having a specific need on the Circle exposed and/or unmet

“When I have a need at certain points on the Circle it doesn’t feel comfortable making it directly known. So I’ll express that need in another, less obvious way”

Heart Rate of Children During the Strange Situation

Sroufe & Waters (1997). Merrill-Palmer Quarterly, 23, 3-27.

- All infants showed elevated heart rate during separation
- Secure infant's heart rate recovered on average in about one minute
- Ambivalent infants requested to be put down before their heart rate recovered and reached to be held again
- Avoidant infants had elevated heart rate long into the reunion while outwardly appearing to be unaffected

Disorganized Attachment

The impossible dilemma-

the parent is

both

the source of the child's fear

and

the haven for the child's safety

- Early childhood mental health is developmental
- Is individual
- Is interrelated and sequential
- Moves from simple to complex
- “Sensitive Periods” between birth and age 5
- Influenced by biological, environmental and interpersonal
- Research-connection between a child’s early experiences, life-long health and wellbeing

Growing a Healthy Brain

- **Nurturing experiences**
- **Good nutrition**
- **Intervening early**
- **Protection**
- **Taking care of the caregiver**

How can adults nurture children's emotional development and mental health?

- Surround children with nurturing relationships
- Be happy-smile and laugh
- Create a trusting environment
- Provide stable and consistent caregivers at home and in childcare
- Understand and respond to children's cues
- Spend unhurried time together
- Comfort and reassure children when they are scared, angry or hurt

How can adults nurture children's emotional development and mental health?

- Develop daily routines to promote babies' feelings of security and help them learn what you expect
- Learn developmental stages and have appropriate expectations
- Model good relationships and healthy ways to resolve conflict
- Consider how whatever you're doing or going through may affect your child
- Identify early signs of social/emotional problems

IMH Service Delivery Venues

- Home visitation
- Family support
- Family preservation
- Early intervention
- Child care
- Foster care
- Parenting education

The Home as a Therapeutic Setting

- Selma Fraiberg's "Kitchen Therapy"
- Family Turf
 - Intimacy of home
 - Potential of trust
- Assessment in larger context
- Flexibility
- Incorporation of family resources

Parent-Infant Mental Health

Supporting the “Dance” (D. Stern)

- Support parental emotional availability
- Encourage affective expression, understanding and sharing
- Promote parental attunement
- Build on joyful activities
- Enhance joint attention and involvement

Parallel Process

- Most parents-infant mental health services have some degree of developmental trauma of their own
- A relationship between the worker/therapist and the parent
- Way of being of the worker → parent → unmet developmental needs of the parent
- Creates a “holding environment” → parent → repair and healing of their own unmet developmental needs
- Parent learns to create a “holding environment” for their own child
- Another goal = developmental trauma of the parent to not repeat itself in the parent/child relationship

A relationship between a parent and IMH specialist can be “therapeutic” or healing even though the reason for the relationship is the needs of the child, family support, early intervention or educational needs

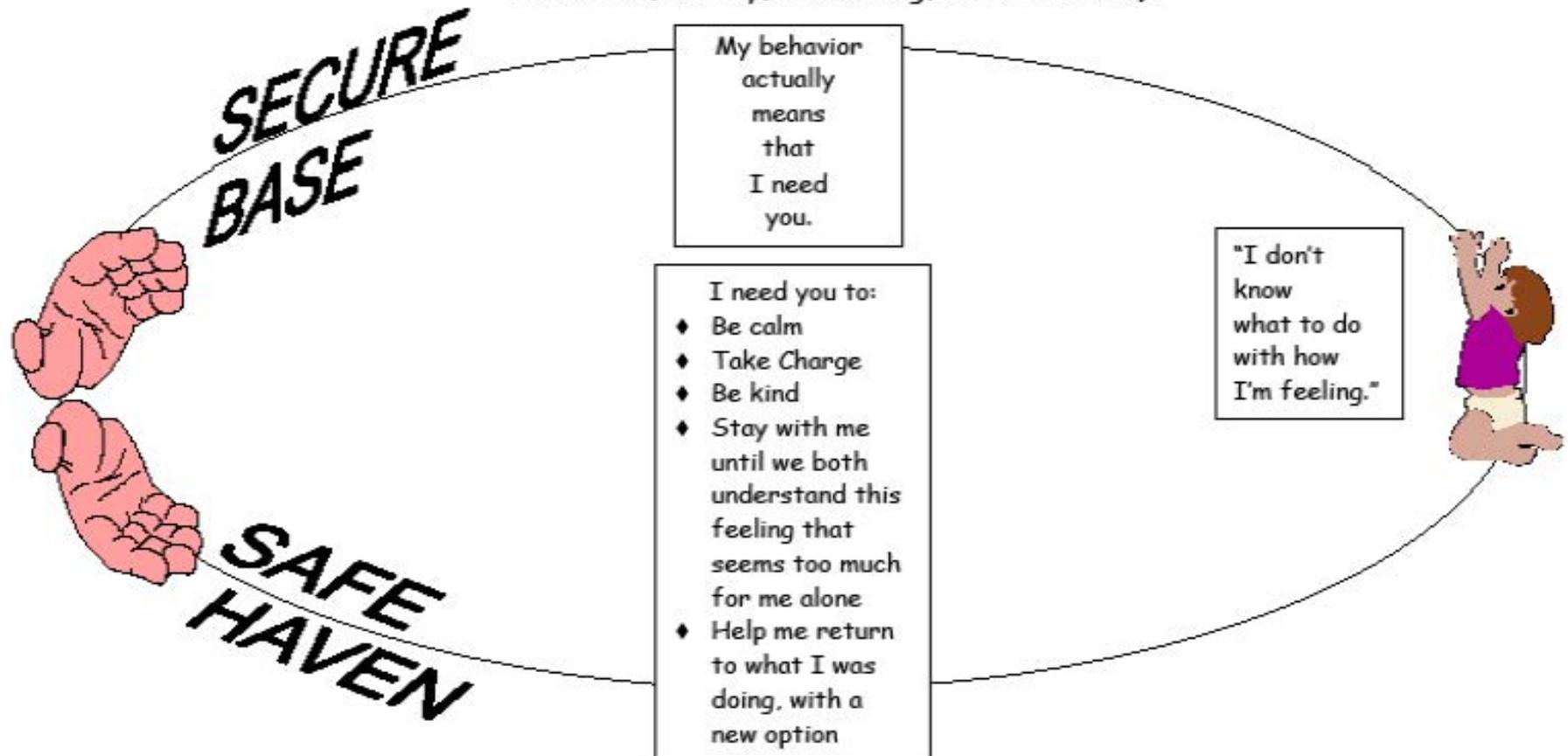
How do we foster relationships through relationships?

- **Corrective Emotional Experiences**
- **Parent's "self" in relationship with another**
- **I am valued, respected, liked**
- **Create "holding environment"**
- **Break the cycle of multi-generational trauma**
- **Behavior Change**
- **Increased Reflective Function**

Emotional Availability

- Present and attending to other
- Processing other's behavior
- Responding to other's behavior
 - Reflection
 - Timing
 - Intensity
 - Affect

Mom/Dad, when I get upset (frustrated,
withdrawn, whiney, demanding, out of control):



CIRCLE OF REPAIR

Helping My Child Trust that Our Relationship
Will (Almost) Always Set Things Right

Resources and Websites

- zerotothree.org
- waimh.org
- nmaimh.org
- developingchild.net
- circleofsecurity.org
- Handbook of Infant Mental Health, 3rd Ed. (Zeanah, 2009)
- Infant and Early Childhood Mental Health: a Comprehensive, Developmental Approach to Assessment and Intervention (Greenspan and Wieder, 2005)

In summary

- Nurturing, stable, and consistent relationships are the key to healthy growth, development, and learning
- Enrichment comes from loving interactions with people who provide a rich variety of opportunities for exploration and discovery
- Safe and predictable environment promotes development

In the final analysis, the future vitality of the field will depend on the extent to which well-designed experiments can be conducted in a nonthreatening atmosphere in an effort to promote continuous quality improvement based on continually expanding knowledge