

Early Identification of Risk and Protective Prenatal and Postnatal Factors Influencing Mother-Infant Attachment

Presented by:

Dr. Deborah Bell, R.Psych.

& Dr. Sonya Vellet, R.Psych.

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Learning Objectives

- 1) To identify key risk and protective factors influencing the mother-infant attachment relationship.
- 2) To become familiar with a model to assist in decision-making regarding the needs of high risk families.
- 3) To gain awareness of parent-infant interventions designed to support healthy attachments.

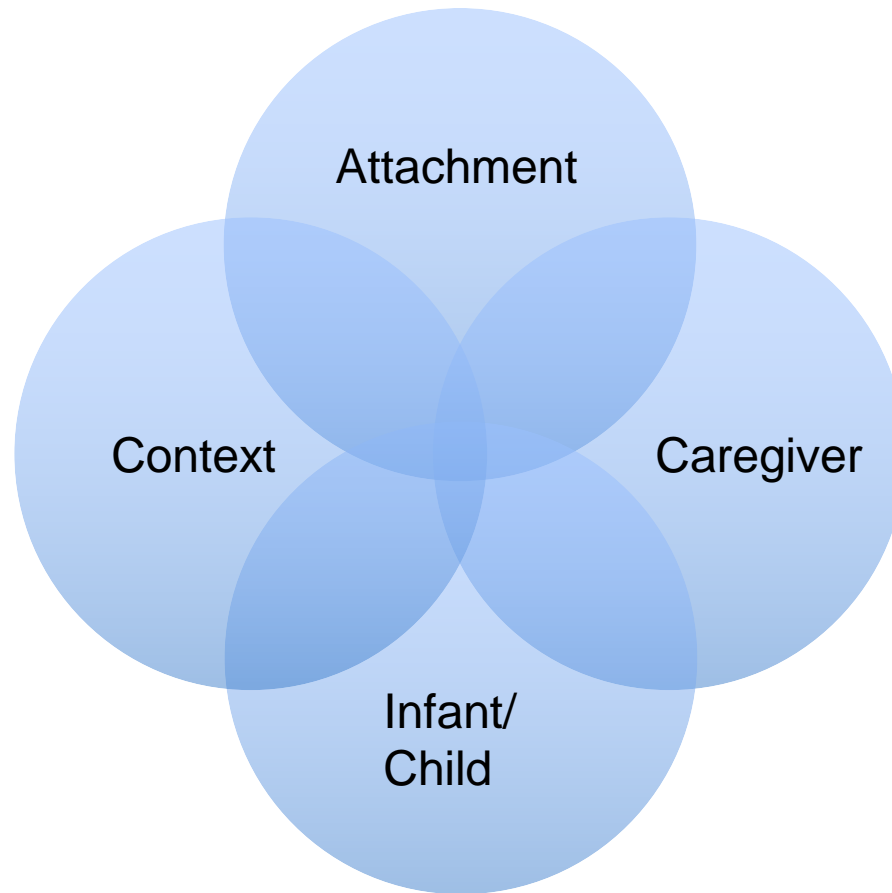
Infant Mental Health

- Infant mental health refers to social and emotional development during the first five years of life.
Including:
 - The emerging ability to focus attention, regulate behaviour, and manage emotions.
 - The ability to form close emotional ties to others
 - The ability to play, explore, and learn

Attachment and Infant Mental Health

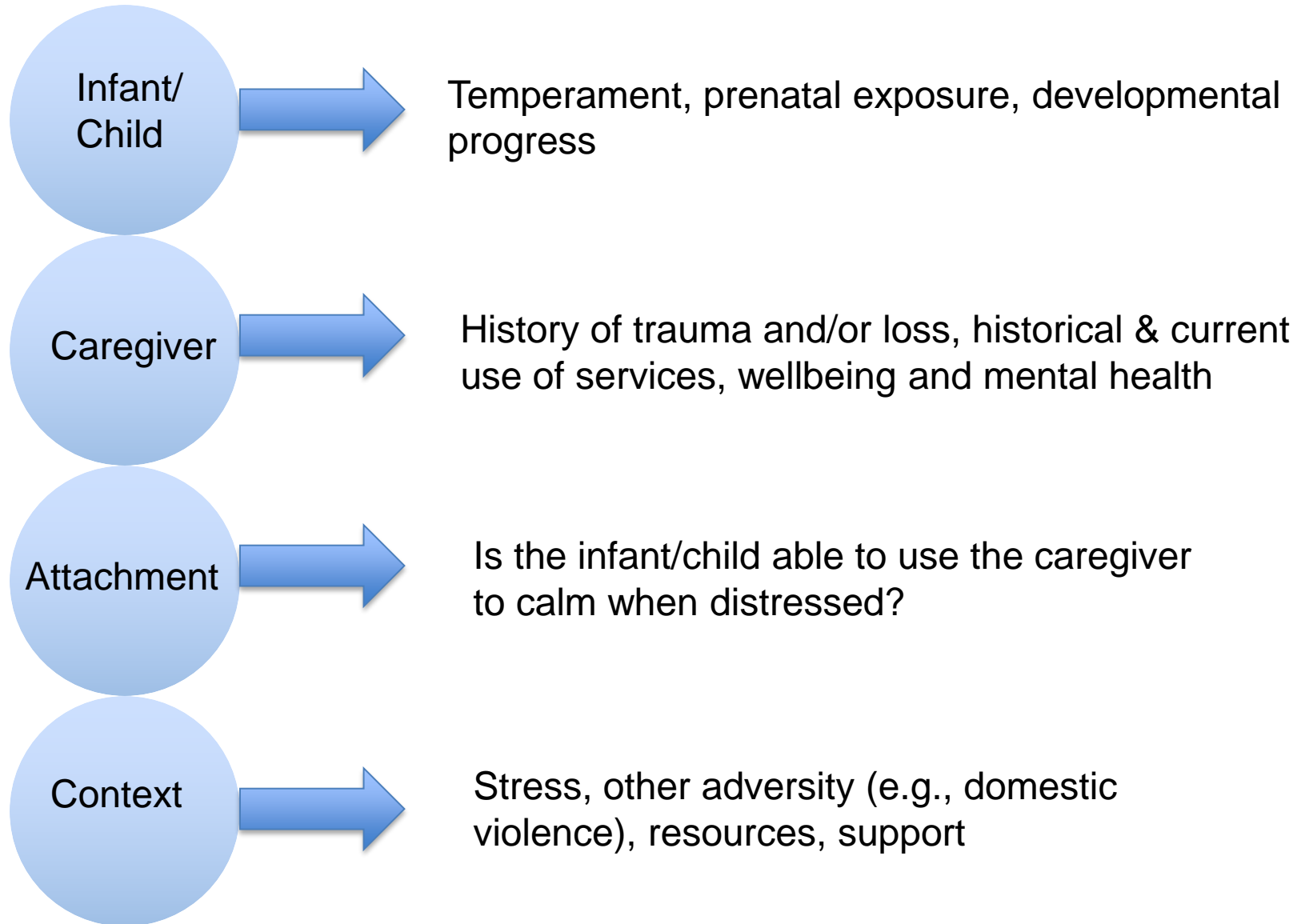
- Forming at least one close emotional tie with a consistent, and sensitively responsive caregiver is critical
- Infant uses attachment figure to regulate distress
- If there is interference with the healthy attachment relationship, it elevates stress for the infant and increases risk.
- Intergenerational transmission of attachment experiences (80%)

Understanding Accumulating Risk (DeKlyen & Greenberg)



Source: DeKlyen, M. & Greenberg, M. T. (2008). *Handbook of Attachment: Theory, Research, and Clinical Applications*. New York: The Guilford Press.

Key Risk and Protective Factors



Facts About Risk Factors

- Not all risk factors are created equally.
 - Certain risk factors are more serious than others (see chart).
- Risk factors are cumulative but are not causal.
- This means that the more risk factors that a client has, the risk increases exponentially.
- However, it is important to be thinking about how each individual parent-child dyad might be impacted by the level of risk and protective factors.

Key Risk and Protective Factors Decision Model

Domain	Risk	Protective	Intervention
Infant/Child			
Attachment			
Caregiver			
Context			

Case Example – High Risk

- 28-year old woman, history of severe childhood physical and sexual abuse, homelessness, domestic violence, and diagnosed with Dissociative Identity Disorder
- Two older children had been apprehended (and adopted) due to physical maltreatment by mother
- Initially presented with significant concerns about challenges in parent-infant attachment relationship with 9-month old son, including maternal fear of maltreating infant.

Key Risk and Protective Factors: Mother-Infant (1) - High Risk

Domain	Risk	Protective	Intervention
Infant/Child		<ul style="list-style-type: none"> •Temperament •Development •Health 	<ul style="list-style-type: none"> •Pediatric monitoring •Nutrition
Attachment	<ul style="list-style-type: none"> •Insecure - (Disorganized/Avoidant) 		<ul style="list-style-type: none"> •Sensitive Responsiveness Training •Circle of Security (for two years)
Caregiver	<ul style="list-style-type: none"> •Unresolve T & L •Significant MH challenges •Hx with Child Protection 	<ul style="list-style-type: none"> •Motivation •Readiness to change •Cognitive ability •Commitment to early literacy/education of children •No history substance use 	<ul style="list-style-type: none"> •Trauma-focussed, individual counselling
Context	<ul style="list-style-type: none"> •Intermittent IPV •Poverty •Hx homelessness •Limited support 	<ul style="list-style-type: none"> •Resourceful 	<ul style="list-style-type: none"> •Wrap-Around Service •Rapid Exit to assist with housing •Early Intervention

Case Example – Moderate Risk

- Provided COS over two-year period with subsequently-born daughter during infancy and toddler years: Parent-child attachment relationship initially Insecure (AV) ->Secure

Key Risk and Protective Factors: Mother-Infant (2) - Moderate Risk

Domain	Risk	Protective	Intervention
Infant/Child	<ul style="list-style-type: none"> •Temperament 	<ul style="list-style-type: none"> •Development •Health 	<ul style="list-style-type: none"> •Prenatal Care •Pediatric monitoring •Nutrition
Attachment	<ul style="list-style-type: none"> •Insecure (AV) •Prenatal WMCI - Insecure 	<ul style="list-style-type: none"> •Prenatal support re Insecure WMCI 	<ul style="list-style-type: none"> •Sensitive Responsiveness •Circle of Security (for two years)
Caregiver	<ul style="list-style-type: none"> •Hx with Child Protection due to abuse of two older children 	<ul style="list-style-type: none"> •Improved MH functioning & ability to be secure attachment figure for children •Improved self-esteem, reflective functioning, & empathy 	<ul style="list-style-type: none"> •Trauma-focussed, individual counselling •Individual counselling for victims of IPV
Context		<ul style="list-style-type: none"> •Resourceful •Ended relationship involving IPV •Stable housing/\$ •Expanding support network 	<ul style="list-style-type: none"> •Wrap-Around Service •Early Intervention

Case Example – Low Risk

- Parent-child attachment relationship with subsequently-born daughter during infancy:
Secure

Key Risk and Protective Factors: Mother-Infant (3) - Low Risk

Domain	Risk	Protective	Intervention
Infant/Child		<ul style="list-style-type: none"> •Temperament •Development •Health 	<ul style="list-style-type: none"> •Prenatal Care •Pediatric monitoring •Nutrition
Attachment		<ul style="list-style-type: none"> •Prenatal support – WMCI – Secure 	<ul style="list-style-type: none"> •Sensitive Responsiveness
Caregiver	<ul style="list-style-type: none"> •Hx with Child Protection due to abuse of two older children 	<ul style="list-style-type: none"> •Improvement in MH functioning (Diss), parenting, & ability to be secure attachment figure for children •Improved self-esteem, reflective functioning, & empathy 	<ul style="list-style-type: none"> •Trauma-focussed, individual counselling •Individual counselling for victims of domestic violence
Context		<ul style="list-style-type: none"> •Stable housing/\$ •Expanding support network 	<ul style="list-style-type: none"> •Wrap-Around Service •Early Intervention

Interventions

- Sensitive Responsiveness Training (e.g., van den Boom)
- Attachment & Behavioural Catch-up (Dozier)
- Watch, Wait, and Wonder (Cohen & Lojcasek)
- Modified Interaction Guidance (Benoit)
- Circle of Security (Powell, Cooper, Hoffman, & Marvin)
- Child-Parent Psychotherapy (Lieberman & Van Horn)
- Power to Parent (Neufeld)

References

- Benoit, D. (2001-2002). Modified Interaction Guidance. *IMPrint*, 32, 1-6.
- Cohen, N. & Lojkasek, M. (2002). Watch, Wait, and Wonder. *IMPrint*, 35, 1-4.
- DeKlyen, M. & Greenberg, M. T. (2008). Attachment and Psychopathology in Childhood. In J. Cassidy & P.R. Shaver (Eds.), *Handbook of Attachment: Theory, Research, and Clinical Applications* (pp. 637-665). New York: The Guilford Press.
- Dozier, M., Lindhiem, O., & Ackerman, J.P. (2005). Attachment and Bio-Behavioural Catch-Up. In L.J. Berlin, Y. Ziv, L. Amay-Jackson, & M. T. Greenberg (Eds.), *Enhancing Early Attachments: Theory, Research, and Policy* (pp. 178-195). New York: The Guilford Press.
- Harvard Centre for the Developing Child (developingchild.harvard.edu)
- Infant Mental Health Promotion (<http://www.sickkids.ca/imp/>)
- Landy, S., & Menna, R. (2006). *Early Intervention with Multi-Risk Families: An Integrated Approach*. Baltimore: Paul H. Brookes Publishing Co.
- Lieberman, A. F., & Van Horn, P. (2008). *Psychotherapy with Infants and Young Children: Repairing the Effects of Stress and Trauma on Early Attachment*. New York: The Guilford Press.
- Madigan, S. Hawkins, E., Goldberg, S., & Benoit, D. (2006). Reduction of disrupted caregiver behaviour using Modified Interaction Guidance. *Infant Mental Health Journal*, 27, 509-527.
- Powell, B., Cooper, G., Hoffman, K., & Marvin, B. (2013). *The Circle of Security Intervention: Enhancing Attachment in Parent-Child Relationships*. New York: The Guilford Press.
- Zero to Three (<http://www.zerotothree.org>)