Bonding with baby: A pilot parent-infant intervention programme in Liverpool

Helen Barkby, Ruth Butterworth, Jenny Davies, Lisa Marsland & Ruth O'Shaughnessy

Research in parent-infant mental health, particularly studies in attachment, convincingly shows that parents have a profound influence on their child's emotional development and mental health. This paper outlines a brief, video-feedback approach to supporting parent-infant mental health, based on the work of P.O. Svanberg and colleagues in Sunderland.

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PROBABLY THE MOST important period in everyone's life is the one they cannot remember' (Balbernie, 2008, p.1). During infancy, the life stage where memory cannot be verbally tagged for later recall, the foundation for psychological well-being, is set down in human beings.

This can be positive, as when a child acquires capacity for modulating stress caused by adverse life events; or negative, when a child's early parenting has left a 'basic fault' (Balint, 1968) because there was too great an incongruity between the infant's needs and the quality of caregiving available (Balbernie, 2008). Warm, responsive relationships with sensitive caregivers enable children to build positive, secure attachments and this in turn is associated with 'good' mental health and happiness in interpersonal relationships in adulthood (Bowlby, 1988).

Certain situations, including intergenerational trauma, poverty and inequality are some factors which threaten parent-infant relationships and the mental health of both.

Parents in such contexts may therefore benefit from some dedicated space to reflect on their developing relationship with their baby and to consider how to provide a 'good enough' (Winnicott, 1965) experience for their baby.

A potted history of infant mental health in the twenty-first century

Esther Bick, a psychoanalyst, is generally credited as pioneering the field of infant observation in the immediate post-war years of the last century. Bick was concerned with understanding the earliest stages of a baby's mental development through close observation of infant behaviour without rushing to interpret the meaning of the observations (Bick, 1964). Around the same time, psychoanalyst Selma Fraiberg was incubating her theory of intergenerational transmission of trauma through her work with blind infants. In her seminal paper, she described the 'ghosts in the nursery' or 'visitors from the unremembered past of the parents' and emphasised the ways in which aspects of the mother's internal world continued to influence the way in which she cared for her baby (Fraiberg et al., 1980).

Alongside Bick, John Bowlby was beginning his work on attachment theory. Bowlby first defined attachment behaviour as a biological instinct, of survival value, whereby a child seeks proximity to an attachment figure when he or she senses threat or discomfort. He believed it was the way in which the carer interacts with the infant that shapes the nature of attachment, and the internalisation of these early interactions provide a prototype for later relationships, and are sufficient to impact upon a child throughout life albeit in a complex dynamic way (Bowlby, 1988).

The rise of video microanalysis in the 1980s enabled researchers to study parent-infant

interactions in detail. Child development researcher Colwyn Trevarthen called interactive behaviour between mother and baby 'intersubjectivity' (Trevarthan, 1980). This described the process by which a baby seeks a state of being in communication with the mother. Building on this work, Daniel Stern and Edward Tronick began to explore the 'protoconversational turn taking' occurring between a parent and baby. Their research showed that mothers and babies engage in a synchronous 'dance' comprising periods of attunement (e.g. eye contact, smiles) followed by brief periods of disruption (e.g. withdrawal, turning away; Stern, 1985; Tronick & Cohn, 1989). The 'coming back together' or working through these interactive mismatches, have been identified as crucial factors underpinning a secure attachment relationship. When a parent's capacity to sensitively attune to her baby is reduced, a baby will experience extended periods of disruption rather than attunement, which is in turn associated with a range of adverse social and emotional outcomes in later life (e.g. Murray & Cooper, 1997).

Over the past 25 years, neuroscientific research has revealed that loving, stable, and stimulating relationships with caregivers in early childhood can have a significant impact upon the neurological development of a child's brain (see Schore, 2001, for review) and play a critical role in their life-course development (Feinstein & Duckworth, 2006). In summary, this research indicates that 'babies not only build their brains as a result of this early interaction, but that they also build their minds and construct a sense of themselves that will last a lifetime' (Barlow & Svanberg, 2009, p 3).

Early intervention: The government's agenda

In the current economic and political climate, it is more important than ever to invest limited resources wisely. A number of longitudinal studies have demonstrated both the clinical and economic benefits of early intervention (e.g. Svanberg, 2010). These arguments appear to have been central to recent government investment in the early years, with an expansion of children's centres throughout the UK. The *Every Parent Matters* document (DFES, 2007) emphasised the need to provide more support for vulnerable families, including health-led parenting projects and additional funding to engage 'hard-to-reach' parents in disadvantaged areas. In times of economic hardship, creative ways are needed to continue to deliver such support.

Service context

The Working Together team is part of the Alder Hey Child and Adolescent Mental Health Service (CAMHS) and focuses on working with families of children aged from conception to seven years. A proportion of the service is supported by the local authority's children's centre funding and accordingly the team offer input to all of the Liverpool children's centres.

The Working Together service model has traditionally emphasised a preventative approach – providing a service 'early in the life of the child and/or early in the life of the problem.' There is a focus on providing training, joint thinking and joint working with frontline staff, in addition to direct therapeutic work with children and families. This emphasis on awareness-raising has resulted in the service's referral rate increasing at an exponential rate, although a high proportion of the children referred are still of school age and often come to the attention of other agencies because they are already experiencing significant social and emotional difficulties. There has been a desire within the service to find innovative ways to maintain a focus on preventative work, and as a minimum, on targeted early intervention.

Bonding with Baby model

The Bonding with Baby programme is based on Svanberg and colleagues' work in Sunderland (Svanberg, 2010) offering a video-feedback based intervention to promote sensitive, responsive parent-infant interactions. Parents are initially identified antenatally or postnatally, primarily by two specialist midwives based within children's

centres. Parents are identified on the basis of indicators of 'vulnerability,' including current or historical difficulties in relationships, history of trauma, ambivalence around the pregnancy or baby, social isolation, and emotional difficulties. Identified parents are then offered the opportunity to meet with a member of the Working Together team to discuss taking part in the programme. While the focus is on the participation of mothers, fathers and other key carers are also invited to participate.

Following a period of relationship-building, the therapist completes a detailed life and relationship assessment completed with parents. At the antenatal stage, parents are guided to think about the pregnancy and explore their thoughts, feelings and expectations about parenthood. Postnatally, parents are given space to reflect on their experiences of the birth, getting to know their baby, and becoming a parent.

After the birth, a short video is made of the parents and baby during a simple routine interaction. Parents are asked to 'play and talk with your baby as you normally would' while the clinician records for approximately three minutes. In the next session, the video is watched and explored in detail with parents to help them recognise the positive aspects of their relationship with their baby, reflect on their baby's experience of their interactions, and identify areas where additional support may be needed. This process can be repeated over additional (up to four) sessions, during which broader issues impacting on the parent-child relationship can be explored. In line with Svanberg's model, sessions are guided by four core themes:

- developing the parent's ability to understand their baby's mind and communications;
- acknowledging and normalising ambivalence;
- making links to parent's own childhood;
- addressing fears about separation, autonomy and dependency.

Following the intervention, parents are offered a follow-up session six months later, in which another video clip may be made and progress is reviewed. Video interactions are rated using the CARE-Index (Crittenden, 1997–2004) to evaluate caregiver-infant interaction. Thus the CARE-index is used to guide video feedback interventions, and also as a baseline assessment for the formal evaluation.

The story so far

The Bonding with Baby programme received 32 referrals from specialist midwives during a period from December 2008 to March 2010 (an average of two referrals per month). The age of mothers referred ranged from 16 years to 33 years, with a mean age of 20 years 8 months. The mothers and babies referred were predominantly White British with three babies described as being of mixed heritage. Twenty-five of the mothers agreed to a referral in the antenatal period whilst the remaining seven had already given birth to their babies.

An initial meeting and engagement was achieved with 21 (65.6 per cent) of the mothers.

For those referred and contacted during the antenatal period, 80 per cent engaged initially. This can be compared to an initial engagement rate of 53 per cent for those who were contacted after the birth of the baby. Subsequently, of those who initially engaged, 15 (71.4 per cent) of the mothers completed some or all of the programme, three opted out, and three dropped out. To date, 12 of the families have been filmed (the other three cases are ongoing), with the number of clips ranging from one to four.

Seven of the families had social services involvement at some point during the programme and five of the mothers had been looked after children themselves. Clinicians involved considered there to be mental health difficulties for 12 of the mothers (mostly depression) although adult mental health services were only actively involved in one instance. A high rate of previous adverse life experiences was also noted for a substantial number of the women including drug and alcohol use, homelessness, domestic violence and previous abuse. There were 16 referrals where the father was involved in the baby's life. The clinicians met 12 of these fathers and two agreed to be filmed as part of the programme.

Collection of pre and post CARE index ratings is ongoing and will be reported elsewhere once sufficient data have been collated. However, a group of parents participated in a narrative exploration of their experiences of the programme. While complete findings are due for publication elsewhere (Quigg, 2010), preliminary analysis has highlighted the uniqueness of individual service user experience, and the importance of consistency and rapport in therapeutic relationships. The following excerpt illustrates the potential for change in the parent-child relationship:

> 'I know when he is upset, and I know what he is crying for, whereas before I didn't… my mum knew more than me, now I get up in the night if he is crying … I comfort him, not my mum' (pp 26-27).

Future directions

These preliminary findings highlight the nature of the families involved in the Bonding with Baby programme, characterised by a high rate of mental health difficulties adverse life experiences, history of being in care for the mothers and recent or current involvement of social services. A wide age range of mothers were referred. The father of the baby was involved in the baby's life for the majority of families, although only a couple actively participated in the programme.

The nature of the families targeted for this intervention are typically described as 'hard to reach,' which was evidenced by difficulty in arranging initial contacts with approximately one third of the mothers referred. This may be due to a number of factors including the possibility that the mothers were anxious or fearful that children's services might become involved. Arguably, these mothers may be signalling that they are not looking to form an attachment yet their struggle in developing secure attachments is the very reason that they are referred for parent-infant relationship interventions (Jones, 2010). Despite this paradoxical situation, the initial uptake of the programme by almost two thirds of mothers referred is comparable with that for other video-based mother-infant relationship interventions (Svanberg, 2010) and the continued engagement by the majority of parents can be considered a positive outcome.

The timing of the referral and first contact with the family appears to be a clinically significant factor affecting engagement. The higher rates of uptake obtained when contact was made during the antenatal stage rather than following the baby's birth reinforces the importance of targeting and engaging with families antenatally. Thus, although mothers may have an increased motivation to access help during the perinatal period generally, as this time offers the chance to 'do things differently' for their child, there is added clinical value in offering the space to talk and think about their child during the pregnancy (Jones, 2010). This reflects emerging research demonstrating the association between the mother's mental health during the antenatal period and subsequent infant mental health, and highlighting the need for antenatal interventions (Milgrom, 2008). Furthermore, evidence suggests that the earlier the intervention, the greater the cost-effectiveness (Svanberg, 2010).

While the Bonding with Baby programme is still very much in its infancy, we believe that pausing to reflect on the story so far paves the way for future development of our clinical model and research to evaluate its effectiveness. Future research could quantitatively investigate changes in parental sensitivity and responsiveness according to CARE-Index scores. Clinically, to optimise engagement, the midwives who have already established a relationship with the family antenatally may be well placed to carry out the intervention under the supervision of clinical psychologists in the team. Such a development would reflect the changing role of clinical psychologists to support other professionals to deliver interventions through offering supervision, training and consultation. Given the high rate of mental health difficulties identified in the mothers we worked with, we hope that in the future such parent-infant mental health

interventions could be jointly commissioned by adult and child services. We believe that this integrated approach is key to genuinely supporting family relationships and family mental health.

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References

Balbernie, R. (2008). *An infant mental health service: The importance of the early years and evidence-based practice.* London: Child Psychotherapy Trust.

Balint, M. (1968). *The basic fault.* London: Tavistock Publications.

Barlow, J. & Svanberg, P.O.(Eds.) (2009). *Keeping the baby in mind: Infant mental health in practice.* Hove: Routledge.

Bick, E. (1964). Notes on infant observation in psychoanalytic training. *International Journal of Psychoanalysis, 45,* 558–566.

Bowlby, J. (1988). *A secure base.* New York: Basic Books.

Crittenden, P.M. (1997-2004). *CARE-Index: Manual.* Miami: Family Relations Institute.

Department for Education and Skills (2007). *Every parent matters.* Nottingham: DFES Publications.

Fraiberg, S., Adelson, E. & Shapiro, V. (1980). Ghosts in the nursery: A psychoanalytic approach to the problems of impaired infant-mother relationships. In S. Fraiberg (Ed.) *Clinical studies in infant mental health* (pp. 146–169). New York: Basic Books.

Feinstein, L. & Duckworth, K. (2006). *Development in the early years: It's importance for school performance and adult outcomes.* London: The Stationery Office.

Jones, A. (2010). *The conception, pregnancy and birth of a Tier 3 NHS perinatal/parent-infant mental health service.* 21st Annual Infancy Conference, Bristol.

Milgrom, J. (2008). *Is it sufficient to treat maternal mood symptoms of postnatal depression? The importance of targeted mother-infant intervention and antenatal depression.* Faculty of Perinatal Psychology Conference, Young Parenthood and Beyond, Liverpool.

Murray, K. & Cooper, P. (1997). Post-partum depression and child development. *Psychological Medicine, 27*(2), 253–260.

Quigg, J. (2010). *Parents' experience of an early preventative intervention programme: A narrative analysis of three mothers' stories.* Submitted in partial fulfilment of the Doctorate in Clinical Psychology, University of Lancaster.

Schore, A. (2001). The effects of secure attachment relationship on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal, 22,* 7–66.

Stern, D. (1985). *The interpersonal world of the infant.* New York: Basic Books.

Svanberg, P.O. (2010). Promoting a secure attachment: A primary prevention practice model. *Clinical Child Psychology and Psychiatry, 15*(3), 363-378.

Trevarthan, C. (1980). The foundations of intersubjectivity: the development of interpersonal and cooperative understanding in infants. In D.R. Olson (Ed.) *The social foundations of language and thoughts: essays in honor of Jerome Bruner.* New York: Norton.

Tronick, E.Z. & Cohn, J.F. (1989). Infant-mother face-to-face interactions: age and gender differences in coordination and the occurrence of miscoordination. *Child Development, 60,* 85–92.

Winnicott, D. (1965). *The maturational processes and individual development.* London: Hogarth Press and the Institute of Psycho-Analysis.

Affiliations
The Bonding with Baby Team

Address
Ruth O'Shaughnessy, Working Together, Early Years CAMHS, Alder Hey Children's NHS Foundation Trust, Croxteth Gems, Armill Road, Liverpool L11 4TR;
ruth.oshaughnessy@alderhey.nhs.uk

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nigel.atter@bps.org.uk