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Mellow Parenting:
An intensive intervention to change relationships

By:
Christine Puckering

Much effort has gone into supporting parenting in the United Kingdom over the last five years. The Sure Start initiatives have been of great value in offering a range of services for parents with young children. Many of these programs have relied on very well established and effective interventions like the Incredible Years programs devised by Carolyn Webster-Stratton (Webster-Stratton and Herbert, 1994) and the "Triple P" programme devised by Matt Sanders and colleagues (Sanders and Dadds 1993). Promoting good child behavior and diminishing undesirable behavior has been a clear focus of many of the parenting programs. However, managing behavior is only one part of parenting. The complexity and demands of the parenting role include scaffolding the emotional, cognitive, educational, social and physical well being of the child.

In addition, there is good evidence that, however effective when delivered fully, these programmes may be failing to engage the most needy families. Those experiencing a constellation of social and interpersonal difficulties, including parental mental disorders, are the least likely to attend and use the interventions. The reasons for this may not be difficult to find. If the parenting relationship reflects general experiences of relationships, both in the family or origin and currently, then poor relationships with children may be an unsurprising corollary for those who find all relationships difficult. These are the families who find it hard to develop therapeutic relationships and do not use the opportunities offered. If they can be persuaded to use a mother and toddler group once, they never return, finding it "cliquey", being unskilled in making and responding easily to social contacts.

Rachel Steven and a team of health visitors in Wester Hailes, a socially deprived area of Edinburgh, found that over 70% of the families they referred to the local child and adolescent psychiatry unit, which ran Incredible Years Parenting groups, simply never attended. Of those who did attend, none completed a full course of treatment. No matter how good the treatment, the service offered was not meeting the needs of this client group, because families simply did not engage with it. It was for this reason, and with the help of a primary care development grant, that they trained in the successfully ran Mellow Parenting to try to deliver an appropriate service to the families in their care.

The Mellow Parenting program was specifically developed for families with a pre-school child in which there were relationship problems. Relationship problems with the index child in an evaluation sample reached child protection thresholds approximately 25% of the time. Children and their mothers were also admitted to the program if the mother was experiencing domestic violence, had conflictual relationships with her family of origin or had persistent psychological problems along with experiencing child behavior problems. The explicit aim was to

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give parents, at this stage largely mothers, the opportunity to explore and understand their own past and current relationships and how these impinged on their parenting. The group program lasted one full day a week, for fourteen weeks, with parents spending some of that time in a personal group, and parenting workshops while their children were in a children's group; some of the day with their children and staff, taking lunch and having fun in child-centred play activities. Mothers viewed a videotape, taken in their home during a normal family mealtime, with a group leader, with examples of incidents that went well and those that did not turn out the way they would have wished. Mothers were readily able to identify their failings, but found it very hard to give themselves credit for what they were doing well, and the group leader's role was often to draw their attention to their success and skill. In the parenting workshop these successes were shared with other group members and their ideas sought to solve the problem areas. Mothers were reticent about being in the spotlight and sharing their own tapes but very much enjoyed seeing how others coped. Mutual learning and self-monitoring made the experience valuable, and most mothers agreed that they had gained extraordinary insight through the experience. When one mother, reflecting on her own interaction with her child, asked herself out loud "I wonder how that feels for him", it felt as though a significant process had begun towards the empathy that was previously conspicuously lacking in their relationship. Overall, the results of the intervention were positive. The program engaged hard-to-reach families (over 80% attendance) and demonstrated change in observed mother-child interaction, child behaviour problems and children's intellectual development (Puckering et al 1999).

Recent developments of the Mellow Parenting Program have been directed to working more specifically with younger children and their mothers. In Gateshead, Jessica Brown has begun to develop a program for infants under the Sure Start umbrella, and in Coatbridge, Lanarkshire, a program for infants and mothers with post-natal depression has been piloted. The group was very well attended with every one of the eight mothers attending at least two-thirds of the group sessions. Three mothers attended every session, and those who missed a session usually rang to give genuine apologies. The basic Mellow Parenting program was substantially unchanged, but more emphasis was placed on specific activities for mothers to help them manage depression and mother-baby sessions over lunch used age appropriate activities. Interaction coaching, baby massage, looking at picture books, nursery rhymes and lap-games were all used as a means of promoting close and attentive interaction. The pilot findings were positive. Mothers' depressed mood changed significantly, observed positive interaction went up and negative interaction went down. These are all important indicators. Simply targeting the mothers' depression may not have a direct effect on the mother-infant relationship, and long term impairment in the social, emotional and cognitive development of children has been demonstrated where the quality of the mother-infant interaction is reduced (Hay, 1997; Murray, Kempton, Woolgar, and Hooper, 1993). The Mellow Parenting program, while promising, needs more rigorous scrutiny in this context, using a research design incorporating a control condition and longer term follow up, before change can be unequivocally attributed to the effects of attending the group, and the results shown to have long term effects on the mother and child, not least because the search for effective

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interventions has not yet come up with a convincing answer.
Recent studies by Murray, Cooper, Wilson, and Romaniuk (2003) and Cooper, Murray, Wilson and Romaniuk (2003) have shown a good response of mothers with post-natal depression to a variety of interventions. The treatments were non-directive counselling, cognitive behavorial therapy and psychodynamic therapy. The three treatments, offered in a randomized control trial, all gave mothers some respite from their depressed mood as measured by the Edinburgh Post-Natal Depression Scale (Cox Holden and Sagovsky, 1987) and were all superior to a "treatment as usual" control group. Only psychodynamic psychotherapy produced a significant improvement on a structured diagnostic instrument (Spitzer et al, 1989) but all the treatment effects had washed out by nine months post-partum, and none of the interventions reduced the risk of subsequent episodes of depression in the five year follow-up.

From the infants' perspective the results were even more limited. All three treatments reduced maternal reports of early difficulties in the mother-child relationship, and counselling produced better infant emotional and behavioral ratings at eighteen months and more sensitive observed mother-child interaction. However, none of the treatments had a significant impact on the security of the mother-child attachment relationship, mother or teacher reports of children's emotional or behavioral adjustment at age five or cognitive development.

Reflecting on the reasons for the effectiveness of Mellow Parenting, it became increasingly clear to the practitioners that the use of a group program conveyed immediate advantages in reducing isolation and the feeling of each mother that she was the only person who found parenting difficult. While therapists in individual treatment settings may set out to convey that message and create a non-judgemental atmosphere, the supportive presence of other mothers conveyed that message directly. The groups were run on structured but non-directive principles. The therapists avoided suggesting a solution to problems, but supported sharing by other group members. Being the provider of a solution for another mother could prove very empowering. One mother remarked some years later on her experience in the group, "You believed in me and so I believed in myself." She has gone on to further her education, and to play an active part in community groups, and has avoided any further occurrences of the post-natal depression after a subsequent birth that blighted her early relationships with her first three children. Most of the women who took part in the controlled trial of Mellow Parenting had suffered very adverse childhoods. Twenty five percent reported a heavy-handed or frankly abusive relationship with a parent. Seventy three percent reported at least one hostile or indifferent parent figure. Of those who had a regular partner, fifty percent described their relationship as discordant and a shocking seventy percent could not name any friend or family member in whom they felt they could confide. In this context, it was perhaps no surprise that their relationships with their children replicated the adverse patterns with which the mothers were so familiar. It might reasonably be said that these women were familiar with how to conduct hostile relationships, but unskilled in the maintenance of mutually satisfying relationships. In the safe and non-judgemental atmosphere of the group, where the mother herself received nurturance and acceptance, one mother was able to say "I don't like the way I treat my children, but I don't know any other way to do it." The group was carefully structured to enable these mothers, with very little ability or experience of making trusting relationships, to sample good relationships for themselves and to start to develop mutually enjoyable activities with their children. In anonymous feedback some common themes emerged. Reflecting on what made the most difference to them the mothers often named "being listened to" and "not being judged" as the crucial factors.

The success of the program was expressed in some of the feedback. On the theme of learning to trust, one mother said "I learned to open up and share my feelings" and another "The best thing was being able to sit relaxed, and cry, or say nothing or listen" and "The most important thing I learned was that I am worth it." The second theme of developing better and less damaging relationships with the infants was also touched upon: "The most important thing I learned was how to be more interactive with babies"; and, from a mother whose child was on the child protection register and had been exposed to worrying levels of maternal frustration and hostility: "I now put him somewhere safe when he is upset and I cannot stand it [his distress]."

Infant mental health is something of an orphan; adult mental health services do not regard the children of their patients as their concern, while child mental health services do not routinely see such young infants. Given the documented effects of the early parent-child relationship and the impact of post-natal depression on this relationship, the need to develop and evaluate effective interventions is pressing.

Child and Adolescent Psychiatry
Royal Hospital for Sick Children
Yorkhill
Glasgow G3 8SJ
e-mail: c.puckering@clinmed.gla.ac.uk

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his family, community, patients and the field of infant mental health, I had nearly 49 precious minutes of quiet time to reflect on my memories of Jack and his impact on the early history of infant mental health. The memorial service was an extraordinary demonstration of the love that a community can have for someone who selflessly worked to make the lives of others so much better. After illness caused him to retire from a fully active medical career, Jack began to write poetry that deeply expressed the love that he had for his family members. Many of these personal and loving poems were recited by members of his family as they celebrated his career. His long-time and close colleague Michael Trout, provided a particularly wonderful eulogy celebrating the individual with stories that gave everyone an opportunity to remember all facets of Jack, softening the fact of his loss, with warm remembrances of an individual who embraced life fully, and who gave enormous energy and time to serve others.

Jack is survived by his wife, Carol Ann, four children and fourteen grandchildren. The Michigan infant mental health community will miss him, but it will also celebrate him for the contributions he made on behalf of infants and their families. He had a profound impact on my life when he encouraged me to become administratively involved with the Michigan and International Associations for Infant Mental Health. Little did I know in 1979 that the next 25 years of my life would involve organizational management of infant mental health associations. I had not interacted with Jack for about 10 years, and so it was especially wonderful to be able to be with his family and friends, to briefly visit with Michael Trout, and to share their collective remembrances of Jack's contributions to their community and to society.

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Further details about training in Mellow Parenting can be obtained from:

Rosemary Mackenzie, Mellow Parenting Unit 4, Six Harmony Row, Glasgow, G51 3BA

e-mail: info@mellowparenting.org