

Integrating Mental Health Evidence - Based Practice With Co-occurring Intellectual Disabilities: Child Parent Psychotherapy

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Trauma and Disabilities

- Trauma experiences contribute to 25 % of disabilities profiles
- 52% of children experiencing neglect acquire a permanent disability

The Relationship Factor

- Parental distress and grief, if not resolved, can negatively impact parents' attunement and responsiveness in their relationship with their child
- Support parental ability to differentiate between symptoms explained by trauma and those associated with developmental disability

Impact of Trauma

- The more prolonged the abuse/trauma increased likelihood of permanent brain damage
- People with developmental delays more likely to be exposed to trauma
- Exposure to trauma makes developmental delays more likely.
- Persistent states of fear in children impair cognitive, social and emotional capacity

Repeated Trauma Exposure

- Disrupts self-regulatory processes
- Leads to chronic affect dysregulation
- Leads to destructive behavior towards self and others
- Disrupts learning and can lead to learning disabilities
- Leads to distortions in concepts of self and others

Child Parent Psychotherapy and Disabilities

- CPP provides an opportunity to intervene early in the attachment relationship to promote a resolution of the parent-child relationship and help the parent to make meaning of the experience of disability
- The CPP therapist can provide an important bridge by linking families of children with disabilities to other family supports which can extend beyond the time period and role limitations of the therapeutic relationship

Assessment and Engagement of Trauma and IDD

- Assess the parents' understanding of the child's diagnosis of developmental disability
- Attributions about the likely cause of the diagnosis
- Level of acceptance of the diagnosis
- The family's degree of hope for long-term positive outcomes for the child and family in the context of the diagnosis

Assessment continued...

- Assess the child's developmental functioning in key domains (e.g. cognitive, language, motor, social-emotional)
- Share information with the family about the child's level of functioning, strengths, and intervention needs in therapeutic and collaborative ways

Engagement continued...

- Obtain information about the child's connection with early intervention or special education services and supports
- Provide education to the family about the service delivery system
- Support the family in navigating the service system

Collaboration

- With the family's permission, communicate with medical personnel, early intervention therapists, and school personnel to ensure that services are coordinated and to provide a trauma-informed and relationship-based perspective to other providers working with the child and family

Linkage

- Assist parents in linkage by providing education about the way the service system is structured
- Support clarification of the differences in services provided by the medical team, the mental health therapist, and the early intervention system
- Contacting the early intervention provider together with the parent and being present for initial services provided in the home also helps to create a bridge of understanding

Principles of Trauma-based Intervention

- Concrete assistance
- Emotional support
- Developmental guidance
- Early relationship assessment and support
- Advocacy
- Homevisiting

Skills and strategies of intervention:

- Building relationships
- Sharing in the observation of child's growth and development
- Offering anticipatory guidance
- Alerting caregivers to child's accomplishments and needs
- Helping caregivers to find pleasure in the relationship with the child
- Allowing parent to take lead in interacting with child
- Identifying and enhancing the capacities that caregivers bring to the relationship with the child

Strategies continued:

- Wondering about the caregivers thoughts and feelings
- Wondering about the child's experiences and feelings in interactions with and relationship to the caregiver
- Listening to the past as it is expressed in the present
- Allowing core relationship conflicts and emotions to be expressed by parent

Strategies continued:

- Attending and responding to parent histories of abandonment, separation and unresolved loss as they affect the child's development, parent's emotional health and the early developing relationship
- Collaborating with others
- Remaining open, curious, and reflective

Points for intervention in the course of CPP

- Emphasis in CPP on assessing the parent's trauma history, including the parent's experience of a child's initial medical and/or developmental disability diagnosis
- Assess parents' perception of subsequent medical intervention
- Support parent's capacity for emotional regulation and dyadic regulation during future medical intervention.
- Facilitate the parent's understanding of potential trauma triggers within the medical setting.

Attachment Based Treatment Goals

- To create a protective environment
- Facilitate attachment relationship for child with a primary caregiver
- Facilitate child's ability to accept nurturing, structuring, challenging and joyful interactions
- Teach parent and child affective communication, intentional communication and positive problem solving
- Facilitate mutuality and trust in parent/child relationship
- Facilitate child's ability to develop empathy

Goals continued:

- Facilitate child's internal working model of self as valuable, capable, and loveable
- Facilitate child's internal working model of caregiver as responsive, protective and loving
- Help child resolve past trauma and loss
- Facilitate child and family's experience of child as belonging
- Promote support that facilitates successful attachment

What is Child Parent Psychotherapy

- Psychodynamic foundations
- Caregiver and child age 0-6 years
- Focus on implications of trauma histories as informing attachment relationships
 - Ghosts in the nursery
 - Angels in the nursery
- Goal is to free the relationship from trauma-based distortions

Core Principles

- Child experienced at least one traumatic event
- Child experiencing behavior, attachment or mental health challenges
- Support and strengthen the relationship between caregiver and child
- Promote safety (ecological and interpersonal)
- Reinforce foundation of attachment
- Support affect regulation
- Promote child's cognitive, behavioral and social-emotional wellness

Child Parent Psychotherapy Interventions

- Dyadic model
- Teaches caregiver to read, interpret and respond to infant cues
- Parent encouraged to express own emotions
- Uncover “ghosts in the nursery”
- Speaking for the baby technique
- Case management important – meet basic needs

Key considerations:

- Parent response to child
- Giving voice to child's experience
- Narration
- Developmental considerations
- Sensorial organization

Play

- Use of play, physical contact, and language to promote healthy exploration, contain intense emotions, clarify feelings, and change inaccurate perceptions
- Talking about real-life situations and putting feelings into words build child's competencies and increase self-esteem
- Exploration of danger and safety, autonomy and intimacy is primary
- Building a vocabulary for feelings can replace child's use of destructive acts to express anxiety, fear, and anger

Techniques

- Structured play
- Unstructured developmental guidance
- Emotional support and empathy
 - Translates the parent's and child's meanings for one another
 - Helps parent and child recognize and accept both positive and negative feelings about the self and the other
 - Conveys realistic hopes that goals can be achieved
 - Helps dyad to develop effective coping strategies
 - Encourages self-expression
 - Supports reality testing

Ports of Entry

- What should be the immediate clinical focus?
- How does the therapist enter the system?
- Entry point may vary from family to family
- Entry point may vary for the same family from session to session
- Staying flexible is the key

Intervention Considerations

- What are the details of the intervention needed?
- What is the ideal setting for the treatment?
- What is the timeline or expected duration of the treatment?
- What is the “point of entry” of treatment?
- What are the salient problems appropriate for treatment?

Interpretation/Narration

- Involves speaking about the unconscious, unspoken, or symbolic meaning of the parent's or the child's behavior
- The goal is to increase the parent's and the child's understanding of their dysfunctional interaction as well as their own motivations
- The therapist makes explicit the links between the parents' perceptions of their life experiences, their feelings for their children, and their parenting practices

Narrations

- Assists parent in becoming aware of unconscious repetition of past conflicts in the present
- Corrects distorted images of the child and frees the parent to use appropriate child-rearing practices
- Assists child in becoming aware of dysfunctional beliefs and behaviors

Defining Treatment Success

- Changing family's total life circumstances cannot be criteria of success.
- Targeted changes in family interactions and altering caregivers' representation can be achieved.

Social-Emotional Foundations

- Developmentally informed
 - Identify child competence in naturally occurring situations
 - Work with origins of social and intellectual competence of early parent/child relationship
 - Strength parent capacity to teach social-emotional regulation and development in an emotionally supportive environment
 - Consider role of parent cognitions
 - Attributes, expectations, beliefs

Fidelity in application of CPP to Young Children with Developmental Disabilities

- Knowledge about developmental disabilities including symptoms, etiology, and impact on behavioral and emotional functioning
- Knowledge about the impact of pediatric medical traumatic stress on young children and their families
- Knowledge about the systems of care and services available for young children with developmental disabilities, including Part C early intervention services, preschool special education, and funding to support families caring for a child with a disability

Fidelity continued...

- Skill in supporting families to navigate service systems, legal advocacy issues, rights related to timelines, determination of eligibility, and development of service or education plans
- Knowledge of the scope and contributions of interdisciplinary professionals who provide services to children with developmental disabilities
- Skill in working collaboratively with professionals from other disciplines

Fidelity continued...

- Skill in communicating recommended applications of a trauma-informed and relationship-based perspective to early intervention, special education, and medical service providers