Breaking the Cycle

Supporting Parent–Child Relationships Through the “Parents Interacting With Infants” Intervention

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Tambin, a young African American mother, reluctantly walks into the room to join other mothers for a new parent–child group. She is mandated to be here. As someone who’s grown up in the child welfare system, this is one more hoop to jump through, one more place she has to be. She is very pregnant, tired, and unhappy about her pregnancy, having to be in this group, and life in general. Her eyes are sad and dull. It is obvious that she does not want to be here. A moment later, a beautiful 16-year-old girl arrives with one of the case managers. Tambin’s eyes light up at a promise for attention and play as she notices us, the group facilitators, and the toys and books in the room. Instant is so hungry for play, reading, talking, and singing. As the group begins, mothers are asked to sit with their children. It is only at this point we realize that Tambin isinstant’s mother.

There is no connection, little interaction between the mother and the daughter. Throughout the group, instant likes other parent–child dyads or triads to engage with, while Tambin prefers to spend her time sitting in the chair at the end of the room, blaming her baby for her inability to play.

Recent research has confirmed that relationships are essential for all children. Braelston and Greeproem (2000) believed that engaging consistent, nurturing relationships is one of the “core needs of children” (p. 93). Only in the context of a relationship can a child survive, learn, and grow. The quality of the relationship between the child and his caregiver determines what the child learns about the world and about himself. With the child learning to feel safe and secure, that he is worth responding to, or will he learn that his needs and wants are not important and that there is no one to count on? Will the child learn that interactions with adults are pleasurable and rewarding, that adults make him feel appreciated, important, and valued, or will he learn to be fearful, anxious, and passive and to curb his curiosity? Most of this learning happens in the first years of a child’s life. These years are particularly important because they provide the foundation, the framework, for every domain of human development. The development of self-regulation, self-esteem, and self-confidence—the ability to form healthy and secure relationships with others, to express and experience a wide range of emotions, and to explore the environment—is rooted in the child’s first relationships.

The early experiences and first relationships shape the development of the brain, the only organ that changes in response to experience after birth. Specific neurologica patterns are formed in the brain in response to the type of care and interactions the infant receives. Evidence shows that sensitive and responsive caregiving affects the development of the brain in positive ways. Perhaps the most important and such essential experiences is stressful for infants and toddlers and damages brain architecture. In fact, researchers are able to find measurable differences in gray matter volume in infants affected by stress starting at 5 months old (Heinzen et al., 2013).

Abstract

The Parents Interacting With Infants (PWM) intervention is designed to support parents in developing their capacity to create positive, sensitive, and engaging interactions with their infants and toddlers. These interactions, as indicated by research, are essential for healthy brain development and overall well-being, yet they are particularly challenging for young mothers who have not had nurturing experiences growing up. Through a series of facilitated groups, team members exiting the foster care system in inner-city Milwaukee demonstrated a new interest in and sincere engagement with their baby, as well as an increase in parental capacity around understanding their child’s cues and preferences and the importance of relationships and play in supporting their child’s development. The authors found the PWM intervention particularly relevant to populations plagued by poverty, domestic violence, trauma, substance abuse, mental illness, and many other barriers.  

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The first years of a child’s life provide the foundation for self-regulation, self-esteem, and self-confidence.

Many adults who have faced trauma, abuse, or neglect have tremendous difficulties creating positive, consistent, and sensitive relationships with their babies because they have not experienced such relationships growing up. As they become parents, there is no foundation for them to draw on to build the nurturing relationships with their babies; thus, it becomes essential for professionals to foster the process of parent and child falling in love with each other.

When working with populations challenged by poverty, domestic violence, substance abuse, mental illness, incarceration, and many other stressors, professionals (e.g., case managers, home visitors, child care teachers, nurses, and child welfare workers) are often at loss deciding which fire to put out first. Brandt (2013) pointed out that the professional’s greatest responsibility is to support and foster the “serve-and-return” interactions between an infant and her caregiver—a process that is fundamental for proper neural wiring of the brain.

The Pyramid Model

In line with the latest discoveries, the Center on Social and Emotional Foundations for Early Learning developed the Pyramid Model framework, an evidence-based prevention intervention model to promote social and emotional competence in infants and young children. This framework is grounded on the notion that optimal development is only possible within nurturing and supportive relationships (see Figure 1). Wisconsin is one of the many states implementing the Pyramid Model throughout its early childhood systems.

The Parents Interacting With Infants (PIWI) intervention, developed by Tweety J. Yares, is a component of the Pyramid Model that specifically addresses the parent’s relationship with the infant or toddler (McCullum, Goeler, Appl, & Yates, 2001). PIWI recognizes the critical value that parent-child interactions have in a child’s development. Children’s development is enhanced when parents recognize and act on their own important roles in supporting their children’s developmental agendas. The goal of PIWI is to increase parental competence, confidence, and mutual enjoyment. In other words, PIWI supports the parent’s capacity to engage in “serve-and-return” interactions.

PIWI offers an opportunity to break a cycle of intergenerational relational dysfunction and increase the capacity of parents to connect with their infants and young children. Stainton, one of the largest providers of family-centered care and education services and the leader of trauma-informed care in the state of Wisconsin, recognized the need to provide supports to young parents who are aging out of their foster care system. As part of the innovative practices, they selected the PIWI framework and partnered with the Wisconsin Alliance for Infant Mental Health to offer a series of parent-infant groups.

There are other mothers and babies in the room besides Tamika. They are all teens raised in a foster care system with a shared goal to be a better parent than they had growing up. The room is set with age-appropriate toys and activities inviting parents and children to play together. There is also a quiet area with books, pillows, and cozy blankets. After our introductions and discussion of the group’s focus, parents are encouraged to play with and observe their child in different play areas. At this point, we realize that we lost the mothers. Instead of exploring the room and playing with their children, they are off in a corner looking at their phones or talking to each other. The children are delighted to explore and play with us and seem perfectly content to be entertained and held by two strangers. Weumble through the free-play portion of the group and pull everyone back to the large-group activity and closing. There is a noticeable change in the mothers’ engagement when it comes to singing familiar children’s songs.

**Figure 1. The Pyramid Model Framework**
The first five years of a child’s life provide the foundation for self-regulation, self-esteem, and self-confidence.

Many adults who have faced trauma, abuse, or neglect have tremendous difficulties creating positive, consistent, and sensitive relationships with their babies because they have not experienced such relationships growing up. As they become parents, there is no foundation for them to draw on to build the nurturing relationships they need for babies; thus, it becomes essential for professionals to foster the process of parent and child filling in love with each other.

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Before every group, as we set up and prepare, we notice our worries and anxieties. Will the mothers come back? Will they be able to stay present? Will they connect, share, play, participate? Are we relieved when they make it? Do we feel it’s a big effort for both the Mothers and the children to come weekly—will they stay? Imants jui, followed by Tamika. She shared with us what the process looks like. As we arrive, the Mothersokie and other Mothersokie to try playing with the baby. From now, Tamika knows; she feels safe and appreciated. She sees our faces light up when she and her daughter walks in. She is wanted here. We continue the joys and many challenges of raising babies and toddlers. Through these honest and sincere conversations, we were able to build a foundation of trust that allowed us to facilitate and coach the relationships between the mothers and their babies.

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Figure 1. The Pyramid Model Framework

<table>
<thead>
<tr>
<th>Sante Parents Interacting With Infants Group Schedule</th>
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<tbody>
<tr>
<td>Greetings and Welcome</td>
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<tr>
<td>Informal conversations/key parenting concepts with the mothers</td>
</tr>
<tr>
<td>Group Discussion</td>
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<tr>
<td>Hello Song</td>
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<tr>
<td>Sharing</td>
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<tr>
<td>Introduction of developmental observation topic</td>
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<td>The &quot;games&quot;</td>
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<tr>
<td>Parent-Child</td>
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<tr>
<td>Play/Observation Time</td>
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<tr>
<td>Closing Discussion</td>
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<tr>
<td>Songs and rhythm</td>
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<tr>
<td>Sharing what happened</td>
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<tr>
<td>Derry over to home</td>
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<tr>
<td>Good-bye Song</td>
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<tr>
<td>Facilitators Debriefing and Note Writing</td>
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Dyadic strategies are behaviors parents engage in to establish and maintain responsive, supportive, and positive interactions. These strategies increase the number of "serve-and-return" interactions between an infant and her parent.

Establish Reciprocal Roles (Turn Taking)

• Respond to the child’s initiations.

• Establish reciprocal interaction routines (e.g., it takes a turn, you take a turn).

• Provide time for the child to take a turn.

• Let the child know that a response is expected… they wait.

• Initiate… then wait.

Match and Follow

• Observe, interpret, and then join the child by matching his focus of attention or interest.

• Follow the child’s lead.

• Connect on the child’s activities and interests.

Support and Scaffold Learning

• Elaborate on the child’s communicative attempts.

• Add new actions or elements to established interaction routines.

• Balance support (e.g., suggestions, demonstration) with expectations and opportunities for independence.

• Pause “Observer” for the child to solve.

The Parents Interacting With Infants (PIWI) intervention supports parents in creating positive, sensitive, and engaging interactions with their infants and toddlers.

**Triadic Strategies**

Triadic strategies are behaviors Parents Interacting With Infants facilitators use to support parent use of Dyadic Strategies. These strategies foster parent's ability to engage in "serve-and-return" interactions between an infant and her caregiver.

1. **Establish Dyadic Context**
   - Elements of the environment are arranged or rearranged to increase the probability of developmentally matched, mutually enjoyable parent-child interaction.

2. **Affirm Parenting Competence**
   - Developmentally supportive interactions are warmly recognized and expanded on, as are characteristics of child competence.

3. **Focus Attention**
   - Facilitators comment on, expand on, or question aspects of the interaction to draw the parent's attention to particular competencies or actions in self or child.

4. **Provide Developmental Information**
   - Information about the child's development is given by verbally labeling or interpreting the child's social-emotional, cognitive, language, and motor abilities within the context of play and interaction.

5. **Model**
   - Dyadic interaction roles are momentarily taken on by the facilitator.

6. **Suggest**
   - Facilitator provides parent with specific suggestions to try with child.


**Capturing the Power of the Moment**

When initially exploring the best way to evaluate the effectiveness of the intervention, we realized that what we needed to capture is the power of the moment. The compilation of many moments is what creates change. If we could get a mother and a child to truly connect, even if for a moment, and the mother was rewarded with a special look or special touch from her child, she would be more likely to repeat her interaction to get that response again. Thus, our job was to facilitate the creation of that initial moment of connection and to build the mother's capacity to create more of such moments. Through this process of increased parental responsivity, "serve-and-return" will unfold.

We were intentional in deciding not to do a baseline assessment, as we thought it might negatively affect the development of our relationship with the young mothers if they felt they were being judged by their responses. Instead, we chose to use a retrospective survey at the end of our last session. We asked the mothers to self-assess their behaviors and attitudes, thinking back to the first group and now, at the end of the last group, using three simple statements. The table below summarizes the evaluation results (see Table 1).

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<th>Table 1. Evaluation Results</th>
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Capturing the Power of the Moment

When initially exploring the best way to evaluate the effectiveness of the intervention, we realized that what we needed to capture is the power of the moment. The compilation of many moments is what creates change. If we could get a mother and a child to truly connect, to have a shared experience, and the mother was rewarded with a special look or special touch from her child, she would be more likely to repeat her interaction to get that response again. Thus, our job was to facilitate the creation of that initial moment of connection so to build the mother’s capacity to create more effective moments. Through this process of increased parental responsibility, "serving and return" will unfold.

In our model, we are not in a position to do a baseline assessment, as we thought it might negatively affect the development of our relationship with the young mother if they felt they were going to be judged by their responses. Instead, we chose to use a retrospective evaluation at the end of our last session. We asked the mothers to self-assess their behaviors and attitudes, thinking back to the first session and to the end of the last group, using three simple statements. The table below summarizes the evaluation results (see Table 1).

In Their Voices

Parents shared their reflections on what they learned about their groups:

- "I like that we had time to play with our children, and I got to learn new things about her (my joy)."

- "I liked that I learned new things about babies that I didn’t know."

- "They taught us how to focus more on our children. It makes me more aware and a better mother."

- "It benefits both of us, we learned new things to love more and I learned the signs when she doesn’t want to be bothered and about different things she wants to do."
We strongly believe that the PIWI framework applies to very diverse groups of parents, including those with trauma histories. In fact, it might be particularly relevant to the populations that experienced disruptions in relationships growing up.

It takes a community to raise a child, and it takes a community of professionals to implement a successful intervention strategy. This project would not be possible without the financial support of the Wisconsin Children’s Trust Fund and the dedication of competent and visionary SaintA staff. However, our deepest appreciation and admiration goes to the mothers: the mothers who came consistently to the groups; who trusted us to try new things; who were able to share their worries, struggles, and successes of motherhood; the mothers who sincerely wanted to be different from the mothers they had growing up, and we have good evidence to believe that they will be.

Lana Nené, MS, IMH-E (TV), is the associate director at the Wisconsin Alliance for Infant Mental Health. Her main responsibilities include facilitating implementation of the Pyramid Model for social and emotional competence in Wisconsin, developing and delivering workshops, providing consultation and technical assistance to early care and education professionals, coordinating grant projects, and presenting early childhood mental health issues at a variety of state policy meetings. She is a graduate of the Napa Infant-Parent Mental Health Post Graduate Certificate Program and a faculty member at the Wisconsin Infant, Early Childhood, and Family Mental Health Certificate program.

Staci Sontoshi has been in the child abuse prevention/family support field for more than 20 years. Her direct service work has included home visitation and case management on an intensive basis for families with young children screened out of Child Protective Services and development and facilitation of different parenting programs with families of diverse populations. She currently works to support programs through professional development and technical assistance as the early support professional development manager through the University of Wisconsin—Milwaukee Helen Bader School of Social Welfare, Milwaukee Child Welfare Partnership.

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