



Parent-Child Mental Health Interventions

Infant-Parent Psychotherapy¹: Based on Selma Fraiberg's work with blind infants in the 1970's, this intervention focuses on the parent and infant jointly. Other important contributors to the theoretical framework for this therapeutic intervention have included Jeree Pawl, Alicia Lieberman, and more recently, Joy Osofsky. Since 1997, Dr. Osofsky has been working with Miami-Dade County Juvenile Court Judge Cindy Lederman. She has been overseeing the implementation of a pilot infant-parent psychotherapy program for abused and neglected children and their parents who are involved in Dependency Court.

The dyadic therapy model for mothers and their infants and toddlers (zero to three) help the mother to read, interpret, and respond to her infant's cues. At the same time, the therapist encourages her to express her own emotions in the context of the mother-child relationship. Fraiberg's intervention model is one in which the therapist 'talked' for the baby and described how the baby might be feeling as the mother took care of or played with him or her. The 'speaking for the baby' technique helps the mother tune in to the baby without feeling ordered to do so by the therapist. The therapist guides the mother in recognizing how her own needs influence her responses to her baby. Role-playing with their infants allows the mothers an opportunity to uncover the ghosts they bring into the nursery, AKA their own childhood experiences, and may assist the mother in looking at the interactions from the infant's point of view.²

Case management is an important component of the Florida model. The case manager helps the mother find and get the services and supports she and her baby need, such as housing and employment. Another significant component of this therapeutic approach is the inclusion of concrete assistance to parents, whether that means providing transportation to appointments or attending the school function of an older sibling. By demonstrating to the mother the therapist's positive regard for her in this very tangible way, progress is made in healing the negative experience the mother had with attachment figures in her childhood.

Research indicates that for those who complete treatment parent-child psychotherapy is effective. Fraiberg's original model was shown to improve the parent's perception of the baby, the baby's socioemotional functioning, and the parent-child relationship. In a study of 100 anxiously attached infants, the mother-baby pairs were randomly assigned to treatment or observation. A second control group of securely attached dyads were observed as well. By the end of treatment, the attachment between mother and child in the treatment group became indistinguishable from the secure attachment of the second control group. In the Florida Infant & Young Child Mental Health Pilot Project, 105 mother-baby pairs were referred for the dyadic therapy program; 84 completed the pre-treatment assessment and 43 completed the post-treatment assessment; 20 were in still in treatment when the following findings were written. The remaining 40% dropped out for a variety of reasons. Results from the 43 parent-child pairs who

had completed the intervention at the time the initial evaluation data was analyzed showed that both the parents and children responded much more positively to each other after the therapeutic intervention. Both the parents and children showed increased sensitivity including behavioral and emotional responsiveness to enhance the child's development, positive self esteem, and readiness to learn. Further, over the three years of the study, there were no further substantiated reports of abuse and neglect and all children received permanent placements.³

Parent-Child Interaction Therapy⁴: In summary, this therapy, pioneered by Sheila Eyberg and colleagues, was designed for 2-6 year olds with “externalizing behaviors,” or disruptive behavior characteristic of oppositional-defiant or conduct disorder and/or characteristic of insecure attachment. It is intended as a short-term but not time limited intervention (10 to 16 weekly sessions). Emphasis is initially placed on improving the parent-child relationship. Once certain therapeutic goals have been reached, the emphasis shifts to implementing consistent discipline with the child.

PCIT has been evaluated fairly rigorously and found to be effective except where the mother is highly critical or severely depressed or where the parents are actively abusing drugs, experiencing severe marital discord or psychopathology. Some evidence suggests that therapist behaviors may be more predictive of treatment outcome than any specific therapeutic techniques. This speaks to the notion that therapeutic relationships are critical in helping dysfunctional parents. While concrete assistance with life tasks is not part of the therapeutic design, “*Prinz and Miller (1994) found that families whose treatment focused exclusively on parent training and child behavior dropped out more often than families who had opportunities to discuss life concerns beyond child management, particularly among families facing greater adversity.*”

Comparing the two interventions: Parent-child psychotherapy focuses on parents and their infant or toddler while PCIT is intended for older children (2-6 years of age). Both interventions focus on improving the relationship between the parent and child. In PCIT it is the child’s acting out behavior that leads to a treatment referral while in parent-child psychotherapy, it is the parent-child relationship itself. In PCIT, the focus is on changing the child’s behavior through practice in establishing discipline. By contrast, parent-child psychotherapy is predicated on the assumption that improving the subjective experience of the parent-child relationship leads to significant improvements in behavior. Neither approach is recommended for parents with psychotic diagnoses, or where the parents are actively abusing drugs. While PCIT is contraindicated when the mother is highly critical or depressed, no such restriction is found in the parent-child psychotherapy literature reviewed. Both approaches have been extensively evaluated and found to be effective. Treatment completion was a problem mentioned for PCIT and in the Florida research.

¹ Lieberman, A.F., Silverman, R., Pawl, J.H. (2000). Infant-parent psychotherapy. In C.H. Zeanah, Jr. (Ed.) Handbook of infant mental health (2nd ed.) (p. 432). New York: Guilford Press.

² University of Miami Linda Ray Intervention Center, Eleventh Judicial Circuit of Florida (2005). MIAMI SAFE START INITIATIVE REPLICATION MANUAL. (pp. 14-15).

³ Adams, S., Osofsky, J., Hammer, J.H., Graham, M. (2003). Program Evaluation: Florida Infant & Mental Health Pilot Project Year 3 Final Report July 1, 2000 to June 25, 2003. Florida State University Center for Prevention & Early Intervention Policy: Tallahassee, FL.

⁴ Herschell, A.D., Calzada, E.J., Eyberg, S.M., McNeil, C.B. (2002). Parent-Child Interaction Therapy: New Directions in Research. Cognitive and Behavioral Practice 9, (pp. 9-16).