The Healing Power of the Clinician-Parent Relationship for Young Children(3-6) & their Families

2019 MI-AIMH Conference

Jennifer Farley, PhD, LMSW &
Fran Jozefowicz, MSN, RN, IMH-E® (IV-Clinical)

Sign in Code: D1J

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Agenda

- Explore the Parent Young Child (PYC) program & its approach to ECMH treatment services
- Review results of a study examining the clinician-parent relationship with PYC parents and clinicians
- Explore how partnership has shaped advocacy efforts within agency and within larger systems of care

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PYC History

- A service gap for 3 to 5 year olds was identified by a childcare grant expulsion team
- Initially, PYC was developed and funded by a Federal Safe Schools Healthy Students grant
- PYC began serving families in 2000 and received two additional State grants before becoming a CMH program in 2005

PYC Today

- The PYC serves children ages 3 to 6 years (up to 7) and their families
- Catchment area spans across three counties
- PYC serves approximately 100 families per year
- 7 full-time clinicians:
  - IMH® endorsed (or working towards it)
  - IMH® reflective supervisor

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PYC Children & Parents

- Meet criteria for CMH home-based services
- 0-4: Affect modulation problems, behavior problems coupled with sensory difficulties, difficulties with adaptation and interactions with others or relationships
- 4-7: Impaired social or emotional or cognitive development or sensory processing, or caregiving factors that reinforce difficulties

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PYC Framework

- IECMH relationship-based therapeutic foundation
- Functioning developmental-informed services
  - Social, emotional and cognitive enhancements and emergence of functional and representational play
  - Use of play therapy and movement interventions
  - Speech and language and sensory assessments, referral to services

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PYC & ECMH Principles

- Rooted in attachment, development, psychodynamic, systems/ecological, resiliency, relationship and trauma theories
- Healthy parent-child relationships are key to a young child's optimal growth and development
- The parent-young child relationship is reciprocal

PYC & ECMH Principles

- Parent-child dyads are part of a family system, which includes multiple relationships
- Effective intervention REQUIRES the development of a kind and trusting relationship between the clinician and the parent and family
- Resiliency is supported throughout services to help nurture parent and parenting capacities
- Families deserve highly-skilled and competent clinicians

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Range of Treatment Interventions

- Infant/Child Psychotherapy [1]
- Child-Parent Psychotherapy [2]
- Parent-Focused Psychotherapy
- Circle of Security [3]
- Relationship Play Therapy Models [4]
  - Filial Play Therapy, Theraplay [5]
- Incredible Years [6], PMTO [7]

1. (Freiberg et al., 1975 2. Lieberman & Van Horn, 2016 3. Hoffman et al., 2001) 4.VanFleet, 2004; Guerney et al., 1967; Jernberg & Booth, 2010). 6. Webster-Stratton, 2011 7. Forgatch & Patterson, 2010.

Clinical Supportive Services

Family Based:

- Concrete Needs
- Linkage to community supports
- Developmental & Anticipatory Guidance
- Empowerment & Advocacy within family and multiple systems of care
- Natural Supports

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Home Visiting Process
(Farley & Whipple, 2017)

1. *Check-in with Parent or Parent and Child*
   - Address child or parental needs or concerns, provide emotional support, offer developmental guidance ,concrete assistance and advocacy
2. *Prepared child and parent for play session*
   - Teach parent non-directive play skills (how to play, let the child be in charge) and directive skills (how to structure, set limits without interrupting the process)

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3. *Intervention with child, parent-child or family*

4. *Reflective Time with Parent or Parent and Child*
   - De-brief/process play observations, themes, and metaphors with the parent and how they related to current child behaviors, parental perceptions, and/or early childhood experiences/potential ghosts
   - Examine parent plans for the week and agenda for next week

5. *Ending Ritual for the child and parent*
   - Play-based task to help the child/parent end the home-visit and transition into a goodbye between the child/parent and clinician

PYC & EMU Research

Collaborative approach

- Relationship-based: Supportive, trusting and flexible
- Overarching goal: To examine the PYC tenants from multiple perspectives
- Supervisor and clinicians involved in each aspect of the research process
- Important to have equal benefit throughout

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2015-2016 Study

- Sequential mixed-methods design to examine the PYC treatment process
- Home-based semi-structured qualitative interviews with 20 PYC parents and 4 clinicians
- The essence of the treatment process: The clinician-parent relationship
- This relationship influenced feelings of confidence, empowerment, and ability to advocate to friends and family
- Per parents, this lead to improved natural supports and fewer feelings of social isolation

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2017-2019 Study

- Aim: Gain a deeper understanding of the clinician-parent relationship and parent stress and caregiving factors
- Repeated measure design with the same PYC parents and clinicians over three different time points
- Invited all PYC parents and clinicians to participate

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Clinicians & Parents Across Time Points

T1=22 Parents; 7 Clinicians

T2=18 Parents; 6 Clinicians

T3=14 Parents; 6 Clinicians

All parent interviews took place in their home; clinicians meet in office

Clinician and Parent Measures

1. **Working Alliance Inventory** (Horvath & Greenberg, 1989)
   - 26 items, 7-point scale (Never to always)
   - **Tasks**-agreement what to work on
   - **Goal**-agreement of changes/outcomes
   - **Bond**-mutual trust, acceptance and confidence

2. **Real Relationship Inventory** (Gelso, 2011)
   - 24 items, 5-point scale (Strongly agree to strongly disagree)
   - **Genuineness-**authentic, open and honest
   - **Realism**-acting in accurate and realistic way based on perceptions of "the other"

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Additional Parent Measures

3. **Parenting Stress Index** (Abidin, 1983)
   - Perceived level of stress: Parent and child characteristics
   - 101 items, 5-pt scale (Strongly agree to strongly disagree)
   - **Parent**: Competence, Isolation, Attachment, Health, Role Restriction, Depression, Partner Relationship
   - **Child**: Hyperactivity, Adaptability, Reinforces Parent, Mood, Acceptability, Demandingness

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Additional Parent Measures

4. **Caregiver Helplessness Questionnaire** (George & Solomon, 2007)
   - Assess core dimensions of disorganized caregiving that have been associated with parent stress, life events and early childhood social, emotional problems (Huth-Bocks et al., 2016)
   - 26 items, 5-pt scale (Very to not characteristic)
   - **Mother-Child Frightened**
   - **Mother Helpless**
   - **Child Caregiving**

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Data Analysis

- Descriptive statistics to explore demographics
- Correlations to examine relationships
- Anovas to explore changes overtime

Parent Demographics

	M	SD
Age	36.86	13.82
	n	%
Caucasian	12	54.5
Biracial	4	17.9
Native American	3	13.6
African American	3	13.6
Married	5	22.7
HS Diploma or GED	6	27.2
College Degree	5	22.7
Working outside of home	11	50

Note. N=22, All Females

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Child Demographics

	M	SD
Age	4.77	.634
	n	%
Male	18	81.8
Caucasian	13	59.1
Biracial	4	17.9
African American	3	13.6
Native American	2	.09
Childcare	6	27.3
Head Start	8	36.4
Kindergarten	7	31.8

Note. N=22

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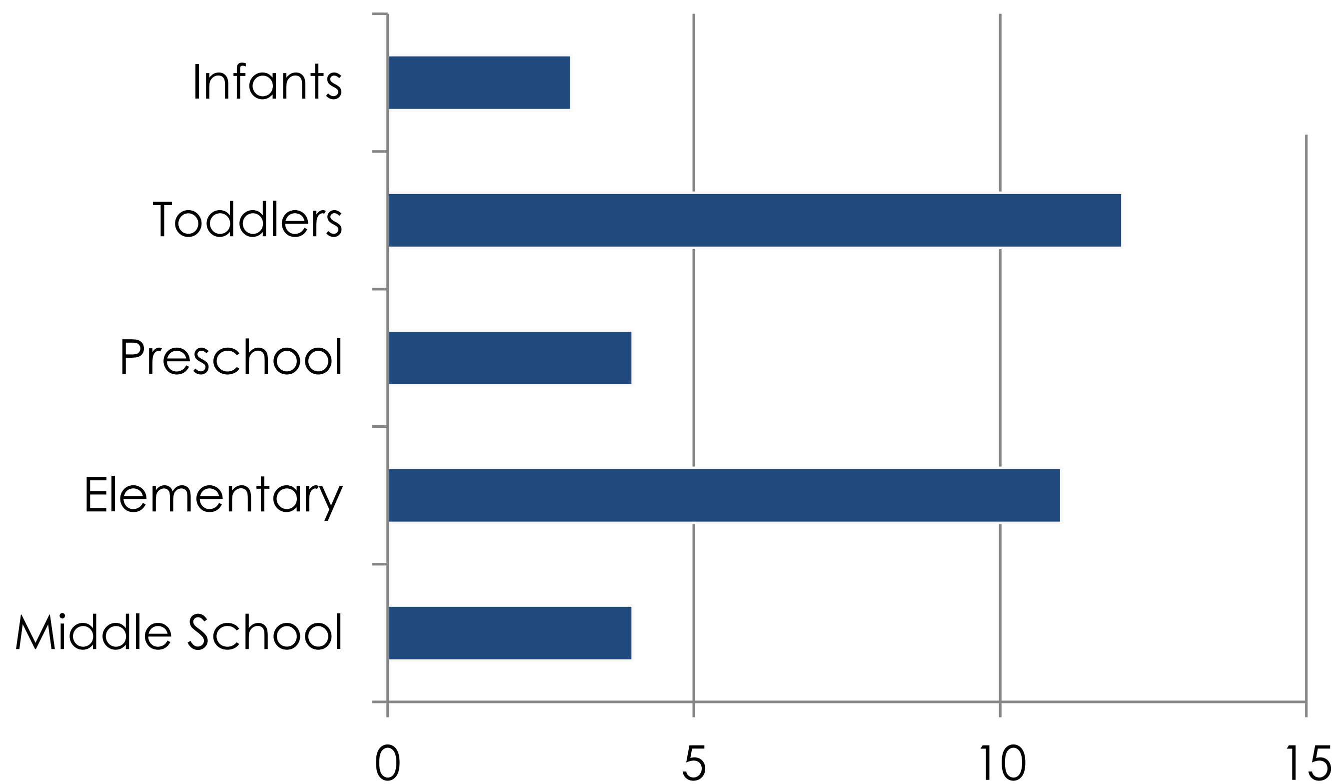
Sibling Age



N=32 siblings total

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Risk Factors

	n	%
Parental History of IPV	4	18.2
Parent History of EC Trauma	12	54.5
Parental Physical Health	10	45.4
Parental Mental Health	9	40.9
Lack of natural supports	12	54.5
Transportation	4	18.2
Housing	6	27.3
Insufficient Income	7	31.8

Note. N=22; Aside from histories, risk factors occurred within past year as reported by parents

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Clinician Demographics

	M	SD
Age	44.33	9.832
Yrs. of experience in mental health	15.14	7.75
Yrs. of early childhood experience	15.01	8.71
Number of IECMH training hours (within last year)	40.0	33.12

Note. N=7, All clinicians identified as Female and Caucasian

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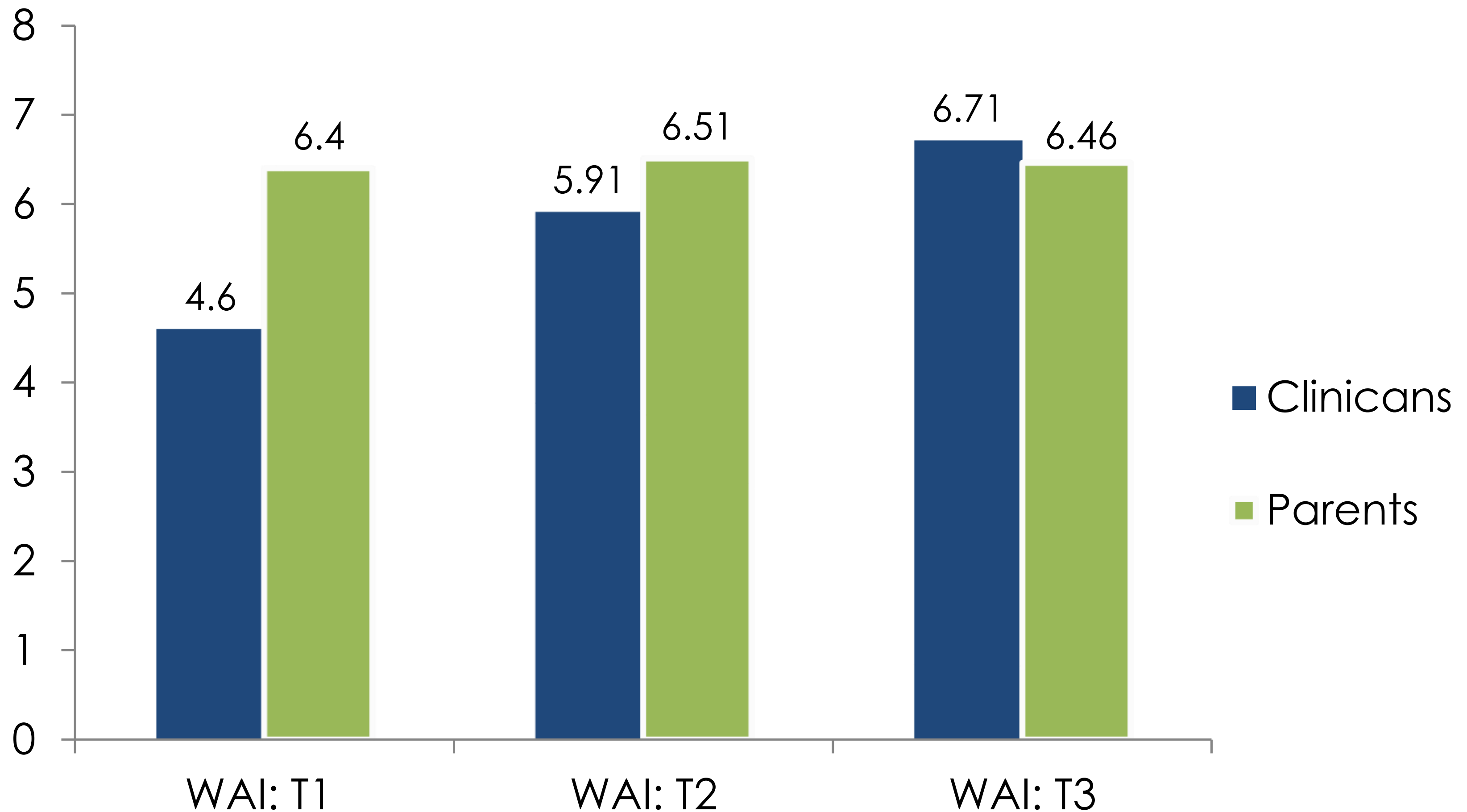
Relationship Phase

- Per clinician report, the majority of parents were in the middle stages of the working relationship (n=17) while 5 were moving towards the termination phase
- Working phase was defined as "past the engagement and actively working on treatment plan"
- During the course of the study, 2 graduated from treatment services

ANOVA: Total Mean Scores for Working Alliance Inventory



Note. $F(1.846, 64.61)=7.58=p=.001$***

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ANOVA: Total Mean Scores for Real Relationship Inventory

	Clinicians	Parents
RRI: T1	3.02	2.97
RRI: T2	4.79	3.51
RR: T3	3.5	2.7

Note. $F(1.82, 63.96)=9.988$, $p=.000$***

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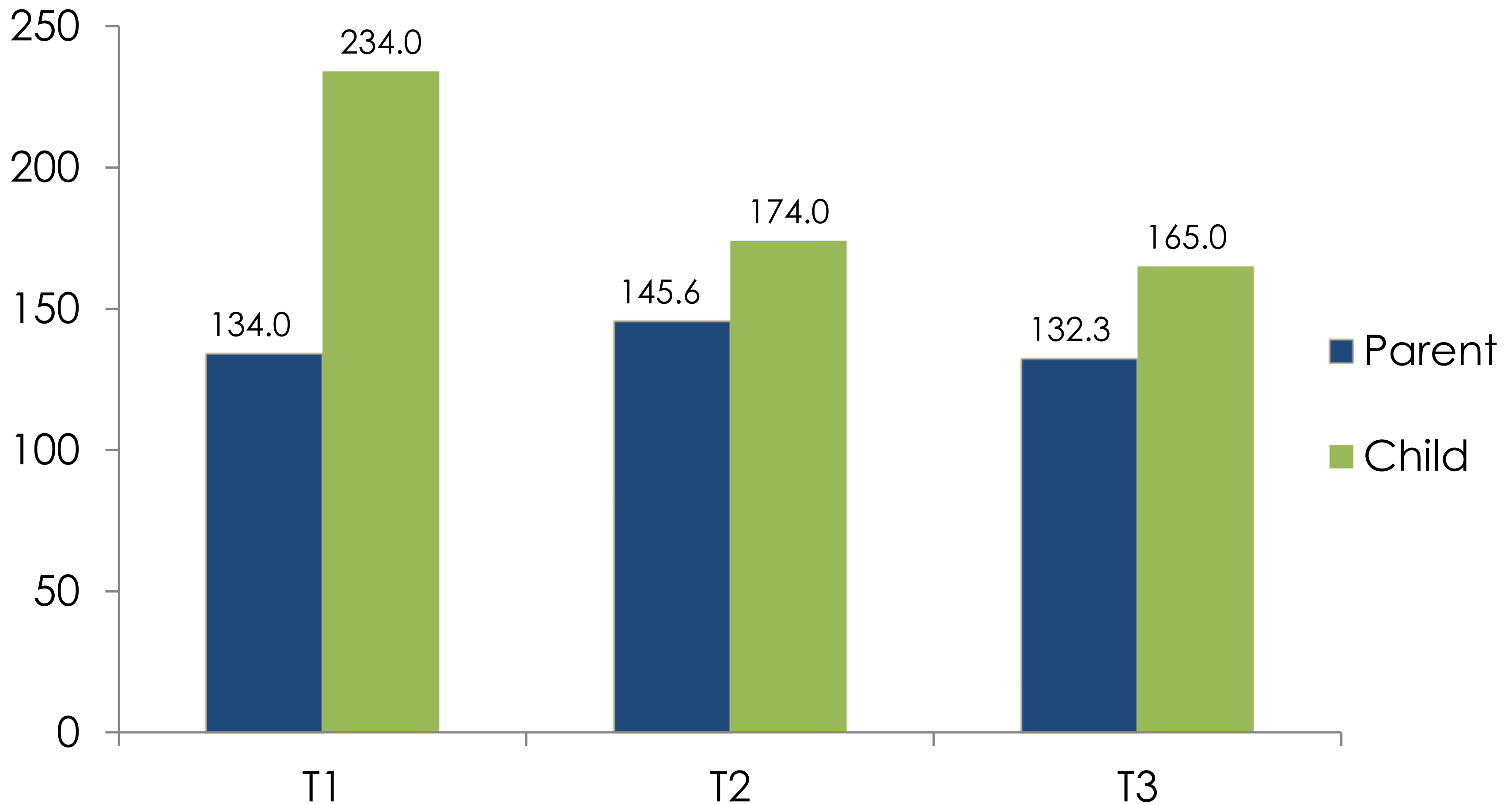
ANOVA: Parenting Stress Index Mean Scores



Note. Parent $F(1.974, 13.81)=3.955$, $p=.04$*
Child F $(1.434, 18.64)=.917$, $p=.412$

Correlations

- Significant negative correlations: WAI and CHQ Helpless
  - T1: Total (-.716*), Bond (-.526**), Goal (-.702**), Task (-.569**)

- Significant negative correlations: RR and Helpless/Frightened
  - T1 Frightened : Total (.-539*), Realism (.580**)
  - T2 Frightened: Total (.-703**), Realism (-.654**), Genuineness (-.604**)
  - T2 Helpless: Total (-.551*), Realism (-.543**)

Note. *p*,<.05*; *p*<.01**, *p*<.001***

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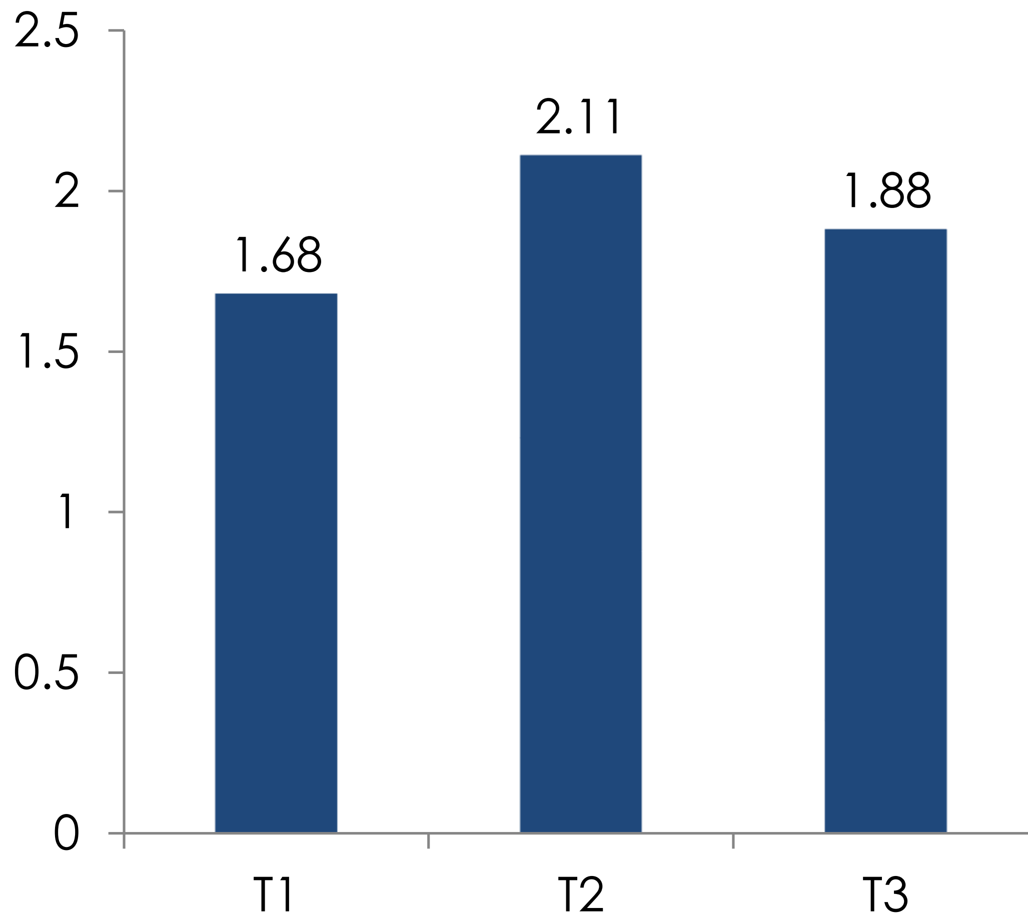
ANOVA: CHQ
Parent Helpless Subscale



Note. *F*(1.287, 2.468)=6.776, *p*=.004***

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Correlations

- Significant negative correlations: WAI & Helpless
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- Significant negative correlations: CHQ Helpless/Frightened & RR
  - T1 Frightened: Total (.-539*), Realism (.580**)
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Strong Relationships

- This study highlights the working stages of the treatment process and the different perceptions of the relationship overtime
- Alliance parent mean scores: Strong and stable clinician-parent relationship overtime
- Alliance clinician mean scores: Increased overtime, which could be related to knowledge & Experience of the treatment process in relation to goals/tasks
- By T3, both relationship scores were similar and indicate a strong relationship

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Strong Relationships Cont.

- For the RR, both parent and clinician total mean scores gradually increased overtime
- Aside from one time point, clinician mean scores were higher than parents
  - This may highlight the level of relationship awareness from clinicians in particular the perception of the "other" and in being authentic

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The Power of a Strong Relationship

- Parent and child PSI scores highlighted stressors:
  - Hyperactivity, demandingness, adaptability and competence
- Within the PYC relationship-based approach, PSI child mean scores decreased overtime
- Parent stress slightly increases in T2 and decreases in T3, which may highlight a change in parenting responses to child stressors and feelings of competence
- CHQ Helpless also increase during T2 and decreases in T3

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Relationship Connections

- Correlations highlight a strong negative relationship between parent perceived stressors and:
  - The bond between the clinician and parent
  - The authenticity within the relationship
  - The realistic and reactions of "the other"
- In addition, results indicate a negative relationship between parent perceptions of fear and feelings of helpless and:
  - The realism and genuineness of the relationship

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PYC Relationship-Based Advocacy

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Agency Struggles

- Initial struggle within children's services due the focus on solution focused treatment
  - Constant education and examples of ECMH services within program meetings
  - This process was difficult as questions/reactions were not understood
- Although challenging (and similar to clinical work), it was important to find strengths and build a relationship with each supervisor within children's services

Ports of Entry

- Next-level program reported struggles with previous PYC parents
- Next-level program had very few clinicians who liked working with young children
  - Training needed to help clinicians further understand EMCH and develop clinical skills
  - Two trainings were developed and both included the dissemination of ECMH-PYC program data to help build understanding

Gaining Local Support

- Great Start Collations
  - Early On
  - Head Start
- DHHS Mental Health Divisions & Workforce Development
- MI-AIMH & Endorsements

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School Advocacy

- Gaining local support helped with PYC presence in the community and when advocating in schools
- Individual Level: Observations, consults, IEP meetings
  - Continual education about early childhood social/emotional development and dysregulation
  - Empower parents within system
- System Level: Currently trying to address the lack of planning during the transition from preschool to Kindergarten

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Child Welfare Advocacy

- Local changes improved referrals to CMH services
- Individually building relationships and educating child welfare workers on:
  - ECMH services (including program data)
  - S/E development
  - Transitions and their potential impact
  - Supporting foster parents
- Also trying to help support workers and their burnout

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Court Advocacy

- Working to build relationships with the majority of guardians at litem, each court has own culture
- Individually educating them on attachment theory and social/emotional development, hoping to expand on this
- Turnover has influenced progress

Summary

- At the core of PYC-ECMH are trusting and supportive relationships
- These relationships are the vehicles in which all clinical services are delivered, research partnerships are formed and advocacy within and outside of agencies is delivered
- We hope that you have learned a bit more about ECMH, and the power of the clinician-parent relationships for young children and parents

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Thank you for your time and presence!

Sign out code: D1F

Contact Information:

Jennifer Farley: jfarley5@emich.edu

Fran Jozefowicz: jozefowi@ceicmh.org

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