Getting it Right from the Start: Preventing Neglect During the First Three Years

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in the Early Years

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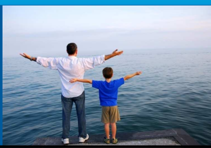

Focus of Paper

- Why are the first three years of life important?
- What is the impact of neglectful parenting during this period?
- What does neglectful parenting involve?
- OXPuP – a new care pathway to prevent abuse

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Why are the Early Years Important?

Dyadic Regulation of Infant Affect

- Key task of infancy is 'affect regulation'
- Parents play a key role in facilitating this process, known as the 'dyadic regulation of affect'
- Two biological systems involved – parental caregiving and infant attachment
- Goal for most advanced societies should be to promote alignment of these two biological systems to promote 'secure attachment'

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Infant Stress

- Infant stress due to internal (hunger, discomfort etc) or external (fear) triggers;

Types of stress in infancy (Shonkoff, Boyce, McEwan 2009):

- Positive stress – normative: brief and mild/moderate in magnitude
- Tolerable stress – non-normative: a greater magnitude of adversity or threat
- Toxic stress – strong, frequent or prolonged activation of stress response system in absence of buffering of adult support

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Consequences of Toxic Stress

Disrupts developing brain architecture and other organ systems and regulatory functions;

- Learning - linguistic, cognitive and socio-emotional skills
- Behaviour – adaptive vs maladaptive responses
- Physiology – hyper-responsive/chronically activated stress response

Increased stress-related chronic disease,unhealthy lifestyles and widening health disparities (Shonkoff et al 2009))

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Attachment

Secure (Group B) – able to use caregiver as a secure base in times of stress and to obtain comfort (55-65%)

Insecure

Anxious/resistant (Group C) – up-regulates in times of stress to maintain closeness (8-10%)

Avoidant (Group A) - down-regulates in times of stress to maintain closeness (10-15%)

Disorganised (Group D) – unable to establish a regular behavioural strategy (80% of abused children) (Carlson, cicchetti et al 1989)

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Attachment Outcomes

- Secure attachment – more optimal functioning across all domains scholastic, emotional, social and behavioural adjustment, peer-rated social status etc (e.g. Sroufe 2005)
- Insecure attachment – less optimal functioning across all domains (Lecce 2008)
- Disorganised attachment – significant dysfunction and later psychopathology (Green and Goldwyn 2002; Madigan et al 2006)

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Nurturance/ Emotional and Behavioural Regulation

Key aspects of early parenting that promote 'secure' attachment organisation:

- Sensitivity/attunement (Woolf, van Ijzendoorn 1997)
- Mid-range contingency (Beebe et al 2010)
- Reflective Function (Fonagy 2002)/Mind-Mindedness (Meins et al 2001; 2001)

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'Affect Synchrony' – the dance

- **By two months the mothers face is the primary source of visuo-affective communication**
- **Face-to-face interactions emerge which are high arousing, affect-laden and expose infants to high levels of cognitive and social information and stimulation**
- **To regulate this infant and mothers regulate the intensity of these interactions**
- **The dance – synchrony; rupture; repair**
- **Absolutely fundamental to healthy emotional development – prolonged negative states are 'toxic' to infants**
- **Adults that are incapable of 'attunement' i.e. intrusive; depressed, cannot regulate appropriately**

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Parent-infant relationship in the face of parental problems

- Infant's emotional states trigger profound discomfort in vulnerable and 'unresolved' parents (e.g. where there is unresolved loss/trauma, mental health problems, drug/alcohol abuse, or where there is domestic violence etc)
- Interaction becomes characterized by:
  - withdrawal, distancing or neglect (i.e. omission)
  - intrusion in the form of blaming, shaming, punishing and attacking (i.e. commission)

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Fr- and Atypical parenting behaviours

- Fr-behaviour – frightened AND frightening (Main and Hesse 1990)
- Atypical/anomalous parenting behaviours (Lyons-Ruth 2003): threatening (looming); dissociative (haunted voice; deferential/timid); disrupted (failure to repair, lack of response), affective communication errors (mother laughing while child distressed)
- Meta-analysis (12 studies) – strong association between atypical behaviours and disorganised attachment at 12/18months (Madigan et al 2006)

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Impact of Early Maltreatment on the Neurological System (1)

- Maltreatment and trauma in early years results in:
  - Overdevelopment of neurophysiology of brainstem and midbrain (anxiety; impulsivity; poor affect regulation; hyperactivity);
  - Deficits in cortical (problem-solving) and limbic function (empathy)

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Impact of Early Maltreatment (2)

Secure (Group B) – able to use caregiver as a secure base in times of stress and to obtain comfort (55-65%)

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Avoidant (Group A) - down-regulates in times of stress to maintain closeness (10-15%)

Disorganised (Group D) – unable to establish a regular behavioural strategy (80% of abused children) (Carlson, cicchetti et al 1989)

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Internal Working Models

- Infants begin 'mapping' the world from birth;
- A key aspect of the environment that is mapped is interactions with primary caregivers;
- Internal maps (IWMs) - enable a person to anticipate and interpret another's behaviour and plan a response
- Caregiver is experienced as a source of security and support, infant develops a positive self-image and expect positive reactions from others;
- Infants with non-attuned or abusive caregivers internalise a negative self-image and generalise negative expectations to other relationships

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Disorganised/Controlling Attachment

- Caregivers – unpredictable and rejecting; source of potential comfort also source of distress
- Others – frightening, dangerous, unavailable
- Self represented as unlovable, unworthy, capable of causing others to become angry, violent and uncaring
- Predominant feelings – fear, shame and anger
- Little time for exploration or social learning
- Range of 'coercive' strategies developed by child
  e.g. controlling strategies and compulsive caregiving

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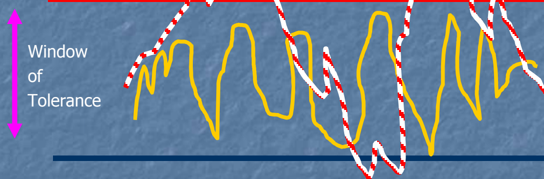
Arousal in traumatic/disorganised attachments

Hyper-arousal (aggression, impulsive behaviour, children emotional and behavioural problems – 'Fight or flight' response)



Hypo-arousal (dissociation, depression, self harm etc)

Outcomes of disorganised attachment

- Follow-up of children disorganised at 1-year at age 6 (Lieberman and Amaya-Jackson 2005);
  - controlling behaviours toward parent;
  - avoidance of the parent;
  - dissociative symptoms;
  - behavioural/oppositional problems;
  - emotional disconnection;
  - aggression toward peers;
  - low social competence in preschool
- Associated with significant psychopathology in childhood and later (Green and Goldwyn 2002)

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OXPUP Perinatal Assessment of Capacity to Change

OXPUP - Care Pathway

ANTENATAL

- Identify high risk families during pregnancy – pre-birth assessments at 18 weeks
- PuP Intervention begins ante-natally for 3 months

BIRTH

- Assess parent-infant interaction; concurrrent foster care where necessary

NEXT 8 MONTHS

- Continue time-limited intervention and clear goals to be achieved; re-assess 2, 4, 6 months
- Remove infants where there is insufficient improvement before 8 months

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Step 1

- A cross-sectional assessment of the parents' current functioning
- Use a range of standardised psychological assessments to supplement other sources of information
- Include an assessment of *parent-child interaction*

Ante-natal Assessment

- Pre-birth assessment

  Antenatal promotional Interview

- 3 monthly assessment of functioning

  Mental health (DASS); Life events Scale; Drug and Alcohol screen; Domestic abuse screen (SARA)

- Reflective function – once during prenatal and once postnatal

  Parent Development Interview (PDI)

Postnatal Assessment

- As above
- Parent-infant interaction – 3 minute videoclip (CARE-Index)
- Home environment (HOME Inventory)
- Mothers feelings about relationship with baby (Mother-Object relationship Scale)
- Parenting Stress – Parenting Stress Index (PSI)

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Step 2

- Specification of **operationally defined targets for change**
- Should include the unique problems facing individual families
- Should involve the use of standardised procedures such as Goal Attainment Scaling – GAS

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Level of expected outcome	Goal one: The sitting room is clean and safe	Goal two: Tom reduces his drinking and gets more involved in basic care	Goal three: Zara accepts help with the morning routine and her depression that underlies the difficulties
Review date			
Much more than expected	The room is cosy and has been re-painted. The furniture is clean. The floor is clear. There are toys and books. The clean washing is put away regularly. There is no smell.	Tom does not drink alcohol and goes to all his appointments. He begins to spend more time with the children and take more responsibility for their care in the mornings. He is able to give the children money for the tuck shop at least twice a week.	Zara takes increasing responsibility for getting the children up. They arrive at school on time most days. Zara works with her counsellor to address her depression and takes her medication regularly.
More than expected	There is no smoking in the room, there are some toys available, all the surfaces are clear and clean.	Tom is sober most of the time. He goes to his appointments regularly. He finds other ways to relax. Tom starts to get more involved with the morning routine and puts the clothes out the night before.	Zara makes good use of her counselling sessions and continues with her medication. She gets out of bed and takes the children to school most morning and has them ready for the parent support advisor on all other days.
Most likely outcome	The floor is clear, the furniture is clean, the dog is kept out of the room, there are no smoking materials within the children's reach	Tom is sober around the children and goes to his Mum's if he gets drunk. He turns up to most of his appointments at the alcohol service. He spends less than £5 per week on alcohol. He does not shout from his bed in the mornings when the children are messing about and sometimes gets the breakfast.	Zara takes her medication regularly and attends an assessment appointment with the counsellor. She accepts help from the parent support advisor to get the children to school.
Less than expected outcome	Some of the clutter has been cleared, any dog faeces are cleared up immediately.	Tom sometimes drinks around the children. He misses some of his appointments. He spends the family money on drink. He is not involved in the morning routine and is sometimes grumpy and hungover.	Zara does not attend her first appointment and does not always remember her medication. She stays in bed most of the day. The children's school attendance is below 80%
Much less than expected	The floor is cluttered, there is stale food on the furniture, dog faeces are left on carpet, ashtrays and lighters are left in children's reach.	Tom is drunk whilst caring for the children. He misses most of his appointments. The family runs out of money because it has been spent on alcohol. He gets angry in the mornings because he is	Zara does not take her medication or go for counselling. She spends most of the day in bed and the children continue to attend school late or not at all most days. They are not ready when the parent

Step 3

Implementation of an intervention with proven efficacy for the client group that:

- addresses multiple domains of family functioning;
- is delivered in the home using individualised goals;
- is tailored to address the specific problems of individual families and the achievement of identified targets for change.

PUP Programme

- PUP comprises an intensive, manualized, home-based intervention of ten modules conducted in the family home over 10 to 12 weeks, each session lasting between one and two hours
- PUP is underpinned by an ecological model of child development and targets multiple domains of family functioning, including the psychological functioning of individuals in the family, parent–child relationships, and social contextual factors.
- Incorporates 'mindfulness' skills that are aimed at improving parental affect regulation;
- RCT with substance abusing parents of children aged 2-8 years (Dawe and Harnett 2007)

Evidence-Based Interventions

- Sensitivity/attachment-based: Video-interaction Guidance; Family Nurse Partnership;
- Psychotherapeutic: Parent-infant psychotherapy
- Parenting programmes: Parents under Pressure; Parent-Child Interaction Therapy
- Court-based: Family Drug and Alcohol Courts (FDAC)

Step 4

Objective measurement of progress over time including:

- readministration of standardised measures used at baseline;
- direct observation of changes in parent-child interaction;
- evaluation of the parents' willingness to engage and cooperate with the intervention and the extent to which targets were achieved (Harnett 2007)

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Publications

- Barlow J, Hall D (2012). Systematic Review of Models of analysing Significant Harm. London: DfE.
- Barlow J, Scott J (2010). *Safeguarding in the 21st Century: Where to Now*? Dartington: Research in Practice.
- Ward et al (2010). Infants suffering, or likely to suffer, significant harm: A prospective longitudinal study. London: DfE.
- Barlow J, Schrader-McMillan A (2010). *Safeguarding Children from Emotional Abuse: What Works?* London: Jessica Kingsley.

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