

A Smart Start – The Importance of Parent-Child Interaction

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in the Early Years

Note: In Prof Jane Barlow's absence, this presentation was slightly adapted and delivered by Dr John Linnane, Director of Public Health for Warwickshire

Fair Society: Healthy Lives Marmot (2010)

- In order to equalise life chances we need to give every child the **best start in life**
- 2 key periods – pregnancy; first 2 years of life
- Returns on investment on well-designed early years' interventions significantly exceed the costs



The First Year is Foundational

	<i>Emotional/ social development</i>	<i>Intellectual Development</i>	<i>Behavioural development</i>
<i>Infancy</i>	Trust/attachment	Alertness/curiosity AFFECT REGULATION	Impulse control
<i>Toddlerhood</i>	Empathy	Communication/ mastery motivation	Coping
<i>Childhood</i>	Social Relationships	Reasoning/problem solving	Goal-directed behaviour
<i>Adolescence</i>	Supportive social network	Learning ability/achievement	Social responsibility

The importance of early parent-infant interaction



Parent-Infant Interaction

- Parent-infant interaction is important because it plays a key role in terms of:
 - the infants rapidly developing central nervous system (CNS)
 - the infant's developing attachment organisation



The Developing Brain

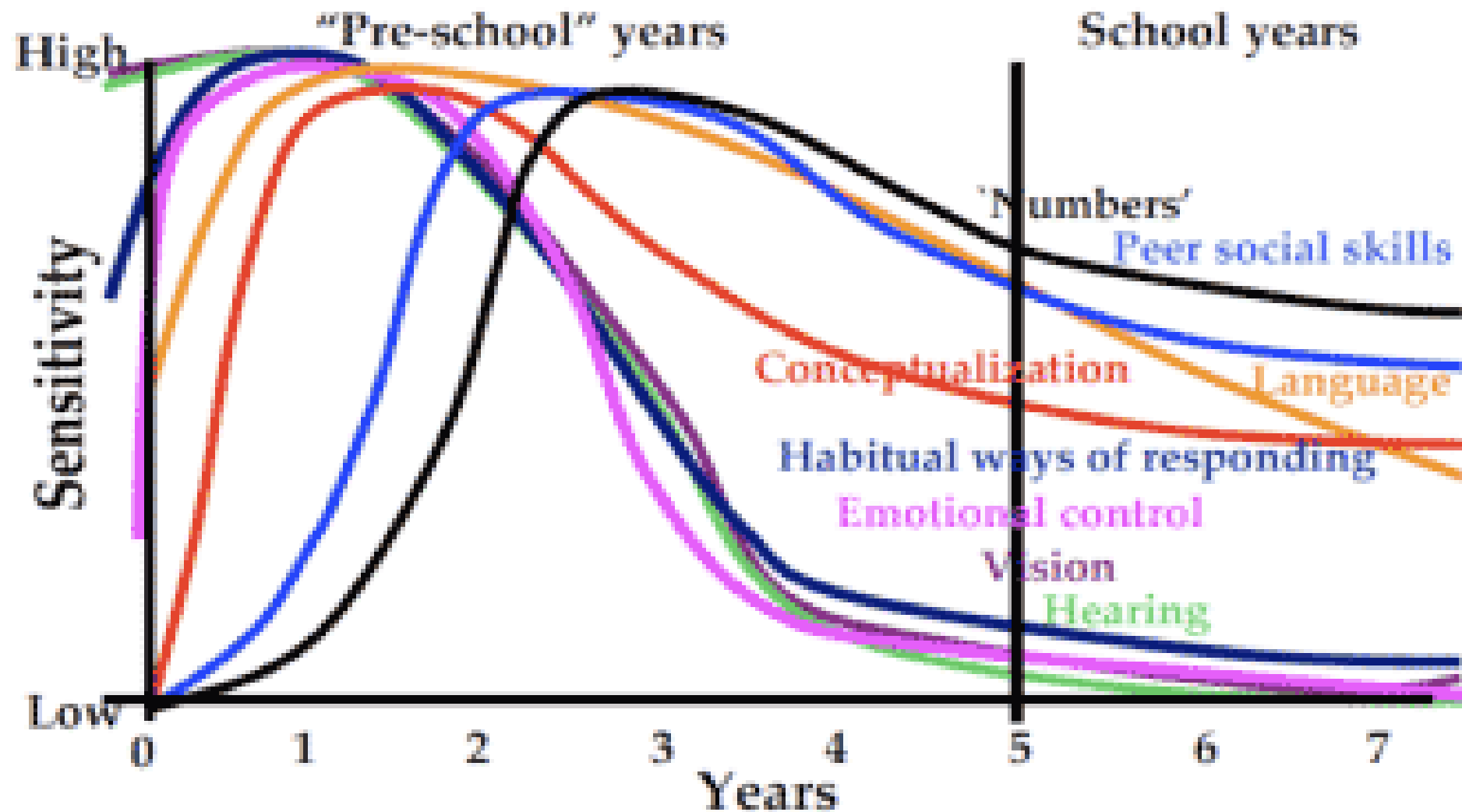


Early Brain Development




Figure 4.5 The connections between neurons develop rapidly after birth. This is a picture drawn from photomicrographs of infant brain tissue. Even so, it is only schematic, and not from one infant.

'Sensitive periods' in early brain development



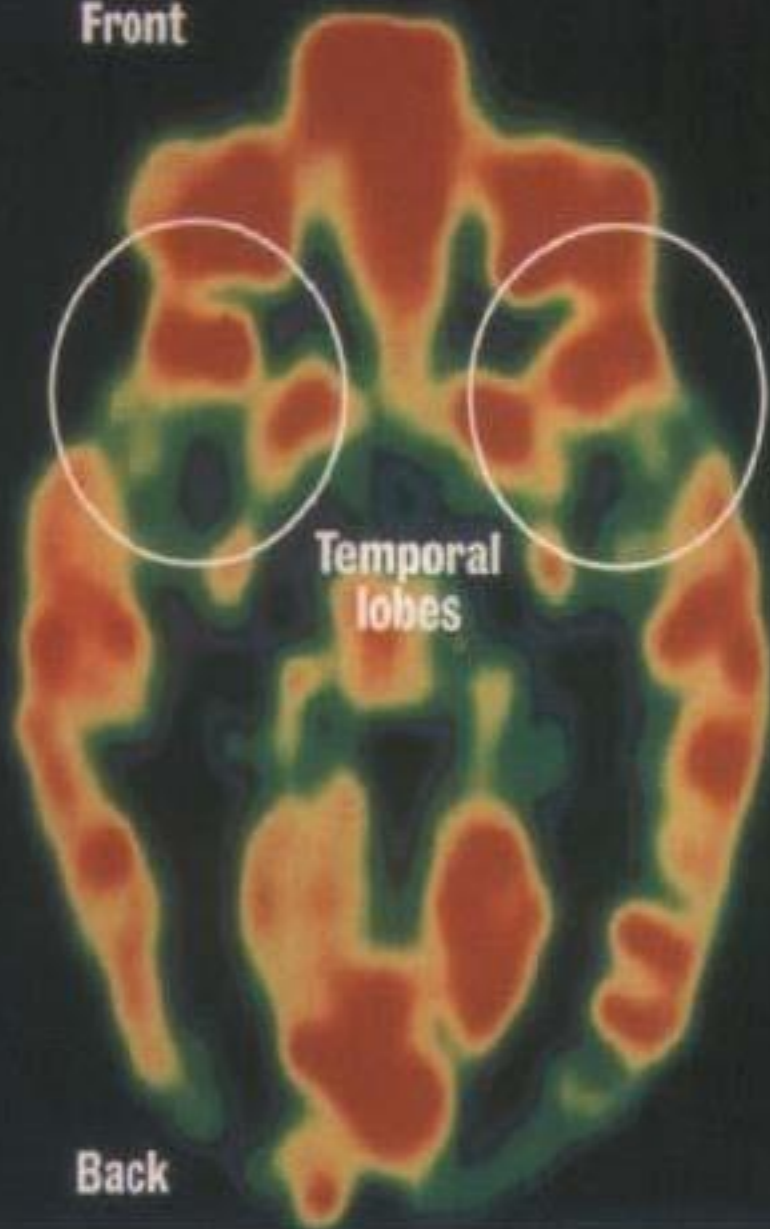
Graph developed by Council for Early Child Development (ref: Nash, 1997; Early Years Study, 1999; Shonkoff, 2000.)

Impact on the brain

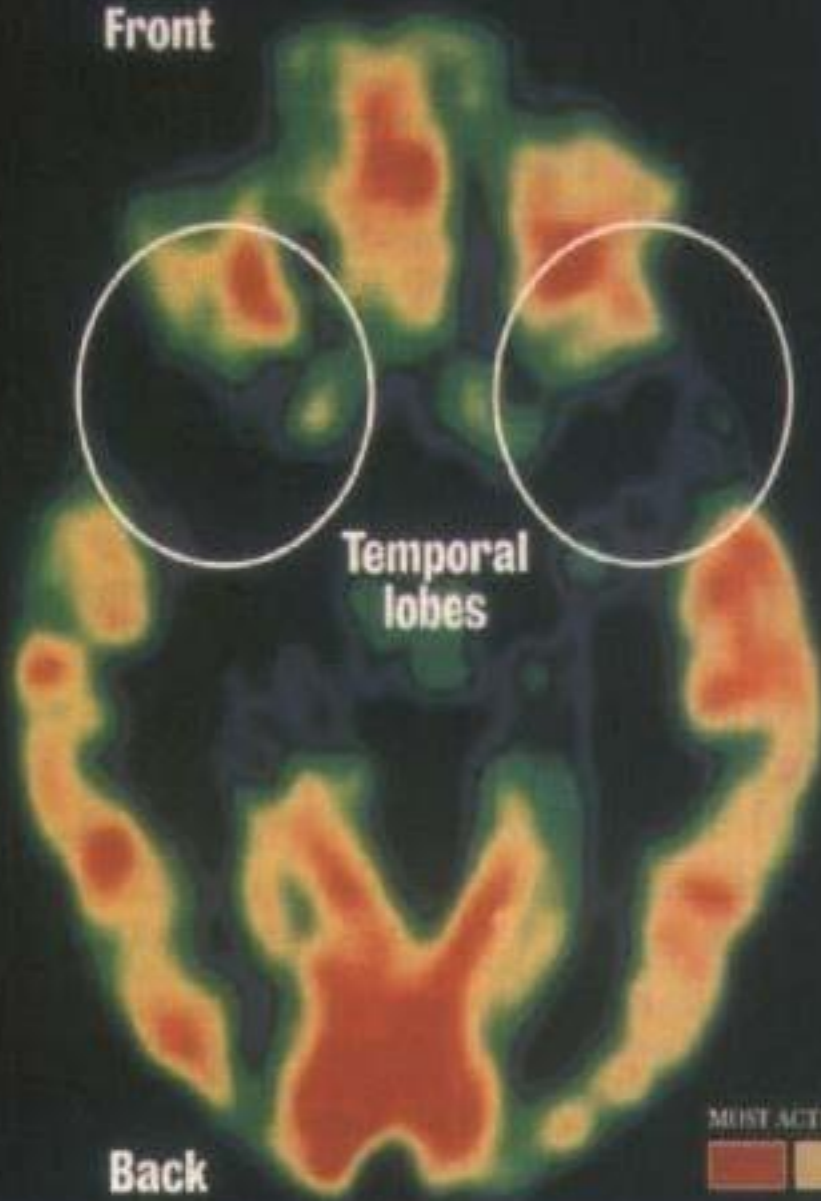
- **Babies of depressed mothers:**
 - nearly half show reduced brain activity
 - much lower levels of left frontal brain activity (joy; interest; anger)
 - more likely to be depressed in adolescence
 - **Early experiences of persistent neglect and trauma:**
 - Over development of neurophysiology of brainstem and midbrain (anxiety; impulsivity; poor affect regulation, hyperactivity)
 - deficits in cortical functions (problem-solving) and limbic function (empathy)
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What is attachment?



What is attachment?

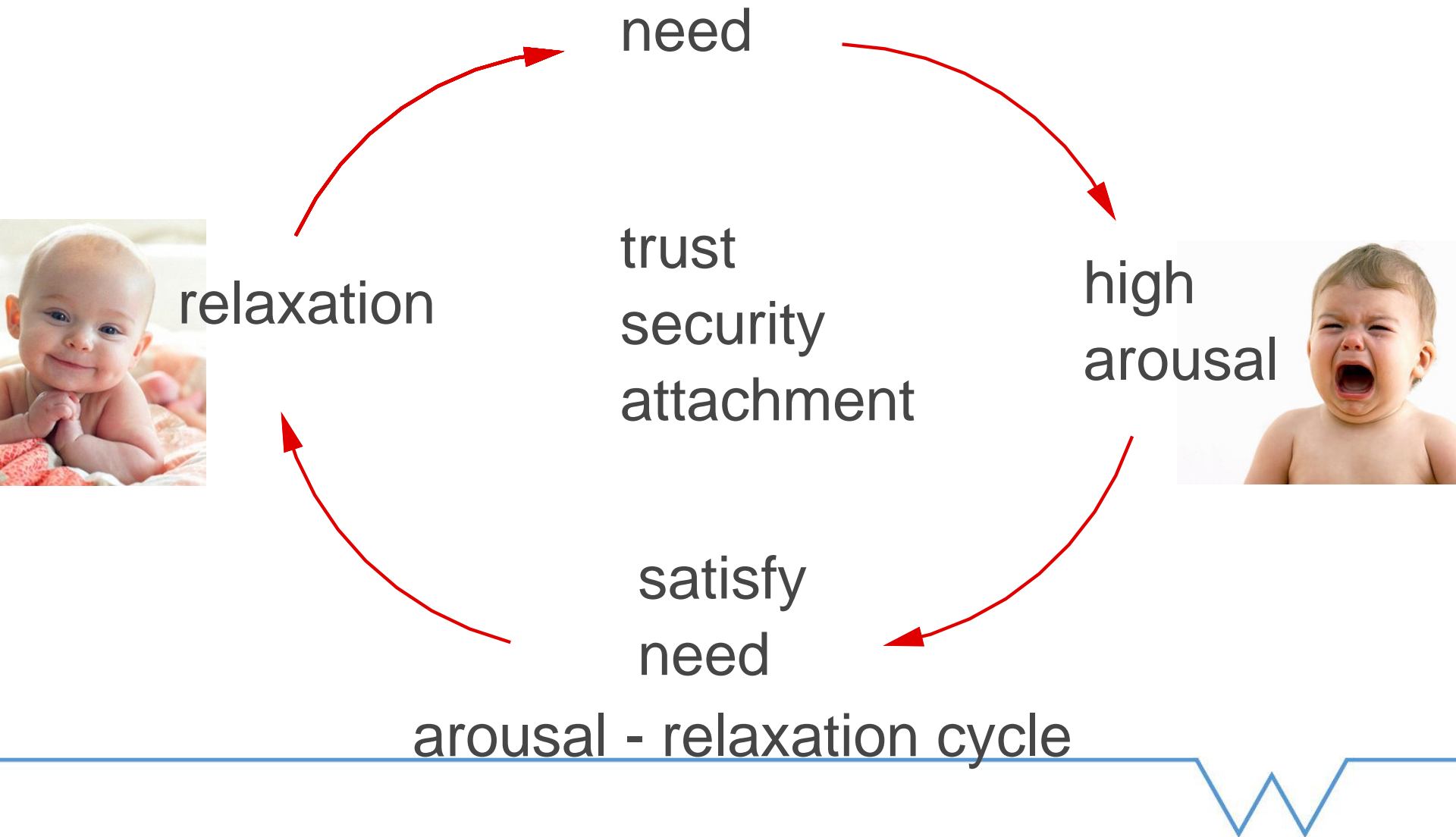
- A strong emotional connection that is developed in the first year of life
- Bowlby (1977) argued that the attachment relationship with the primary caregiver:
 - a) promotes the baby's survival and
 - b) is central to the child's later development



Difference between attachment and bonding



Way attachment develops



Infant Attachment Styles

Secure

Non-secure

- **Ambivalent**
- **Avoidant**
- **Disorganised**



Parenting begins in pregnancy...

Parenting begins in pregnancy with:

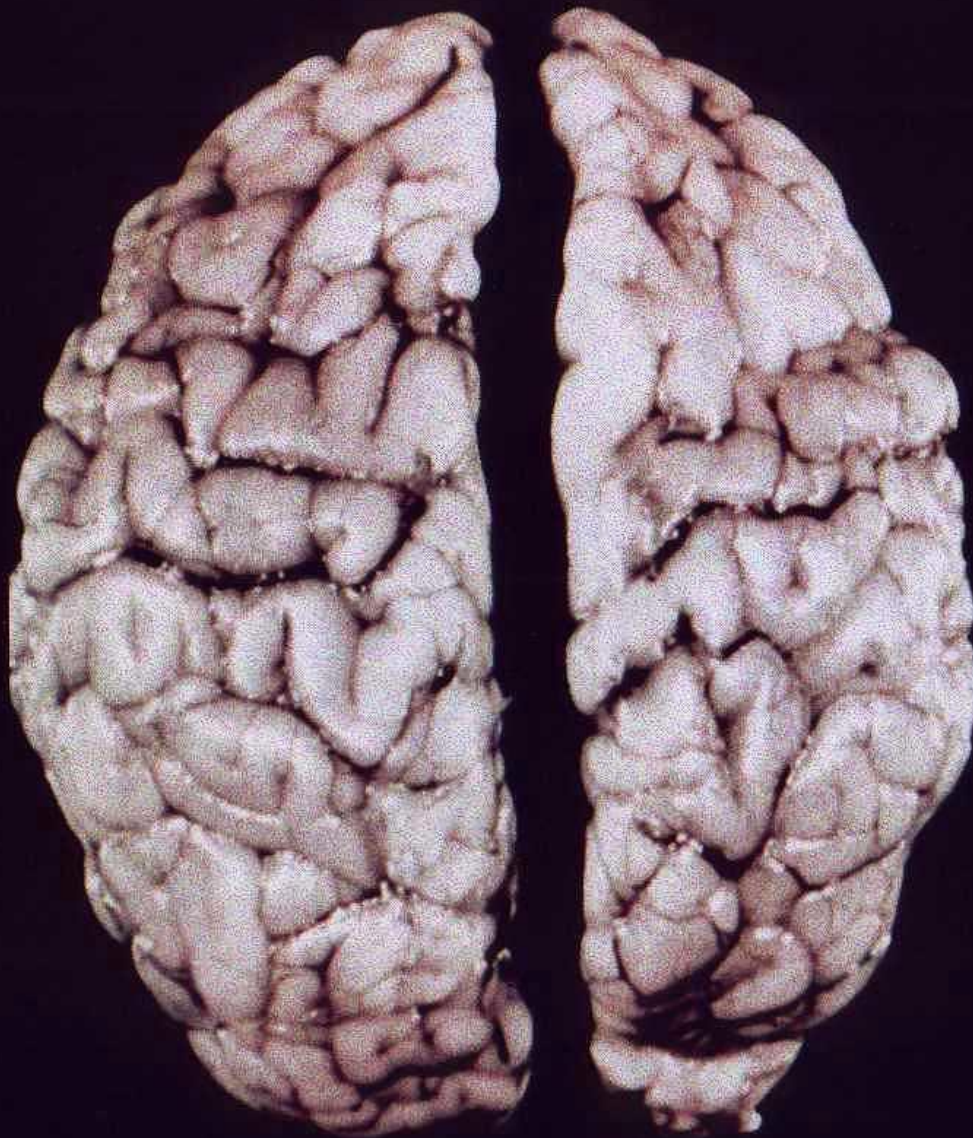
- Prenatal behaviours that are designed to protect and promote the wellbeing of the foetus;
- A process of 'bonding' with the foetus that begins in the second trimester



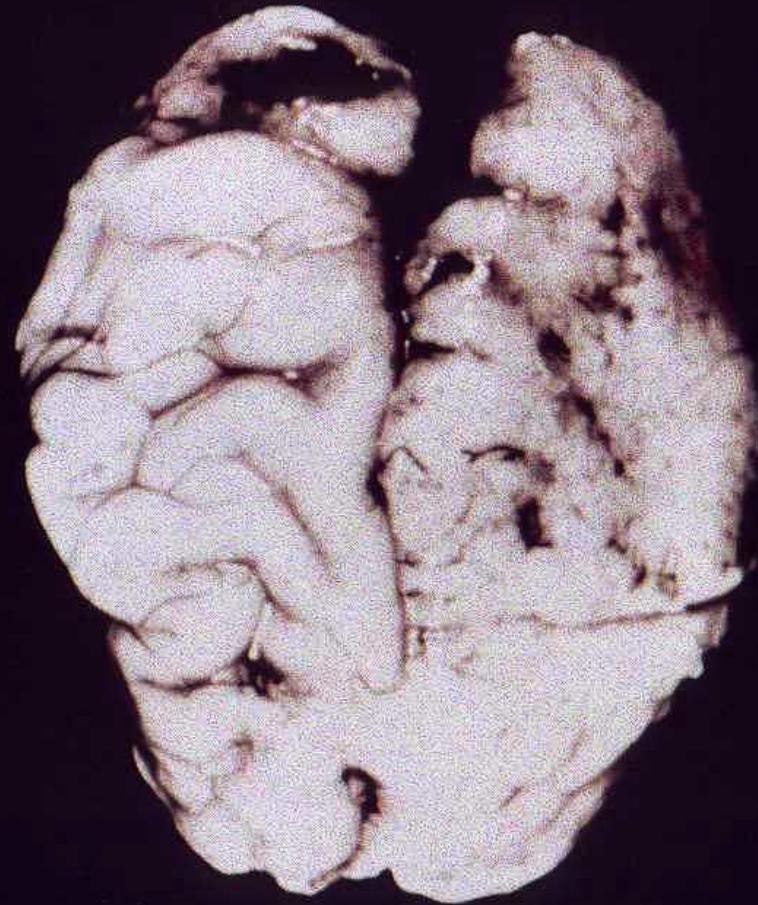


Alcohol and Drug-Related Birth Defects





6-Week Old Baby
"Normal" brain



6-Week Old Baby
"Fetal Alcohol Syndrome" brain

Adverse Childhood Experiences (ACEs)





EARLY
INTERVENTION
FOUNDATION

EVIDENCE



THE BEST START AT HOME

WHAT WORKS TO IMPROVE THE QUALITY OF PARENT-
CHILD INTERACTIONS FROM CONCEPTION TO AGE 5
YEARS? A RAPID REVIEW OF INTERVENTIONS



THE UNIVERSITY OF
WARWICK




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OHLSON AND GRETCHEN BJORNSTAD – DARTINGTON SOCIAL RESEARCH UNIT

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JANE COAD, ALEX TOFT – COVENTRY UNIVERSITY

What works to improve parent- infant interaction?

Key Features of Effective Approaches

- Dyadic approaches, ie. working with parent/s and infant together;
 - Aimed at improving child attachment security by targeting parental sensitivity/attunement and reflective function, and thereby the interaction;
 - Provided by trained practitioners receiving ongoing supervision from accessible locations.
 - Incorporating Routine Enquiry into Childhood Experience (REACH)
- 

Tiered approach to parent-infant services

Psychiatric and parent-infant
treatment
i.e. in-patient mother & baby unit.

TIER 4
Severe
mental illness

Specialist Clinical Intervention
i.e. PIPUK, NorPIP, OxPIP, LivPIP, Anna Freud

TIER 3
Specialised services for
families experiencing
high levels of stress, where
problems are already apparent

Programmes include:
Family Nurse Partnership, Baby
Steps, Parents under Pressure, Watch,
Wait and Wonder, Video Interaction
Guidance & Mellow Babies

TIER 2
Additional care for parents
identified as needing extra
clinical & universal care

TIER 1
Universal support for every parent:
Prevention & early Identification

GPs, Maternity Services,
Health Visitors, Children's
Centres, Paediatrics

**1001
Critical Days
Manifesto**



Sensitivity/ Attachment Interventions





Parent Training Programmes





Mentalisation- Based Approaches





Psycho- therapeutic



Summary

- A range of evidence-based universal and targeted interventions to support mother-infant interaction;
- Requires high level of practitioner skill and training;
- Provided at local level;
- Ensure that the intervention works dyadically and target parental sensitivity and reflective functioning
- Assess functioning before and after the intervention

