Positive parenting in the context of vulnerability

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My name is Sue Foley.

I come to you from Sydney, Australia where the sun is still rising, and it is Autumn or fall.

I have been elected a member of ISPCAN, Executive Council since 2010, but a member since mid-80’s.

I am a social worker who has been working clinically, in management and in education, in child welfare, community health, hospitals, mental health, child protection and out of home care settings since 1972.

I have particular interest in treatment of trauma, and prevention of abuse.
Today’s presentation – positive parenting in the context of vulnerability; a practical orientation

• The concept of positive parenting seems to have an increased profile as professionals and government reflect on the importance of:
  • Prevention of maltreatment or abuse
  • Promotion of health and mental health of babies, children and young people
  • Reducing the cost burden of adverse childhood experiences on various populations

• The hope is that positive, protective parenting /care will perhaps reduce the cultures of violence that are influenced by multiple sources.
The presentation framework.
I will comment on the following:

• What is vulnerability?
• What is positive parenting in practice?
• How does vulnerability (of parents or children) impact on the capacity of parents and carers to positively parent?
• How can we address vulnerability, prevent harm and promote well-being? What can we learn from clinical experience and research?
• When can professionals promote positive parenting?
• What do we know about the way TRAUMA and trauma creates parental vulnerability?
• Some examples
• All in about 20 minutes 😊
Values based positive parenting – my view

• Personal and professional values guide my practice and influence my attitudes to interactions.
• As a social worker I am guided by the values of social justice, respect for persons, and capacity and competence.
• In addition, respecting differences, connecting and integrating are essential.
• Competence is a great protector!

Social Justice
Respect for persons
Enhancing capacity and competence
To start with –

What is vulnerability?

“Low child physical abuse risk parents are less likely than high child physical abuse risk parents to attribute negative traits to children exhibiting behaviours that only vaguely implied such traits...”

An early vulnerability for children and parents is attachment and loss:

“Are you okay up there?”

Maternal care: the basis of attachment
Don’t go Mum..
Early childhood trauma – a long term problem

• Attachment trauma is a key aspect of childhood and adult trauma symptoms.

• Child physical abuse remains a major concern that continues to affect the lives of as many as one in five children. Sidebotham P., The Challenges and Complexities of Physical Abuse, Child Abuse Review, vol 24: 1-5 (2015)

Parents and regular carers

Adults and older siblings are the primary source of positive parenting and welling being for children.
Please add your thoughts about early vulnerability in a couple of sentences.

Poll: Is attachment disruption or physical harm more problematic for children?
Vulnerability in children and young people (1)

• Age and development – babies are particularly vulnerable to physical harm (but this can be part of all age groups).
• All children are vulnerable to emotional and psychological abuse, sexual abuse and neglect of various needs.
• Attachment, illness or abuse trauma create complex impacts
Vulnerability in children and young people (2)

- Illness or injury create particular features in the interaction between parents and children.

- Expression of pain and distress is a problematic interaction between parents and children.

- Other developmental challenges: including learning difficulties, intellectual, emotional and physical challenges all make parenting positively particularly difficult and increase risk.
Parental vulnerability (1)

• Parental conflict – acute and persistent
• Parental illness
• Parental mental health difficulties – including depression, anxiety and major mental illness
• Parental intellectual or other disability
Parental vulnerability (2)

• Past and present substance use or abuse

• Past trauma, including loss, child abuse or attachment trauma

• Environmental difficulties – poverty, housing, extended family pressures, culture, status
Contextual vulnerability - resources

• Housing, food, transport, medical care
• Pressure from relationships, including violence, family health / mental health
• Lack of child development knowledge
• Lack of knowledge about babies – example shaking, leaving children in dangerous place
• Isolation and / family size
• Cultural expectations
What does positive parenting look like?

Attunement – a dance, a rhythm between babies or children and parents
Positive parenting (1)

Means:

• Recognising and planning to meet the multiple needs of children of all ages, within the relevant cultural context
• Responding to these needs safely and without causing harm
• Parents being mindful
• Positive parenting is ‘nice’ for children and parents
• It is protective and enhances attachment.
Positive parenting (2)

• Presumes that negative parenting – lots of ‘no’s’ and ‘don’ts’, controlling and negative attributions towards the child – is bad for children and parents!

• That parents are mindful, flexible, responsible, repairers, wise, loving, purposeful and aware of how to ensure the safety and wellbeing of children

• Parents helping children self-regulate and interact appropriately
Positive parenting education or capacity building

• Can take many forms
• Needs to be accessible in form and process
• Positive parenting education needs to address parental self awareness, beliefs about children and the triggers that their involvement with children creates.
• Needs to be incorporated respectfully and naturally into as many interactions with children and parents as possible.
Opportunities for positive parenting intervention with vulnerable parents and children

These include:

• In clinical settings and home visits

• Through advocacy opportunities – media, social media, in public, in our own family settings.

• In primary education settings – health and education settings

• At vulnerable times, health assessments, monitoring and treatment

• Through social media, television, movies, apps, visual media – posters.

• In conversations – child and adult: ‘my mother doesn’t hit me’.
Parenting education programs

- Parenting programs are a well-recognised art of the intervention and prevention of many child protection contexts.
- They seek to address gaps in attachment between children and carers, address knowledge gaps, skill gaps, attitude gaps.
- Sometime parent education programs are directive, sometimes empowering, sometimes patronising!
How does vulnerability impact on the capacity to positively parent?
What are some of the potential impacts of vulnerability? (please add your thoughts) (1)

• May increase impulsivity and reactivity
• May inhibit reflection – overwhelming emotions / confusion and inhibit effective thinking
• May increase sensitivity to noise, to the day by day demands of caring for a child/children
• May increase the possibility of physical harm or neglect
What are some of the potential impacts of vulnerability? (2)

• May increase sense of stress, disempowerment, overwhelming emotions that inhibit cognitive planning and reflective capacity

• May reduce awareness of parental responsibility, of safety needs

• May reduce capacity to act as advocate.

• May increase the sense that a baby’s cry or a children’s needs are ‘punishment’ or targeting, or indicate that a parent is a ‘bad’ parent
Vulnerability affects the brains – of children and parents
The new science of the neurobiology of parenting (1)

- This knowledge raises awareness of:
  - Mirror neurones
  - The importance of attachment and repair
  - The importance of interpersonal communication amongst all family members
  - The importance of recognising complex elements in the layers of meaning of behaviours.
  - The impact of early trauma events from health to accidents to loss to abuse, to exposure to disasters.
The new science of the neurobiology of parenting (2)

• This science is also fairly complex and in order for it to become part of the positive parenting matrix, needs to be understood by professionals – in particular mental health, counselling, social work, administrators, nurses, doctors, allied health, other health, education and early intervention planners.

• Please add your thoughts about the contributions of this science.
How can we address vulnerability, prevent harm and promote well-being?
Key messages – parenting isn’t easy, it is about doing your best.. And always being safe

• No matter how upset you feel – shaking your baby is just not the deal
• Self-calm before interacting – unless there is danger: ‘take a breath and think’.
• Children are not just little adults - they will feel think and react differently
• Connect with others: ‘try some new ideas’
• ‘Ask for help, pick up the phone’
Sometimes direct statements need to be made – in respectful ways

• Messages such as:
  • Don’t hit (a bit controversial)
  • Don’t shake - ever and especially babies
  • Don’t ask too many questions
  • Don’t get too close to older children in distress
  • Talk quietly, slowly and not too much (no lectures or explanations)
• Dan Siegel and Dan Hughes give some great interaction models for tricky times
• Think about the brain and the body and its senses - not just words
Addressing vulnerability – firstly requires that we have a high level of awareness and knowledge

• For example:
  • Look for the signs of parental conflict/domestic violence or interpersonal violence.
  • Looking to understand attachment styles and match in families where there are indicators of this such as sleeping, behavioural problems.
  • Recognise functional gaps in parents – communication e.g. past head injury or illness, e.g. count to 10?
  • Recognise the impact on parents of having sick children.
  • Recognise the impact of isolation on parents with small children.
  • Recognise parental depression and anxiety.
  • Recognise specific factors in the child that make parenting difficult.
Parenting positively in adversity

• Parenting vulnerable children also creates significant challenges.

• Babies and adolescents, sick children and children with developmental struggles, children affected by trauma or abuse are all vulnerable.

• Parental vulnerability may create a negative bias
Addressing vulnerability - Secondly requires that professionals know about ways to intervene or access specialist programs to address particular issues of risk

- For example – where there is identified:
  - Risk of physical harm
  - Risk of neglect
  - Risk of inadequate opportunity to achieve developmental targets –
  - Problems with attention or self regulation, sleeping, eating. These difficulties can create a negative and punitive cycle between parent and child.
Remember no one program works for all groups and some individuals and families need multiple interventions.
Vulnerability means adaptation of strategies

• Vulnerability in children, parents and the community require positive parenting education that acknowledges and affirms parents and their situation, without ignoring inhibiting factors.

• Children need a community
Some examples – just a sample – It is quite and industry! (Can you add your favourites?)

• Triple P and its variants including Stepping Stones
• 123 Magic and associated program – Talk Less, Listen More
• Parent Child Interaction Therapy – PRIDE skills
• Online resources – such as The Raising Children Network, Bringing out the Best in your Baby
• Circle of Security, and other attachment programs.
Adaptability and impact on positive parenting programs for vulnerable populations

• Many of these programs have been studied and found to have good effect – but the question needs to continually be asked – do programs meet the needs of ‘vulnerable’ parents and children.

• Many programs have a cognitive and behavioural approaches

• Many do not have in-home or in situ practice.

• Many parents attend or participate but cannot translate into practice because of the complex impact of vulnerability on them and on their child/children.
What can we learn from clinical experience and research?
Oh NO!!

In regard to parent education as prevention of physical harm to babies?

What does the literature say about the need for education?
What is the efficacy of this education?

Mixed messages!
The problem of knowledge into practice
Especially where there is vulnerability!
Positive parenting enhances empathy, respect, safety, attunement, attachment

• As child protection professionals we want to enhance children’s safety, welfare and well-being and my second hypothesis is (and dare I say agreed to by the United Nation CROC), is that parents need to be our collaborators.
Unconditional Positive regard in parenting

• Promoting unconditional positive regard from a parent to the child/baby can be protective

• The Western Sydney Shaken Baby Project uses a very short film which has been demonstrated to promote a statistically significant change in attributions towards a crying child.

• Studies have shown that this film has international validity
Crying – naughty, bad, spoilt?

• The study showed parents and professionals who saw crying babies who were seen as naughty or bad or spoilt changed their understanding of crying and changed their perspective on the child.

• This has been replicated in other countries such as Brazil, Turkey and Vietnam.

• We were very excited!!
Domestic violence and positive parenting

• The place of domestic or intimate partner or family violence is found too often in our communities.
• It creates vulnerable parents and children.
• It inhibits learning, courage and reflection
• It is frightening, but in my experience it can be named and addressed.
Education that works

• Positive parenting education needs to be:
  • engaging
  • enjoyable,
  • motivating and
  • enhancing of competence.
Advocacy

• Advocacy takes a lot of time
• It can be political
• Community and organisation education is sometimes discounted
• If we address attitudes and priorities of the contexts of families we can make a significant contribution towards supporting positive parenting.
• The Period of People Crying Program has Community Education as a significant aspect of its program
Parents create children and their lives: parents are the ‘brain builders’ of children.

- Parent education can take a number of formats.
- Clinicians can be parent coaches
- Public health formats can promote positive education
- The goals I would like to comment on very briefly today are:
  - Child caring skills – including emotional and verbal interactions
  - Parent self-regulation skills
  - Parent child development knowledge.

I feel privileged that I am getting to share my thoughts and experiences today and want to acknowledge here that I know very, very little about the whole range of parenting processes.
Invitation to positive parenting

• Inviting parents to consider the change and knowledge they need is an important positive parenting education strategy.

• Yesterday a man on a walkway was trying to manage his struggling Toddler while on the phone. I suggested (politely) that it would be easier without his phone and the studies prove parenting with a phone in your hand is not good.

• In addition to knowledge, parents are often keen to learn skills. One without the other is ineffective.
Trauma and parenting - “Parenting isn’t easy, it’s about doing your best. Sometimes you’ll feel you are being put to the test.”

Knowledge acquisition is very difficult when we are focusing on an internal / external or relational trauma.

Parents with a trauma history associated with their own experiences of previous parenting or even being parented need respect and empathy and recognition.
Resources that promote positive parenting skills

• The work of Dr Dan Siegel The Whole Brain Child and Parenting from the Inside Out has been very well received by professionals in a Think Tank I facilitate.

• Dr Siegel cleverly uses multiple modalities, DVD, audiobook, written book, cartoons, personal stories, reflective exercises, respect and knowledge and skills – wow!

• Many other programs can be adapted to the needs of vulnerable parents and take the blame and shame out of parenting
Some ideas

• Dan Hughes – P A C E
• PCIT’s – P R I D E
• Sample statements that can be used in advertising and community contexts
• Facebook Positive Parenting Messages
• Playful positive parenting that creates smiles!
• Celebrate achievements with parents – however small.
In conclusion – Keep it Real

• Positive parenting will have positive results for the parent, the child and the community.

• In vulnerable situations, special attention needs to be paid to the impact of vulnerability on the implementation and encouragement of positive parenting approaches!
Discussion Questions

• What examples of parenting programs have you used and found effective in the domain of positive parenting?

• What ideas do you have to enhance positive parenting in the context of vulnerability?

Thank you for joining and participating!
Other Resources and References

For example:

ISPCAN e-learning courses:

- **Course name**: Communicating about violence - Peter Adriaenssens
- **Description**: Talking about violence evokes emotions in yourself and in the other person. During a webinar, Professor Adriaenssens, child and youth psychiatrist, tells about the functioning of the brain during discussions about domestic violence. He illustrates this using various animations and video case studies. You will learn what a good basic attitude is, what interview techniques you can use and how you can utilize the expertise of parents. Questions included in the webinar are, among others: how do you recognize escalating emotions? Which areas of the brain are active during a conversation? Which communication techniques help if emotions obstruct a conversation? What are important aspects of a basic attitude? This course lasts approximately 35 minutes.
Web-based resources


• The Shaken Baby Prevention film and
• The Bringing out the Best in your baby resource
Neurobiology and Trauma based models

• Dr Alan Schore, www.allanschore.com
• Dr Patricia Crittenden, http://www.patcrittenden.com/
• Dr John Briere, www.johnbriere.com
• Dan Siegel, The Whole Brain Child http://www.drdansiegel.com/books/the_whole_brain_child/