Providing speech and language services to young children at social risk

Social-emotional development
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Language & behavior problems: common risk factors

Language

Behavior

Depression
Family conflict
Parent education
Father
Attachment
Attachment classifications (Bowlby & Ainsworth, 1969)

- Strange Situation protocol
- Secure
- Insecure
  - Anxious-avoidant
  - Anxious-resistant
- Disorganized

- http://www.youtube.com/watch?v=DH1m_ZMO7GU
Prevalence of attachment categories

- American Infants (Ainsworth, 1978)
  - Secure: 70%.
  - Insecure-Avoidant 20%.
  - Insecure-Resistant 10%.
  - (No disorganized category in studies).
  - Disorganized: 12% (Main & Solomon, 1990).
Attachment and poverty

- Low-Income 12-month-old infants (Vondra et al., 2001).
  - Secure 52%.
  - Insecure-avoidant 18%.
  - Insecure resistant 16%.
  - Disorganized or avoidant/resistant 13%.
- Security attachment decreased over time.
- Stability of attachment over time for middle-income children 75% (Belsky, Campbell, Cohn, Moore, 1996).
- Stability for low-income children 45% (Vondra et al., 2001).
Why do you think children growing up in poverty are at increased risk for insecure attachment?

Why do you think children growing up in poverty have less stability of attachment classification over time?
Why do you think children growing up in poverty are at increased risk for insecure attachment?

- Cycle: parent’s attachment status
- Stress: home, food, upset
- Inconsistency of primary caregiver
- Shift work
- Less stable environment: may be traumatic: moving, unpredictable changes
- Parenting style: discipline, reinforcement, boundaries, consistency
- Depression
- Nutrition and brain development
- Lack of pediatrician; most care emergency care; reactive vs. proactive
- Lack of medical care for parent
- Parent/child fatigue
- Partner stability; single parenting; less of a support system
- Unplanned pregnancy; on survival mode
- Crime in neighborhoods
- Media; withdrawal for entertainment
- Technology
- Waking/sleeping patterns
Why do you think children growing up in poverty have less stability of attachment classification over time?

- Children have more responsibility
- Changes in family structure: divorce, death, prison, latchkey
- Homelessness
- Siblings
- Foster home to foster home
- Adoption
- Changes in school
- Risk factors impact brain development
- Addiction changes availability
- Challenges due to child development
- Parents don’t access resources
- Lack of support network
- Lack of broad support system
- Epigenetics
- Less intervention as children grow older
Attachment & poverty

- Poverty may reduce prevalence of secure attachment through negative effects on maternal sensitivity due to increased stress and challenges to mental health (Berlin, 2012).

- Meta-analysis of income levels and attachment studies found that income level moderated the association between maternal sensitivity and secure infant attachment (De Wolff & van IJzendoorn, 1997).

- Association between maternal sensitivity and secure attachment was stronger for middle-income mothers and infants than for low-income mothers and infants (De Wolff & van IJzendoorn, 1997).
Attachment and language

- Quality of mother-toddler attachment better predictor of linguistic complexity than either maltreatment status or cognitive development (Eigsti, 2004).
- Attachment and language: meta-analysis (van Ijzendoorn, Dijkstra, & Bus, 1993).
- Measured strength of association between language outcomes and attachment status. The combined effect size across studies was large (Cohen's $d = .59$).
- [Link to YouTube video](http://www.youtube.com/watch?v=_Ji2-DZR9PU)
Attachment and language

- How does this relationship between attachment and language impact our work with young children and families?
Infant and early childhood mental health competencies

www.macmh.org/infant-early-childhood-division
Level 2 Infant Family Specialist

- Michigan Infant Mental Health Association
What is reflective practice?

“The challenge is to embed a mental health perspective into the expertise of the speech-language pathologist while maintaining discipline-specific knowledge” (Geller & Foley, 2009, p. 5).

Reflective practice, continued

- Working from the outside in: changing child’s or parent’s patterns of behavior, action, knowledge, and/or skills.
- Working from the inside out: understanding parent’s and/or child’s internal feeling states, representations, and how these affect development of the child.
- In an expanded approach, clinical approach may shift from one to other.
Working from the inside out

- Parent/child relationship
- SLP/family relationship
- Who are change agents?
- What is the child trying to tell us? (i.e., how do we interpret disengaged, noncompliant, distressed, and/or dysregulated behaviors?)
- Parent expectations?
- Who does SLP represent?
- Who do parents represent?
Relationship-based learning

- Relationships: regularities in patterns of interaction over time.
- Relationship between SLP and family.
- Relationship between parents and child.
- Influence of past relationships on current relationships (attachment theory).
- SLP forms “safe” relationship with and between parent and child, so that disclosures are not judged or criticized.
- SLP reflects affect, intentions, and internal states of parent and child and models engagement.
Reflective function

- **Transference**: The parent’s reactions to a person in the present that represent a repetition of reactions from early childhood. Reactions unconsciously displaced from past to present.
- **Counter-transference**: Feelings that arise from SLP’s past history and experiences as a reaction to transference.
- **These** may be accessed and understood as part of reflective function.
Reflective function, continued


- Contingent communication: addresses underlying message.

- Child: “I hate you.”

- SLP: “You seem angry. I wonder if what I asked you to do was too hard.”
Reflective supervision

- Relationship-based supervision that facilitates and supports reflective practice.
Reflective supervision, continued

- Awareness of underlying mental states, feelings, wishes, thoughts, and desires.
- Promoted by reflective dialogues/supervision.
- SLP learns to understand and contain personal reactions during clinical practice.
- Increased insights into child, family, and self.

Resources

- Center for Early Education & Development (CEED), University of Minnesota.
- http://www.cehd.umn.edu/ceed/
Reflective practice

• “Those helpers who have the most impact on supporting the mental health capacities of clients and reducing risks in families are often not mental health practitioners” (Costa, 2006, p. 119).