

ME, MY BABY, OUR WORLD PARENTING GROUP

Infant Mental Health/Early Intervention for Parenting: According to research many young parents face multiple risk factors and parenting deficits (negative parenting attributions) that can place the attachment relationship and parenting capacity at risk.

Using a strength based, reflective engagement model, this group program focuses on the interaction and relationship between the young parent and their infant.

Components

- segments of service
- reflect common purpose

Twelve-week parenting group that includes the infants for portions of shared experiences and learning.
Music circle, psycho-educational discussion modules and scrap-booking in each session
Discussions with youth based on their experiences and expertise about their babies and parenting skills-using reflective engagement approach.
Child care

Target Group

- to be addressed by activities
- mandate, population, intensity

Young parents and their infants (0-18 months) who are vulnerable and possibly at risk due to parenting deficits, depression, other mental health and lifestyle circumstances.

Up to 10 primary adolescent caregivers and their children per 12 week session.

Activities

- what program does to work towards desired outcomes

Pre group assessment - Caregiver/infant dyad interactive play video, Learning Survey, Beck Depression Inventory (BDI-II) and Parent Stress Index (PSI).
12 week parenting group – 2 hour sessions. Each session includes music circle, educational module and scrap-booking session.
Related ongoing assessment and referral to collateral services as needed
Post group assessment - Client satisfaction questionnaire, learning survey, caregiver/infant dyad interactive play video, Beck Depression Inventory (BDI-II) and Parent Stress Index (PSI).

Outcomes

- short and long-term objectives
- related to activities and within control of the program participants

Caregivers express increased sense of self efficacy in their parenting role.
Increase caregivers understanding of the different areas of their child's development – social, emotional, physical, cognitive.
Increase caregiver behaviours that communicate sensitivity towards their children.
Reduce caregivers' atypical behaviours
Increase caregivers' knowledge about attachment and the importance of their role in their child's mental health.

Goals of MMBOW

- To provide young parents with a better understanding of their relationship with their baby – and the importance of their role in that relationship
- To introduce and explore key concepts such as attachment, temperament and attunement within the parent infant relationship
- To build confidence as a parent
- To increase parents positive attributions towards their children
- To increase parental empathy and sensitivity

Evaluation Base

- Beck depression inventory (BDI)
- Parent Stress Index (PSI)
- Learning Survey
- Play Video
- Client Evaluation



Beck Depression Inventory (BDI – II)

- The BDI - II is a 21 item self report instrument for measuring the severity of depression in adolescents and adults aged 13 years and older.
- In school, YPEP and residence the BDI-II is given to each client upon admission and at times throughout their services and at discharge to identify and monitor potential depression.
- Including any changes that might indicate the need for medical or counselling referral

Parent Stress Index (PSI)

- The PSI is an assessment tool that measures the amount of stress in the parent/child relationship. It can be used for parents of children 1 month to twelve years of age.
- In residence the PSI is administered to the parent when the baby is 60 days old and then again upon discharge.
- This indicates if there are any concerns that need to be addressed in the parent's view of their child and their parenting role.

Atypical Maternal Behaviour Instrument for Assessment and Classification (AMBIANCE)

- A checklist of parents behaviours used to assess mothers amount of unusual interactions within 5 categories
- This is done by using a videotaped interaction between mother and child
- Atypical (unusual) caregiver behaviours have been implicated in the development of disorganized attachment relationships

Beck Depression Inventory II

- There is a slight reduction - not statistically significant
- The BDI- II is useful clinically due to high rates of depression in the young women we see.

Parent Stress Index – PSI

(Abidin, 1983)

- The adolescent parents served by the MMBOW group enter the program having more pre-existing stress than 65-70% of the general parenting population.
- Trends towards an decrease in

Parent Domain (Health) feel healthier and parental stress is not affecting their health to the same degree as before the group. Parents feel have the ability to meet the demands of parenting.

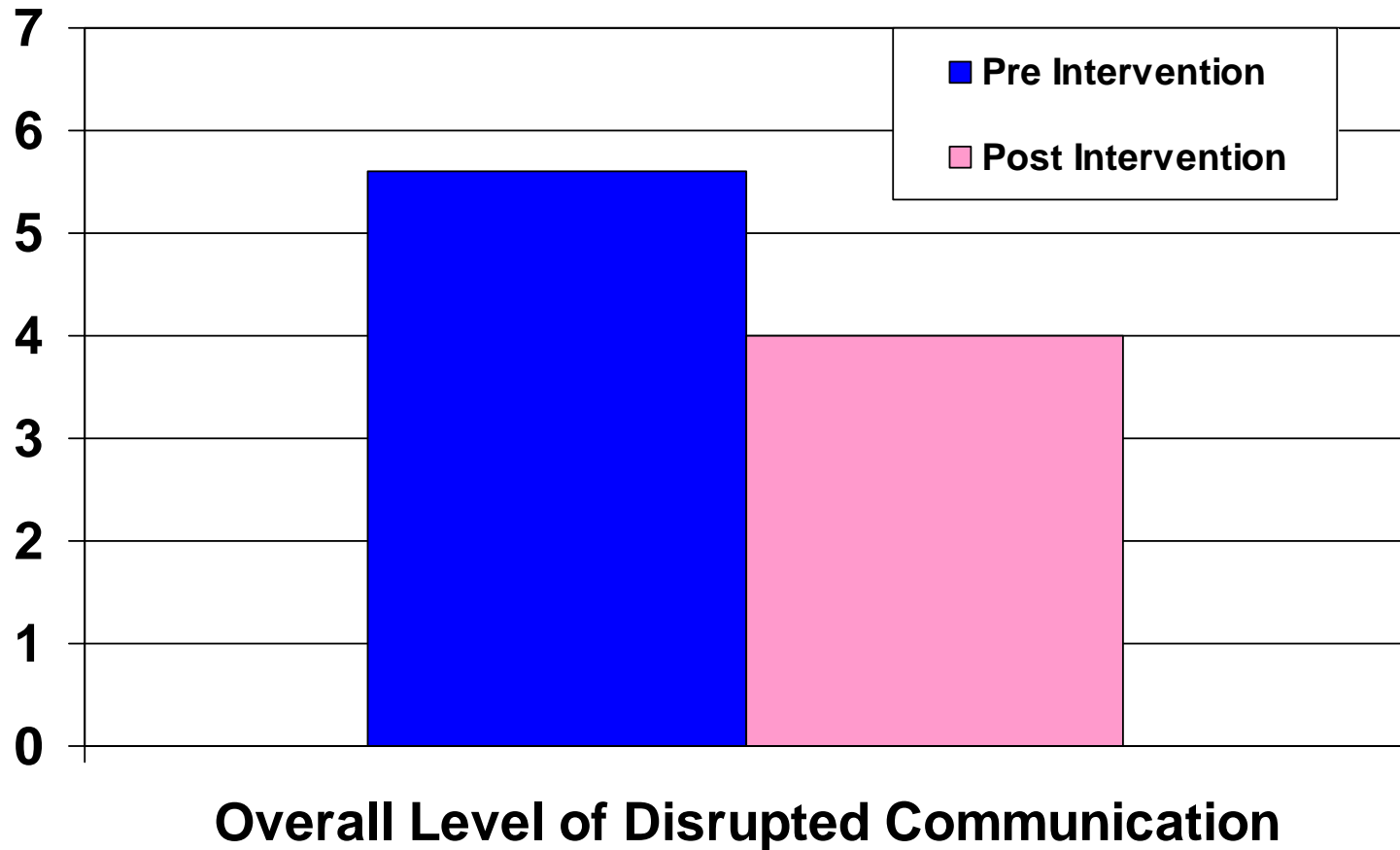
Child domain (Acceptability) their child meets their expectations and acts in ways the parent finds acceptable.

(Life stress) – find their life generally less stressful

AMBIANCE

- 7 dyads were evaluated
- Pre – group 6/7 were disrupted (85%)
- Post – group 3/7 were disrupted (42%)

Pre-Post AMBIANCE – Overall Level



What the Clients Say

100% of MMBOW participants reported:

- Enhanced confidence as a parent
- A better understanding of their child's emotional, social and physical needs
- Increased understanding of their child's behaviours

In their Own Words...

- “I now understand that my baby cries for many reasons and when I pay attention to him I can understand what he needs and give it to him by responding appropriately.”
- “I learned that saying “no” needs to be followed with an explanation and my child’s feelings need to be recognized.”
- “I understand his emotions better. I know why he is feeling that way and why his emotions are so big.”

In their Own Words...

- “My anger affected her and now I know what to do about it.”
- “I learned how I can communicate with her so our relationship can be strong and healthy, that she can turn to me and trust that I will be there for her.”
- “I had no tolerance when she cried, now I know the difference, I understand what she needs.”

What We Have Observed

MMBOW Builds therapeutic alliance therefore:

- Participants who have been in group are more open to other interventions that are offered at Rosalie Hall
- Clients feel more comfortable accessing support from agency staff
- Clients have more trust and confidence to ask questions about child development and other aspects of parenting
- Increased positive interaction in dyads

Questions

