





### Developmental Considerations

- Preschoolers who have difficult relationships with their parents can display feelings in various ways, such as
  - marked inhibition of exploration
  - recklessness and self-endangering behaviors
  - precocious competence in self-care
  - attempts to care for parent and other adults

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### Developmental Considerations

- Preschoolers often blame themselves when parents fight or are distressed
- They may express both fear of parents and a longing to be close to them
- Self-blame and ambivalence toward parents are demonstrated through symptomatic behaviors

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### Developmental Considerations

- When the parent is conflicted about the child, the child often senses that autonomy could result in the parent's emotional abandonment
- The parent's approval may come at the cost of personal constriction and inhibition of wishes

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### Developmental Considerations

- Child's resulting anxiety is an expression of the ambivalence the child senses in the parent's feelings about the child

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### Developmental Considerations

- Precocious competence and self-protective behaviors are displayed when the child senses the parent cannot be relied upon to keep him or her safe

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### Developmental Considerations

- Parent may react to toddler's challenging behaviors by trying to placate the child or by impulsively punishing him or her
  - Confirms for child that parent is not safe or protective

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### Developmental Considerations for Parents

- Parenthood tests a parent's sense of competence and capacity to empathize and nurture others
- The child, at a given age, can be a profound but often unconscious reminder of the parent's experiences at that age
- Children may trigger negative parental behavior

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### Overview: Ports of Entry

- What should be the immediate clinical focus?
- How does the therapist enter the system?
- Entry point may vary from family to family
- Entry point may vary for the same family from session to session
- Staying flexible is the key

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### Overview: Ports of Entry

- Child's behavior (sleep problems)
- Parent's behavior (complaints about child's behavior)
- Parent-child interaction (child runs into street and parent is not protective)
- Child's representation of self ("I'm bad")
- Parent's representation of child ("He's mean like his father")
- Parent's representation of self ("I'm a worthless parent")

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### Overview: Ports of Entry

- Child's representation of parent (Child has adult doll hit baby doll; baby doll says to mother doll, "You don't love me")
- Mother-father-child interaction (Child says to mother, "When daddy comes over I will tell him to hit you")
- Mother-father conflict about the child (Father tells mother she spoils child; she tells father he never pays attention to child)

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### What To Do When?

- Session can be divided so that part is adult-centered and part is child-centered
- May have regular or occasional sessions with the adult alone
- May have regular or occasional sessions with the child alone
  - Dyadic sessions continue even if meet with each partner alone

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### Play, Physical Contact, & Language

- Use of play, physical contact, and language to promote healthy exploration, contain intense emotions, clarify feelings, and change inaccurate perceptions
- Talking about real-life situations and putting feelings into words build child's competencies and increase self-esteem

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### Play, Physical Contact, & Language

- Exploration of danger and safety, autonomy and intimacy is primary
- Building a vocabulary for feelings can replace child's use of destructive acts to express anxiety, fear, and anger

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### Unstructured Developmental Guidance

- Provides information about the child's age-appropriate behaviors, needs, and feelings as they occur naturally in the treatment sessions
- Information is tailored to the struggles that are expressed by the child, parent, or in the relationship during the course of treatment

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### Unstructured Developmental Guidance

- In learning how children see the world, parents often find new meaning in their childhood memories and in doing so, they can achieve a more compassionate understanding of themselves (e.g., overfeeding because as a child, parent was fed as a sign of love; also to make up for child's abuse)

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### Emotional Support and Empathy

- Involves demonstrating sensitive responses to the parent's and child's emotional expressions and experiences
- Involves sharing a range of emotional experiences with the dyad, labeling feelings and inferred emotional states
- Assists with identification, integration, and regulation of emotional life

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### Emotional Support and Empathy

- Translates the parent's and child's meanings for one another
- Enlarges and reframes meanings to help parent and child see one another in a more favorable light
- Helps parent and child recognize and accept both positive and negative feelings about the self and the other

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### Emotional Support and Empathy

- Conveys realistic hopes that goals can be achieved
- Helps dyad to develop effective coping strategies
- Encourages self-expression
- Supports reality testing

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### Emotional Support and Empathy

- In supporting reality testing, therapist
  - recognizes the legitimacy of a child's negative feelings about the parent
  - upholds the legitimacy of the parent's love for the child and her desire to protect the child

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### Emotional Support and Empathy

- In supporting reality testing, therapist
  - acknowledges if the child yearns for more love & protection than parent can give at that time
  - supports child's right to feel, even if feelings are "negative" and cause pain in the parent

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### Modeling

- The therapist models appropriate behavior if it is not forthcoming from the parent
- The therapist's behavior is explained to the parent (and child, if appropriate)
- The parent is invited to reflect on what happened and understand the importance of the modeled action

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### Interpretation

- Involves speaking about the unconscious, unspoken, or symbolic meaning of the parent's or the child's behavior
- The goal is to increase the parent's and the child's understanding of their dysfunctional interaction as well as their own motivations

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### Interpretation

- The therapist makes explicit the links between the parents' perceptions of their life experiences, their feelings for their children, and their parenting practices (e.g., parents who were routinely physically punished and criticized may unconsciously repeat these patterns with their children)

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### Interpretation

- Assists parent in becoming aware of unconscious repetition of past conflicts in the present
- Corrects distorted images of the child and frees the parent to use appropriate child-rearing practices
- Assists child in becoming aware of dysfunctional beliefs and behaviors

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### Clinical Issues

- Therapist's goal is to express empathy and interest in the parent's anger and frustration and empathy for the child's fear or anxiety in response to the parent
- Compassion for the child's pain must be balanced by awareness that parent is in pain as well, although it is covered by anger and bitterness

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### Clinical Issues

- Parent calls child "stupid" in session
- Therapist says "I know you wish Terri would do everything more quickly, but children develop at different rates. She listens to you and takes what you say seriously. If you call her that, it will make her self-conscious and she may feel she will be that way forever."
- Parent says "Won't she be that way forever?"

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### Clinical Issues

- Parent calls child "stupid" (Cont.)
- Therapist says "She certainly can learn many skills as she grows, but even if she is never as fast as your other children, she can either take it in stride and take pleasure in other things she knows how to do or feel terrible about herself."
- Therapist can explore how the mother may feel slow or "stupid" as well and this feeling is projected onto the child

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### Interpretation

- How to decide about interpreting parent's behavior in front of the child
  - Is the topic highly emotionally charged such that it adds to the child's stress and anxiety?
  - Will discussion of the topic allow the child to have a more balanced view of the situations she witnesses on a daily basis in her life?

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## Interpretation

- How to decide about interpreting parent's behavior in front of the child
  - Will deciding not to discuss the topic in the presence of the child model for the parent a protective stance so that the child is not exposed to stressful or potentially harmful information or events?

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## Clinical Issues

- If the child engages in aggressive acts toward the parent and the parent is passive or misperceives the aggression as playful
  - ask parent why she allows child to hit her
  - explain that child may be testing to see what hurts and what does not hurt
  - explain that parent needs to teach child
  - tell parent it is hard for you to watch her get hurt

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## Clinical Issues

- If the child engages in aggressive acts toward the parent and the parent is passive or misperceives the aggression as playful
  - tell parent you and she see the action differently
  - say to parent, "I think Joey is cute most of the time, but not when he is hitting you"

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## Clinical Issues

- If the child engages in aggressive acts toward the parent and the parent is passive or misperceives the aggression as playful (Cont.)
  - tell parent, "maybe he knows you find it cute so he keeps doing it"
  - tell child, "your mom and I are trying to think of ways to help you not to hit"

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### Clinical Issues

- If the child engages in aggressive acts toward the parent in response to the parent's anger or aggression to child
  - ask if all of you can talk about what happened
  - ask child why he was aggressive to his mother
  - if he says "mom is mean" or "she hit me first," say to child, "she hit you and then you kicked her because you are angry"
  - ask mother what she thinks

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### Clinical Issues

- If the child engages in aggressive acts toward the parent in response to the parent's anger or aggression to the child
  - ask if there is a way they can communicate their feelings without hurting one another
  - tell mom, "I have seen you speak nicely to Joey before and I think he likes it very much. I think he wishes you were that way with him more of the time."

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### Clinical Issues

- If child engages in aggressive acts toward parent because she misunderstood the parent's motive
  - tell child, "you were mad because there was no candy at the party, so you hit your mommy. You thought it was your mommy's fault. Mommies really want to help and may even ask for candy, but sometimes they can't make it happen. Let's use our words to say we're mad."

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### Clinical Issues

- If child engages in inappropriate acts toward parent modeled after other parent
  - Child says to mother, "I will beat you up; you're dumb"
  - Therapist says, "Your mom told me your dad talks to her in that way. Your dad makes a mistake when he does that. We don't want you to make the same mistake. Your mom is not dumb and no one should beat her up."

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### Clinical Issues

- If child engages in inappropriate acts toward parent modeled after other parent (Cont.)
  - Therapist tells mom, “I know you will help Tommy by standing up for yourself when he says things like that. He does not know any better and he needs to learn from you what is right and what is wrong, and when people make mistakes.”

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### Clinical Issues

- If the mother criticizes the father in front of the child
  - Therapist tells child in front of mom, “Your mom does not like it when daddy hurts her or you and she is trying hard to make sure everyone stays safe”
  - Child may acknowledge that dad is “mean” some of the time but also nice some of the time

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### Clinical Issues

- If the mother criticizes the father in front of the child (Cont.)
  - Therapist tells child in front of mom, “It is confusing when daddy is sometimes nice to you and sometimes mean to you. We can love someone even though we know they are mean some of the time”

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### Crisis Intervention

- May be the first intervention strategy, depending upon the reason for referral
- Involves intervening during crises and assisting with stressful situations
- Helps build a working relationship
- Parent sees therapist as actively involved and aware of her struggles

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## Case Management and Concrete Assistance

- Helping in concrete ways communicates caring for dyad and assists with coping
  - dealing with legal issues
  - advocating for housing
  - consulting with childcare providers
  - securing financial resources
  - referring for other needed services

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## Crisis Intervention and Case Management

- Therapist models for the parent how to find a resource, contact an agency, and implement agency's suggestions
- Provide opportunities for parents to learn how to solve similar problems on their own
- Therapist can provide feedback to parent about the process

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## Timing Issues

- Try simplest and most direct intervention first
- If providing developmental guidance changes inappropriate parental behavior, exploring childhood origins of this behavior may be unnecessary and intrusive

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