

Breaking the Cycle

Supporting Parent–Child Relationships Through the “Parents Interacting With Infants” Intervention

LANA NENIDE

*Wisconsin Alliance for Infant Mental Health
Madison, Wisconsin*

STACI SONTOSKI

*Milwaukee Child Welfare Partnership
Milwaukee, Wisconsin*

Tamika, a young African American mother, reluctantly walks into the room to join other mothers for a new parent–child group. She is mandated to be here. As someone who’s grown up in the child welfare system, this is one more hoop to jump through, one more place she has to be. She is very pregnant, tired, and heavy with ambivalence about her pregnancy, having to be in this group, and life in general. Her eyes are sad and dull. It is obvious that she does not want to be here. A moment later, a beautiful 2½-year old girl arrives with one of the case managers. Imani’s eyes light up at a promise for attention and play as she notices us, the group facilitators, and the toys and books in the room. Imani is so hungry for play, reading, talking, and singing. As the group begins, mothers are asked to sit with their children. It is only at this point we realize that Tamika is Imani’s mother. There is no connection, little interaction between the mother and the daughter. Throughout the group, Imani joins other parent–child dyads or tries to engage us, while Tamika prefers to spend her time sitting on the chair at the end of the room, blaming her belly for her inability to play.

Recent research has confirmed that relationships are essential for all children. Brazelton and Greenspan (2000) believed that ongoing consistent, nurturing relationship is one of “the irreducible needs of children” (p. 53). Only in the context of a relationship can a child survive, learn, and grow. The quality of the relationship between the child and his caregiver determines what the child learns about the world and about himself. Will the child learn to feel safe and secure, that he is worth responding to, or will he learn that his needs and wants are not important and that there is no one to count on? Will the child learn that interactions with adults are pleasant and rewarding, that adults make him feel respected, important, and understood, or will he learn to be fearful, anxious, and passive and to curb his curiosity? Most of this learning happens in the first years of a child’s life. These years

are particularly important because they provide the foundation, the framework, for every domain of human development. The development of self-regulation, self-esteem, and self-confidence—the ability to form healthy and secure relationships with others, to experience and express a wide range of emotions, and to explore the environments—is rooted in the child’s first relationships.

The early experiences and first relationships shape the development of the brain, the only organ that changes in response to experience after birth. Specific neurological patterns are formed in the brain in response to the type of care the child receives. Evidence shows that sensitive and responsive caregiving affects the development of the brain in positive ways. Perpetual lack of such essential experiences is stressful for infants and toddlers and damages brain architecture. In fact, researchers are able to find

measurable differences in gray matter volume in infants affected by toxic stress starting at 5 months old (Hanson et al., 2013).

Abstract

The Parents Interacting With Infants (PIWI) intervention is designed to support parents in developing their capacity to create positive, sensitive, and engaging interactions with their infants and toddlers. These interactions, as indicated by research, are essential for healthy brain development and overall well-being, yet they are particularly challenging for young mothers who have not had nurturing experiences growing up. Through a series of facilitated groups, teen mothers exiting the foster care system in inner-city Milwaukee demonstrated a new interest in and sincere engagement with their baby, as well as an increase in parental capacity around understanding their child’s cues and preferences and the importance of relationship and play in supporting their child’s development. The authors found the PIWI intervention particularly relevant to populations challenged by poverty, domestic violence, trauma, substance abuse, mental illness, and many other stressors.



The first years of a child's life provide the foundation for self-regulation, self-esteem, and self-confidence.

Many adults who have faced trauma, abuse, or neglect have tremendous difficulties creating positive, consistent, and sensitive relationships with their babies because they have not experienced such relationships growing up. As they become parents, there is no foundation for them to draw on to build the nurturing relationships with their babies; thus, it becomes essential for professionals to foster the process of parent and child falling in love with each other.

When working with populations challenged by poverty, domestic violence, substance abuse, mental illness, incarceration, and many other stressors, professionals (e.g., case managers, home visitors, child care teachers, nurses, and child welfare workers) are often at loss deciding which fire to put out first. Brandt (2013) pointed out that the professional's greatest responsibility is to support and foster the "serve-and-return" interactions between an infant and her caregiver—a process that is fundamental for proper neural wiring of the brain.

The Pyramid Model

IN LINE WITH the latest discoveries, the Center on Social and Emotional Foundations for Early Learning developed the Pyramid Model framework, an evidence-based prevention intervention model to promote social and emotional

competence in infants and young children. This framework is grounded on the notion that optimal development is only possible within nurturing and supportive relationships (see Figure 1). Wisconsin is one of the many states implementing the Pyramid Model throughout its early childhood systems.

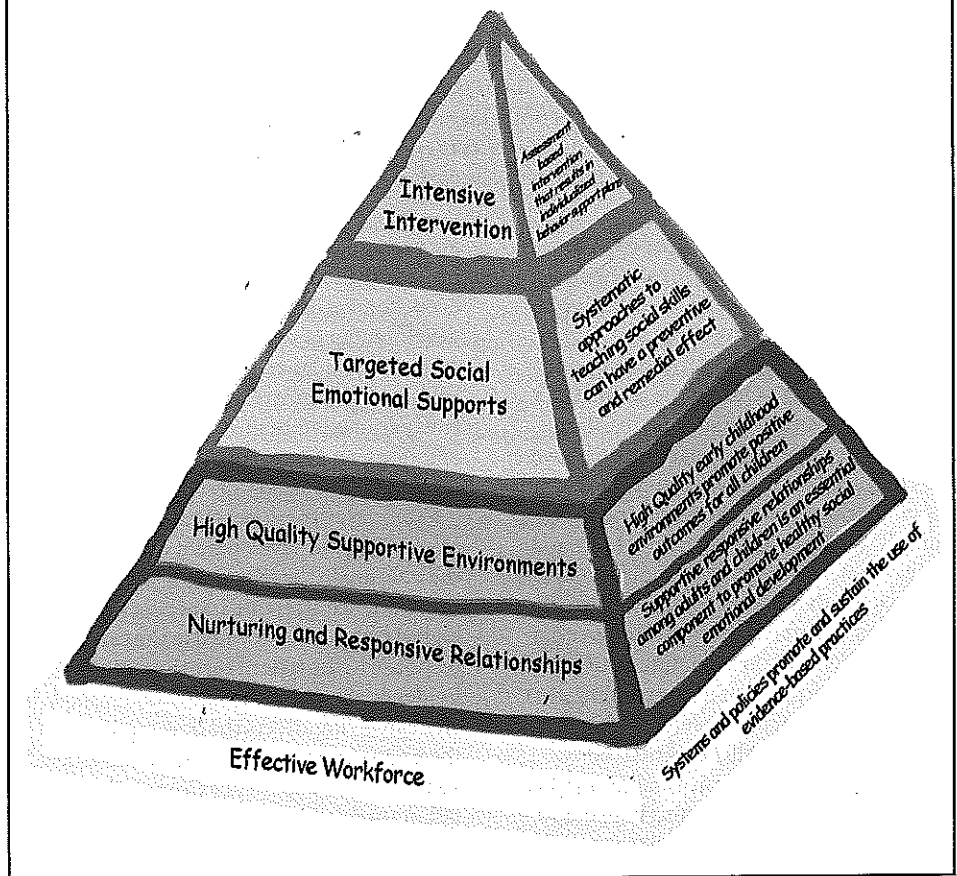
The Parents Interacting With Infants (PIWI) intervention, developed by Tweety J. Yates, is a component of the Pyramid Model that specifically addresses the parent's relationship with the infant or toddler (McCullum, Gooler, Appl, & Yates, 2001). PIWI recognizes the critical value that parent-child interactions have in a child's development. Children's development is enhanced when parents recognize and act on their own important roles in supporting their children's developmental agendas. The goal of PIWI is to increase parental competence, confidence, and mutual enjoyment. In other words, PIWI supports the parent's capacity to engage in "serve-and-return" interactions.

PIWI offers an opportunity to break a cycle of intergenerational relational dysfunction and increase the capacity of parents to connect with their infants and young children. SaintA, one of the largest providers of family-centered care and education services and the leader of trauma-informed care in the state of Wisconsin, recognized the need to provide

supports to young parents who are aging out of their foster care system. As part of the innovative practices, they selected the PIWI framework and partnered with the Wisconsin Alliance for Infant Mental Health to offer a series of parent-infant groups.

There are other mothers and babies in the room besides Tamika. They are all teens raised in a foster care system with a shared goal to be a better parent than they had growing up. The room is set with age-appropriate toys and activities inviting parents and children to play together. There is also a quiet area with books, pillows, and cozy blankets. After our introductions and discussion of the group's focus, parents are encouraged to play with and observe their child in different play areas. At this point, we realize that we lost the mothers. Instead of exploring the room and playing with their children, they are off in a corner looking at their phones or talking to each other. The children are delighted to explore and play with us and seem perfectly content to be entertained and held by two strangers. We fumble through the free-play portion of the group and pull everyone back to the large-group activity and closing. There is a noticeable change in the mothers' engagement when it comes to singing familiar children's songs.

Figure 1. The Pyramid Model Framework



After the group, during our debriefing, we realize that, although mothers are comfortable doing something they are familiar with (like singing well-known songs), their inability to play and disengagement with their babies may not be stemming from lack of interest or love but rather from lack of knowledge and experience. How do you play with your baby when no one really played with you when you were one?

All learning happens in the context of relationship, and learning to connect with a baby is not different. We embraced Jeree Pawl's concept, "How you are is as important as what you do." We knew that before we could help the mothers to discover and love their babies, we needed to fall in love with the mothers and make them feel safe, secure, competent, and appreciated. We scaled back and adjusted our goals and expectations. As a framework, PIWI both offers group structure (see box SaintA Parents Interacting With Infants Group Schedule) and allows for flexibility. Thus, we were able to intentionally create time and space to build relationships with the mothers. We decided to start each group by sharing common parenting challenges and providing information on key parenting concepts and practices. We talked about infant cues, emotions, behaviors, and what they might mean—behaviors as a way

to communicate and connect. We discussed the joys and many challenges of raising babies and toddlers. Through these honest and sincere conversations, we were able to build a foundation of trust that allowed us to facilitate and coach the relationships between the mothers and their babies.

Before every group, as we set up and prepare, we notice our worries and anxieties. Will the mothers come back? Will they be able to be present? Will they connect, share, play, participate? We are relieved when they make it; we know it is a big effort for both the SaintA staff and the mothers to join us weekly—yet here they are. Imani leaps in, followed by Tamika. She runs to the large cardboard box with cutout openings. She gets in and hides. We are ready—we know this is an opportunity to help Tamika notice her child's invitation to play. We demonstrate and invite Tamika to try playing with Imani. By now, Tamika knows us; she feels safe and appreciated. She sees our faces light up when she and

her daughter walk in. She is wanted here. We compliment her on the beautiful game she creates with Imani. Over the next several sessions, we see Tamika becoming more at ease with toys and books and more natural in her interactions with Imani. We also notice that Imani is more selective and prefers to spend time with her mother during the groups. With time, we can see and feel the joy in their relationship grow. There is connection, and there is love.

The main focus of the PIWI intervention is on the parent-child relationship. The PIWI framework identifies a number of dyadic strategies—specific behaviors that adults engage in to establish and maintain responsive, supportive, and positive interactions (see box Parents Interacting With Infants Dyadic Strategies). PIWI facilitators use concrete strategies to enhance, expand, and foster these dyadic strategies. They help parents build their skills by using triadic strategies (see box Parents Interacting With Infants Triadic

PARENTS INTERACTING WITH INFANTS DYADIC STRATEGIES

Dyadic strategies are behaviors parents engage in to establish and maintain responsive, supportive, and positive interactions. These strategies increase the number of "serve-and-return" interactions between an infant and her parent.

Set the Stage for Interaction

- Position self and child so that mutual gaze and joint attention are possible.
- Provide objects and events appropriate to child's development and understanding.
- Physically support child, if necessary, to allow interaction with others and objects.

Maintain Child's Interest and Attention

- Establish yourself as an interesting and interested partner.
- Maintain a warm, encouraging manner.
- Provide clear emotional cues.
- Use novelty and exaggeration to capture interest.
- Be sensitive and responsive to the child's emotional expression.
- Regulate pace in relation to the child's mood and emotional cues.
- Recruit the child's attention when unengaged or unfocused.
- Introduce new focus or activity when needed.

Establish Reciprocal Roles (Turn Taking)

- Respond to the child's initiations.
- Establish predictable interaction routines (e.g., I take a turn, you take a turn).
- Provide time for the child to take a turn.
- Let the child know that a response is expected . . . then wait.
- Imitate . . . then wait.

Match and Follow

- Observe, interpret, and then join the child by matching his focus of attention or interests.
- Follow the child's lead.
- Comment on the child's activities and interests.

Support and Scaffold Learning

- Elaborate on the child's communicative attempts.
- Add new actions or elements to established interaction routines.
- Balance support (e.g., suggestions, demonstration) with expectations and opportunities for independence.
- Pose "dilemmas" for the child to solve.

(Adapted from: Center on Social and Emotional Foundations for Early Learning. (n.d. a). *Handout 3: Dyadic strategies*. Retrieved from <http://csefel.vanderbilt.edu/resources/piwi/PIWI%20Handouts%20PDFs/Handout%203%20-%20Dyadic%20Strategies.pdf>

SAINTA PARENTS INTERACTING WITH INFANTS GROUP SCHEDULE

Greetings and Welcome 25 min

Arrival
Informal conversations/key parenting concepts with the mothers

Group Discussion 15 min

Hello Song
Sharing
Introduce developmental observation topic
The "guess"

Parent-Child Play/Observation Time 35 min

Closing Discussion 20 min

Songs and rhymes
Sharing what happened
Carry over to home

Good-bye Song

Facilitators Debriefing and Note Writing 60 min



The Parents Interacting With Infants (PIWI) intervention supports parents in creating positive, sensitive, and engaging interactions with their infants and toddlers.

press a button to see an animal pop out. Tamika is on the floor with Imani. The ever-growing belly is no longer a barrier or excuse for not playing. They read books, they bang on the drums, they color—they are together! After every group, we write notes, simple handwritten evidence of the new relationship. We thank each mother for coming and describe to them exactly what we saw during their play time. If someone has to miss our group, we send a note anyway, telling the parent that we missed having them and that we hope to see them next time.

Capturing the Power of the Moment

WHEN INITIALLY EXPLORING the best way to evaluate the effectiveness of the intervention, we realized that what we needed to capture is the power of the moment. The compilation of many moments is what creates change. If we could get a mother and a child to truly connect, even if for a moment, and the mother was rewarded with a special look or special touch from her child, she would be more likely to repeat her interaction to get that response again. Thus, our job was to facilitate the creation of that initial moment of connection and to build the mother's capacity to create more of such moments. Through this process of increased parental responsiveness, "serve-and-return" will unfold.

We were intentional in deciding not to do a baseline assessment, as we thought it might negatively affect the development of our relationship with the young mothers if they felt they were going to be judged by their responses. Instead, we chose to use a retrospective survey at the end of our last session. We asked the mothers to self-assess their behaviors and attitudes, thinking back to the first group and now, at the end of the last group, using three simple statements. The table below summarizes the evaluation results (see Table 1).

All mothers indicated better understanding of their baby's cues and increased time focused on playing with their little ones after the six group sessions. The mothers' responses to the

PARENTS INTERACTING WITH INFANTS TRIADIC STRATEGIES

Triadic strategies are behaviors Parents Interacting With Infants facilitators use to support parent use of Dyadic Strategies. These strategies foster parent's ability to engage in "serve-and-return" interactions between an infant and her caregiver.

1. Establish Dyadic Context

Elements of the environment are arranged or rearranged to increase the probability of developmentally matched, mutually enjoyable parent-child interaction.

2. Affirm Parenting Competence

Developmentally supportive interactions are warmly recognized and expanded on, as are characteristics of child competence.

3. Focus Attention

Facilitators comment on, expand on, or question aspects of the interaction to draw the parent's attention to particular competencies or actions in self or child.

4. Provide Developmental Information

Information about the child's development is given by verbally labeling or interpreting the child's social-emotional, cognitive, language, and motor abilities within the context of play and interaction.

5. Model

Dyadic interaction roles are momentarily taken on by the facilitator.

6. Suggest

Facilitator provides parent with specific suggestions to try with child.

Adapted from Center on Social and Emotional Foundations for Early Learning. (n.d. b) *Handout 5: Triadic Strategies*. Retrieved from <http://csefel.vanderbilt.edu/resources/piwi/PIWI%20Handouts%20PDFs/Handout%205%20-%20Triadic%20Strategies.pdf>

Strategies). Many professionals who work with parents and young children naturally use these strategies, but PIWI emphasizes the intentional use of the triadic strategies so that professionals can become more purposeful and more aware of their own influences on the relationship. PIWI facilitators are trained to consider every situation from the parent and child's point of view to figure out which strategy might be the most appropriate and supportive. It is the facilitator's responsibility to find the balance of how much support will be helpful without taking over or undermining the natural competence that parents have.

Finding the right strategy is not always simple. Knowing and understanding each dyad is essential in providing the right level and kind of support. It is important for the facilitators to wait and observe the interaction before jumping in with help. Fighting the urge to assist, a pull to pick up a baby, is tremendously difficult. Once again, the wisdom of Jeree Pawl (1998) comes to the rescue: "Don't just do something—stand there!"

We make time to meet and debrief after every group. We rehash the beautiful moments of connection that we notice with all the mothers and their children. There is different energy in the room. There is eagerness to play, explore, be silly, and be joyful. We hear the warm words mothers say to their babies as they master crawling through the tunnel or figure out how to

Table 1. Evaluation Results

						1	2	3	4	5						
						Hardly Ever	Once in a while	Sometimes	Usually	Most of the time						
Before the series											After the series					
1	2	3	4	5	Avg.	Learning objective					1	2	3	4	5	Avg.
0	0	3	1	4	4.13	I spend time focused on watching and playing with my baby/child.					0	0	0	1	7	4.88
0	0	4	0	4	4.00	I understand my baby's/child's cues.					0	0	0	1	7	4.88
0	0	2	1	5	4.38	I know what he/she likes and know how to help him/her explore new things.					0	0	0	1	7	4.88

open-ended questions continue to tell a story of growth in awareness, competence, confidence, and mutual enjoyment. When asked to share two things they have tried or noticed as a result of participating in the PIWI groups, the mothers reported the following:

- I learned that my son is smarter than I think, and he enjoys new things.
- I play with my baby more, and I try new things with her.
- Let her explore things on her own.
- Giving my kids 15–30 minutes to just focus on them. Look for their cues.

For more examples of mothers' feedback, see the box *In Their Voices*.

In addition, the mothers shared with us that they had been taking advantage of "little free libraries" in the neighborhood to get books for their babies, and one mother had signed up for a library "Mommy and Me" group to be able to continue to devote play time with her children after our sessions had ended. Another noticeable change was in the way mothers dressed from the first to the final group. In the first sessions, many of the mothers arrived for group "dressed up," as if trying to impress the professionals in the room. As the groups progressed, they wore more comfortable clothing coming in, prepared to get on the floor and into the sensory play space. They knew we were seeing "them" and not judging by appearance.

Maternal self-perceptions and comments, as well as our own observations, showed an increased sense of competence in parenting, a key factor in positive parenting (Jones & Prinz, 2005). As summarized by Deković et al. (2010), parents who trust in their ability to parent and who demonstrate parental confidence are warmer; more responsive and accepting toward the child; use less harsh discipline; and are less hostile, inconsistent,

IN THEIR VOICES

Mothers shared their reflections on what they liked most about the groups:

"I like that we had time to play with our children, and I got to learn new things about her (my daughter)."

"I liked that I learned new things about babies that I didn't know."

"They taught us how to focus more on our children. It makes me more aware and a better parent."

"It benefits both of us; we learned how to interact more, and I learned the signs when she doesn't want to be bothered, and about different things she wants to do."



PHOTO: LINDA J. SPRINGER

Parents Interacting With Infants facilitators consider every situation from the parent's and child's point of view to figure out the most appropriate and supportive strategy.

and intrusive. Parents who lack a sense of competence and confidence not only show parenting that was less adequate but also tend to withdraw from interactions with the child and give up addressing child problem behaviors altogether.

It is late on a warm summer night. One of the SaintA staffers is on duty, patrolling the transitional living facility. She is concerned about the noises coming out of one of the apartments. She knows she needs to intervene and be fully prepared for confrontation. As she comes closer to check, what she sees is both surprising and stunning to her. It is not a party, a TV, or music turned up to an unaccepted volume setting. It is Tamika playing and giggling with her new baby boy. This is the same mother who, just a few months ago, was not sure whether she was going to keep the baby or place him for adoption. This is the same mother who was disconnected and uninvolved. This mother is able to love, find joy, and create the beautiful moments of connection with her son that are so essential for his well-being.

Strengthening Parent-Child Relationships

THE PARENT-CHILD DYAD is at the center of the PIWI intervention, which has the main goal of helping parents experience confidence, develop competence, and create mutual enjoyment—*joie de vivre*. Although this comes naturally to many, some parents struggle with the true connection, especially if they had a lack of consistent and nurturing relationships growing up.

The ability to be patient and flexible, the ability to let go of any preconceived plans on how the group should go, and the ability to

meet the dyad exactly where they are become instrumental to making this intervention successful. PIWI facilitators need to be aware that they might be facing initial resistance and might be turned off by lack of interaction and level of disengagement between the parent and the baby. Understanding and intentional use of triadic strategies is helpful and organizing, and yet, before any strategies come relationships. Showing kindness and respect, admiring the babies, and complimenting on any glimpses of connection come first.

Learn More

CENTER ON THE SOCIAL AND EMOTIONAL FOUNDATIONS FOR EARLY LEARNING
http://csefel.vanderbilt.edu/resources/training_pivi.html

Young Moms Learn How to Be Mothers
 SAINTA
www.st-al.org/2013/09/10/young-moms-learn-how-to-be-mothers

Home Visiting
 UWM-MILWAUKEE CHILD WELFARE PARTNERSHIP
<http://www4.uwm.edu/mcwpv/programs/home-visiting.cfm>

WISCONSIN PYRAMID MODEL FOR SOCIAL EMOTIONAL COMPETENCE
www.collaboratingpartners.com/social-emotional-competence-sefel-pyramid.php

NATIONAL CENTER ON THE DEVELOPING CHILD, HARVARD UNIVERSITY
<http://developingchild.harvard.edu>

We strongly believe that the PIWI framework applies to very diverse groups of parents, including those with trauma histories. In fact, it might be particularly relevant to the populations that experienced disruptions in relationships growing up.

It takes a community to raise a child, and it takes a community of professionals to implement a successful intervention strategy. This project would not be possible without the financial support of the Wisconsin Children's Trust Fund and the dedication of competent and visionary SaintA staff. However, our deepest appreciation and admiration goes to the mothers: the mothers who came consistently to the groups; who trusted us to try new things; who were able to share their worries, struggles, and successes

of motherhood; the mothers who sincerely wanted to be different from the mothers they had growing up, and we have good evidence to believe that they will be. §

LANA NENIDE, MS, IMH-E (IV), is the associate director at the Wisconsin Alliance for Infant Mental Health. Her main responsibilities include facilitating implementation of the Pyramid Model for social and emotional competence in Wisconsin, developing and delivering workshops, providing consultation and technical assistance to early care and education professionals, coordinating grant projects, and presenting early childhood mental health issues at a variety of state policy meetings. She is a graduate of the Napa Infant-Parent Mental Health Post Graduate

Certificate Program and a faculty member at the Wisconsin Infant, Early Childhood, and Family Mental Health Certificate program.

STACI SONTOSKI has been in the child abuse prevention/family support field for more than 20 years. Her direct service work has included home visitation and case management on an intensive basis for families with young children screened out of Child Protective Services and development and facilitation of different parenting programs with families of diverse populations. She currently works to support programs through professional development and technical assistance as the family support professional development manager through the University of Wisconsin—Milwaukee Helen Bader School of Social Welfare, Milwaukee Child Welfare Partnership.

References

- BRANDT, K. (2014). Core concept in infant-family and early childhood mental health. In K. Brandt, B. Perry, S. Seligman, & E. Tronik (Eds.), *Infant and early childhood mental health. Core concepts and clinical practice* (pp. 1–20). Arlington, VA: American Psychiatric Publishing.
- BRAZELTON, T. B., & GREENSPAN, S. I. (2000). *The irreducible needs of children: What every child must have to grow, learn, and flourish*. Cambridge, MA: DaCapo Press.
- CENTER FOR SOCIAL AND EMOTIONAL FOUNDATIONS FOR EARLY LEARNING (n.d. a) *Handout 3: Dyadic strategies*. Retrieved from <http://csefcl.vanderbilt.edu/resources/piwi/PIWI%20Handouts%20PDFs/Handout%203%20-%20Dyadic%20Strategies.pdf>
- CENTER FOR SOCIAL AND EMOTIONAL FOUNDATIONS FOR EARLY LEARNING (n.d. b) *Handout 5: Triadic strategies*. Retrieved from <http://csefcl.vanderbilt.edu/resources/piwi/PIWI%20Handouts%20PDFs/Handout%205%20-%20Triadic%20Strategies.pdf>
- DEKOVIĆ, M., ASSGHER, J. J., HERMANN, J., REITZ, E., PRINZIE, P., & VAN DEN AKKER, A. L. (2010). Tracing changes in families who participated in the Home-Start parenting program: Parental sense of competence as mechanism of change. *Prevention Science, 11*(3), 263–274.
- HANSON, J. L., HAIR, N., DINGGANG, G. S., FENG, S., GILMORE, J. H., WOLFE, B. L., & POLLAK, S. D. (2013). Family poverty affects the infant brain growth. *PLoS ONE 8*(12), e80954.
- JONES, T. L., & PRINZ, R. J. (2005). Potential roles of parental self-efficacy in parent and child adjustment: A review. *Clinical Psychology Review, 25*, 341–363.
- MCCOLLUM, J. A., GOOLER, F., APPL, D. J., & YATES, T. J. (2001). PIWI: Enhancing parent-child interaction as a foundation for early intervention. *Infants and Young Children, 14*(1), 34–45.
- PAWL, J. H., & ST. JOHN, M. (1998). *How you are is as important as what you do . . . in making a positive difference for infants, toddlers and their families*. Washington, DC: ZERO TO THREE.