Understanding the therapeutic process of mother-infant psychotherapy

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Psychotherapists who treat mothers suffering from postpartum depression and other mood disorders with their infants have developed a proven process that contributes to a greater positive experience with immediate insights for the mothers to develop healthy connections between their maternal experiences and their infants' behaviors.

Given the documented detrimental effects of postpartum depression on infants and the mother-infant relationship, mental health professionals concerned with child development and families are anxious to understand models of best practices in order to prevent untoward outcomes.

In a focus group study to evaluate the effectiveness of an agency-based mother-infant treatment program, nine therapists, each with 20 + years experience working with parents and babies, talked about their practices. A Boston University School of Social Work-led research team asked the participants to summarize their work, then describe what makes for therapeutic change in mother-infant therapy and how they know when it's effective. Their findings "Mother-Infant Psychotherapy: Examining the Therapeutic Process of Change," were just published in *Infant* Mental Health *Journal*.

The therapists -- a multidisciplinary group of three psychologists, four social workers, one psychiatrist and an educator -- elaborated on how they helped depressed mothers tune in to the nuances of what their babies were telling them and communicated how best to respond. The

clinicians are part of the Jewish Family and Children's Service Early Connections program, a home-based mother-infant psychotherapy intervention that specializes in the treatment of postpartum depression (PPD) and mood disorders. The program's key goal is to increase the mother's ability to be affectively present in her interaction with the child and to address issues that arise as result of becoming a mother.

"Unlike other psychotherapies, the presence and contribution of the infant are unique to mother-infant treatment and act to catalyze change throughout the therapeutic process. Observing and attending to the infant's actions and communicative signals in the here and now of the session offer the therapist the opportunity to create connections between maternal experience and infant behavior," the study noted.

In examining what happens during these session and what makes it therapeutic, the clinicians cited a great deal of unpredictability, boundary fluidity and questions about role definition - experiences not found in mother-only office visits. Recognizing the mother's specific experiences or capacities, or interactions with her infant was central to the therapeutic change. For these therapists, working in the home of the client presents both challenges and opportunities, ranging from the unpredictable nature of moment-to-moment life with a baby to the clinician's role.

The researchers, led by Ruth Paris, Assistant Professor of Clinical Practice at the BU School of Social Work, also analyzed the discussion among members of the focus group when one therapist cited a "now moment," in a mother -infant treatment session where the therapist was playing with the infant under the watchful eye of the mother.

When the therapist said she was tired and told the infant she was putting her down, her actions surprised the mother. "…because something she had been struggling with was that she had to be a perfect mother, and she

couldn't let her baby down, she couldn't kind of disappoint the baby, she had to be there 100% and there I was, kind of, in this alive moment setting a limit with the baby and disappointing the baby in some way."

This "now moment" in which the both the client and the therapist hit upon something of significance, marks an increase in mutual therapist-client understanding. This clinical vignette also becomes a building block of therapeutic change and authentic relational development occurs, the study notes,

"All the "now moments " are important to the treatment because there needs to be both a recognition and an understanding for these women who are very depressed to tune into their babies and see the communication," said Paris. "We are just beginning to understand the ways these experienced clinicians respond to mothers for optimal parenting and child welfare. The focus group provides a way for clinicians to get to a deeper place and develop their thinking with each other."

In analyzing the clinicians' description of their approaches to families and how they viewed the relationships between themselves and the client mothers, the study concluded that there were seven overlapping concepts to understanding the therapeutic process. All of them are interwoven in any particular clinical encounter and also serve as guidelines for ways clinicians can facilitate the therapeutic process. They are:

- Narration of the experience
- Processing the experience
- Connecting past and present

- Modeling something new within the baby
- Promoting new affective experiences
- Opening future possibilities
- Building reflective function.

"Training new clinicians in mother-infant work includes, for example, prioritizing the clinical focus on the development of a relationship between clinician and mother that allows room for observation and reflection," the study concluded. "Furthermore, everyday moments among mother, baby and clinician offer powerful opportunities for problematic dynamics to develop for new interactive possibilities to emerge. Clinicians need to be open and attuned to small unplanned moments of interaction as potential arenas for therapeutic action."

Source: Boston University Medical Center

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