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Contemporary tendencies in infants and toddlers psychotherapy

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Summary

Aim. The article presents the principle rules which psychotherapists who work with children have to follow and the models of therapy associated to the character of child disorders.
Method. Two groups of the Early Intervention Programmes have been discussed more widely: the promising perinatal interventions and home visiting programmes.
Results. The quoted results of the controlled trials confirm the efficiency of these types of programmes both in reference to the improvement of the functioning of families and to the reduction of the health and developmental problems of the small children.
Conclusions. Early Intervention Programmes require further studies to create the proper design of the programme itself, in order to give some measurable social and economic benefits.

infants and toddlers psychotherapy / preventive interventions

INTRODUCTION

From 17% to 22% of children and adolescents aged 4 to 18 years old suffer from significant developmental, emotional and behavioural disorders [1]. If we take into account also the infants and children under 4 years old, the scale of the problem increases distinctly.

The most important challenges facing the therapist in child psychotherapy are the following: identification of the problems that justify treatment, evaluation of the functioning of the child, therapy orientation and work on child and parents motivation to participate in the therapeutic process [2]. A psychotherapist working with children should have a thorough knowledge of developmental norms, the "milestones" of development and developmental psychopathology of child. Thanks to this he or she will be able to see whether the observed disorder is typical of the problems usually occurring to the child at a given age and if therefore, it will change, diminish, or remain the same as time goes by without any therapeutic intervention. The fact of carrying out this sort of analysis will help to decide whether to start the therapeutic process or not. [3].

In the work with children and youth, the therapy is understood in terms of each intervention which aims to reduce psychological symptoms, abnormal behaviours or to improve adaptive functioning, and which uses measures such as counselling and structured or planned interventions [2].

The current approach to psychotherapy is dominated by the attitude of searching for such interventions which will use a standard procedure, subject to evaluation in controlled experiments, so the outcome of treatment may be repeatable [2].

In clinical practice, the child and adolescent psychotherapy applies to about five types of therapy. The most popular are non-behavioural therapies, while 70% of researches relate to the behavioural or cognitive-behavioural therapies [3]. Due to the particularities of mental disorders

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the most effective form of psychotherapy in children may be a modular therapy, whose aim is to fit the relevant modules of therapy to the case. The method of construction of this type of therapy would depend on a set of symptoms dominating in specified time. The disorders occurring in children evolve parallel to their development, demonstrating often an episodic and recurrent nature. Therefore, such models of therapies should be used, which would enable us to monitor the patient's mental status and to undertake at any given time an intervention adapted to the needs of the child. Another challenge for psychotherapists working with children is to prepare different models of therapies oriented to the treatment of comorbid disorders [4].

EARLY INTERVENTION PROGRAMMES

In infants' and toddlers' psychotherapy, various models of early intervention programmes (EIP) are of particular importance. They are treated as multi-disciplinary services (educational and therapeutic) offered to the children in order to improve their health and well-being in conjunction with the plan of support for their families [5, 6, 7]. Early Intervention Programmes built in the ecosystem model refer and use the potential existing in the family, they look for the resistance inherent in it and in the child and they are based on a partnership of professionals and family support services [8].

Parental care is considered as a mediator aimed at improvement, in many studies it is defined as a "core mediator", in accordance with the prevailing belief about the relationship between its quality in the early period of child's life and his or her intellectual development, behaviour and emotional state [6]. The works of Caspi et al. [9, 10] suggest that polymorphisms in genes encoding monoamine oxidase-A and serotonin transporter (5-HTTLPR), interacting with the quality of care, particularly with the neglect, violence, determine the risk that the child will show the anti-social behaviour on the one side and the tendency for depression on the other. This genetic "vulnerability" is revealed only in the situations of extreme stress or abuse of a child. From these observations programmes are derived whose purpose is to promote competent child care and to show the child attentiveness and affection.

Another predictor concerning children and families that decides about starting up the EIP is low birth weight (LBW), which is associated with disorders of cognitive development, as well as with the subsequent behavioural disorders. However, there is no comprehensive model of determining how and to what extent the child and family characteristics affect the posterior development of a child with LBW [5].

Early intervention should be comprehensive, tailored to the age of the child and it should be of appropriate duration and intensity. Ramey et al. [11] consider as the basic characteristics of these interventions the following: multidisciplinarity, focus on the child and parents' needs, individualisation of the programme, integration with local health care system, effectiveness confirmed in randomised controlled trials (RCT) [11]. In many publications it is stressed that only these EIP should be disseminated which are understood and supported by the RCT's research findings. Flay et al. [12] (as a part of the works of The Society for Prevention Research) published the stages and standards which should be followed also in the investigations concerning EIP. They include the following: researches on the experimental effectiveness (efficacy trials), the actual effectiveness (effectiveness trials), and their dissemination [12].

The purpose of the programme constructed like that is to improve educational and life competences of parents and the state of their physical and mental health, as well as to promote the health and child development and to support child development by minimising potential delays, paying attention to his or her health and also providing the access to specialised institutions [6, 11]. The result of well conducted EIP should consist of improving a child's emotional state, his cognitive functioning, communication skills and social functioning as well as behavioural development [11].

Olds et al. realised a systematic review of major programmes, which fulfilled the following conditions: they were directed to the parents already in a prenatal period or during the first three years of a child's life, they met the performance criteria of RCT and had been reported since 1996 [6]. Two groups of programmes

were analysed: promising perinatal interventions and home visit programmes aimed at promoting child´s health and development [6]. The first group includes the "Infant Health and Development Program" (IHDP) and the "Newborn Individualized Developmental Care and Assessment Program " (NIDCAP).

PROMISING PERINATAL INTERVENTIONS

IHDP was initiated 1985 and designed for newborns with LBW, from their birth to 3 years of age, coming from the families living in difficult circumstances. The programme consists of home visits, group meetings for parents and day care system for children. In the first year a teacher-specialist makes home visits in regard to the child´s development once a week, and in the subsequent years once every two weeks. During these visits the parents are taught some interactive plays with infants and toddlers to stimulate language, cognitive and social development of a child. The visitor of the family run a systematic education concerning child´s health and development. In the second and third year, the children attend five times a week to the activities outside home, in the "development centres", where the comprehensive impacts oriented to cognitive and speech development are conducted. In this period, the parents group meetings are held every month. Their aim is to exchange the information on child´s health, safety, development and his or her family [13]. The results of investigations of McCarton et al. and Brooks-Gunn et al. showed that the programme is the most effective in a group of children with weight below 2000 grams and those who come from the families at risk (low level of education, ethnic minorities) [for 6].

NIDCAP is an early intervention programme for premature babies born before 30 weeks of pregnancy with a very low birth weight used in the Neonatal Intensive-Care Unit - NICU (NICU's counterparts in Poland are the Neonatal Intensive Care and Neonatal Pathology Units [Oddziały Intensywnej Opieki Noworodkowej i Patologii Noworodka]). The investigations of Als, which led to the creation of the early development theory known as the "Synactive Theory Development", were the starting point for developing this programme. Als highlighted that the child organises actively his or her development since the beginning of life and that only the systematic observation of behaviour enables us to understand the differentiating competencies, development aspirations and child´s efforts to self-regulation [14]. The programme consists of daily observation of the child´s competences and of recommending the parents and unit staff ways to support premature infant development. The programme aims to reduce the gap between the development in the mother´s womb and the development in the NICU conditions, taking into account the individual organisation of premature infant´s behaviour, by encouraging the "strong" parts of each child [15]. The results indicated a better functioning of infants under the programme in comparison with the control group in terms of weight and growth parameters and psychomotor development [Als et al., 2003 for 6].

HOME VISIT PROGRAMMES

The purpose of the "home visits" is to improve the children's health and development as well as the women's health during pregnancy and to form the competences of parents in shaping their own lives and in the quality of care for their children [6]. The characteristic of the "home visits" is that they begin even before the child's birth, during pregnancy and they are continued during the first years of life, and sometimes until the start of school education. They differ between them in the specific programme contents and clinical methods used during the realisation of the programme, in the choice of a target population of parents and in the ways of preparing people who visit their houses.

Olds et al. developed a model of the "Nurse home visiting" [16]. The programme included regular home visits to mothers during the prenatal and early postpartum periods. It was addressed to women who were pregnant for the first time, single mothers, unmarried women, adolescent mothers, mothers from families in difficult economic situation and to the mothers who used psychoactive substances. During the prenatal period the nurses worked on shaping behaviours that improve the health of preg-

nant women. After the birth of the child, they engaged in actions aimed at the proper development and health of the infant through the education and assistance in competent parenting. They also worked on organising the family life in a proper way in order to improve its economic situation by completing the education and finding jobs for parents, or by the psychoeducation on planning the next pregnancy. Among the beneficial consequences of home visit programmes, the improvement of parenting skills and of the mother's life course (fewer subsequent pregnancies, employment improvement and, as a result, less frequent use of social assistance) were pointed out. The positive results concerned also the children, as in this group less severe antisocial behaviours at age of 15 and better school functioning were observed. [5].

The first programme "Parents as Teachers" (PAT) started in 1981. It is a universal educational programme for working-class families and middle class, living in the province. In the first three years of the child's life, the programme consists of home visits once a month, group meetings for parents, observation of the child's development and cooperation with other services operating for the family. The results of the investigations show that the programme improves the school readiness of children coming from the families involved in it [6].

In 1988, the U.S. Congress passed the "The Comprehensive Child Development Act." This document is linked to the creation of the "Comprehensive Child Development Program" (CCDP), which is targeted at low-income families. Its aim is to equalise the opportunities of children for educational and life achievements. CCDP is conducted from the child's birth until he or she starts school at the age of about five years. The team engaged in the child development programme consists of a case manager and trained paraprofessionals who work with the families during home visits. Furthermore, in the early education centres, the classes for children are held and the overview researches on child development are carried out. The effects of the programme evaluated in many investigations have shown a better development of speech and cognitive development of children, their longer attention span, less aggressive behaviours and improved emotional relationships with their parents [6]. Early intervention programmes are recommended in the U.S. by the organisations whose purpose is to prevent infants' deaths (National Commission to Prevent Infant Mortality), as well as their abuse and neglect (The U.S. Advisory Board on Child Abuse and Neglect) [6].

DISCUSSION

In 2005, the European Agency for Development in Special Needs Education developed a report on early intervention. The report describes the evolution in the field of early intervention and the transition from the "medical" model, that is focused only on the child, to the "social" model, which takes into account also the child's family and environment. There are many differences in this type of approaches to the issues of the early intervention in the European Union countries. In Poland, these types of activities are quite dispersed and they are carried by some individuals engaged in tasks related to the early intervention on a specific problem [17].

Among the most frequently cited methodological reservations related to the EIP are the following:

- the need for better designed studies, which will enable a better interpretation of the results, including the use of RCT,
- the need for a clear description of interventions,
- the need for a fuller description of the characteristics of children and families in order to be able to understand the variability of the interventions' results,
- the need to analyse the intervention in order to identify its active components (frequency and intensity of treatment),
- the need to evaluate the possibility of generalisation of the results and long-term consequences of the intervention [5].

Early Intervention programmes require further studies that would explain the following issues:

1. What characteristics of the child or his or her family are associated with the subsequent emotional, behavioural and cognitive prob-

lems in the case of using the intervention methods or not?
2. How early does the intervention affect the parent-child relationship?
3. What is the effectiveness of each programme and is it possible to repeat the results obtained in the previous studies? [5].

CONCLUSIONS

In spite of the reservations mentioned above early intervention programmes are becoming increasingly better methods that enable to apply the preventive measures, particularly in the environments of high risk of developing disorders in the long term. Among the many promising programmes, the reliable ones are those that are properly documented by RCTs' researches. The most difficult issue related to the EIP is the proper design of the programme, choosing the right population, to ensure those activities which, from the perspective of the programme participants, will reduce their difficulties and will give results. In this context, the intervention should take place at these moments which can provide a greater sensitivity of the individual to the used unit operations. The success of the programmes depends primarily on the involvement of participants and on the changes in the functioning of children and their families which would show that the use of EIP give some measurable social and economic benefits.

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