Parents with Visually Impairment and Infant/Early Childhood Mental Health

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„The other side”

- Parenting with disabilities is a less well known area than interventions with children with visual impairments or rehabilitation services
- I have personal impressions and experiences but no professional practice
- In general professionals are rarely invited into the family life of adults with visual impairments
Literature

- Literature in parenting with blindness is small
- Publications focusing on nursing tasks of infants
- It is possible to “read between the lines” and some aspects of parent – infant interaction can be found
- Last year Mother with blindness was published in Hungary with nursing tasks skills in accessible formats
- No view on interaction
Aim of the presentation

• This presentation gives a short introduction to Integrated parent- infant/toddler consultation
• The illustration will be done via brief insight to a consultation with parents with blindness and their sighted little son.
Case background

• the little boy was biting others in the nursery
• professionals could not handle
• The consultant (rare in Hungary) psychologist of the nursery new that I’m specialized in visual impairment and that I’m a integrated parent-infant/toddlers consultant.
• The nursery oriented the mother to contact me
Conditions

• The usual frame of the consultation is a practice room in a service or in a private practice facility
• I offer families to visit them in their own home
• I see several advantages of visiting families instead of asking them to visit a center.
Contacting

- The mother contacted me
- She briefly described that the nursery suggested her to contact me
- She gave the reason: biting
- She mentioned that their contact with the nursery is not harmonic
Frame

• The consultation was held in their home
• The whole family: parents – child were present in all occasions
• Settled objective – to solve biting
• We agreed in 5 - 6 sittings.
• Meetings weekly – in 2 weeks, last: 3 weeks after
Family

- Parents are 36y of age
- Both had low vision, were educated in segregated school
- Both lost their sight by the age of 20
- The mother has light perception - not enough for following the child visually
- Father self employed in informatics
- Mother used to work in sheltered workshop
Parents history

• 1st marriage of the father
• 3rd marriage of the mother

• Mother was emotionally and/or physically abused in both previous marriages (1st VI husband, 2nd sighted)
Parents history 2

• The mother was abused (emotionally and neglected) in childhood
• Was grown up under the guardianship of the grandmother
• Had almost no contact with divorced parents
• Father’s parents also divorced
• Both have a male sibling – no contact with
Supporting relationships

• Father’s mother – frequent visitor – from an other town
• Friends mostly sighted

• Previous a physical help
• From friends they don’t ask and accept help.
Living conditions

• In a newly built apartment house (previously mothers home with previous husband)
• Modern, well furnished
• One big space and 2 tiny bedrooms
• The child recently sleeping with parents
Daily schedule

• 7 a.m. starting the day
• At 8 child taken to nursery (both)
• Parents do shopping, cooking together, mother all other
• Father works at home
• Child back at 4 p.m. (both)
• Play, TV, dinner, bath
• Approx. at 10 end of day
Developmental stage of the child

- Not assessed
- Based on observation and knowledge
- 2,8 y old boy
- Good gross and fine motor skills
- Play purposefully with toys
- Understands speech, requests
- Uses approx 5-10 words
- Using diaper
- Looks for physical contact but likes to be separate
- Regulates interactions and being on his own with watching TV in the bedroom
Intervention

• Classic method
• Family history taking
• History of the problem: when, how, in what circumstances happens
• Asking for video
  – Showing the problem
  – Showing interactions
• Watching video together
• Listening to - following the mother’s reflections
• Objectivity, factual interpretation of the interactions – correction of parents’ distorted impressions – on the bases of observation of the video
• Verbalization of the child’s behavior and emotions in the name of the child.
Altered intervention – without visuality

- Making video – consultant task
- Watching and analysis - consultant task
- „live” observation emphasized
- Verbalization of the child’s behavior and emotions in the name of the child and
- NARRATING all events
- Need of „education”
Discussions in front of the child

• Extra complains
• Father: not eating
• Mother: sleeping together
• Observed:
  • Child is seeking for attention
  • Father keeping child in close contact
  • Mother is searching for the Ch and catching the Ch when necessary
Levels of processing observation

- Objective: what I see
- Subjective: what I feel
- Cognitive: what does it mean for me
Objective: what I see

by father
– Lots of hugging, initiated interaction
– Constant physical control
– Control of Ch in the space
– Frequent soft constraints
by Ch
Climbing on father
Rejection of mother
Play on close body contact turns to aggression – biting
+
Parents don’t follow movements only when Ch next to them
Subjective: what I feel

Parents don’t read emotions
They don’t follow Ch’s emotional needs
Physical boundaries
Desire for release
Misunderstanding
Cognitive: what does it mean for me?

• Parents needs feedback
• Needs (indirect) education: how to control, regulate Ch behavior in other ways, how to teach rules and how to shape frames, how to be consequent etc.
• Needs to focus on the effects of their actions
• Needs to find ways to follow the child
• To regulate their stimulation on the Ch
• To accept Ch’s need for being alone
• To make common play less on body – but in joint attention!
Consultant role - the EYES

- Verbalizing the Ch actions, behavior and possible emotions
- Narrating all actions
- Narrating in consultant position and in the name of the Ch.
- Strengthen the mother in her „good motherhood”
- Encourage less close body contacts, more freedom for the Ch
- Mirror the father’s control over the whole family safeness – for his on feeling of being sure, safe
Some results

- From 3rd meeting Ch is not biting in the nursery
- Plays separately from parents
- Initiates interaction, play with consultant
- Spend more time with mother
- Mother is happy and more confident
- Mother builds new relationship with the nursery, asks for help and reports of the Ch time there
- Father realized and was able to speak about over controlling physically his son
- That his son needs more freedom
- He acknowledged that he is missing close contact but rationalized the time for it
Thank you for your attention!