Breaking the cycle: using a video feedback intervention to prevent the intergenerational transmission of trauma

Dr Kirsten Barnicot
Imperial College London and Central & North West London NHS Foundation Trust
BOOST
Boosting Baby Behaviour and Bonding
An intergenerational cycle of trauma

Early intervention - video feedback for positive parenting?
Trauma and severe mental illness

- Emotional, sexual and physical abuse and neglect
- Interpersonal victimization in adulthood
  “Borderline personality disorder” (BPD)
- Childhood sexual abuse: 29 to 61%
- Childhood physical abuse: 53 to 59%
- Childhood emotional abuse: 73%
- Childhood emotional neglect: 70%

## Trauma and “borderline personality disorder”

- N = 90 individuals in specialist PD services in London

<table>
<thead>
<tr>
<th>Trauma</th>
<th>Prevalence (%)</th>
<th>Childhood (%)</th>
<th>Repeated (%)</th>
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<tbody>
<tr>
<td>Sexual assault</td>
<td>60%</td>
<td>88%</td>
<td>66%</td>
</tr>
<tr>
<td>Non-sexual physical violence</td>
<td>73%</td>
<td>77%</td>
<td>81%</td>
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<tr>
<td>Witnessing domestic violence</td>
<td>57%</td>
<td>100%</td>
<td>100%</td>
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[Barnicot & Crawford, in prep.]
“Borderline personality disorder”

Enduring pattern of inner experience and behavior that:

• affects thoughts, emotions, interpersonal relationships and/or impulse control
• deviates markedly from cultural norms and expectations.
• is pervasive and inflexible.
• is stable over time.
• leads to distress or impairment [APA 2013].

BPD = pervasive pattern of instability in interpersonal relationships, self image, and affect + markedly impulsive behaviour [APA 2013].
Controversies about “personality disorder”

“The name BPD is confusing, imparts no relevant or useful information, and reinforces stigma” [TARA Association for PD]

• 53% of patients with BPD think it should be renamed...
  “emotional (dys)regulation disorder” [Kalapatapu et al. 2010]

“The diagnosis distracts from the aetiological significance of childhood sexual abuse and pathologizes survivors” [Shaw & Proctor 2005]

• Move towards re-conceptualisation as complex PTSD [Herman 1995, McLean & Gallop 2003]
Complex PTSD

ICD-11 Proposal [Maercker et al. 2013]
- Changes in self-organization that typically results from repeated or chronic exposure to traumatic stressors from which one cannot escape (childhood abuse, domestic violence, slave-trade, genocide campaigns)
- Affect dysregulation, Negative self-concept, Disturbances in relationships
- Not the same as BPD but can co-exist [Cloitre et al. 2013]
- BPD can occur without traumatic exposure
- 78% complex PTSD in London BPD sample [Barnicot et al. in prep.]
Intergenerational trauma?

- Risk factor for parent-child difficulties:
  - dysregulated mood, self-harm, substance use & interpersonal difficulties
  - obstetric & neonatal complications
  - child protection services
  - difficulties in parent-infant relationships
  - child emotional & behavioural problems

Personality disorder and child socio-emotional health

- Conroy et al. 2012
  - 18 month old children of mothers with PD:
    * 5 times higher incidence of internalising behaviour problems
    * 6 times higher incidence of emotional & behaviour dysregulation
Personality disorder and child socio-emotional health

• Abela et al. 2005
• Children aged 6 to 14
• N = 15 MDD (current or historical) with BPD
  * 45% of children reported experiencing a depressive episode
• N = 87 MDD (current or historical) without BPD
  * 10% reported experiencing a depressive episode
• Children of mothers with BPD:
  > current depressive symptoms
  > negative attributional style
  > self-criticism
  > reassurance-seeking
  > insecure attachment style
Why?

• Observations of mothers with BPD & babies
  [Crandell et al. 2003, Hobson et al. 2005, Conroy et al. 2010]
• Difficulties with Sensitivity :
  1) Notice child signal
  2) Interpret child signal
  3) Respond promptly
  4) Respond in an emotionally attuned and warm way
  [Juffer et al. 2014, Biringen et al. 2014]
Why?

• Disorganised attachment
  - At 2 months 75% of infants often looked away from Mum
    50% of infants looked dazed [Crandell et al. 2003]
  
  - At 4 months, 80% of infants rated as showing disorganised attachment [Hobson et al. 2005]
Responding sensitively establishes a synchronous interaction between parent and child which enables mutual regulation and experience of relational security

Low parental sensitivity

↓

Emotional dysregulation & insecure/disorganised parent-child attachment

↓

Adverse child socioemotional development

Is it any wonder?

• Difficulty naming and understanding own emotions
• Emotional dysregulation
• Relational insecurity – fear of abandonment, sensitivity to rejection
• Traumatic relational history – internal working model
• Desperation to break the cycle - no template for relating differently – self-critical and doubtful of parental ability
Could parenting-focussed interventions be helpful?

- No evidence base on parent-infant interventions in PD
- Systematic review (Stepp et al. 2011) identified 1 small pre-post evaluation of an attachment-focussed intervention
- Could an intervention focussed on promoting parental sensitivity and boosting attachment security be helpful?
Video feedback for positive parenting

- Short-term video-feedback intervention to support parents and enhance attunement & sensitive responses → build secure attachment

- Method: 7 home visits of approx. 1-2 hours

- Method: video-feedback

- Based on attachment theory

- Strongly evidence-based
What is Video Feedback for Positive Parenting (ViPP)?

- Manualised
- Parent-infant interaction is videoed
- Parent & therapist watch the videos together and the parent is helped to:
  - Identify and understand their child’s signals
  - Respond in an attuned manner
  - Parents’ attuned responses are reinforced
Does VIPP increase sensitivity?

- **VIPP improved sensitive parenting/ reduced intrusiveness** in
  - Low-sensitivity mothers [Kalinauskiene et al. 2009]
  - Mothers with insecure attachment style [Casibba et al. 2015, Klein-Velderman et al. 2006]
  - Maltreating parents [Moss et al. 2011]
  - Highly deprived high-risk families [Negrao et al. 2014]
  - Mothers with bulimia [Stein et al. 2006]
  - Mothers of children with behaviour problems [Van Zeijl et al. 2006, Yagmur et al. 2014]
  - Mothers of inter-racially adopted children [Juffer et al. 2005].
  - Parents of autistic children [VIPP-AUTI, Poslawski et al. 2015].
Does VIPP increase attachment security?

- **Low-sensitivity mothers** [Kalinauskiene et al. 2009]
  - no intervention effect on attachment security
- **Inter-racially adopted children** [Juffer et al. 2005]:
  - Fewer children with disorganised attachment (6% vs. 22%)
- **Mothers with insecure attachment style**
  - More secure child attachment [Casibba al. 2015]
- **Maltreating parents** [Moss et al. 2011]
  - More insecure → secure
    - disorganised → organised
Does VIPP increase attachment security via sensitivity?

  - Sensitivity-focussed interventions more effective at increasing attachment security
  - More effective at enhancing parental sensitivity → larger increase in attachment security

Bakermans-Kranenburg et al. 2005
Does VIPP improve child socio-emotional health?

- Low-sensitivity mothers

- Lower rates of clinically problematic behaviour

[Klein-Velderman et al. 2006]
Does VIPP improve child socio-emotional health?

- Children with behaviour problems [vanZeijl et al. 2006]:
  - Less over-active behaviour
  - Lower cortisol production IF DRD4 “orchid” allele
  - Decreased externalizing behaviour IF DRD4 “orchid” allele
Would ViPP be helpful for parents with personality disorder?

✓ Focus on sensitivity
✓ Focus on attachment
✓ Structured
✓ Positively-focussed
✓ Behaviourally-focussed

X Fear of being judged
X Self-critical
X Need to talk about own feelings

“I’ve had no support.... Especially when she gets so stressed, no-one’s told me what to do or how to deal with that”

“A lot of self-doubt. I’m always worrying am I doing enough, am I doing enough, am I doing enough.”

“I think the idea in itself is fine, it’s a good idea, but truthfully speaking if you came to me with a video of me parenting.... I’m already very self-critical – I would feel firstly very judged, and I’d be thinking at the same time ‘Who are you to tell me?’”
Adaptations to ViPP for PD

- Open discussion
  - Watching the videos may bring up difficult feelings
  - Sometimes parents feel judged or self-critical
  - I am not here to judge
  - Focus is on child’s experience
  - We will have a chance to talk about your feelings at the end of every session

- Debrief
  - Did watching the videos bring up any difficult feelings?
  - Describe the thoughts and feelings
  - Normalise difficult thoughts and feelings
  - Reassure: not judgemental, focus on child
BOOST Inclusion Criteria

• Parent meeting DSM-V criteria for “personality disorder”
• Child aged 6 to 36 months

Perinatal mental health teams, CMHTs and personality disorder services in CNWL and ELFT
Contact by researcher

- If SAS-PD ≥ 10 or dx of PD and child 0 – 36 months
- Would parent and baby like to meet to find out more?

First meeting with researcher

- Info sheet & consent form
- SCID-II personality interview
  - If eligible:
  - Questions about being a parent and about emotions & behaviour of parent & baby
  - Film clips of parent & baby playing

Random allocation

First 8 Parents (pilot)
- Receive Baby Behaviour and Bonding visits (ViPP)
- BBB Info Booklet
- Other treatment as usual

20 Parents (intervention)
- Receive Baby Behaviour and Bonding visits (ViPP)
- BBB Info Booklet
- Other treatment as usual

20 Parents (control)
- Baby Behaviour and Bonding Info Booklet
- Other treatment as usual
Questions

To what extent is it feasible and acceptable to parents and clinicians to:

• Recruit and randomise parents
• Train and supervise clinicians to deliver ViPP
• Successfully deliver ViPP
• Follow-up patients..... ?
Outcome measures

1) Child Behavioural Problems
   a) Child Behaviour Checklist
   b) Brief Infant Toddler Social and Emotional Assessment
   c) Infant Toddler Symptom Checklist
   d) Functional Emotional Assessment Scale

2) Parenting Confidence
   a) The Parental Sense of Competence Scale
   b) Parenting Stress Index

3) Parent-infant interaction
   a) Emotional Availability Scale

4) Parental Mental Health
   a) CORE (subjective well-being, mental health problems, functioning & risk to self / other)
   b) C-PTSD scale (emotional dysregulation, negative self-concept, interpersonal dysfunction)
Where are we up to now?

• 13 perinatal mental health clinicians:
  - Completed initial training
  - Due to complete supervised training case November 2017
• Recruitment for pilot phase:
  - Screening of perinatal mental health patients has begun
  - Engaging with CMHTs and PD services
  - Target to recruit 8 parents by December 2017
Thank you!

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Dr Jane Iles
Ms Jennie Parker
All participating clinicians!