Tuned In Parenting (TIP): A Collaborative Approach to Improving Parent-child Relationships

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This paper describes a collaborative partnership between a community early parenting agency and a university psychology department to develop and deliver an innovative programme for relationship issues in young families. The programme was to be in keeping with the research and practice parameters of the agency. The processes involved in the development, trial and evaluation of the programme are outlined. Known as the Tuned in Parenting (TIP) Programme it aims to promote reflective awareness in mothers and to build sensitive and responsive parenting. Agency staff members conduct a DVD-based intervention in a reflective and collaborative manner with a small group of mothers who engage in discussion around DVDs of their own interactions with their child. Qualitative analysis of participant interviews established that mothers perceive the programme as valuable in increasing sensitivity to infant cues and engaged in reflection on their own style of parenting. Parallel processes between organisations, between nurses and their clients, and between mothers and their babies facilitated genuine change on many levels. Theory and practice from this project now underpins service delivery for the agency and review, evaluation, and adjustments are continually made as the agency moves towards best practice.

A challenge facing professionals of many disciplines today is how to keep up with current research and to find ways to implement new ideas in a planned and comprehensive manner into everyday practice. This paper describes an innovative response to this challenge undertaken by Ngala Family Resource Centre, in Perth Western Australia. One of a consortium of five similar resource centres around Australia that established a research collaboration in 2001 to guide the adoption of evidence based approaches to the provision of services to Australian families, Ngala was challenged to implement an initiative identified by the consortium: the Parenting Skills Development Framework (PSDF) (Tweddle Child & Family Health Service, 2006). This framework guides clinicians in multidisciplinary services to establish a collaborative relationship with parents and build commitment to reach goals. The primary goal of the framework is to enhance parenting confidence and competence.

Ngala was confronted with the task of making an ideological shift in order to fully embrace this goal. Staff required professional help to deliver chosen goals but were somewhat fearful of being sidetracked by outside 'expert' advice. The agency's first step was to approach the first author with whom they had had a previous relationship, in which she had demonstrated her method of working collaboratively with parents to improve their parenting skills. They requested the first author

sit down with them, listen to the objectives of the centre, consider whether her methodology could be adapted to them and if so, whether she could work with them to achieve the competence needed to deliver the resultant programme within their facility. The Tuned in Parenting Programme (TIP) as it is today, is the result of this collaboration.

Evidence-based intervention programmes to improve parent-child relationships have been reported (Cooper, Hoffman, Powell, & Marvin, 2005; Juffer, Bakermans-Kranenburg, & van Ijzendoorn, 2008), with many of them using video feedback for intervention at both the maternal representational level and the behavioural level (Bakermans-Kranenburg, van Ijzendoorn, & Juffer, 2003; McDonough, 2005). One such attachment-based programme designed for delivery in groups is the Circle of Security programme (Marvin, Cooper, Hoffman, & Powell, 2002), but as with most similar programmes, training in this methodology is intensive and expensive. For small agencies wanting a large-scale training programme, such costs are prohibitive. In addition, agency personnel once trained would then have the task of introducing the programme in the local setting and working out details of its implementation.

For these reasons, Ngala sought to develop a programme in collaboration with an expert familiar with the goals and methodology of attachment-based interventions. Since their own objective was to establish a collaborative relationship with parents and build commitment to reach goals with the aim of enhancing parenting confidence and competence, it was hoped that this expert could work with them in a way that mirrored these skills.

Families who attend the Ngala Resource Centre mostly request assistance and support with problems in their young children in the areas of sleep and settling difficulties, feeding, nutrition and behavioural issues. Many of the mothers themselves show high screening test scores for stress level, depression and/or anxiety and the impact of these stressors on the parent-child relationship was apparent to staff at the agency. Maternal state of mind and maternal sensitive responsiveness have both been found to act directly on infant attachment security (Atkinson et al., 2005) and on healthy mental development of the infant (Schore, 2003). When a mother is depressed, her capacity to accurately interpret the emotional needs of her infant is considerably impaired, as is her ability to provide the emotionally-supportive environment that is required for optimal child development (Murray, Cooper, Wilson, & Romaniuk, 2003). The quality of parent-infant interactions during the first years of life has a direct influence on the child's social, emotional, cognitive and physical development (Juffer et al., 2008; Mantymaa, Puura, Luoma, Salmelin, & Tamminen, 2004).

As with the programmes discussed above, our approach has at its base the understandings about mother-infant relationships described in Attachment theory by Bowlby (1969, 1973, 1980) who proposed that healthy development occurs in the context of a supportive and attuned environment. What happens in the relationship between the mother and her child on a day-to-day basis becomes the template for future relationships. These patterns repeated over time are internalised by the child and drive her external behaviours. Bowlby emphasised the reciprocal nature of the child's ties to her mother explaining that each is adapted to the other in the sense that where the child's behaviour fits that of her major caregivers and social environment, then her emotional and social development will follow a normal course. Developmental anomalies will occur when the child's attachment strategies are not well adapted or are adapted to less-than-adequate social environments. He recognised that one of the strongest influences on the parenting that an infant receives and the developing parent-child relationships comes from the parent's own childhood history and the sense the parent makes of this.

Infant attachment theory has been thoroughly researched over the 40 years since Bowlby's first publication, and is now generally accepted. Mary Salter Ainsworth pioneered a standardised laboratory situation known as the Strange Situation (Ainsworth & Wittig, 1969) to examine attachment and found evidence of differences in quality of attachment that are influenced by maternal responsiveness to the infant (Ainsworth, Blehar, Waters, & Wall, 1978). Responsive and attuned parents are those who are sensitively aware of their baby's signals; who accurately perceive and interpret their infant's attachment signals; and who respond to them promptly and adequately (Ainsworth, Bell, & Stayton, 1974; Stern, 2002). The parent is aware of the infant's mounting affect and mirrors the affect across modalities, accepting and soothing negative affect and showing pleasure in infant satisfaction or excitement. The outcome is an infant who feels understood by his/her parent and who can trust her parent to respond appropriately to his/her behaviours so that distress is alleviated and he/she is given comfort when it is needed (Stern, 2002). It is in such relationships that infants learn to soothe themselves and to manage their own affect. Infants naturally respond to sensitive and responsive care co-operatively and become secure and well-socialised. Babies who experience relatively insensitive parenting tend to be fussy, demanding, uncooperative and generally difficult to handle (Ainsworth et al., 1974). Empirical studies have confirmed the important role that maternal sensitivity and responsiveness play for later mental health of the child (Atkinson et al., 2005; van Ijzendoorn & Bakermans-Kranenburg, 1997). The mother's internal representation of her own attachment relationships has been shown to affect her ability to provide such optimal parenting (Main, Kaplan, & Cassidy, 1985). A mother's capacity to think about and understand behaviour, both her own as well as that of her child and others in relation to mental states such as thoughts, feelings, desires and intentions has recently been shown to be associated with her ability to respond sensitively to the child (Allen, Fonagy, & Bateman, 2008).Where conditions are less than optimal for whatever reason, then intervention is indicated so that parents are empowered to respond sensitively to their infants' needs and in turn to create a nurturing environment conducive to healthy mental development (Sameroff, McDonough, & Rosenblum, 2005).

The Collaboration between Curtin University and Ngala Family Resource Centre

Through discussion, it became apparent that what was required at Ngala was threefold:

1. The intervention programme itself;
2. A system for the initial training of staff to carry out all aspects of the programme with a built-in mechanism for future training of staff in the programme to become self-managed within the resource centre; and
3. Procedures for the initial evaluation of the suitability of the intervention and the continued evaluation of the efficacy of the programme.

The results of deliberations on each of these components are discussed below.

The Programme

The intervention developed through the collaborative process has been named The Tuned In Parenting Programme (TIP). The TIP programme aims to increase the caretakers' awareness of the importance of and the nature of sensitive attunement to infant signals and optimal responsiveness to the signals. It is designed to offer an environment in which parents working reflectively with facilitators and other group members explore their own responsiveness styles. The programme employs a small closed group format and, using video clips of mother/child play sessions, focuses on building on the strengths of each individual participant, while providing a supportive environment within which participants can explore some of the challenges that they experience within their own parent-infant

relationship. In the terms of attachment theory (Bowlby, 1998), the facilitators and fellow participants provide a secure base in which each mother might explore the relationship with her child in a collaborative manner.

The collaborative viewing of oneself on video is a technique that has widespread use in feedback delivery across many training contexts and is used in many internationally accepted parent-child intervention programmes (Berlin, Ziv, Amaya-Jackson, & Greenberg, 2005; Juffer et al., 2008; McDonough, 2005). This technique gives opportunities for young parents who in real life must respond immediately to the signals of the baby to reflect on their interactions. This reflection occurs through later viewing of video clips of their interactions with their infants and the opportunity, for analysis, reflection and the generation of new ideas about how to respond. The primary aim of the TIP group is to increase the sensitive responsiveness of participants, which in turn will improve the mental health outcomes for the children.

The programme as developed for Ngala, forms one component of the centre's current service provision for self-referred clients and is offered to parents for whom it is deemed by staff to be potentially useful. It is delivered in a small group (3 to 6 parents) setting that meets for eight weeks and for two hours' duration. Each parent-child dyad is filmed for about 12 to 15 minutes prior to the group's initial session in an unstructured play situation with two brief separations and reunions. Parents only attend the group; their infants are held in mind by their presence in the film. The TIP programme requires that two leaders facilitate each group and a third staff member films the sessions with permission of the participants.

Sessions 1 and 2 are introductory and supportive in style. These sessions feature an explanation of the collaborative philosophy that underpins the group, introduction of basic concepts, and a warm up to group processes. Prepared DVDs of parent-child interactions are introduced and the facilitators encourage discussion of participant reactions to these, based on gentle inquiry from an empathetic stance. The facilitators observe and monitor emerging themes of group interaction.

Sessions 3 to 6 focus on the DVDs of the participants' own interactions with their children. The parent who with her child is the subject of the DVD is the focus of the session and her experiences are processed first. The facilitator demonstrates sensitive responsiveness, as she works with the mother, focussing on positive aspects of the parent-child interaction in the DVD, and accepting that disjunctions will occur. Other group members are encouraged to be aware of their own emergent feelings as they watch the interaction.

The final two sessions revolve around closure. A variant of the Photovoice technique (Wang, Yi, Tao, & Carovano, 1998) is used as part of the closure. Participants choose significant stills from their DVDs and compose a phrase that is meaningful to them about their experience in the TIP group. They share these with other members of the group and take the photo with printed caption to remind them of their experience.

Staff Training

The programme requires intensive staffing. For each intake of mothers into the programme, specific personnel are required to interview parents, run screening measures, enter data, assign some mothers to groups and others to "wait" control groups, take charge of the children during the sessions, and to collate and analyse data. It was agreed that agency management would attend to these tasks. In addition, the TIP intervention requires skills in filming infant-mother interaction, skills in observing the interactions and being able to discern and describe these, and skills in managing a self-reflective parent group in a facilitative fashion. Agency management committed to facilitate training for selected staff in all three key areas. The goal was to

orchestrate training so that the university involvement was gradually phased out and training at the resource centre would become self-managed.

The implementation of the training programme. Since Ngala required that as many staff as possible be briefed on the introduction of the new programme and on its goals and basic methodology, the entire staff of the agency, including those in administration, community, child and mental health nurses, mothercraft nurses, and social workers as well as psychology students attended two professional development sessions of two hours each designed to inform them about the basics of attachment theory that provides the framework for the programme, and about the nature of the programme itself.

Clinical staff were then invited to attend additional seminars from which a committed group (n = 8) was formed (self selected and or encouraged by management to attend) who undertook further training in parent-child observation on a regular basis (90 minutes weekly for 15 weeks). Training involved detailed observation of master tapes with particular attention to the parents' facial expressions, use of voice, and positioning in relation to the child. The pattern of turn taking and the nature of support offered the child after separations was also observed closely. In these sessions, staff members were encouraged to explore strengths and weaknesses that they themselves bring to parent-infant observation mirroring the encouragement for self reflection given in the group sessions with the mothers. They were encouraged to observe from the point of view of the baby, parent, relationship and context including culture. Over time as in the parent groups, a spirit of trust and collaboration grew in which staff could discuss non-defensively what each brought to the observations.

The second stream of the training focussed on the technical competence involved in filming and replaying the parent-child interactions. This included both setting up the room and continued digital camera focus for optimal observation of interactions, and filing and replaying the tapes. Five staff developed the required skills.

The third area of essential specific training involved conducting the TIP group. Qualities of a collaborative and therapeutic group leadership style as outlined by Farrell-Erickson, Endersbe, and Simon (1999) were considered in selecting the leadership pool from among those expressing interest. The potential leaders were introduced to theoretical aspects of group leadership and group processes (Ringer, 2002; Whitaker, 2001; Yalom, 1995) which were discussed with relevance to their application to the video-based reflective nature of the planned TIP groups. Wherever possible the first author modelled for the training group the collaborative and reflective stance expected for leading the TIP group of mothers.

To establish the iterative training process the first author facilitated the first two groups with a trainee co-leader, while a third trainee filmed the procedures. Weekly post-group debriefing sessions were conducted in the continued spirit of self-reflection and collaboration. For the third mother group, the previous co-leader acted as facilitator with a new co-leader trainee. The first author continued to meet weekly with all trainee personnel to debrief and discuss the sessions. In this way, a mechanism for the training of future leaders and co leaders for the agency was set up.

Framework for the Evaluation of the Programme

The focus of the collaborative project was to bring the TIP programme into the agency and modify it for ongoing use in that specific setting. In keeping with the mission to use evidence-based practice, one aim of the collaboration was to investigate the effects of participation in the intervention programme (TIP) for parents who had attended a day or overnight stay at the family resource centre. A framework for evaluation to ensure that the programme was meeting the agency's goals was

established and a process set up that would allow for continual monitoring of the programme's effectiveness.This framework will be described and details of the evaluation results for the first two groups given.

Design of the continuing evaluation process. Qualitative analysis of semi-structured interviews that occurred before and after the intervention provided outcome data for the evaluation of the efficacy of the group programme. A wait-listed control group was also interviewed. Due to the applied nature of the project the assignment to groups was unable to be randomised. The intervention groups as planned were too small for quantitative statistical data analyses. Since the whole programme takes a phenomenological approach, a qualitative methodology is appropriate. Nevertheless, concurrently, a more formal tool to track changes in parent sensitivity and responsiveness is being developed for later use should circumstances warrant more formal evaluation procedures. The evaluation is conducted in line with ethical requirements of Curtin University Ethics Committee and in keeping with those of the Australian Psychological Society. The interview data are supplemented by demographic information and screening instruments.

Screening instruments. The Mini-International Neuropsychiatric Interview (MINI) (Sheehan et al., 1997) is a short diagnostic structured interview designed to generate 17 DSM IV or ICD10 Axis 1 diagnoses in a 10 to 20 minute interview depending on the symptoms presented. The interview is used frequently by general medical practitioners and has been translated into over 30 languages. Good reliability, sensitivity, specificity have been reported in clinical and normal populations (Lecrubier, Sheehan, Hergueta, & Weiller, 1998). Its function in this study was to provide a psychiatric profile of the group participants.

A semi-structured interview was devised for the purposes of this project drawing upon the attachment literature (Cooper et al., 2005; Slade, Sadler, & Mayes, 2005). It included general questions that required participants to reflect on and talk about various aspects of the mother-infant relationship, daily interactions within that relationship, how the mother interpreted her infant's ambiguous behavioural cues and how she responded to them. Many of the questions asked respondents to provide a specific example or incident, rather than give general responses that may lack detail and/or accuracy. The interviews were of 25 to 45 minutes' duration and were recorded on audiotape that was later transcribed for the purpose of analysis.

Evaluation of the Group Programme

Pre-intervention assessments for the control and intervention group participants were conducted in the fortnight prior to the commencement of the group. These consisted of the MINI screen, the filming of the parent-child interaction, and the semi-structured interview. Research assistants external to the group programme conducted the post intervention group structured interview for group members and controls in the week following the end of the group.

Participants

Two intervention groups of six parent-infant dyads each and six control group dyads were planned, with infants aged between 6 to 18 months. Participants were invited to join the project based on the presence of symptoms of maternal depression or relationship difficulties with their infants noted by clinical staff on exit from the regular programme. For the first group, six parents agreed to participate in the full intervention group procedures. Only four actually began in the group, and one was forced to withdraw after four sessions due to work commitments. Only one mother agreed to be assessed as a control.

The improved identification and recruitment procedures for the second TIP group resulted in seven parents agreeing to participate and five continuing for the life of

Table 1.
Frequency of Self-reported Diagnostic Symptoms in TIP and Control Groups at Week 1

Diagnostic Symptoms	TIP	Control
Dysthymia	1	2
Suicidal ideation	1	0
Manic episode	2	1
Phobia	6	3
Obsessive Compulsive Disorder	3	1
Excessive alcohol use	4	2
Traumatic event	5	3
Generalised Anxiety Disorder	4	3

the group. For this group there were five control group participants who were offered first choice in a participation group should funding become available later. Control group participants continued to receive regular child-health related services.

Data Analysis

Content analyses of the semi structured interview data were undertaken by two research assistants according to the principles and rigor outlined by Patton (2001). Pre and post-intervention interviews from participant and control groups were de-identified and treated as one sample, initially. After themes were identified for the whole sample, the differences between groups were explored.

Results and Discussion

All caregivers in the participating dyads in the study were female biological parents of the children. There was an even distribution of gender in the children across participation and control groups with seven males and seven females. The mean age of the children was similar across groups; however, the range was affected by the inclusion of one participant who was 18 months old, three months older than the other participating children, yet within the target range of the study. One notable difference between the two groups was that the TIP groups included considerably more first-time mothers than the control group with only one of six control group participants being a first-time mother compared with five of eight TIP group participants being first-time mothers.

All participants interviewed with the MINI screen indicated the presence of potentially disturbing symptoms in at least one category. There was very little difference between the control and TIP participants in the number and types of symptoms present (Table 1).

Although the sample is small the changes identified in the interview data are promising and are reported here in some detail. Thematic analysis of the interview data yielded ten sub-themes that were grouped around three themes: Relationship strain, In-tune relationship and Interpretation of cues (see Table 2). These are discussed in relation to each group (TIP and control) across the pre and post interviews.

Theme 1. Relationship Strain

Five of the ten sub-themes that emerged from the data were clustered around the theme of Relationship strain. Included in the discourse around this sub-theme were statements that explicitly or implicitly referred to feelings of guilt, shame and inadequacy as a mother as well as guilt specific to not giving

Table 2
Themes and sub-themes elicited from the interview data

Theme	
Theme 1 – Relationship strain	
Sub-themes	
1.	Guilt/shame in mother-infant relationship.
2.	Mother-infant relationship represented as being hard work.
3.	Emphasis on action.
4.	Emphasis on routines, rules, 'right way' of doing things.
5.	Mother experiences relief from anxiety when infant is happy or achieving.
Theme 2 – In-tune relationship	
Sub-themes	
1.	Mother loves child *and* feels loved in return.
2.	Mother values 'being with' the infant.
3.	Mother-infant relationship is harmonious and relaxed.
Theme 3 – Interpreting child's cues	
Sub-themes	
1.	Awareness of infant's physical needs only.
2.	Awareness of infant's emotional needs (in addition to physical needs).

equal time, attention or nurturance to their infant in comparison with their older children when they were babies. An example of this follows;

> *…I think even though I don't take it out on him, in my mind I think I lose patience more with him than I ever did with L but then I think "don't beat yourself up about it because there are a lot more demands going on" but I never take it out on him and I really try and make sure that he doesn't pick up on that either, but even I feel guilty about that….*

While the TIP group participants frequently expressed this sub-theme in the pre-test assessment, there were considerably fewer examples of it in the post-test assessment (two compared with nine). Importantly, five of the eight TIP participants demonstrated this sub-theme at the pre-test period and this number reduced to two at post-test. This suggests that participation in the TIP group might have reduced the guilt, shame and/or anxiety that had been experienced by some of the participants in relation to their role as a mother to their infant.

Second, there were statements describing mothering as tiring, difficult and intense and anxiety-provoking. There was added strain in trying to be a "good mother". Participants in both the TIP and control group were almost equally as likely to mention this theme in both pre and post intervention interviews, and for both groups the number of instances the theme was mentioned was less in the post intervention interview.

Third, the participants made action statements with a focus of the mother on being busy, getting things done (often housework), teaching the child things that would enable him/her to accomplish and achieve in life and an emphasis on the child performing for others. One participant was concerned that her habitual

'busy-ness' was becoming hazardous for her son. Commenting on a recent run of minor accidents in the home, she stated

> *I just thought "Oh, I shouldn't have been doing it. I should - I should have just forgotten about it and - and focused on M" and, you know, "while they're awake, they're awake and that's the way it is" but I'm too busy. I'm not too busy, I'm too determined to get things done to do that.*

Statements where parents described themselves as active and busy were included in this sub theme as well as statements about the children's activity. In some cases the activity was important to the mother, as for example, the child correctly naming colours or animals in picture books. At other times, the mothers' delight was about an action that brought a sense of mastery to the child. Below is one such example of the sub-theme 'action':

> *"just when she does something like when she started walking or she does animal noises which I still get teary just thinking about the first time she did animal noises in front of people, and people were laughing at her and you think "Oh, she's mine!"*

The within-group change across time was notable in relation to this sub-theme. In the TIP group pre intervention interview, seven of the eight participants recorded this sub-theme of 'action' 17 times while in the post interview for this group five participants recorded it seven times. By contrast, the number of control group participants who reported this tendency increased over the same time period from five to six participants, as did the frequency with which it was identified in the data (from 12 to 19 times). One of the emphases of the TIP group programme is the child's need for closeness and interaction with his/her mother, and it is hoped that participants become aware through their observations of play sessions that these needs are frustrated by mother's busyness and would be even more so in the home with activity such as housework. This finding suggests participants took this aspect of the programme on board and after their experience in the group were less likely than their control group counterparts to emphasise action and accomplishment (by either the mother or child) in order to derive value as a mother.

Fourth, the participants made statements emphasising routines, rules and the 'right way'. This is not a surprising theme to find since many clients of Ngala employ the services of the agency in order to receive instruction on these aspects of caring for the child. For a mother who is feeling highly anxious, sleep-deprived, or frustrated in her mothering role, the belief that Ngala staff are the experts and have all of the solutions to their parenting difficulties may be a very reassuring one. As such, this theme may not be as prevalent in the general population of mothers.

The frequency with which this theme was identified was the same in the pre-intervention interview for both TIP and control group participants. Where participants were invited to talk about a time they had spent with their child in recent days that stood out for them, their discourse was characterised by a description of their care-giving routine, or the following of 'rules' set by someone else who was deemed to be an expert, or anxiety about performing caregiving functions in 'the right way.'

Finally, the mothers made statements expressing feelings of relief from anxiety when the child was happy or achieving. All mothers appeared to feel re-assured when they observed positive behaviours on the part of the child (e.g., laughing, performing, or being happy), that they were 'doing a good job'.

Theme 2. In-tune Relationship

Three of the ten sub-themes identified in the data, clustered around the theme of mother and child being 'in tune'. Common to these three sub-themes was a sense of reciprocity, and an emphasis on the relationship with the child. Two examples of this theme are:

> *…I came through the door the first afternoon that she's had the babysitter and she just - her face lit up and she just had to eat me. You know, she gave these big, big, big mouth-open kisses all over my face and my arms and just, just "Oh, Mum! Mum! There you are." Yeah, just, you know, just all over me.*

> *…just having her around and when she looks at you and you know that she does want you and she does want you to look at her for a minute, not 'cause she needs anything just she does want to be a part of you.*

This theme was found substantially more frequently in the control group than the TIP group at the pre-intervention interview (nine times compared with three). However, this balance had reversed post-TIP. While for the control group the number of mothers who demonstrated awareness that their infants loved them remained constant over time, the number of TIP group participants who demonstrated the same awareness increased to from three of the eight participants to five after completing the TIP group programme. This suggests that participation in the TIP programme is associated with a positive change in the frequency with which mothers experience a sense of reciprocal love with their infant.

In order for a mother to provide an optimal emotional environment within which to mirror and respond to her infant's emotional needs, the mother must be able to feel that she herself is loved (Fraiberg, 1980). At the beginning of the TIP group, DVD footage of the sessions indicate that some of the participants did not feel worthy of love and believed that their children were as likely, for example, to want to go home with one of the investigators, as with them. The literature suggests that any positive change in this aspect of the mother-child relationship will have a beneficial influence on the child's social and emotional development.

The second sub-theme was an emphasis on 'being with' the child. This was identified where participants pronounced delight in simply being with their children or where participants reported a tendency to choose to spend time with the child purely because their child appeared to want to be with them. At the pre intervention phase of the study, control group members were much more likely to evidence this theme in their discourse than were TIP group members (18 times compared with seven). However, at the post assessment phase, the result was reversed, with 24 instances of this theme being identified in the TIP group compared with 13 in the control group. This result is consistent with the results for the theme 'emphasis on action'. In both cases the tendency for mothers in the TIP group to prioritise their time in terms of their own needs decreased substantially over the intervention time while for control group members it did not. The TIP group programme focuses on 'tuning' mothers in to the needs of the child these findings maybe an indication of the effectiveness of the programme.

The third sub-theme was characterised by a harmonious and relaxed mother-infant relationship. This sub-theme describes a sense of the mothers being calm and confident in their role, and enjoying their relationship with their children. This sub theme was not identified in any pre-intervention interviews with TIP group participants but was evident in the control group statements. By contrast, while the control group gave a similar frequency of this theme post-intervention, identification of this theme in the TIP group at the post-intervention assessment went from zero to five of the eight. It may be that participation in the TIP group increases the confidence of group members to follow their child's lead and trust their own strengths as a mother, and that this leads to a reduction in performance-anxiety and an increase in

enjoyment in their role as mother. In addition, some TIP participants demonstrated an increased acceptance of themselves as individuals, suggesting that they no longer felt (or felt less) inadequate as a person, and therefore as the mother of their beloved child. One example of this follows:

> *I suppose I'm not so obsessed about everything being "right" and the way that you treat one another as being "right" but I think that generally I'm more relaxed about who I am and I feel like I've learnt more about myself and that I'm OK.*

It could be argued that when a mother is accepting of herself as a person and a mother and, therefore, less preoccupied with her own internal state of mind, she is more emotionally available to her infant and his emotional needs.

Theme 3. Interpretation of Child's Cues

In this theme, mothers articulated how they interpreted their children's cues, particularly in response to questions such as 'how do you understand the times when you and your child do not get on well together?' and 'what do you do when you are unsure about what your child is wanting from you?' This theme was also evident in responses to unrelated questions. Mothers in both groups were almost equally as likely to identify physical needs only, as the basis of their children's ambiguous cues (e.g., crying, whinging, crankiness) in the pre-intervention and post-intervention phases of the study. One example of this theme follows:

> *....I'll run through my mind, I'll think "what's the time of day? Have I done his nappy? Could he be thirsty, could he be hungry?" The standard things. Could he be tired? But it is always around that. But he's kind of like a real textbook baby.*

The control group identified emotional needs as well as physical needs in the pre-intervention interviews more often than the TIP group participants did. Post intervention, the TIP group was twice as likely as the control group to identify the emotional or inner world of their child when discussing their child's ambiguous cues (increasing from 2 to 13 times). In this sub-theme, there was consistent evidence that mothers gave first priority to physical needs (such as the child being hungry, tired or sick) but that equal emphasis was given to their child's cues regarding their emotional needs (such as need for comfort, relationship and reassurance). In the post-intervention interview of one TIP group member, this theme was identified as follows:

> *Interviewer: How do you think your child is feeling when she is whingey or cranky?*
>
> *Horrible, sometimes I don't think she knows what she wants so it doesn't matter what you try and put in front of her or give her it's not going to help so I think she just needs to know that I'm there if she wants to come and sit, cuddle, cry or whatever, so I just sort of try and see if she's showing me anything that she might need like a drink or whatever or if she just needs me, I suppose.*

The above example illustrates a maternal state of mind that takes into consideration the internal world of her child. This skill is crucial in providing an environment in which, at least some of the time, the infant's emotional world is understood and that understanding is mirrored by the mother, who provides opportunities for the infant to receive comfort and, importantly, learn to soothe herself or himself. It also demonstrates a mother who is attuned to her infant's emotional state and is available to provide comfort should the infant cue her that that is what he/she needs.

Summary of Changes over Time

There is support in the data for the efficacy of the TIP group in increasing the sensitive-responsiveness of the intervention

group. TIP group participants in the pre-intervention assessment were substantially more likely to describe their mother-child relationship in terms of 'relationship strain'(85%), with an in tune relationship rarely described (15%), than were control group participants who evidenced the themes 'relationship strain' (55%) and 'in-tune relationship' (45%) to a more equal degree. These different baseline levels recorded by the two groups of mothers in how they spoke of their relationships with their infants, suggests that for a sub group of mothers, the role of mother and the mother-infant relationship itself generates a substantially higher degree of stress and anxiety than that experienced by other mothers. In the post-intervention interviews the TIP group participants were twice as likely to describe an 'in-tune' relationship (32%) as they were to talk about 'relationship strain' (67%). Importantly, this group also substantially decreased in their claims to feel guilty or inadequate as a mother, and in terms of their tendency to articulate their mother-child relationship in terms of routines and expert rules and advice. Instead, they were more likely to report feeling relaxed in the role of mother and to delight in their infants, without reference to their behaviour and accomplishments. In one mother's post-intervention interview, reference was made to the way in which she tended to respond to her infant before participating in the TIP programme:

> *(I would think) "Oh great, she's happy, I can go and do the washing, she's quiet and whatever and she's not making a noise so good I can get on with this or quickly make that phone call or…." whereas now other things don't seem so important, I'm happy to spend the time with K and interact with her, much better.*

This is an encouraging result because it suggests that participation in the TIP group program is effective in improving the relational environment between mother and infant, thereby improving the availability of mothers to be attuned to their infants. In a similar vein, the TIP group participants were more than twice as likely as the control group to take into consideration the emotional experience of their infant post intervention. Once again, there were different baseline levels, however, for the control group this tendency remained relatively unchanged over time, whilst there was dramatic improvement in the intervention group. Post-intervention TIP participants also demonstrated improved awareness of infant cues indicating need for emotional support, which represented a change from 25% of the mothers in the pre interview to 75% in the post-intervention interview. This result indicates that there was a trend towards an increase in maternal sensitive attunement to infant cues for emotional soothing or comfort and provides an initial indication that the TIP group programme was effective at increasing mothers' awareness of the emotional experience of their infants.

Organisational Outcomes from the Collaboration

The project brought together participants with a range of skills and knowledge, from which to contribute to thinking about a Parenting Skills Development Framework and to forge a common way of thinking about parent-child relationships. Three focus group sessions held after training in the TIP programme allowed staff to discuss their experiences of the collaboration. Themes identified from analysis of focus groups transcripts included improved interdisciplinary communications, confidence in application of new knowledge to practice, practical changes in the organisation, and new energy for infant mental health promotion and research. Brief examples to support the latter claim follow.

Interdisciplinary Communication

One nurse at managerial level described, *"We have moved from being a multidisciplinary team to an interdisciplinary team",* while

another stated, *"This increased knowledge of attachment issues and the importance of reflective thinking has benefited not just the staff involved in the programme but raised awareness and interest across the organisation."*

Confidence in the Application of New Knowledge to Practice

For the agency this change is best evidenced by the development of a new sleep curriculum in the agency that incorporates attachment theories, early brain development and has the baby/child foremost in mind when determining strategies. One staff member cited a greater awareness of, *"Seizing the moment when there is some positive interaction happening and using this as an opportunity to talk about the importance of connecting, how it feels and to encourage continuing to tune in."* Another nurse says *"I use this awareness all the time now sometimes I will just find myself thinking' 'how would we reflect that back in a TIP group?'"*.

Practical Changes in the Organisation

In addition to the new sleep curriculum, there have been some very tangible outcomes from the collaboration. These include the creation of a position of counselling/clinical psychologist for the first time in the 110 year history of the agency; the enrolment of one senior nurse in management into a doctoral research programme to further the research culture established; the establishment of an active research committee in the agency involving university personnel from four different disciplines.

New Energy for Infant Mental Health Promotion and Research

The project resulted in raised awareness of the mental health issues faced by parents and young children. Increased awareness was evident by the large number of staff who attended open TIP based training sessions and in the increase in referrals to TIP 2. Parents who participated in the intervention groups also reported taking their growing awareness of infant mental health issues back to their local communities. A number of agency staff also joined the local branch of the Infant Mental Health Association.

Promotion of Research in the Field of Infant Mental Health

A further outcome of this joint venture has been the growth in awareness of the resources that are required for infant mental health intervention programmes to be evaluated in community organisations. These include staffing issues, time allocation, technical support and child care issues. A nurse at managerial level summarised the collaborative process in this way:

> *We believe, quite strongly, in capturing positive moments and building on what is working well. This has been a wonderful journey and we have learnt so much from this collaborative partnership. Identifying how we can in our everyday work, promote the concepts of 'being a tuned-in parent'. Our way of working with clients is building on the strengths that parents bring to the relationship with the child. Therefore looking for opportunities where there is positive interaction is important. We discovered if there is 'passion' and a desire to incorporate new knowledge into practice, then with persistence ways can be found to accomplish this. It is an ongoing process.*

Conclusions

This paper has reported on a community development programme where the goal was to find a way to understand, develop and deliver a programme for young families where relationship concerns between parents and their children were reported or evidenced. The programme was in keeping with a research and practice framework embraced by the consortium of agencies to which Ngala belonged. A collaborative partnership was developed between a university and the early

parenting organisation to choose a suitable programme to deliver the set objectives, and to plan an organisation wide shift of focus to deliver the programme. An innovative parent/ child intervention methodology based on an Attachment Theory framework, was chosen as the basis for the new programme.

The collaborative team adapted the TIP intervention to meet the needs of the agency and worked out a detailed plan of organisational change within this unit of service delivery. This involved: Introducing the shift in focus to as many staff as possible within the agency; more fully informing a self selected group of interested personnel; choosing from this group a team of staff for training in the various tasks within the programme; and establishment of a framework for the evaluation of the performance of the programme in meeting the goals of the agency. When these parameters of the programme were in place two intervention groups with control groups were run through the determined procedures.

Qualitative data from semi-structured interviews with the participants has been shown to be promising but is not definitive. The parents who participated in the intervention programmes appeared to become aware of the importance of sensitive attunement to infant and child cues for proximity, attention and comfort and engaged in reflection on their own styles of parenting. The collaborative group considers that perhaps a better measure of outcome might be provided by the semi-structured Parental Development Interview (Slade, 1999), which yields an estimate of the reflective capacity of the mother and can track changes in this function. Parallel processes between agencies, within the agency, between nurses and their clients, and between parents and their babies facilitated genuine change on many levels. Innovative theory and practice from this project has now become part of the service delivery for the agency.

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