



Mental health in infancy and early childhood affects social functioning, psychological well-being, and physical health throughout life.

Universal Parenting Programs: Toddlers without Tears Program

At present, many parenting programs, as well as early childhood mental health programs, are targeted to families determined to be high risk. However, despite rigorous attempts to reach all at-risk families, many fall between the cracks. Either they do not fit the criteria for programming or do not access targeted programming due to concerns regarding stigma. Universal programming is offered to all parents and is not based on the individual needs or perceived needs of the family.

Developed in Australia, the Toddlers without Tears program is a universal parenting program that is short term (3 sessions), and has been seen to positively impact maternal parenting behaviour and expectations that mothers have of their children. Of note, most of the research for this program was conducted through clinical settings and mothers have been the majority of the participants. Information has not been gathered on the impact of the program on fathers.

The first session is a one-on-one session with parents whose babies are eight months of age...usually with public health nurses. This session lasts for half an hour. This is followed by two group sessions that are two hours in length. The program is targeted at three key topics: unreasonable expectations, harsh parenting, and nurturing parenting. Parents also receive information about normal healthy child development.

Although this program was originally developed to decrease negative externalizing behaviours in young children, studies have shown no noticeable difference in child behaviours. Some studies have shown that the effects of the program on parenting do not last long term, with the exception of a decrease in unreasonable parental expectations. For some families, this may be enough. However, others may need

further targeted programming. Those who would benefit from further support can be identified through the universal intervention.

New Resources

- Bayer, J., Hiscock, H., Morton-Allen, E., Ukoumunne, O., & Wake, M. (2007). Prevention of mental health problems: Rationale for a universal approach. *Archives. For Disease in Childhood*, 92. 34-38.
- Bayer, J., Hiscock, H., Ukoumunne, O., Scalzo, K., & Wake, M. (2010). Three-year old outcome of a brief universal parenting intervention to prevent behavior problems: randomized control trial. *Archives Dis Child*, 95.187-192.
- Child Trends. (2012). *Toddlers without Tears*. Retrieved October 5, 2012 from <http://www.childtrends.org/lifecourse/programs/twt.htm>
- Hiscock, H., Bayer, J., Price, A., Ukoumunne, O., Rogers, S., & Wake, M. (2008). Universal parenting program to be provided for early childhood behavioral problems: Clustered randomized trial. *British Medical Journal*, 336 (7636). 318-321.
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The following series of fact sheets have been developed to supplement information delivered in RIRO trainings. These fact sheets are available for free to download from the Prevention Institute's website, www.preventioninstitute.sk.ca.

Series Title: **Resiliency and Young Children: Providing Opportunities to Build Skill**

- Empathy
- Emotional Regulation
- Realistic Optimism
- Impulse Control
- Causal Analysis
- Reaching Out
- Self Efficacy



Early Childhood Mental Health and Parental Substance Misuse

Parents who misuse substances can create recurring difficulties in both the care and home environment of their infants. Some children may be born with long-term medical and behavioural issues associated with maternal substance use during pregnancy. This may include infant withdrawal syndrome, sleeping problems, organ abnormalities, Fetal Alcohol Spectrum Disorder, lower levels of responsiveness to stimulation, and increased periods of inconsolable crying. For parents with substance use problems, the stress of having a child with additional needs may decrease their ability to cope, and therefore, increase substance use.

Parental substance use has also been associated with inconsistent patterns of care giving and the inability to respond to a child's cues for care. As a result, children may not be able to form secure attachments to their primary caregiver(s). In addition, infants who live in an environment where one or both parents are using substances are also at a high risk for abuse from their parent(s) and/or from those in the parents' social circle. Parents using substances have also been associated with an avoidance of medical and/or social support services. This means that support for the family outside of their own social circle may not be present.

Research has shown that creating multiple points of entry into medical and social support services helps parents who are using substances to engage with service providers.

In addition, providing services in easily accessible locations and at convenient times helps to keep individuals engaged in the services they need. As removal of children from the family home is a realistic fear of parents who are using substances, service providers must also work to assure parents that seeking help is a positive step and will not be seen as a strike against them.

Marres, S., Warren, B., & Newman, L. (2011). Parents and substance abuse. In S. Marres, B., Warren, & L. Newman, (Eds.) *Clinical Skills in Infant Mental Health: The First Three Years*. 2ed. Retrieved October 5, 2012 from <http://search.informit.com.au/documentSummary;dn=723010478690159;res=IELHEA>

Professional Development Opportunities



**Prevention Matters 2013:
Social Drivers of Childhood Health
October 2-4. Saskatoon, SK**

Registration is now open. For more information or to register, please go to:
<http://preventioninstitute.sk.ca/prevention-conference>

**Michigan Association for Infant Mental Health:
Biennial Conference**

***Tomorrow Begins Today: Promoting Resilience in
Infants, Very Young Children and Families***

May 19-21, 2013. Lansing, Michigan
<http://www.mi-aimh.org/events/2013-MI-AIMH-Biennial-Conference>

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preventioninstitute
our goal is healthy children

1319 Colony Street, Saskatoon, SK S7N 2Z1
Bus. 306.655.2512 Fax. 306.655.2511
www.preventioninstitute.sk.ca