IMPLEMENTATION OF THE PICCOLO IN INFANT MENTAL HEALTH PRACTICE:
A CASE STUDY

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ABSTRACT: This case study examined the integration of the PICCOLO tool within home-based services using an infant mental health approach with a family at risk. The tool was identified as best practice in Michigan and fits well with basic infant mental health theory. A narrative case example shows the use of the tool with a family and in supervision. Some of the benefits of using the PICCOLO within an infant mental health approach include (a) fostering a paradigm shift in multiple relationships from a deficit model toward a focus on strengths, (b) promoting efficacy and a positive outlook in parents, (c) documenting the impact of services on the parent–infant relationship, (d) providing a concrete structure for developmental guidance and strategies for using existing strengths to drive interventions, (e) allowing better sensitivity to unique strengths in families with children with special needs, (f) increasing observation skills and reflective capacity for the therapist.

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Positive parent–infant interactions are a primary aim of infant mental health services (Weatherston & Tableman, 2002). From this premise, policymakers in Michigan began to identify standardized, validated tools to measure and improve the impact of infant mental health services provided by state-funded Community Mental Health Service Programs (CMHSP) on parent–infant interactions and relationships. In this article, we will explain how one such tool, the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO), was identified as best practice, and we will offer a case study of one program’s experience of using this tool in their infant mental health work with a family and in reflective supervision.

The Michigan Department of Community Health Behavioral Health and Developmental Disabilities Administration established a team of community mental health and infant mental health leaders to identify tools to measure the outcome of the relationship-based practice and to promote positive socioemotional outcomes for young children and their families. The PICCOLO was chosen as one of these tools because it (a) is an observational tool, (b) focuses on the parent–infant relationship, (c) is strength-based, (d) is standardized, and (e) has been demonstrated to be effective in measuring parenting interactions linked to positive outcomes for children.

The PICCOLO is a 29-item measure used with families of children (ages 10 months to 3 years) to measure parenting strengths that have been shown to improve outcomes for children, including increased cognitive, language, and social emotional skills (Roggman, Cook, Innocenti, Jump Norman, & Christiansen, this issue). The PICCOLO items are organized across four domain areas (affection, responsiveness, teaching, and encouragement). Parents are observed, and ideally videorecorded, playing with the infant/toddler for a 5- to 10-min interval from which the items are scored. The videorecording and the scores then can be used with families to inform program interventions. The PICCOLO is a practical tool for programs providing services in the home because...
it can be used in various activities and settings and requires very little equipment and time to administer.

After the PICCOLO was identified for the core set of tools at the state level, the work then expanded to support agencies with infant mental health programs in adopting the tool. In Michigan, mental health and developmental disabilities services such as infant mental health services are delivered through CMHSPs. The Department worked with CMHSPs to provide training to infant mental health therapists to support the use of identified best practice tools such as the PICCOLO. The Department arranged for authors of the PICCOLO to provide intensive training during the piloting of the tool with a group of infant mental health therapists. After the pilot, the Department contracted with the authors to work with Michigan trainers to ensure that infant mental health therapists were instructed in the use of the PICCOLO tool. One of the largest groups of infant mental health therapists to train was located in Wayne County.

The Detroit-Wayne County Community Mental Health Agency (D-WCCMHA) serves the 13th most populous county in the United States. The Agency serves over 70,000 individuals and families each year and has expanded home-based services using the infant mental health model across Wayne County. There are now nine provider agencies serving Wayne County families with infants, toddlers, or preschoolers. There are 71 infant mental health therapists in Wayne County, who are endorsed by the Michigan Association for Infant Mental Health (MI-AIMH), and together they serve between 500 and 600 families each year. To be eligible for infant mental health services, families must reside in Wayne County, demonstrate a severity of certain mental health symptoms, and either have a low income or have the ability to pay for the service. Services are provided to pregnant women and parents with their children who are birth through 3 years of age. Some of the concerns that bring families to infant mental health services include parental mental illness, infants experiencing low birth weight, eating or sleeping difficulties, delays in developmental milestones, infants failing to thrive, infants or toddlers with emotional or behavioral challenges, families who have experienced separation from their infant or toddler, or families who have experienced trauma or loss. Most families participating in infant mental health services experience more than one of these concerns.

Infant mental health programs in Michigan support healthy parent–infant attachment relationships by providing intensive therapy and developmental guidance in the home. Attachment relationships influence a person’s mental health and well-being throughout life, including the ability to manage stress, form healthier relationships, perform better in school, and enjoy higher self-worth (Dykas & Cassidy, 2011; Fearon & Belsky, 2011; Laible, Carlo, & Roesch, 2004; Nachmias, Gunnar, Mangelsdorf, Parritz, & Buss, 1996). Given the complex effects of primary attachment relationships across the life span (Sroufe, Carlson, Levy, & Egeland, 1999), early intervention to support healthy attachment relationships may preserve human potential and reduce long-term dependence on the healthcare and mental health systems.

In its commitment to excellence and to the use of the infant mental health model, the D-WCCMHA developed an Infant Mental Health Task Force to ensure service delivery and model fidelity, to engage in creative problem-solving, and to plan for training and resources to develop a competent workforce. Training of Wayne County infant mental health therapists to use the PICCOLO, along with the other tools identified by the Department, was coordinated through efforts stemming from this Infant Mental Health Task Force. The Department and the D-WCCMHA continue to support the training of infant mental health therapists to use the PICCOLO as an important resource for increasing workforce competency.

Infant mental health therapists do relationship-based work with families during a child’s infant years, and observation of parenting interactions is a key component of infant mental health workforce competency. Observation is critical because of the non-verbal nature of the parent–infant relationship during the time before the child has full mastery of verbal language. Parenting interactions are important because they are linked to positive child outcomes such as cognitive, social, and language development. The PICCOLO is based on direct observations of parenting interactions, and therapists acquire increased competency in the provision of infant mental health services through training in and use of the tool based on some of the core principles of the practice.

One of the basic principles of an infant mental health approach supported by the use of the PICCOLO is that therapists view the parent–infant relationship as the client rather than the parent or the infant individually. This practice is rooted in long-established theories on attachment (Bowlby, 1988) and attachment styles (Ainsworth, 1979) that have identified the essential nature of the parent–infant relationship as the central context for infant development and thus of therapeutic interventions to support infant development (Stern, 2008). Also stemming from this perspective, using the PICCOLO supports a developmental parenting approach based on the research-based assumption that services directed at supporting positive parent–infant interactions will have greater positive effects on child outcomes than will services directed toward the child or the parent alone (Roggman, Boyce, & Innocenti, 2008).

Infant mental health services work to enhance positive parent–infant interactions, using a strengths-based approach. A strengths-based approach assumes that every person has unique strengths and capacities that can be accessed to address challenges and concerns (Powell, Batsche, Ferro, Fox, & Dunlap, 1997). The PICCOLO is a strengths-based tool because of its focus on positive parenting interactions that can be used to inform both assessments and interventions to strengthen parent–infant attachment and to optimize child outcomes.

Another basic principle of infant mental health is that parents who are nurtured are better able to provide similar nurturing.
to their infant (Weatherston & Tableman, 2002). This principal emerges from the theory of parallel process, first labeled by Searles (1955) and rooted in the psychoanalytic theory of transference and countertransference. Fundamentally, the idea of parallel process within infant mental health is that relationship dynamics at work within the parent–infant relationship are connected to, and often mirror, the dynamics of the therapeutic relationship between the therapist and the family (Olds et al., 1997).

Stern (1998) noted that real therapeutic change actually occurs in the client’s experience of the procedures of the therapeutic relationship rather than the words being said. In addition to supporting parent–infant interactions linked to positive child outcomes, it is hoped that building the therapeutic relationship around use of the PICCOLO with a focus on parenting strengths also will encourage the parent to restructure the parent–infant relationship with a focus on strengths. This process of parent–infant relationship restructuring is shaped in the client–therapist relationship, and is supported and strengthened in the therapist–supervisor relationship through reflective supervision. The case study presented next from Starfish Family Services in Wayne County, Michigan, illustrates one example of this process.

A CASE STUDY USING THE PICCOLO WITH A FAMILY: A THERAPIST’S PERSPECTIVE

When I began working with the family, L was only 2 weeks old. She is the youngest of four children, and the next youngest sibling was already 9 years old. Mom was in her mid-30s and was referred by her Early Head Start home visitor for postpartum depression. The infant appeared to be doing well and was physically healthy. Mom has a significant history of childhood and adult trauma, relationship discord with the infant’s father, financial constraints, and minimal support from family. I noticed several strengths from the beginning of my work with the family. During the in-home intake, as mom was tearfully reporting her symptoms and struggles, she remained in tune with her baby, to every sound her sleeping baby made, and responded swiftly and effectively to her cues. My main obstacle with the mother–infant dyad was mom’s difficulty accessing, accepting, and tolerating her own emotions, which made it difficult for her to do the same with her baby. She would often be dismissive and use humor to defend against her own emotions. As a result, I sometimes found myself frustrated, flooded, ineffective, and helpless, and this occurred more frequently as the infant grew into toddlerhood.

I presented the idea of using the PICCOLO to mom by saying We’ve been working together for over a year, and I see how important it is for you to be the best parent you can be. You feel like you’re in a better place to do this than in previous years. I am here to support your efforts in doing just that, and our agency has a new tool that will help you to see all that you’re doing well and what’s working with your baby. I would like to tape the two of you playing together so we can look at it together, and I’ll also view it with my supervisor. Video can help us all step back to get a different and new perspective on things, so we can see what’s working and what’s challenging. My supervisor can help me with ideas and in creating more activities we can do during our visits that add to what you’re already doing so well. It makes a lot of sense because no one knows her better than you, and the only way I can do my job of supporting your relationship with her is to start by looking at all the great parenting things you are doing already, so I can support you in doing more of them.

The family graciously allowed me to use the PICCOLO in our work. They, like many of the families we serve, face several challenges in addition to trying to be a “good enough” parent. I have found that the PICCOLO is very practical, particularly for home-based therapists, whose offices travel with them into our family’s homes. All that is required is a small video camera and copies of the scoring sheets.

Approximately 2 months prior to introducing the PICCOLO, mom had been hospitalized for a relapse (alcohol) and severe depression. As a result, the core of my interventions became working to stabilize her mental health, and the dyad was somewhat lost in our time together. I was concerned with how this disruption and separation impacted their relationship. The timing to introduce the PICCOLO proved ideal, as the tool helped to alleviate this narrowing of focus when mom was healthy and ready. It provided me a tool with which to reorganize my efforts, retrain my eye, and view the family from a fresh perspective. I could focus on one 10-min portion of time. This could remind us both of the strengths we noticed and worked to build upon. The tool supported me and aided me in not feeling overwhelmed by other influences and stressors outside of the dyad, over which I will always have relatively minimal control. The information from the PICCOLO gave me evidence of mom’s strengths and helped me facilitate a discussion about her progress and where she would like to focus and grow from there. It gave us valuable information to develop a more functional treatment plan to support her goals.

The PICCOLO was extremely helpful in identifying strengths of this family. I could feel that the mom felt a sense of importance when her therapist wished to make video recordings of the interactions between her and her toddler. I did not score the PICCOLO with the mom, but when we watched the video together, I was able to point out several positive moments, looks, smiles, sounds, collaboration, and praise. The PICCOLO training gave me more confidence to do this, as the tool provided a structure and a language that I could seamlessly pair with my knowledge and experience of their relationship over time.

When mom watched the PICCOLO video, she would smile and say things such as “I love when she repeats what I say.” She was referring to when her toddler was pulling out vegetables one by one from a basket: Mom would name each one and the child would repeat it. When I asked her what she saw while reviewing video, she said “I just see us playing, that’s what we do.” This allowed me an opening to express in detail my observations about her strengths at several points (her proximity, her allowing the toddler to take the lead, her ability to teach and add to the play without becoming intrusive, delighting in and praising the child’s efforts, her undivided attention, and smiling at her young child). I also added how remarkable her abilities are given that such instances

Infant Mental Health Journal DOI 10.1002/imhj. Published on behalf of the Michigan Association for Infant Mental Health.
where someone played with her when she was a child were rare if at all present, as she had shared in previous sessions. Though the mom keeps her emotions carefully guarded, I could feel a tangible energy of relief. In response, she said, with some difficulty making eye contact, “I didn’t know it was a big deal.” The subtext of this statement if expressed verbally might have been “I’ve been so worried about whether I have been a bad parent, it’s nice to know I’m doing something right.”

The tangible evidence from the PICCOLO also helped me to expand on the concept of a secure base and relationship. It served as a personal guide through which I could support mom and provide concrete instances of how her daughter’s behaviors and capacities were reflective of her providing safety, consistency, and mutual delight. This then provided a context and natural segue into wondering together and discussing areas in which her skills needed development (i.e., teaching and encouragement). The toddler presents with confidence and curiosity. Her capacity for language and communication are advanced. This is all a result of the mom’s consistency in responding to her, and they have a lovely synchronicity and ease in communication. This does not mean that they do not get frustrated with one another and experience disruption, but the mom makes increasing efforts to understand the feelings underlying her toddler’s behavior and to repair the disruptions.

When asked, mom relayed having a positive experience with the PICCOLO as well. She joked about it being hard to see herself on camera, but expressed that “Parents get to see outside the box, and you get to see how you are with your kid and what you can improve.”

The toddler is now 19 months old and thriving developmentally. She moved from home-based Early Head Start services to center-based care in late spring of this year. The family is experiencing more financial stability, as both the mom and her partner are employed. The consistent and predictable routine along with mom’s investment in her treatment have allowed the family to experience increased regulation, individually and as a unit.

**USING THE PICCOLO ON A PROGRAM LEVEL: A SUPERVISOR’S PERSPECTIVE**

The PICCOLO is a useful tool not only in the direct work of the therapist and dyad but also during the reflective supervision process. In supervision, we begin with 2 min of silence so that we both have an opportunity to regulate, relax, and reconnect. The therapist provides background information or updates on the family she or he wants to discuss. I listen carefully to gain an understanding of the events and to acknowledge any feelings that might arise. Due to the nature of the families we serve, I try to prepare for stories of loss, sadness, and mental health concerns. We talk about how painful it can be to witness and hold these very vulnerable families. I try to respond with empathy while honoring and acknowledging multiple perspectives.

When I first heard about the family being presented, the therapist and I had not yet been trained in use of the PICCOLO. The mom was in crisis, and it was hard for me to see beyond the difficulties that she was experiencing and how hard the therapist was working to hold the dyad.

When she brought the videorecording of the PICCOLO for us to watch, I was surprised by my response to what I was seeing. It was easier to “see” the family. We scored the observation using the PICCOLO scoring tool. I was surprised by the strengths that were revealed. As we watched and scored the affection domain on the PICCOLO tool, the three items that stood out were mom’s emotional support as her toddler played with the toys, mom’s physical closeness to her toddler, and how mom smiled often at her toddler during the interaction. I shared with the therapist that I remembered being very worried about this family and being worried about her having so much to hold. I worried about how to support her without being too intrusive or solution-focused. I thought about the idea of being “good enough” as a supervisor and wondered how much this may parallel with what mom, toddler, and therapist may be feeling.

The PICCOLO gave us a vehicle to focus our observational skills, identify strengths, and localize points of entry for areas needing guidance and improvement. In this case, we used interventions centered around parenting interactions in the teaching and encouragement domains. The PICCOLO helps the therapist organize and prioritize a dyad’s many potential needs. Working from the strengths identified in the PICCOLO deepened our conversation, making it richer, and gave us an opportunity to generate ideas, remain open and curious, and tolerate uncertainty. The therapist and I marveled at how this mom, in the midst of crisis, worked so hard to remain responsive and encouraging to her child. This sparked more conversation about what has happened with this mom since the therapist last presented on the family during supervision. The therapist spoke proudly of the relationship she has witnessed developing between the mom and toddler. The tool helped us to note how mom’s engagement in positive interactions with her child in the affection domain illustrated strengths she brings to the relationship. Her interactions made her toddler feel welcomed and praised, and safe to explore her environment. We were able to help mom identify herself as a secure base. I was able to point out how the therapist’s concrete assistance, advocacy, emotional support, consistency, and predictability facilitated a more secure attachment between the mom and toddler. We talked about her continued worry about the parents, but she also more readily identified the strengths and was able to clearly articulate strategies that she will use in her work with the family.

Our team has found the PICCOLO useful in providing a framework for therapists to examine the interactions between parents and young children. It gives information about parental capacities and strengths, which guides the therapist in developing intervention strategies to promote resilience and opportunities for growth.

Many of the families in our program have multiple risk factors such as substance abuse, domestic violence, poverty, and isolation. Witnessing the deprivation of resources as well as emotional connections can be very daunting to a therapist, making it difficult to hold the parent–child dyad in mind and maintain a focus on
strengths in the relationship. The PICCOLO helps to guide the therapist in capturing a moment in time. Together with the family, and later the supervisor, the therapist can use the information to paint a picture of the nature of the relationship.

The PICCOLO helps the therapist to organize observations and look more closely at strengths of the parent and the young child. As the therapist becomes more comfortable with the PICCOLO, she or he may feel more confident in the capacity to focus on the relationship instead of seeing only risk factors. As the therapist gains more confidence, the parent may become more competent and able to focus more on the young child. The mom’s increase in confidence ultimately may inspire her to think of more ways to create positive experiences for her child and gain validation of her capacity to be a better parent.

The PICCOLO also can make video-recording less intimidating. It is a time-limited, recorded interaction that can be shared with the parent. Some therapists and families are reluctant to use videorecording because the idea of being on camera can increase feelings of vulnerability and fear of being judged. There is pressure to perform. The PICCOLO provides a simple structure for using videorecording, alleviating some of the unease for parents and therapists alike, and promoting the comfortable use of video that deepens the therapeutic work. Using this tool also enhances the quality of the treatment plan and progress notes, in that it gives a documented record of parental strengths and clues about the parent–infant relationship.

I encourage use of the PICCOLO with all families and in the reflective supervision process because it helps to build the therapist’s capacity for enhanced clinical observations. It provides a vehicle to support videorecording during the mental health intervention, which is an important aspect of working with parents with young children. I was initially hesitant about using the PICCOLO with high-risk families; however, through my experience, I now see that it allows the therapist to bring the focus back on the relationship, the strengths, and the capacities of the parent.

**DISCUSSION**

**Using the PICCOLO: Effects on Relationships**

In the case study presented here, with the parent–infant relationship as the client, parenting interactions were measured using the PICCOLO. The invitation given by the therapist to the family to participate in using the tool; the videorecorded interaction between the parent and child; the video review session in the home between the therapist, parent, and child; and the video review session in the office between supervisor and therapist were all structured around identifying strengths within the parent–infant interactions. From only one administration of the PICCOLO, it became clear that using the tool within a home-based infant mental health service had compelling effects on the relationships—between the parent and the child, the therapist and the parent, and the therapist and the supervisor.

When each of these systems is focused on strengths within the parenting interactions, the ideas and feelings generated through this focus on strengths are shared among these systems through parallel process. Even when a family is in crisis, the PICCOLO can be used to identify parenting strengths and recognize the parent at various levels as a competent and active agent for change in the relationship work. At the same time, each person within the relationships listed earlier has a safe and structured place to experience and practice new ways of interacting within relationships. Use of the PICCOLO structures these new ways of relating to each other into concrete and positive ways of being together that focus on what is going well and why that is important for the child.

The therapist observes, and ideally records, a 5- to 10-min activity that the parent and child do together. The therapist and the parent discuss what they saw and experienced, focusing on identifying parenting strengths using the PICCOLO. The therapist and supervisor together review the PICCOLO experience, and the reflective supervision discussion of parenting strengths then serves to inform the clinical intervention. The therapist takes the informed intervention back to the family to acknowledge and expand those strengths, effectively closing the circle and beginning a new one at the same time. In this way, the process of administering the tool and exploring the findings begins to change the dynamics of the parent–infant relationship. This is how the PICCOLO can be used to enhance infant mental health services to families and "promote positive parent-infant interaction . . . to secure the development of secure and healthy attachment relationships" (Weatherston & Tableman, 2002, p. 4).

**The PICCOLO and Developmental Guidance: Bridging Parenting Strengths to Concrete Interventions**

Whether using this tool just once with a family or consistently over time, the PICCOLO also can be used to provide meaningful developmental guidance, an important part of infant mental health as well as other early intervention services. Although this article focuses on the use of the PICCOLO within a clinical infant mental health model, it can be used in many other service-delivery models as well, including prevention-based services and programs designed for long- or short-term interventions. Through a discussion of parenting strengths identified by using the PICCOLO, the therapist has the opportunity to illuminate very concrete examples of how parenting interactions affect infant/toddler development. This method shows parents how important they are to their children’s learning and the wonder of their child’s development within the context of the relationship. It allows the therapist to show parents the nuances of their young child’s development, and how that development is influenced by the parents’ positive interactions.

Typical parent education and developmental guidance interventions are often delivered in a top-down format that establishes the provider as the expert, and the parent as less knowledgeable about his or her own child. Even in infant mental health approaches, developmental guidance is often offered in response to parents’ frustrations or from the child’s perspective. Rather than beginning...
discussions of child development on the importance of positive child outcomes with no link to concrete parenting examples or parenting examples that are not relevant to the strengths of this individual family, the PICCOLO structures developmental guidance around concrete examples of positive parenting interactions linked to positive child outcomes. The PICCOLO allows the therapist to begin the discussion of development and child outcomes with observations of positive parenting interactions with the child. Using positive parenting interactions as the starting point roots the discussion of development firmly in the context of the parent–infant relationship—where child development occurs and real change is possible (Roggman et al., 2008).

Working with parents to identify specific parenting interactions and discussing the positive effect of those interactions on the child’s development allow the therapist to offer developmental guidance that is concrete and applicable to this individual relationship and family, thereby building a bridge between information on child development and the application of that information to real relationship interactions. It establishes a set of useful parenting strategies already in use that can be accessed to address other parental frustrations and child-focused needs later in the work. It begins with a celebratory look at which parenting interactions are working well in the relationship, and allows the therapist and parent to find ways to expand those parenting strengths to other aspects of the parent–infant relationship that are more difficult to navigate, empowering the parents with applied observations rather than informing them with education that may seem out of context or difficult to integrate into action.

Benefits of an Observational Measure over Time

Although the case illustration presented here demonstrates how a single use of the PICCOLO with a family in a home-based infant mental health delivery method directly affected the parent–infant relationship, there are also reasons to use the PICCOLO with the same family over time. One of the strengths of the PICCOLO is that it is an observational measure. It trains and relies on the clinical eye to see what good things are happening in the parenting interactions with the infant or toddler. Using this tool consistently over time provides the therapist regular intervals set aside to step back and observe the dyad with a mind toward parenting strengths. This is an effective way to maintain a focus on the relationship and on strengths throughout the length of the work with the family. It helps the therapist take time to be reflective about the progress of the case and the directions in which to move in the future, with the parent’s abilities as the driving force. It also provides documentation of that progress and measures outcomes of the work.

Informing Interventions and Outcomes

A valid and reliable measure of parenting interactions linked to child outcomes is a great asset for infant mental health services. Using the PICCOLO with families consistently over time provides a valuable record of the impact of services on parent–infant relationship factors that have been proven to affect child outcomes. It is one of a small group of measures that directly addresses factors within the parent–infant relationship—the main focus of infant mental health work—in a practical and meaningful way. Looking at PICCOLO scores over time not only informs better individual case interventions but also can provide data on the effectiveness of the program as a whole. This can create important evidence to secure funding for an infant mental health program as well as creating benefits for the families served by improving services.

Improving Infant Mental Health Services to Families with Children with Special Needs

The PICCOLO also can improve infant mental health services to families with children with atypical development. As an observational tool, the PICCOLO is more flexible than are parent-response screening tools in adapting to children with differing abilities and is more sensitive to picking up their unique strengths that can be used to empower interventions. Typical checklists and screening tools often fail to apply well to children with special needs. They rarely are open-ended enough to pick up on the unique strengths a child with special needs and their family may develop in their coping repertoire. Because the PICCOLO is an observational measure looking at interactions, the clinician has greater flexibility in looking for unique ways in which each family may interact to demonstrate strengths. The measure is not based on a rigid structure of accomplishing tasks; all of the skills that the parent–infant dyad present in their own way during the observational period create the basis of the information used to direct the interventions.

Basing the work on the strengths in the parent–infant interactions may allow the parent and the child to see how unique and powerful the parent and child are as able agents of change, not only in affecting family dynamics and child development but also as mirrored by the outside world through the eyes of the therapist. Seeing oneself and one’s child as strong through one’s own eyes as well as through another’s perspective can be transformative. However one defines special needs or at-risk families, all children, parents, and parent–infant relationships benefit from learning to see their family’s and their own unique characteristics as powerful skills instead of deficits.

Benefits to the Therapist

Those who benefit from using the PICCOLO include not only the developing child, the family, and the infant mental health services program but also the therapist. As discussed earlier, in working with families facing multiple crises and difficult histories, a therapist sometimes has great difficulty holding all of the concerns for the child and parents alike. The PICCOLO is designed to identify strengths in every family. Experiencing positive interactions with a family, identifying their strengths, and discussing how those strengths can empower families to face difficult challenges, can promote a powerful balance to the work and may help to protect
the therapist from serious mental health hazards such as vicarious traumatization, compassion fatigue, and burnout (Rothschild & Rand, 2006).

One of the reasons that the PICCOLO was chosen and supported at the state level as a best practice tool is that the training in and use of the tool necessarily increases the therapist’s competence. The PICCOLO increases the therapist’s observation skills and his or her ability to effectively use the family’s strengths to drive infant mental health interventions. Training in the PICCOLO often initiates a paradigm shift for many therapists through information on specific parenting behaviors that are linked to positive child outcomes, ways to “see” these positive parenting behaviors in the context of child development, and strategies to use them as the basis for change in relationship-based work with families.

TOWARD THE FUTURE

It is clear from the family presented in the case study and the words of therapists and supervisors using the PICCOLO in different CMHSPs serving infants and toddlers and their families in different areas of the state that this tool provides an immediate and powerful vehicle to “organize the observation.” In addition, the tool brings the focus of the work back to the context of relationships in a way that is so powerfully positive that it revives hope for the family, the therapist, and the supervisor. It is evident in the words and actions of the mother in the case study that the therapist’s work and use of this tool with her has started to bring the mother’s focus back to her relationship with her infant, sparking hope for her as well—even amidst crisis in her life and in her identity as a good mom.

As another Infant Mental Health Specialist shared, "The PICCOLO helps me “see” the tiny, brief positive moments in dyads, which otherwise occasionally seem hopeless. By slowing down and focusing on finding positive micro-transactions, I find new toeholds on the treatment cliff, which open up treatment and ground interventions and keep me soft and warm and gentle as a therapist."

REFERENCES


