



The Double-Scoop: A Pediatric Mental Health Approach Supporting Parents with Developmental Disabilities Connect with Their Young Children.

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OTAC



Objectives:

1. Understand the stigma associated with parenting young child while living with an intellectual disability.
2. Explain the concept of “double scoop” in mental health care.
3. Summarize ways in which occupational therapists can support parents with intellectual disabilities and their young children.



Introduction:

- Pediatric mental health occupational therapist
- Children's Hospital Los Angeles-Behavioral Health Institute-Community Behavioral Health Program:
 - Contracted agency with Los Angeles County Department of Mental Health
 - Low-income/under-resourced families
 - Specializes in co-occurring mental health and developmental disabilities
 - Mental Health OT embedded into interdisciplinary teams and program areas.

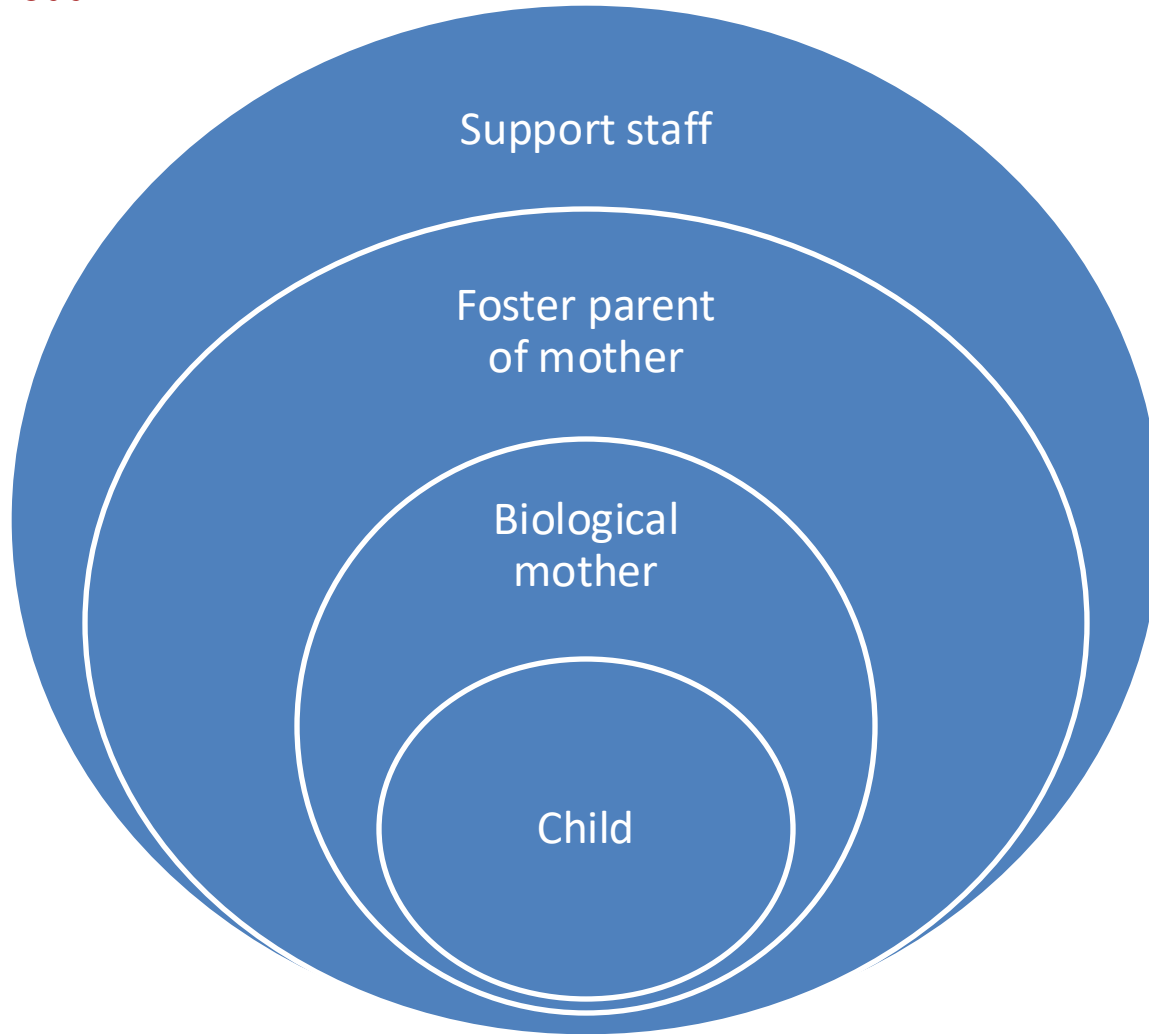


Collaboration with Early Childhood Mental Health Program:

- Close co-treatment with psychologists and other mental health professionals who specialize in early childhood mental health, attachment, trauma, and assessment.
- Very close work with caregivers and children-dyadic therapy
- Double Scoop: Supporting the caregiver so they in turn can support the the young child.



Family story-visual





Have you worked with parents with intellectual disabilities?

What are some challenges that parents with intellectual disabilities face?



Parents with Intellectual Disabilities:

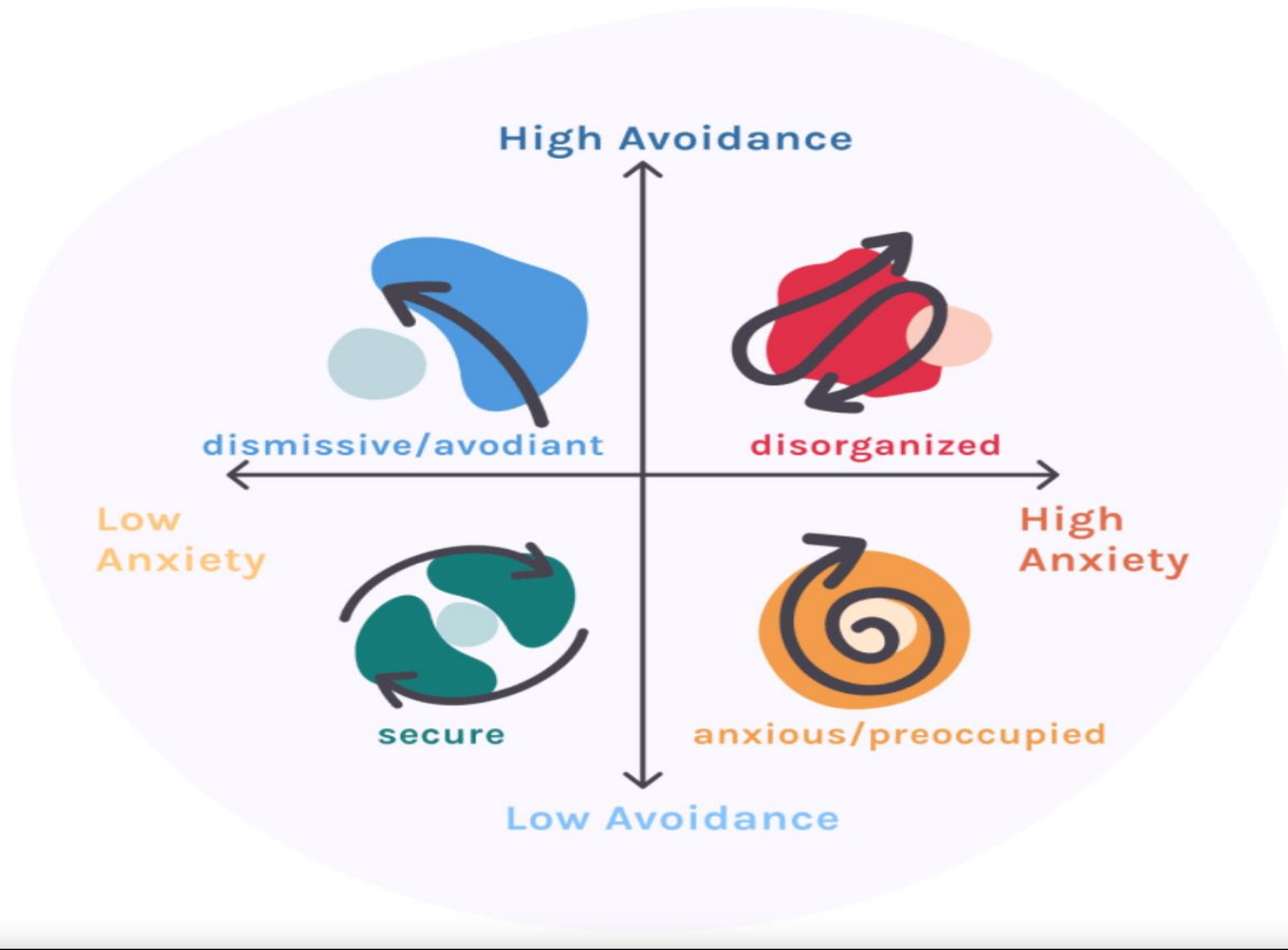
- Over-represented in the child welfare system
- High levels of discrimination and oppression (Augsberger et al., 2021)
 - The National Council on Disability (2012) estimates that between 40% and 80% of parents with I/DD will lose custody of their child at some point.
- High rates of sexual abuse and intimate partner violence (CDC, 2023)
- **Lack of appropriate and necessary support to ensure children can remain in their parents' care.**



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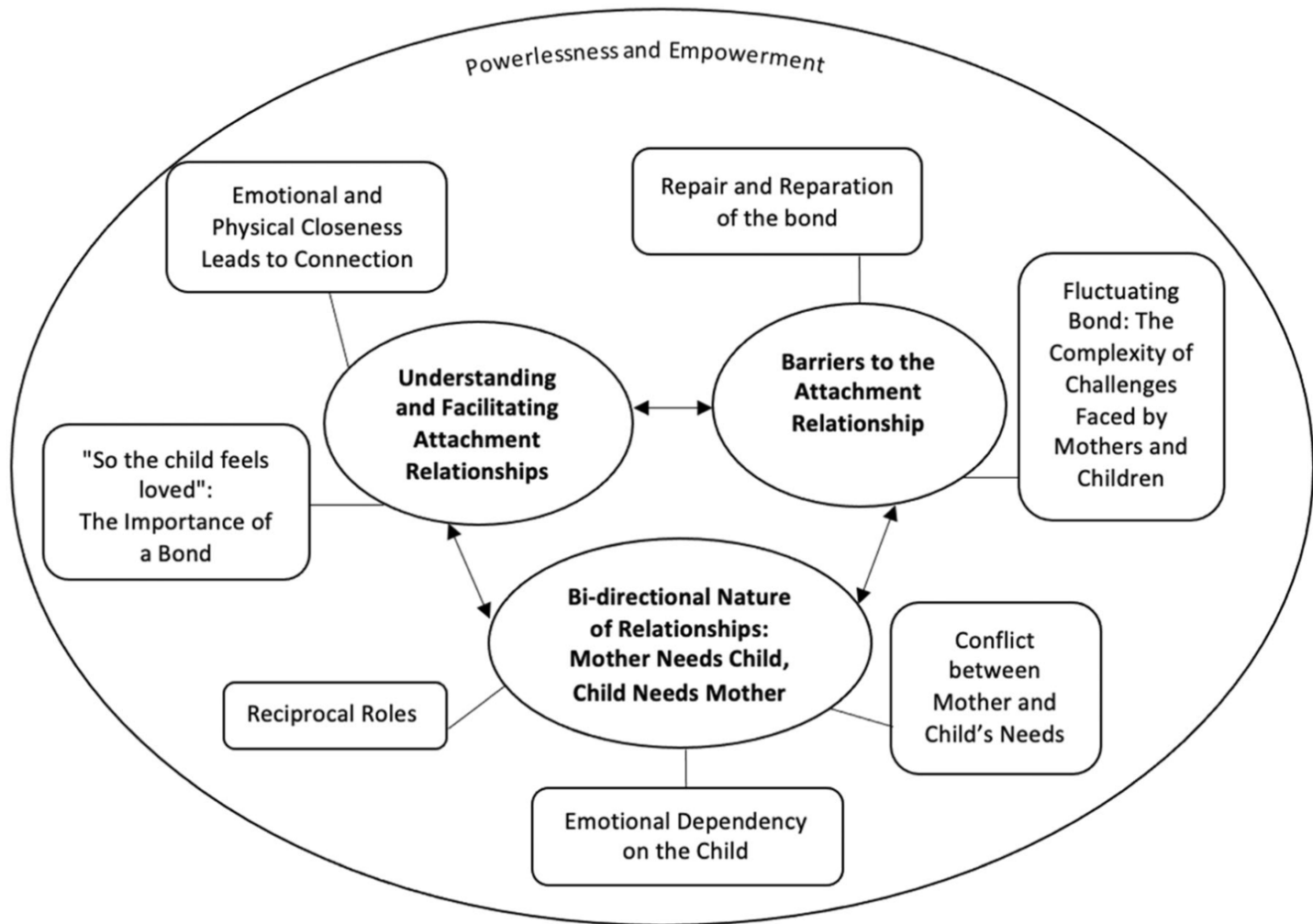
Attachment Patterns





Impact on young children

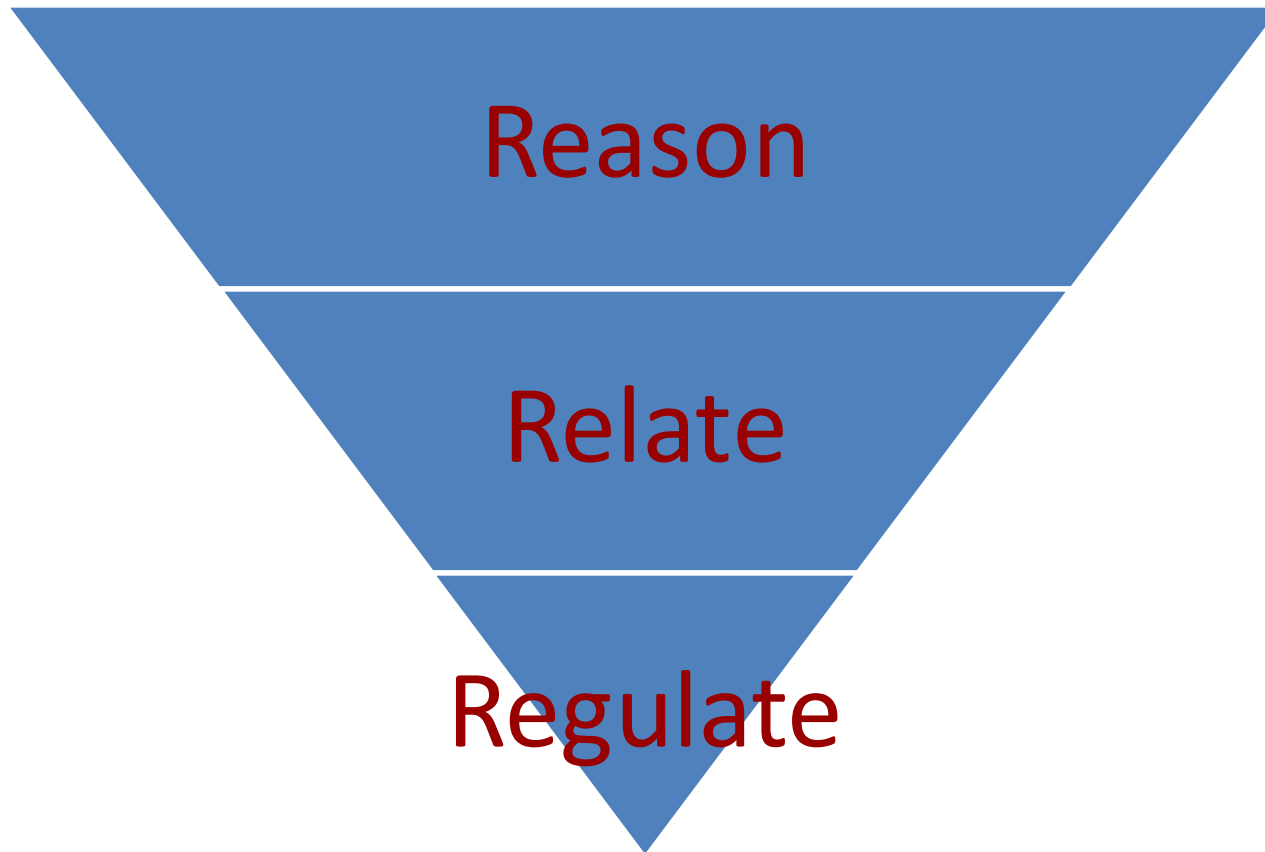
- Differences in attachment style
 - Stronger/secure attachments with other adults
- Socio-emotional and behavioral needs
- Regulation & sensory processing differences
- Difficulties with predictability and routines
- Risk for adverse childhood experiences

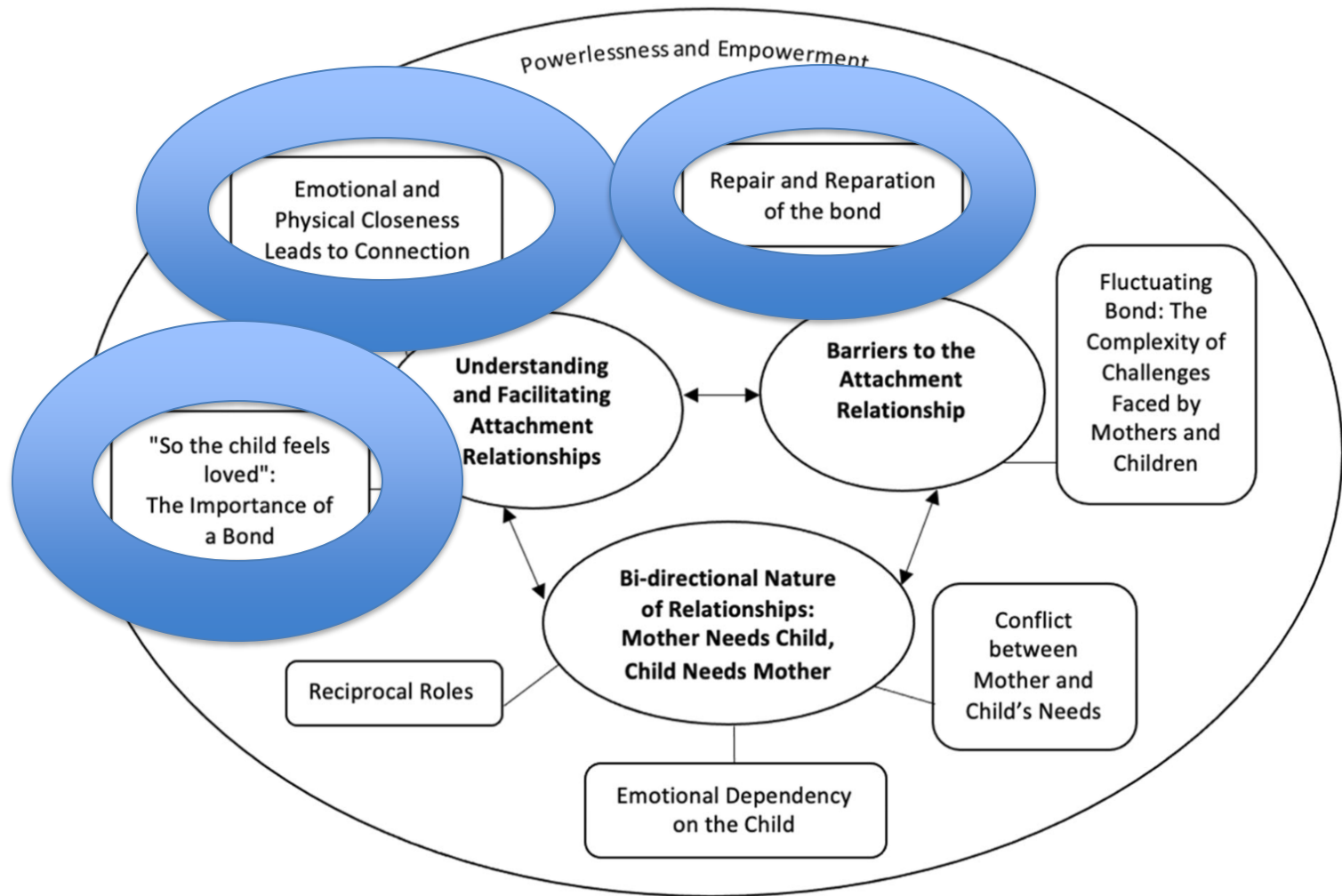


Hevesi & Theodore, (2024).



Bruce Perry Neurosequential Model: 3 Rs





Hevesi & Theodore, (2024).

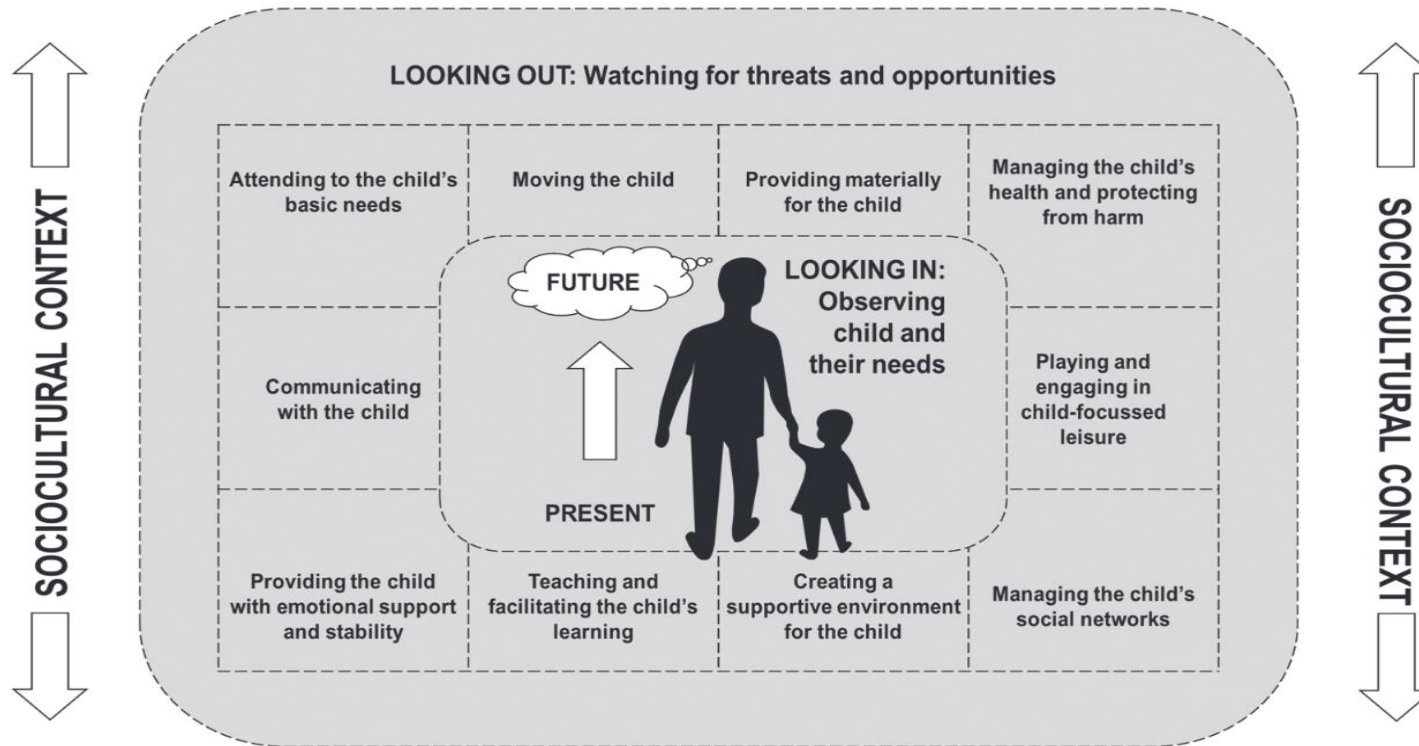


Occupational Therapy Treatment

- Focus on the regulation of the parent and the child
 - What helps strengthen and hinder the physical & emotional closeness of the dyad?
 - When does the dyad appear safest and calmest?
 - Informal or formal sensory profiles on the dyad
- Find co-occupations that offer the dyad success/bonding and **connection**
 - Use activity analysis to explore where the parent and child feels most successful/happy.
 - Enhance opportunities for these types of activities and make modifications for parent and child for shared enjoyment.
 - Help them find joy in daily occupations and patterns.
- Modeling and learning from the parent.



(a) The Occupations frame:



Lim, Honey, & McGrath, (2022).

Future Implications



- Bring awareness to this discriminated group of caregivers
- Encourage occupational therapists to feel empowered to meet the socio-emotional needs of parents and children in pediatric treatment
- Consider manualizing a program supporting socio-emotional capacities of caregivers and young children for Regional Centers or DCFS.





References

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