

# SPOTLIGHT ON THE Observation of Mother-Child Interaction (OMCI)

Prepared by Dr. Nazira Muhamedjonova  
Putting Families First Team, Tajikistan

**Tool Name:** The Observation of Mother-Child Interaction (OMCI)

## **The origin of the tool:**

Department of Pediatrics' and Child Health, Aga Khan University, Karachi, 2013,  
Muneera A Rasheed & Aisha K. Yousafzai

1. Observation of Mother-Child Interaction Record Form (12 months)
2. Observation of Mother-Child Interaction Record Form (24 months)
3. Observation of Mother-Child Interaction Record Form (48 months)

## **Purpose:**

Our programme helps parents build trusting relationships with their children by providing support for the parent. The reason for the selection of this tool was to provide the family support team working in Family Support Centres with a method to systematically observe the mother's response to her child's need for support.

We used the data to:

- Design individual support plans around individual skills, knowledge and needs.
- Guide the planning of family level support, particularly on building trust between the mother and child,
- Track and monitor programme level delivery and impact.

## **Tool Design and Application:**

We translated the guidelines into Tajik and Russian, keeping as close to the original content as possible.

After piloting we adapted the format of the tool, with permission of the original authors, to create a single template, for all ages, that:

- Incorporated the prompts for each age
- Retained the same number of items for each age (to help us track change over time)
- Provided a column for the observer to keep a tally of observations while the session is in progress.
- Developed an online recording system to automatically calculate the scores once the tally had been entered.

## **Review:**

- The tally format was found by the team to be much easier to work with.
- For future use the team preferred to have shorter forms, focused on examples that are strictly age related.

The assessment was to be carried out within 2 weeks of the child arriving at the service. The assessment could be repeated at intervals as necessary. We also completed an assessment on each child after 6 months, i.e. at the stage of completion of the programme of support.

- The scoring was used to help evaluate the needs of parents, and the changes in parenting approaches that were observed following the support programme.
- We used videos of the sessions with other mothers - as a discussion tool on positive nurturing care (With the consent of the family of the video).

- We used the assessment session to develop self-reflection in parents and improve responsive parenting skills, socialization of the child, as well as the development of the child's abilities through the activity.

#### **Tips for Administration:**

- The scoring system was difficult for administrators to master, and needed extended practice. An automatic scoring process overcomes this.
- The interpretation of the scores, and the accompanying behavior also needs extended discussion and exposure to build up the value of this tool as a way of supporting the planning of individualized support packages.

#### **Feedback on the use of the OMCI from The Family Support Teams:**

##### **Team D:**

The OMCI assessment helps us to:

- Identify the level of relationship between mother and child,
- Determine the mother's ability to interact with the child,
- Regulate her emotions,
- Manage the child's behavior and
- Help the child understand what is happening and express his/her feelings.

For a deep analysis of our observations, the assessment process was filmed on video. Further, as part of a comprehensive needs assessment, the video of this session was watched by an interdisciplinary team and tasks were identified to improve parental skills for interacting with a child.

- When the observation process revealed the following behaviours mothers were offered to participate in the program "Mellow Parenting", and self-supporting groups, appropriate training was organized and individual work with mother and child was carried out.

When the mother does not:

- Read the books to the child,
- Give him the opportunity to participate in the decision-making and the right to choose (for example, the mother herself decides which page of the book they will study),
- Try to arouse the child's interest, but rather forces the child to follow her focus and interests.

We were also interested in supporting mothers when they were seen to express impatience and raise the tone of their voice and or pull the child away from what the child was interested in to concentrate his attention on the assignment.

##### **Team M:**

We first observe the mother's behaviour and her interaction with the child, looking at touch, sensitivity, and encouragement. Through careful observation of all these actions, along the process up to scoring them, we evaluate the interaction of the mother and child. The team uses the observation to evaluate the strengths and weaknesses of the mother and child.

The Team uses the mother's actual behaviours to encourage the positive impact of the mother on the child. We draw attention to when the mother gently strokes a child with love, touches him, this is an example of a good relationship.

Using the OMCI, with its observation and feedback, helps:

- The mother see the positive and strengths of the child.
- The specialist make recommendations to suport the parent develop a positive attitude.
- The Team members support the mother to develop a loving relationships with the child.

## The use of the OMCI.

### Case Studies

**A. BF, 3 years old, diagnosis of Cerebral Palsy, quadriplegia.** The child has communication difficulties and does not have self-care skills. The mother, during the first OMCI assessment, showed herself to be loving, understanding, caring and patient. Despite the difficulties of the child to sit and respond, she interested the child in viewing the book, while viewing the book she showed drawings, called the names of animals, sounds. It gave a chance for the child to point to the drawings with his finger. The mother patiently waited until the child lets her know what he understood (this he communicates through smile, blinking his eyes). This example was used for training purposes with other mothers.

*At the initiation of the support programme – Total 36 points, mother-24/36, child-12/21*

*On programme completion – Total 48 points, mother 32/36 child – 16/21*

**B. MM, 2 years old, diagnosis Cerebral Palsy.** The mother was observed to gently stroke her child with love, touching him. In return the child responds with smiles and laughter, showing joy, delight, and responding to the requests of the mother. The team members used the session to help the mother become aware of her positive interactions with the child, to support further strengthening of her role.

*At the initiation of the support programme: Total 23 points, mother-16/36, child-7/21*

*On programme completion – Total 46 points, mother 25/36 child – 21/21*

**C. SB, 3.5 years old, diagnosis of Cerebral Palsy, mild.** The child's cognitive development is unaffected. The child's mother had the lowest OMCI score of all parents observed. While viewing the book the mother did not pay attention to the child, silently examined the drawings herself, sighed, not realizing what was required of her. It is clear that the mother never reads books at home with her child. The child himself was interested, he looked at the drawings, but there was no conversation or response from his mother.

At a discussion with an interdisciplinary team, it was decided to work with the mother to improve her relationship with the child by including her in a peer support group, and to enrol her on a parenting programme. Following these interventions, when the assessment was repeated, the mother showed an improved score, and increasingly more positive behaviours.

*At the initiation of the support programme: 8 points, mother-0/36, child - 8/21,*

*After the initiation of the intervention - 29 points, mother-9/36, child – 20/21,*

#### **D. AZ, 1.5 years old, diagnosis Cerebral palsy**

The mother attempted to help her child look at the book, and to calmly guide the child through the task, largely through giving verbal instructions. There was little positive feedback or demonstration of positive emotions. The child was restless, did not watch the mother or respond to the mother's speech.

The family support worker helped to develop some strategies for the parent to use when playing with the child. These were demonstrated to the parent, and it was shared how these would build relationships with the child. After these sessions the parent gained knowledge, the attitude of the mother was observed to be changing.

*At the initiation of the support programme – Total 24 points, mother-18/36, child-6/21*

*on programme completion – Total 44 points, mother 28/36 child – 16/21*