Routine, Repetition, Reflection

Susan L. Dickinson, MS
Psychological consultant to South East Early Intervention for Reflective Supervision
Consultant to Doctorow Grant at The Children's Center

January 26, 2018
Baby Steps in treating trauma

sldickinson10@q.com

Disclosure and My Background

- Current Employment: South East Early Intervention psychological consultant for Reflective Supervision, parent consulting and presentations of pertinent concerns.
- Current Employment: Psychological consultant on Doctorow grant Alda Jones of TCC and serve on Social Emotional Committee for Early Childhood Utah
- Current board member of UAIMH, Able-Differently and Clark Tanner Foundation.
- Past president of UAIMH
- Past employment: Children with Special Health Care Needs Utah Department of Health in role of psychologist, conducting psychological evaluations and consultations with parents and community providers for over 37 years.
- Past employment: The Children Center as therapist for over 8 years.
- Training at The Children's Center; UNI and SL School District, Internship at Neonatal Follow-up Program where developmental assessments were conducted and parental consultation provided.
- Dissertation research: Behavioral Consultation Model to increase school attendance in early grades.
- Private consultations and supervision from Nancy Reiser, MS and Agi Plenk, Ph.D.

Confidentiality

- Honor the families who allow us to enter their lives and honor our work through confidentiality.

Objectives

1. What is it like for professionals to deal with infant/parent trauma?
2. How to support professionals as they support parent and baby in dealing with trauma?
3. What are the benefits of Reflective Supervision?

Strong Attachment

- Strong attachment between parent and baby helps buffer effects of trauma.
- If environmental change is increasing anxiety, stress can mount when situation occurs during developmental touch point of the baby.
- Extra support and interventions need to target the perturbations caused by external events, as parent illness, accident.

(Lieberman & Van Horn, 2008)

Trauma

- Trauma impacts all senses and the body remembers by carrying the imprint long after the specific event. (*Psychotherapy with infants and young children*, Lieberman & Van Horn, 2008)

- *The Body Keeps the Score*, Bessel Van der Kolk (2014)

Utah Association for Infant Mental Health Newsletter (Issue 19, Spring/Summer 2014) and (Issue 21, Spring/Summer 2014) addresses Toxic Stress and Traumatic Experiences in children and caretakers. Http: www.uaimh.org

What you may encounter in your visit with parent and baby

- Parents and babies who have experienced trauma or continued trauma may show lack of curiosity. Parent may have problems focusing on the baby.
- You may have difficulty engaging the parent and baby.
- You may see withdrawal, detachment, disorganization or poor self-regulation in the lack of connection between parent and baby….and with you.
- The environment may feel unsafe.

The Professional's Emotional Responses

- When you enter a home where you feel comfortable and experience positive relationships, you most likely feel confident and calm. Your typical procedures work.
- However, how do you feel when your typical approaches do not work and you encounter signs of trauma in parent and baby?
- As the professional notice what you experience, think and feel. You may feel anxious, less confident, frustrated, sad, agitated, irritated, fatigued … You may notice feelings of wanting to leave, if usual ways of interacting are not working.
- To get your attention back to baby and parent in the next visit try something different:
  - Analyze how you approach the parent and baby when you enter home.
  - Rethink how trauma impacts all the senses.
  - How does your behavior impact the senses of baby and parent?

Routine and Repetition with mother and baby

- Step back and reassess how you are presenting yourself and your toys
- Use yourself, your interpersonal skills
- Develop a repeated sequential pattern in presentation of yourself/toys with your attention to the senses you may be stimulating in the baby and parent (Zero to Three Conference 2014).
  - Example of withdrawn mother
  - Example of baby and mother (Fraiberg & Shapiro, 1975)

How to start with the senses

- Your scent, which can be noticed as you walk through the door- use the same laundry soap and hand cream.
- Your voice—repeated humming in same sequence and tone. If singing is used, repeat song in the same tone, same time in sequence.
- Toys are presented in same sequence for visual and perhaps auditory impact. Use your own toys.

With this pattern of repetition, change can occur.

- When the baby begins to attend, anticipate and predict what is going to happen next, signs of **curiosity** emerge, **new learning** can occur and **foundations of trust** can begin.
- You are working towards supporting the parent and baby connection in that process.
- Parent and baby may exchange eye glances; hands may reach out to each other. These **reciprocal responses** may increase over time. Parent and baby may begin to choreograph a new dance of reciprocity.
- As a provider, you may notice yourself feeling delight, joy and great satisfaction as the above healthy behaviors emerge.
- However, if there is lack of progress and parent and baby appear locked in the trauma responses, you may have feelings of great worry, sadness, grief, even fear for their safety. Your confidence may be dropping and you may want to retreat.
- Vicarious traumatization may occur.

Support for Professionals

- How to provide support for the professionals working in stressful environments:
  - Peer consultation with the agency professionals can provide time to process feelings and encourage new ideas if needed. Nonjudgmental support plus authentic encouragement and praise for work can have positive impact.
  - Other supports for parent/baby may bring solutions and comfort to the family and you as a professional, when basic needs are met. Example, Daily living resources, as food, clothing, safe housing, day care, transportation, medical care.
  - Reflective Supervision

Professionals may provide other supports

- Other supports to parents may be needed and in turn helpful to the professional.
- Parent and professionals can join to be proactive in dealing with potential stressors. Two examples follow:

Other Potential Stressors

- Potential trauma producing event: Grandparents may be providing care for grandchildren without legal custody, which could lead to confusion and trauma in day care or preschool setting. A parent may attempt to take child from one of these settings where grandparents are not present. The child may show much upset yet parent has custody. A proactive plan can help avert further trauma. Ex. Bacall Hincks, LCSW, Children's Service Society Grandfamilies Coordinator.
- Potential trauma producing event: Parent fear of Police Visit. If baby has excessive crying or child displays explosive tantrums in the home (small apartment) or public place, the police could be called. Parents may fear outcomes of child removal to foster care or loss of housing. I have had mothers ask that I write a letter on their behalf, stating the baby/child's diagnosis and professional treatment team. Mothers have reported this letter carried in their purses has provided much comfort. They feel protected and empowered. The professional in turn may be pleased parent is thinking about proactive measures to reduce potential stress.

Seminal works foundational to Reflective Supervision

Ghosts in the nursery (1975) by Selma Fraiberg,E. Adelson and Virginia Shapiro.

Angels in the nursery (2005) by Alicia F. Lieberman, Elena Padron, Patricia Van Horn & William W. Harris

Definitions of Reflective Supervision

- “RS is a collaborative relationship for professional growth that improves program quality and practice by cherishing strengths and partnering around vulnerabilities to generate growth.” (Shahmoon-Shanok, 1991).

  Note: Dr. Shahmoon-Shanok “Rebecca” is a leading early childhood expert, therapist, and original writer/teacher of Reflective Supervision.

Continued

- “In RS we try to look at the relationships and find meaning. The relationship is for learning, a mutual teaching. In the session the individual or group members if doing a group, bring ideas to reflect upon together. You reflect on yourself and become more open to yourself as you look at the parent-child relationship.” (Shahmoon-Shanok, 1991).

Continued

- Bill Schaeffer states RS and clinical supervision are on a continuum using mindfulness techniques, stopping time, being in the moment.
- RS is a shared process (Weigand, 2007).
- A Joint endeavor becomes a conjoined, transformational enterprise whose meaning increases and deepens-thus affecting all the parties across the hierarchies…and one of the parties may be nonverbal (the baby).” (Shahmoon-Shanok et al, 2005B)

RS Objectives/Best Practices

- Establish consistent and predictable meetings and time.
- Form a trusting relationship between supervisor and supervisee/provider.
- Ask questions that encourage detail about the infant/child, parent and their relationship and the relationship with the supervisee.
- Listen-use active listening.
- Remain present.

Continued

- Nurture/support
- Utilize strengths
- Honor the work

- Detailed best practices have been written for Michigan guidelines:
- **MI-AIMH's Best Practice Guidelines for Reflective Supervision ...**
- http://mi-aimh.org/wp-content/uploads/2016/03/BPGRSC-20160428-NP-FE.pdf

Other types of supervision

- Administrative supervision addresses different issues and is usually not combined with Reflective Supervision, as purposes are different.
- Clinical supervisor/consultation is used in mental health settings and trainings.

Reflective Supervision Key Elements

- Reflection This is not therapy. The reflection of the supervisee/supervisor is focused on experiences, thoughts, and feelings directly connected with the work.
- Collaboration
- Regularity A commitment is made to meet and provide the space and time to be dedicated to the process.

Practical Guides to the work of Reflective Supervision

- Heller, S.S. & Gilkerson, L (Ed). (2009). *A practical guide to reflective supervision*. Washington DC: Zero to Three.
- Fenichel, I. (Ed). (1992), *Learning through supervision and mentorship to support the development of infants and toddlers and their families: A sourcebook.* Washington DC: Zero to Three.

Benefits of Reflective Supervision

- RS supports deepening of understanding from baby-parent to professional and through the total agency.
- RS increases curiosity, new learning and promotes optimism.
- RS increases cultural awareness, understanding and appreciation.
- RS is a professional development tool.
- RS reduces vicarious traumatization and burn out.
- RS helps maintain your staff and reduces the probability a professional will leave due to trauma overload.

You may want to take a look at this training.

Reflective Supervision: Putting it into practice- Webcast ECLKC
http://eclkc.ohs.acf.hhs.gov/webcast/reflective-supervision-putting-it-practice-webcast

Selma Fraiberg reminds us "History is not destiny"

"When each person's perspective is deeply valued over time and linked to outcome and to the mission, changes can occur…
In such a context, collegiality and mutuality can blossom." Rebecca Shahmoon-Shanok

Utah Association of Infant Mental Health Newsletter (Issue 17, Spring& Summer, 2012) addressed Reflective Supervision and can be found at Http: www.UAIMH.org