Every Child’s Birthright

- The child learns to love through his first human partners, his parents. We can look upon this miraculous occurrence as a gift of love to the baby. We should regard it as a right, a birthright for every child.

- The knowledge we have about early development and relationships is, in Selma Fraiberg’s words, “a treasure that should be returned to babies and their families as a gift from science.

- Selma Fraiberg, 1980
  Clinical Studies in Infant Mental Health

Every Baby’s Birthright
As a term, infant mental health may be described as:

- The social, emotional and cognitive well-being of a baby who is under three years of age, within the context of a caregiving relationship. Fraiberg, 1980
- The state of emotional and social competence in young children who are developing appropriately within the interrelated contexts of biology, relationships, and culture. Zeanah & Zeanah, 2001

Infant Mental Health: Beliefs

- Optimal growth and development occur within nurturing relationships
- The birth and care of a baby offer new possibilities for relationship pleasures, growth and change.
- Events in the first years of life are significant to development throughout life.
- Early developing attachment relationships may be distorted by parental histories of unresolved loss or trauma
- The therapeutic presence of an IMH specialist may reduce the risk of relationship failure and offer hopefulness for nurturing parental response

IMH Principles Reshape Practice

- They place our interest in better beginnings from the time of pregnancy, to the first breath to the parent’s first touch
- They shift our focus to the child and the parent and the promise that comes with each early developing relationship
- They invite us to sit in the presence of infants, toddlers and parents
- They invite us to look, listen, wonder, respond
Reflect and Reflection: Meanings

- Reflect:
  - to give back
  - to show an image
  - to ponder or meditate

- Reflection:
  - A mirror image
  - a deep thought

Cornerstones for Reflective Practice

- Observing
- Listening
- Wondering
- Responding

Taken together, they allow us to enter into a relationship and to practice “reflectively” – to think deeply about the work and its meaning to us; to have and express feelings; to explore those with another.
A Framework for Observation

- **Holding**
- **Looking**
- **Vocalizing/Talking**
- **Touching**
- **Emotion**

### Observation: A Framework for Understanding

#### Holding: Support a parent gives & way infant molds when held

<table>
<thead>
<tr>
<th>The Parent</th>
<th>The Infant</th>
<th>When held securely, infant feels safe and secure, leading to trust.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Close to body</td>
<td>1. Relaxed, toward</td>
<td></td>
</tr>
<tr>
<td>2. Comfortably</td>
<td>2. Looks out at the world</td>
<td></td>
</tr>
<tr>
<td>3. Unrestrained</td>
<td>3. Holds, molds</td>
<td></td>
</tr>
</tbody>
</table>

#### Looking: Eye-to-eye contact that is sustained and purposeful

<table>
<thead>
<tr>
<th>The Parent</th>
<th>The Infant</th>
<th>Looking increases feelings of care, pride, wonder, enchantment and love.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Looks attentively</td>
<td>1. Looks toward parent’s face</td>
<td></td>
</tr>
<tr>
<td>2. With interest</td>
<td>2. Searches for face</td>
<td></td>
</tr>
<tr>
<td>3. Comfortable period of time</td>
<td>3. Watches for sustained period of time</td>
<td></td>
</tr>
</tbody>
</table>

#### Talking/Vocalizing: Communication and response between parent and infant

<table>
<thead>
<tr>
<th>The Parent</th>
<th>The Infant</th>
<th>Talking increases interest, enjoyment and playful exchanges that are basic to interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Initiates conversation</td>
<td>1. Initiates conversation</td>
<td></td>
</tr>
<tr>
<td>2. Initiates</td>
<td>2. Coos, babbles</td>
<td></td>
</tr>
<tr>
<td>3. Vocalizes in a comfortable tone</td>
<td>3. Cries when uncomfortable and smiles when content</td>
<td></td>
</tr>
</tbody>
</table>

#### Touching: Effort to make skin-to-skin contact

<table>
<thead>
<tr>
<th>The Parent</th>
<th>The Infant</th>
<th>Touching suggests warmth, care, affection, strength, presence and gentleness</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reaches toward or touches infant gently and appropriately</td>
<td>1. Reaches for or touches parent</td>
<td></td>
</tr>
<tr>
<td>2. When close, caresses lovingly</td>
<td>2. Explains parent’s face</td>
<td></td>
</tr>
<tr>
<td>3. Comfort</td>
<td>3. Touches/holds or when distressed uses for comfort</td>
<td></td>
</tr>
</tbody>
</table>
Observation: A Framework for Understanding

<table>
<thead>
<tr>
<th>Observation: The state that characterizes the parent or infant’s affective state or behavior during observation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Parent</strong></td>
</tr>
<tr>
<td>1. Attentive, available, comfortable with infant</td>
</tr>
<tr>
<td>2. Emotionally responsive</td>
</tr>
<tr>
<td>3. Expressive, appropriately communicative</td>
</tr>
<tr>
<td><strong>The Infant</strong></td>
</tr>
<tr>
<td>1. Attentive, available, comfortable with parent</td>
</tr>
<tr>
<td>2. Emotionally responsive</td>
</tr>
<tr>
<td>3. Expressive, cries, smiles, laughs</td>
</tr>
<tr>
<td><strong>The expression of emotion provides infant with a powerful first message about how the environment is to be experienced.</strong></td>
</tr>
</tbody>
</table>

Listening Invites Connection

- The most basic and powerful way to connect to another person is to listen. Just listen. Perhaps the most important thing we ever give each other is our attention.

  Rachel Naomi Remen (1996)

Listening or Not: Intuitive, Emotional Response

-
Listening Creates a Space

- Listening, where we are fully present, allows us to be mindful of the other.
- By listening carefully, we create a space where we can make “the compassionate connections that are at the heart of security.” (Siegel & Shahmoon-Shanok, 2010, p.8)

Why listen to parents?

- ...to provide the (parent) with a secure base from which to explore the various unhappy and painful aspects of life, past and present, many of which are difficult or perhaps impossible to think about and reconsider without a trusted companion to provide support, encouragement, sympathy, and, on occasion, guidance. J. Bowlby
- To encourage reflective functioning
  - Listen to one mother’s stories about holding and comforting her baby...

Wondering

- As we observe and listen, we are free to wonder.
  - We wonder about the baby. What is the baby’s experience of the parent? The nature of their interactions? The quality of the relationship? Who does the baby represent to the parent? What does it feel like to be this baby in this interaction with this parent?
  - We wonder about the parent, too, her early care giving experiences, her early attachment relationships to people important, exposure to domestic violence, abandonments, losses that are unresolved. What might it feel like to be the parent of this infant?
  - We wonder what fuels their capacity to interact responsively and sensitivity to one another, in face of grave risks.
Emotional Response

- Words are powerful. They help to identify, hold and contain feelings.
- Words communicate concern.
- Words may identify or reinforce feelings.
- Words may reassure or protect.
- The professional remains aware of his/her own feelings and uses them to inform the work.

Reflective Functioning in IMH Work

- The capacity to understand that one’s own or another’s behaviors are linked in meaningful ways to understanding mental states, to feelings, wishes, thoughts, and desires.
  - J. Grienberger, Ph.D & A. Slade, Ph.D.
- Parental capacity to reflect upon his/her own feelings and experiences as a parent and on the developing parent-child relationship
- Parental capacity to reflect upon his/her infant or toddler’s feelings, internal states, wants and needs
- Parental capacity to recognize that the infant or toddler has thoughts and feelings and that those thoughts and feelings are related to child’s behavior

Questions that Encourage Reflection

- Within the context of our trusting relationship, we may ask a parent:
  - What kind of baby is she?
  - What does she enjoy?
  - What kind of care has she needed since you came home?
  - Who has helped you?
  - What do you enjoy doing with her?
  - Is caring for her like what you expected?
Deepening the Inquiry

- What is it like for you to be here when the baby begins to cry?
- How do you understand what it is she needs?
- Who was there to hold you when you were just your baby’s size?

Observe, listen, wonder & respond

- This young family was referred when the baby was just two weeks old. The mother is 15 1/2 years old; the father is 16 years old. A young, unmarried couple, they live with the father’s parents in a small, two-bedroom home. Both young parents attend school. The father’s mother takes care of the baby during the day.
- The mother’s father lives near by and is somewhat attentive, but her mother abandoned the family when she was 10 years old. She had lived alone with her father since moving in with her boyfriend’s parents a few months before the baby was born.
- The baby is a healthy baby boy, delivered two weeks prematurely, alert, attentive, and responsive.

Observing mother & baby in interaction

- How attuned is mother to baby’s cues?
- How able is mother to recognize & tolerate her baby’s distress?
- How able is she to hold and contain the baby’s distress?
- How sensitive is she to her baby’s cries/needs?
- How accepting is she of the baby’s needs or emotional state?
- How attentive is the baby to his mother’s holding, handling, touching, talking?
- How able is the baby to respond to mother/father’s initiations?
- What does each bring to the other?
- What feelings are awakened in you as you observe this family?
Listening to the mother & baby together

- How able is the mother/father to listen to the baby’s cries?
- How able is each to respond to the baby’s cries?
- How able is the baby to respond to his mother/father’s voice?
- How able is the practitioner to listen to the mother/father’s and baby’s cries?
- How able is the practitioner to talk and then listen to the mother/father’s stories without interruption?
- Is there a non-verbal conversation going on between them?
- What feelings are awakened in you, the observer, as you listen?

Wondering/Reflecting

- Can mother/father wonder what the baby wants or needs?
- Can mother/father wonder what the baby is experiencing?
- Can mother/father understand the impact her/his own feelings or behaviors have on the baby’s emotional experience?
- Can the practitioner wonder what the mother/father is experiencing?
- Can the practitioner wonder what the baby is experiencing?
- Can the practitioner hold and contain the emotions without becoming overwhelmed, angry, intrusive or withdrawn?
- Can the practitioner reflect on her own emotional response?

Responding

- Can the mother/father respond to the baby’s emotional state?
- Can the mother/father contain the baby’s upset?
- Can the mother/father respond to the baby’s distress, soothing him without becoming overwhelmed, angry, aggressive, intrusive or withdrawn?
- Can the practitioner hold and contain the mother/father/baby’s emotional state?
- Can the practitioner respond to the mother/father/baby’s emotional state without being overwhelmed by her own emotions, e.g. withdrawing, intruding, quickly problem solving?
- Can the practitioner respond to what is awakened in him/her?
Reflective Supervision

- Look closely “without” and “within”
- Listen to your own thoughts and feelings in the presence of a baby and parent
- Expand your capacity to be fully present and emotionally engaged
- Wonder about what is awakened in you
- Respond by having the courage to share thoughts and feelings with a trusted supervisor

Reflective Moments

- Reflective practice within an infant mental health framework takes each of us on a professional and personal journey. Observation, listening, wondering & responding guide us on that journey, if we care to go.