

Observation and Feedback



Questions to Consider

- What moments stick out to you? Why?
- What can you tell about the parent-infant relationship from this clip?
- What are the parent's strengths?
- What moment might you pick out to discuss with a parent?
- What do you want to see more of?

Observation and Feedback



"Khaliyl"

https://www.youtube.com/watch?v=an_STKm-524&index=1&list=RDan_STKm-524

Questions to Consider

- What moments stick out to you? Why?
- What can you tell about the parent-infant relationship from this clip?
- What are the parent's strengths?
- What moment might you pick out to discuss with a parent?
- What do you want to see more of?

Selected IMH-HV Interventional Strategies

- Encouraging Parental Observation
- Speaking for the Infant
- Encouraging the parent to speak to the infant/toddler
- Encouraging games and play activities
- Watching and Wondering
- Guided Interactions
- Noticing and acknowledging positive interactions
- Encouraging Positive/Authoritative Parenting
- Modeling Interactions!
- Problem Solving
- Video Feedback and Review

Encouraging Parental Observation

- Clinician encourages parent to **make their own observations** not just absorb the clinician's observations
 - Reinforces idea of the **parent as “the expert”**
- Clinician may try to **offer information** to parent about what to expect next
 - Encourages parent to watch more closely
 - Creates excitement around growth, achievement of milestones
 - Gives parent confidence that their infant is “normal”

Encouraging Parental Observation cont'd

- As parents **become better observers** they begin to take **more enjoyment** in babies changing abilities
- Examples:
 - “He’s able to hold himself up a little bit while on his belly, next thing you know I bet he’ll be able to roll himself ? What do you think?”
 - “Oh man! Did he really do that? Next time you see it maybe you could record it on your phone. I’d love to see it when I come back next week.”

Speaking for the Infant



- Strategy whereby the clinician vocalizes the message the infant/toddler may be trying to communicate:
 - “**Ahh. That feels so much better Mom**”(Infant/toddler returns back to play after being changed.)
 - “***I don’t want to stop mom. I’m having so much fun!***” (Infant/toddler whines as mom pulls away from game)
 - “***I think it’s time for bed Mom***” (Infant is fussing and rubbings eyes.)
 - “***I missed you, Dad*** ” (Infant smiles and reaches toward dad when he returns)
 - “***That’s exactly what I needed, Mom***”(Infant stops fussing as parent brings bottle.)

Speaking for the infant cont'd



- **Gently instructive, and offered with care.** Parents may need us to demonstrate an understanding of their perspective *before* or alongside speaking for the baby.
- Elicits a response that ultimately **fulfills infant's need** and builds the parent's confidence and capacity in meeting the infant's needs
- After a while clinicians sometimes find parents will begin to speak for the baby themselves
- Important to do so in a way that doesn't undermine parent's confidence

Encouraging the parent to speak to the infant/toddler



- One and two year olds hear:
 - 2100 per hour in a professional family
 - 1200 words per hour in a working class family
 - 600 words per hour in an average family receiving public assistance (B.Hart 1995)
- Children who are born into families receiving public assistance hear a prohibition twice as often as affirmative feedback

Encouraging the parent to speak to the infant/toddler cont'd



- Language emerges out of developing parent-child relationship
- Early language development ultimately supports infant/toddler's ability to self-regulate
- Clinician encourages parents to talk to their children in the context of daily activities, read books aloud, sing songs and play games together

Encouraging games and play activities

- Some parents never had the chance to play games when they themselves were children and may need to be shown how to play
- Depending on the family, clinicians may choose to bring toys to the home or build on what is in the home
- When scarcity is a problem it can be better to show parents how to find ways to play with household things rather than bringing/taking away toys each week



Small Group Discussion:

- Share a game you've introduced to a family? How did it go? Would you recommend it to others, why or why not?



Everyone Still Awake?



<https://www.youtube.com/watch?v=RWN4PGejubw>

Match the IMH Strategy to an Example

- 1. Encouraging Parental Observation**
- 2. Speaking for the infant/toddler**
- 3. Encouraging the parent to speak to the infant/toddler**
- 4. Encouraging games and play activities**

A. You bring Legos to your fourth session with LaRhonda and her daughter Destiny. You and Destiny start building a “house” together. You hand LaRhonda some legos and say “maybe mom can make the roof.”

B. Juanita tells you that her son has started saying some words but feels it is not enough. You ask her when she was learning English if there were points where she understood more than she could speak (keep in mind that know from previous experience that English is her second language and are not assuming). She tells you at first she understood a lot but could barely speak. You tell her that her son, Marco is the same, the more you speak around him and point out words the easier it will be for him to learn words. You tell her he probably understands a lot of what she says to him and is just slowly gaining confidence to speak.

Match the IMH Strategy to an Example

- 1. Encouraging Parental Observation**
- 2. Speaking for the infant/toddler**
- 3. Encouraging the parent to speak to the infant/toddler**
- 4. Encouraging games and play activities**

C. Katie tells you Tiffany is not eating well. You encourage her to try a few different foods and to observe if there is a difference in what she eats and doesn't eat. "We can talk more about it next week. You tell her. Let me know what you observe!"

D. Consuela's baby grabs her hair, and she says to you "see it's like he is trying to hurt me." You tell her, "but mama your hair so pretty I just want to see how it feels."

Watching and Wondering

- Observing something with parents and wondering together on what you are seeing
- Not speaking for the baby necessarily but suggesting meaning without assuming knowledge
- Invites parent to be an expert
 - Example: “ Look he smiled! I wonder if it’s because he likes when you do that.”
 - Parent can disagree



*Air Force Staff Sgt. Jacob Garrison
watches his daughter, Kaelyn*

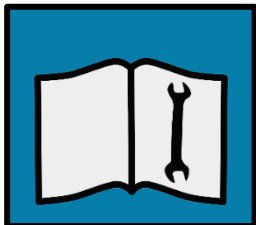
Guided Interactions



- Drawing attention to changing capacities and emerging strengths of infant
- Inviting parents to interact with these new developments with specific responses
- This strategy is one that may be used after parent and therapist have built a trusting relationship
- More direct than speaking with the baby

Guided Interactions cont'd

- *“You might try spreading a blanket on the floor each morning so that you and your baby can have a special time to play.”*
- *“When you smile back at her, she enjoys it even more.”*
- *“If you repeat what he just said, he may say it again! He really enjoys learning words.”*
- *“She’ll enjoy “peek-a-boo.” Why don’t you try it? Where’s the baby? Peek-a boo!(with exaggerated voice and gestures.”*



Ch. 23

Pg. 172

Modeling Interactions



- When necessary, clinician models appropriate interaction with the infant/ toddler
 - Aids infant in developing emerging competency
 - Promotes appropriate response to immediate needs
- Caution: This strategy should support parent's capacity as the primary caregiver, and care taken that it is not be used in a way that could make a parent feel inadequate or less competent

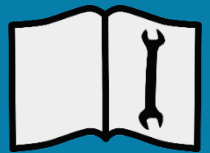


Ch. 22

Pg. 173

Modeling Interactions cont'd

- Example- Clinician has had several sessions with the mother and notes that she does not offer comfort when her child is hurt, and instead frustration. The clinician holds space for the mother, and initially tries to understand and empathize with her feelings, and to support the mother in responding to the baby. Yet nonetheless after several sessions the child bumps his head and his mother still does not respond to his cries, expressing frustration. This time the clinician empathizes with her about how hard it is to meet his needs when she, too, feels overwhelmed. The clinician picks up the baby and comforts him, and as she does so, narrates what she is doing and why. "You are hurt and sad, and want someone to comfort you. You need comfort and your mama does too. She is also having a hard time." As the baby settles he looks towards his mother and his responses become more organized. At this point, the clinician suggests that the he wants to be in his mother's arms. Gently shifting the infant into his mom's arms the clinician moves out of view. Observing this re-connection, the clinician may comment on how the child likes to look at his mom, or to be in her arms.



Ch. 22

Pg. 173

Active Listening: Everybody Loves Raymond

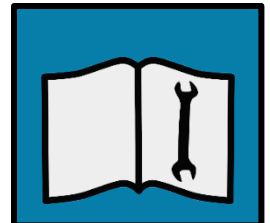


<https://www.youtube.com/watch?v=4VOubVB4CTU&t=33s>

Positive/Authoritative Parenting

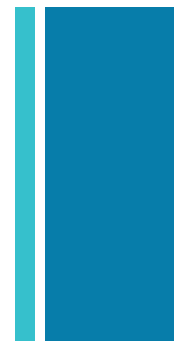


- Setting clear (firm), fair, and consistent (flexible vs. rigid) expectations
- Authoritative is not the same as authoritarian.
- Acknowledging/"catching" the behavior the parent wants to see
 - Difference between praise (e.g., "Good Job") and acknowledgement ("You worked so hard on that and you did it!")
- Reducing negative attention to unwanted behavior
- Holding realistic expectations.



Ch. 23
Pg. 173-
174

Noticing and acknowledging positive interactions



- Just as we look to support parents in "serve and return" interactions with their infant, we can see their interactions as a "serve" for us to respond to as well
- When a parent and child have a serve-and-return moment, for example, the baby looks to the parent and coos, and the parent responds with a smile and "are you talking to me?", the clinician can notice that interaction as a "serve" and respond with "I can see how much the two of you enjoy talking with one another"
- Noticing and acknowledging positive interactions is reinforcing for parents and helps them know you see their strengths and the moments of connection in the relationship

Problem Solving



- Parents may need assistance in developing problem solving skills
- Clinician can aid parent in problem solving
- Together they may:
 - Identify the root problem
 - Decide what the desired outcome is
 - Think of possible solutions to the problem
 - Consider steps to take as well as consequences
 - Wonder about alternative plans of action

Problem Solving cont'd

Example: Connection to medical services:

Different approaches for different parents			
Show parent how to make a medical appointment (who to call, what to ask and what to say)	Provide names and telephone numbers and coach from the sidelines	Call agency and alert staff concerning the parent's needs and upcoming call	Be present during initial appointment to help parent be comfortable

Problem Solving cont'd



Interpersonal Problem Solving:

- Help parents to identify feelings
- Consider circumstances together
- Discuss options and put an action plan into effect



Ch. 25
Pg. 194

Match the IMH Strategy to an Example

- 5. Watching and Wondering**
- 6. Guided Interactions**
- 7. Modeling interactions**
- 8. Positive/Authoritative Parenting**
- 9. Problem Solving**

E. Karlisha tells you her WIC recently got cutoff. You talk with her about what steps might be needed to get it turned back on.

F. While playing, Marcus and his mom Tarah get out of sync and they both get agitated. “Try following his lead,” you tell her.

G. You have a book about colors with you at one of your sessions and say the colors to Jabari and he tries to repeat. You flip the page and gently slide the book to his mom without saying anything. She repeats the next page of colors to Jabari

Match the IMH Strategy to an example

- 5. Watching and Wondering**
- 6. Guided Interactions**
- 7. Modeling interactions**
- 8. Positive/Authoritative Parenting**
- 9. Problem Solving**

H. In the early afternoon, Kathy's son starts to cry. Kathy tries to feed him but it doesn't help. Helplessly Kathy says, "I just don't know what to do?" You tell her "I wonder if he might be sleepy."

I. When you review a video of Marcea playing with her daughter you point out all the positive things she is already doing. "Look at how she smiles when you do that!" you say.

Interventional Strategies

While the primary IMH intervention is a secure and healing therapeutic relationship, clinicians select from an wide variety of strategies as they are building this relationship to promote change/growth

In other words- the tools we use are in the service of promoting safe, secure relationships



Small Group Discussion

- What strategy/strategies have you used in the past/do you feel inspired to use-- and why?





Using Video as a Strategy in Clinical Practice

Ideas for “How” to Use Video Effectively



- Can be done at home, in a clinic, classroom, or neighborhood park
 - Routine care (diaper change, feeding) especially rich
- Important to let the parents know we are not doing this to “judge” them or the infant
- A chance to step outside the relationship and observe and see more clearly the special strengths and characteristics they and their infant bring to the relationship

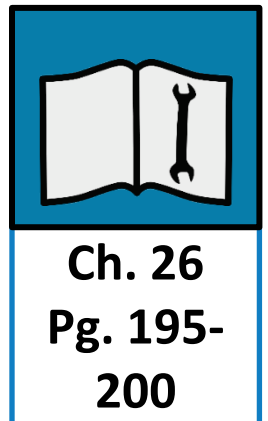
Ideas for “How” to Use Video Effectively cont'd



- Goal is to help them build on these strengths & make the most of their time with their infant.
- In observing challenging moments on video we also give parents an opportunity to feel seen and understood, and to explore together what might be happening for parent and child
- Opportunity to create shared memories to look back on (at termination videos can be given to the family as a memento)

Before Recording

- Introduce idea of video recording
- Set date and time for first recording
- Suggest a structured session (feeding or bathing) or less structured (playing)
 - Structured session puts less pressure on the parent to “perform” as there is a specific task at hand
- Remind the parent a week before recording so they are not surprised



Day of Recording

- Follow the parent's lead as much as possible
 - "I have the camera ready and handy. When you feel comfortable, and you see that your baby is comfortable and ready for a couple minutes of time with you, please tell me."
- If possible, set the camera on a tripod or against something so parent and infant still get clinician's full attention (may also lighten pressure) but clinician is out of view



Ch. 26
Pg. 195-
199

Day of Recording

- Remind the parent of the amount of time you will be filming
 - Short segments (3-5 minutes) are appropriate as they are less intrusive
- Following recording, immediately praise parent in a way that feels authentic for both of you
 - “You did it!” “You were both great!” “I know you were nervous but this was a really nice moment. I’m glad we have it recorded.”



Ch. 26
Pg. 195-
199

Reviewing the Video: Therapist Strategy



- Write down all the observed infant strengths
- Write down all the observed parent strengths
- Only after noting strengths, write down anything that could have been done differently in this interaction
- Write down several open-ended questions or observations to address with this parent while viewing the recording together.

Reviewing the Video With the Parent

- Watch video together
 - “Now we get to watch the video together. Parents rarely get to see the little moments of connection they and their babies have with one another. What are you curious to see?”
- Watch the video quietly so the parent has a chance to speak first
- Build on what the parent says
- The first time you watch the video only point out positive moments
- Acknowledge that it can feel different talking with baby while someone is watching or recording
 - “How typical was this moment for you and your baby?”

Sample Questions for Discussion

- What did you notice?
- What do you think your baby was thinking / feeling?
- What were you thinking / feeling?
- How is this similar or different to what it's like with your baby usually?
- Does this interaction tell you anything about your infant's personality? About you and your baby together and your relationship?
- What was your favorite moment? Or, What was the sweetest moment for you?
- What do you think was your baby's favorite moment? How could you tell? What did you see?