



**Family Infant Relationship Support Training
(FIRST)
Regulation, Reflection, and Relationships**

**A Professional's Guide to
Reflective Practice[©]**

Ayelet Talmi, Ph.D., Joy V. Browne, Ph.D., RN, and Suzanne Smith, B.S.
With drawings by Dusty Christian

Center for Family and Infant Interaction
JFK Partners
University of Colorado School of Medicine
2004



Reflective Practice in Building Relationships: What it is, why it is important, and how to use it in your practice

What is reflective practice?

Reflection involves a person's capacity to organize experiences and make sense out of the words and actions of others. Reflection also helps to understand what motivates people to do what they do and why people are the way they are (Smith and Wollesen, 2004). **Self-reflection** is a person's ability to look inward and consider the reasons for actions and reactions to events and relationships.

People who function reflectively are able to observe their own behaviors and feelings and link them to events in a useful way (Smith and Wollesen, 2004). They can draw accurate conclusions based on their observations and identify a need for additional information to help understand what they are seeing or experiencing. Once they obtain information, they are able to consider and evaluate the options, form opinions, and make and implement plans. These skills are essential for parents of high-risk infants to develop and use in their everyday interactions with their babies.

Reflective practice is a process whereby professionals think carefully about their own and other's behaviors. This process helps professionals to better understand the behaviors they see, and to assist parents in interpreting and responding to their own infant's behaviors. By reflecting on their own interactions with babies and their families, professionals can better support parents and caregivers to function more reflectively themselves. Ultimately, fragile infants and their families can be optimally supported both in the Neonatal Intensive Care Unit (NICU) and after they transition home.

Why is it important for professionals working with babies with special health care needs and their families to practice reflectively?

Unfortunately, many of the documented long-term difficulties faced by preterm and fragile infants involve emotional, behavioral, and cognitive problems that may stem from relationship disruptions. While NICUs provide technological and pharmacological interventions to address the complex medical needs of preterm and fragile infants, relatively little emphasis is placed on interventions that support babies' relationships with their families. Because of the heightened vulnerability to relationship disruptions that infants and families experience in the NICU, along with the long-term consequences of poor early relationships, supporting infant-parent interactions should be one of the main goals for NICU and community professionals.

We know that parent-infant relationships, particularly very early in development, depend on a parent's ability to notice, interpret and respond appropriately to babies' cues and signals. The infant-parent relationship emerges through repeated interactions that are supportive and nurturing. Well-timed interactions with parents and consistent caregivers help regulate babies' physiological responses (like heart rate, breathing rate, body temperature), social and emotional responses (like reactions to distress), and nutritional needs (like successful feeding experiences; Hofer, 1994). Parent-infant relationships also provide the foundation for the emergence of self-regulation and self-comforting capacities (Sameroff & Fiese, 2000).

A collaborative, coordinated effort among hospital and community professionals and families is necessary to appropriately assess and provide therapeutic intervention to support optimal parent-infant relationship development. Developmentally supportive care, using the NIDCAP model in NICU's has been shown to improve medical, developmental, feeding and relationship outcomes of fragile newborns, including improved parent-infant interaction and decreased family stress. The Family Infant Relationship Support Training (FIRST®) program has adapted this approach for community professionals, so that they can provide support and guidance to families for the unique developmental needs of high-risk families.

By promoting parents' and family members' reflective functioning skills, professionals strengthen the parent infant relationship. These reflective skills help parents to interact with their infants in ways that further support the relationship, foster the development of co-regulation and self-regulation skills, and promote cognitive, physical, and social-emotional development.

Importantly, when we cultivate reflective functioning, we simultaneously promote our own strengths. We enhance our ability to provide sensitive care for fragile families, we improve our own social interaction skills, we highlight our program's effectiveness, and we foster community collaboration.

How Do I Learn to be a Reflective Practitioner?

Where do I want to go?

Define the goals.

As professionals, we help parents and family members to:

- reflect on their personal experiences, thoughts, and feelings
- reflect on what the baby's emotional world might be like
- make connections between parents' hopes, dreams and expectations and the realities of having a baby who started life in the hospital
- obtain the information they need to understand their baby, read their baby's signals and respond to them, advocate for their baby, parent their baby, develop plans for their baby, and put those plans into action

**How can I best support parents to have optimal interactions with their infants?
Assume all infants and families have strengths and learn to help them reflect on those strengths and how to use them.**

When professionals:	Parents and caregivers:
<ul style="list-style-type: none"> • indicate that it matters what a parent knows 	<ul style="list-style-type: none"> • feel respected and validated as being able to care for their baby
<ul style="list-style-type: none"> • build parents' confidence 	<ul style="list-style-type: none"> • feel confident
<ul style="list-style-type: none"> • create teachable moments 	<ul style="list-style-type: none"> • observe and assess their experiences, values, knowledge and feelings
<ul style="list-style-type: none"> • suggest ways to consider a situation or challenge without offering "the" answer 	<ul style="list-style-type: none"> • develop the skills to critically assess and select possible solutions on their own
<ul style="list-style-type: none"> • provide parents with the opportunity to recognize and apply their knowledge 	<ul style="list-style-type: none"> • feel knowledgeable and experienced, like they are the experts about their babies
<ul style="list-style-type: none"> • provide parents with the opportunity to identify need for more information 	<ul style="list-style-type: none"> • recognize gaps in knowledge and identify what information they need
<ul style="list-style-type: none"> • supply information that is based on the parents' request or a parent-identified need 	<ul style="list-style-type: none"> • see themselves as collaborators, rather than recipients of services; feel listened to and validated
<ul style="list-style-type: none"> • create meaningful moments 	<ul style="list-style-type: none"> • experience meaningful connection with their baby
<ul style="list-style-type: none"> • offer to be on the journey with parents, walk beside them and provide support 	<ul style="list-style-type: none"> • feel supported and not alone

Adapted from Smith & Wollesen, 2004

**How do I learn to practice reflectively?
Practice using the "Gift of the Question".**

As professionals working with infants with special health care needs and their families, we are often in roles where we expect and are expected to provide "the" answers. We have very specialized training and tools to evaluate infants and make recommendations about next steps. In fact, we are often consulted because a "problem" has already been identified and we are there to find the solution and implement it. This process is tough, especially when there aren't any answers or solutions, or when parents aren't able to hear the responses we have to offer.

An alternative to giving answers involves asking questions. Reflective questions provide families with a framework in which to consider their situation. Questions also help families describe their experiences and use their resources to formulate solutions. By asking reflective questions we cultivate strong relationships with family members; we also support their role as the experts and most capable caregivers of their infants. We simultaneously model a problem-solving technique and process that enhances a family's ability to be aware of and responsive to their baby's cues and needs.

Why should I use reflective questions?

Reflection can be a powerful way of helping parents and professionals solve problems using their own capabilities, thus promoting their own self confidence and coping skills.

The first step to using reflective questions is to understand their purpose. Asking reflective questions can strengthen relationships, clarify issues, provide a focus on particular topics, promote observational skills, identify information gaps, generate alternatives, and foster confidence by helping individuals find their own answers.

There are many different types of questions and rationale for using them. Questions can often help unstuck a situation that seems stuck. Miracle and exception questions offer parents the opportunity to consider a future with different possibilities. Questions also can help clarify available resources. Coping and presumptive questions identify strengths and accomplishments and suggest competence. Action questions support parents to move forward by identifying and using their own capabilities. You can select the appropriate type of question to meet the goals of the interaction.

Types of questions and suggested question stems

Types of questions	Sample question stems
Miracle questions	If you woke up and things were different, what would it look like?
Exception questions	Tell me about a time when it worked well for you. Can you think of a time when ...
Clarification of resources questions	Who helps you to...when you need them? What have you tried that has worked in the past? What would help you be ready for ...?
Coping questions	How have you been able to ... so well? What did you notice when ...? How have you handled similar things in the past?
Presumptive questions	When ... happened, what was it like for you? How are you feeling about ...?
Action questions	What happens when you ...? When do you want to ...? What do you think about ...?
Relationship questions	How would (person) feel? What is this like for (person)?
Scaling questions	On a scale of 1 to 10, what is this experience like for you? What would it take to move from a (number) to a (number)?

How do I integrate reflective questions into my practice?

Think, Link, Respond (Smith & Wollesen, 2004) and Re-reflect

Step 1: Think (who is involved?; what are the circumstances?; what is the situation you are asked to respond to?; why is it important to reflect on the event?)

Step 2: Link the question to the content (choose a topic, use what you know to make connections, convey, and interpret)

Step 3: Respond (review and prepare, select reflective questions)

Step 4: Re-reflect (what was the experience like?; solicit mentoring or supervision; reflect on what might be different next time)

When should I use reflective practice?

Reflective practice is used:

- in everyday communication and interactions
- to clarify misunderstandings
- in difficult or "red flag" situations
- to negotiate relationships
- to address emotional states, needs, and reactions
- for professional development
- in supervision

Why are we coloring?

The drawings in the coloring book are designed to help professionals focus on particular issues that are relevant to infants with special health care needs and their families. Professionals and the families they serve experience a tremendous amount of emotion when working with infants with special health care needs. This information is sometimes difficult to access and hard to put into words. Coloring in thematic line drawings brings to the surface some of these feelings. Drawings offer the opportunity to process information using the right side of the brain, the side that is responsible for processing non-verbal, emotional content. When a professional uses these drawings reflectively, questions that help parents articulate the complex feelings they experience are usually more evident.

When used with parents, opportunities to color drawings provide a quiet time for reflection; a time for parents to think about a future filled with possibilities; a time for parents to make connections between their past and the present. Parents experience a sense of control as they color and take ownership of the concepts conveyed in the drawings.

Regulation, Reflection and Relationships: Making meaning in your own work

Parents promote optimal relationship development and infant mental health by being available -- physically, psychologically, and emotionally -- to their babies. Caregivers also foster mental health when they are aware of and sensitive to infants' patterns, cues, behaviors, states, emotions, and communication efforts, as well as to the effect of the environment on the infant (Browne, MacLeod, & Smith-Sharp, 1996). Using reflective questions to promote reflective functioning ultimately leads to behavior changes in parents that support infant development and the infant-parent relationship and ultimately to the baby's and family's overall well being.

By enhancing our reflective functioning, we increase our awareness of a baby's efforts to communicate and of the meaning of a baby's behaviors and cues. As parents become more reflective, they respond more appropriately and become more attuned to their infant's signals (Kelly and Barnard, 2000). This includes structuring the environment to match their infants' needs. Reflective functioning also leads to an increased ability to evaluate situations, choose alternatives, and implement action plans. Finally, depending on feedback from their infants, caregivers flexibly adapt their behaviors to optimize their infants' responses, engaging in co-regulation that leads to optimal mental health and self-regulation skills.

Supporting early relationships for high-risk infants will have long-term effects on babies and families. Your sensitive, supportive and reflective interaction with families can foster the optimal growth and development long after the baby goes home from the NICU. Your special gift to families--the gift of the question--is your legacy to those fragile infants who started their lives in your care.

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The Center for Family & Infant Interaction

Supporting Families through Education, Consultation, and Research

The Center oversees and houses four projects: The Denver NIDCAP® training program, the *FIRST* program, the Fragile Infant Feeding Institute (FIFI) and The Colorado Consortium of Intensive Care Nurseries. These related programs share the common mission of promoting the best outcomes and relationships between families and their infants, particularly those infants who have developmental challenges and/or special health care needs at birth. The programs address this mission through education, consultation, research and support of interdisciplinary/parent collaboration.

Denver NIDCAP Training Center: Newborn Individualized Developmental Care & Assessment Program

***FIRST- R*³ Training Center: Family Infant Relationship Support Training: Regulation, Reflection and Relationships**

Fragile Infant Feeding Institute (FIFI)

The Colorado Consortium of Intensive Care Nurseries

Joy V. Browne, PhD, RN, Center Director

Debra Paul, OTR, Consultant

Erin Ross, CCC-SLP, Associate Director, FIFI

Suzanne Smith, BS, Assistant Director; Family Consultant

Ayelet Talmi, Ph.D., Infant and Toddler Specialist;
Associate Director, *FIRST* program.

Department of Pediatrics/JFK Partners
Located at

The Children's Hospital B310

1056 E. 19th Ave.

Denver, Colorado 80218

Telephone: 303-861-6298

Fax: 303-861-6836

Email:

smith.suzanne@tchden.org

For more information please go to our website:

www.uchsc.edu/cfii