

Project ECHO

- Part Three:
Keeping the Baby in Mind
(Parallel Process and Relationship-Based Practice)



Presenters:

- Bridget Carranza, M.A.
- Lee Lacerdo, LCSW, IMH-E®



Association for Infant Mental Health Hawai'i

Keeping the baby in mind



Holding (Keeping) the Baby in Mind

“The pair prioritize the baby, the baby’s experience and well-being, including the baby’s physical environment and any potential developmental issues.

Specifically, attention is paid to the baby, and to the baby in relationship with others- parents, siblings, extended family members, other caregivers as the focal point.”



*Best Practice Guidelines for Reflective Supervision/Consultation (Alliance for the Advancement of Infant Mental Health and the Michigan Association for Infant Mental Health)



Association for Infant Mental Health Hawai'i

So how do we do this?

We have to focus on RELATIONSHIPS!

- ✓ Sometimes we as therapists get caught up in diagnosing, offering curriculum, services or referrals to other agencies.
- ✓ Sometimes if the baby “looks” okay or there are no “obvious” delays then we assume everything is “okay.”
- ✓ Let’s talk about Relationship Based Practice

What is Relationship-Based Practice?

“Values early developing relationships between parents and young children as the foundation for optimal growth and change; directs all services to nurture early developing relationships within families; values the working relationship between parents and professionals as the instrument for therapeutic change; values all relationship experiences, past and present, as significant to one’s capacity to nurture and support others.”

<https://mi-aimh.org/tools/glossary/>



The relationship between parent and child

- Relationship based practice values this relationship as the foundation.
- Relationship based practice focuses the services on nurturing this relationship.



The relationship between parent and therapist



- Relationship based practice values this relationship as an instrument for change.

All relationships

- Relationship based practice values all relationship experiences, past and present



The relationship between a parent and therapist: how do you make it a great working relationship?

*Think about a time you established a really awesome working relationship with a parent or caregiver. They took you seriously and valued what you shared. You saw changes going on before your eyes. What was 1 thing you did to facilitate that working relationship to make it so positive?

*Now think about a time when the relationship was just not working. The parent was very angry, didn't want to meet with you, there was no therapeutic change going on or the parent dropped out of the program. Reflect back on the relationship. What was 1 thing you could have done better to facilitate that working relationship?



What is the Parallel Process?

“Parallel Process: Parallel Process signifies the way in which one relationship affects and is affected by other relationships. ‘It “describes the interlocking network of relationships between supervisors, supervisees, families and children” (Heffron & Murch, 2010). The pair consciously connect the lived experience of individuals and their relationships with the lived experience and relationships of others.’”

*Best Practice Guidelines for Reflective Supervision/Consultation (Alliance for the Advancement of Infant Mental Health and the Michigan Association for Infant Mental Health)

What is the role of the parent?

- Nurture
- Provide a safe space
- Validate the experience
- Build trust
- Make the baby feel important



What is the role of the therapist?

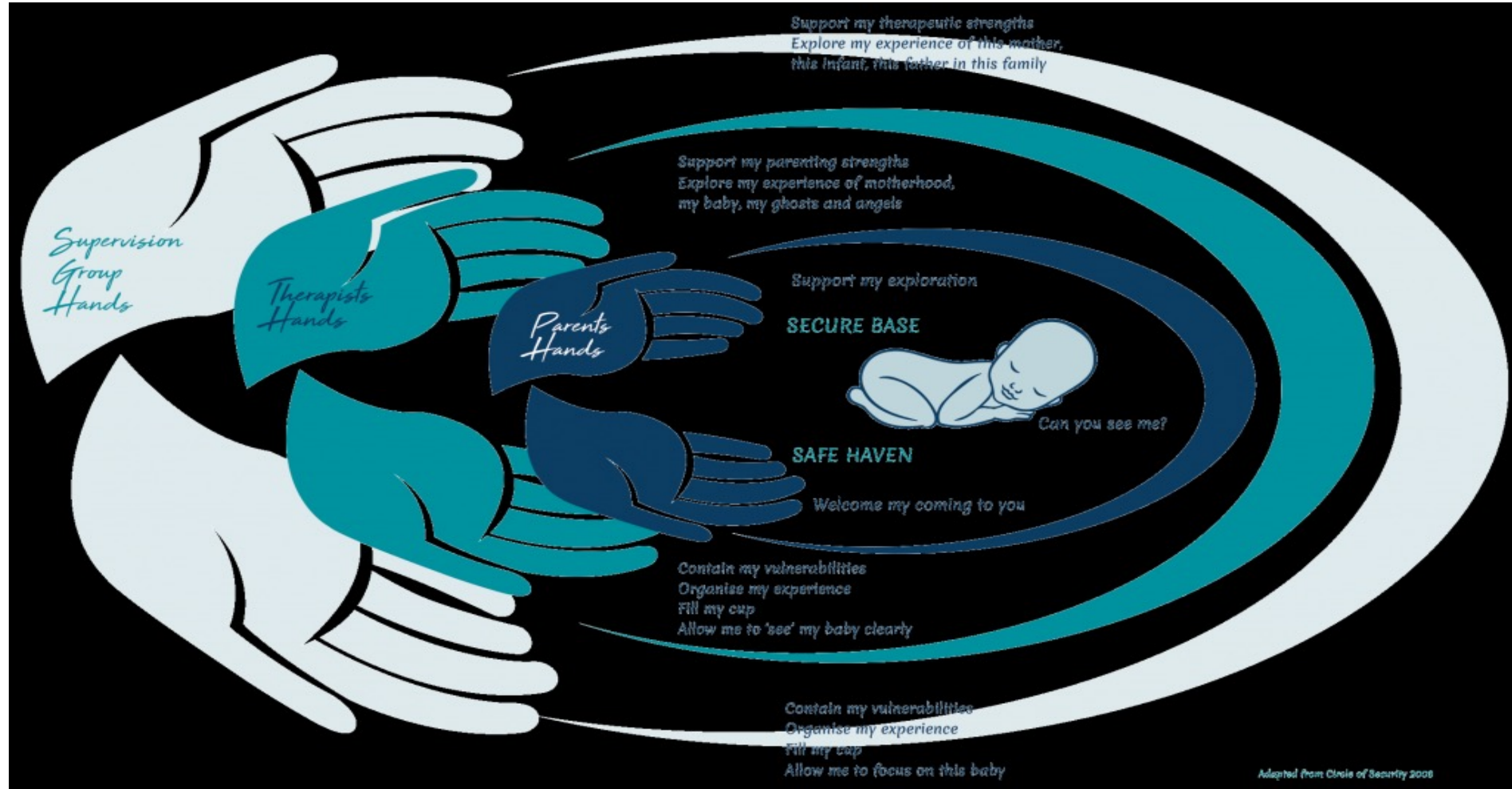


- Nurture
- Provide a safe space
- Validate the experience
- Build trust
- Give unconditional positive regard
- Help heal attachment wounds

What is the role of the supervisor?

- Nurture
- Provide a safe space
- Validate the experience
- Build trust
- Provide unconditional positive regard





Supporting the Parallel Process

- one relationship affects another
- the relationship between the supervisor and therapist should parallel (or be similar to) the quality of the relationship hoped for between the therapist and the parents. Likewise, the relationship between the therapist and the parent should ideally parallel many of the desired qualities of the parent-child relationship.

(from Region X Innovation Grant Growing Together to Support Our Home Visiting Workforce, Reflective Supervision: A Guide from Region X to Enhance Reflective Practice Among Home Visiting Programs)

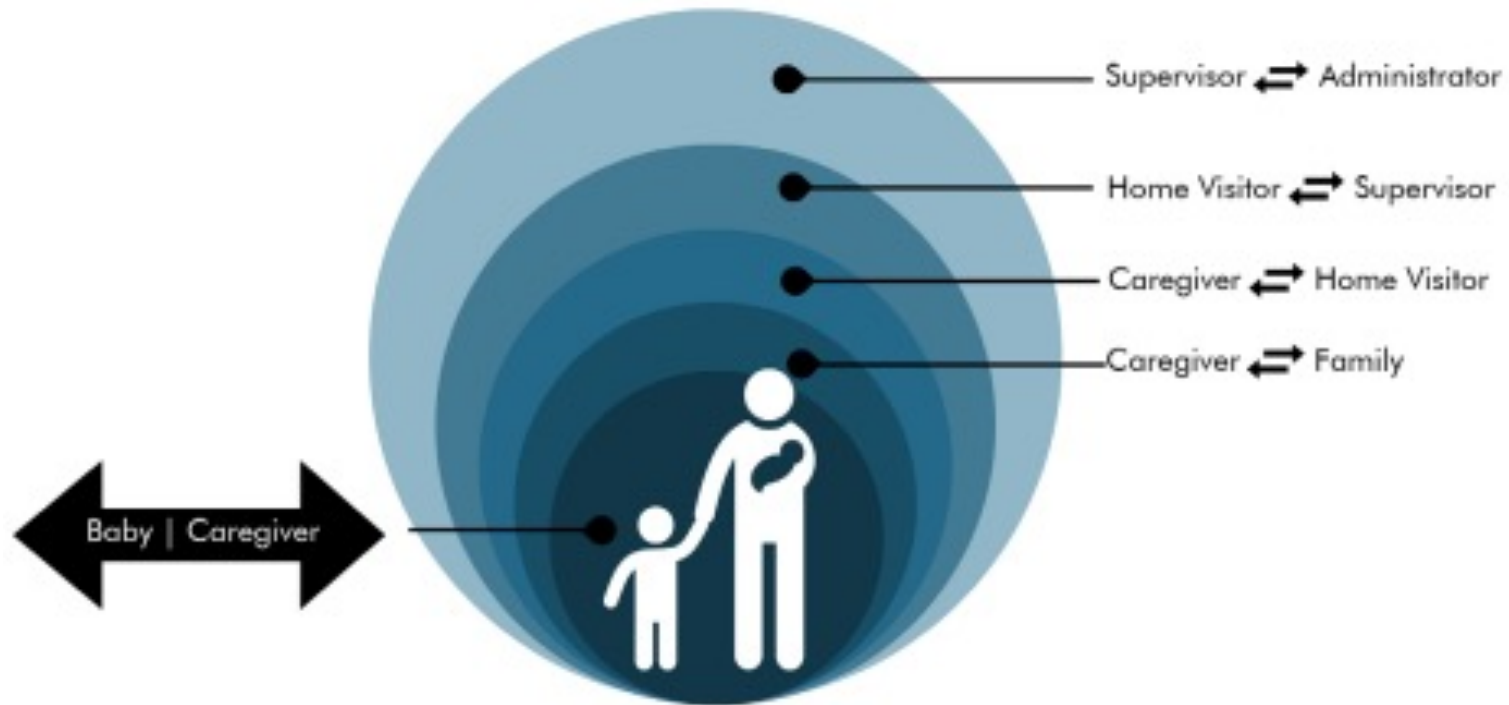
- we may be someone's first positive relationship, encounter with our ways of being

How do you navigate a
Relationship Based
Practice and the Parallel
Process?

Reflective supervision!!!
Reflective Supervision is
a safe place to explore
biases and to be curious

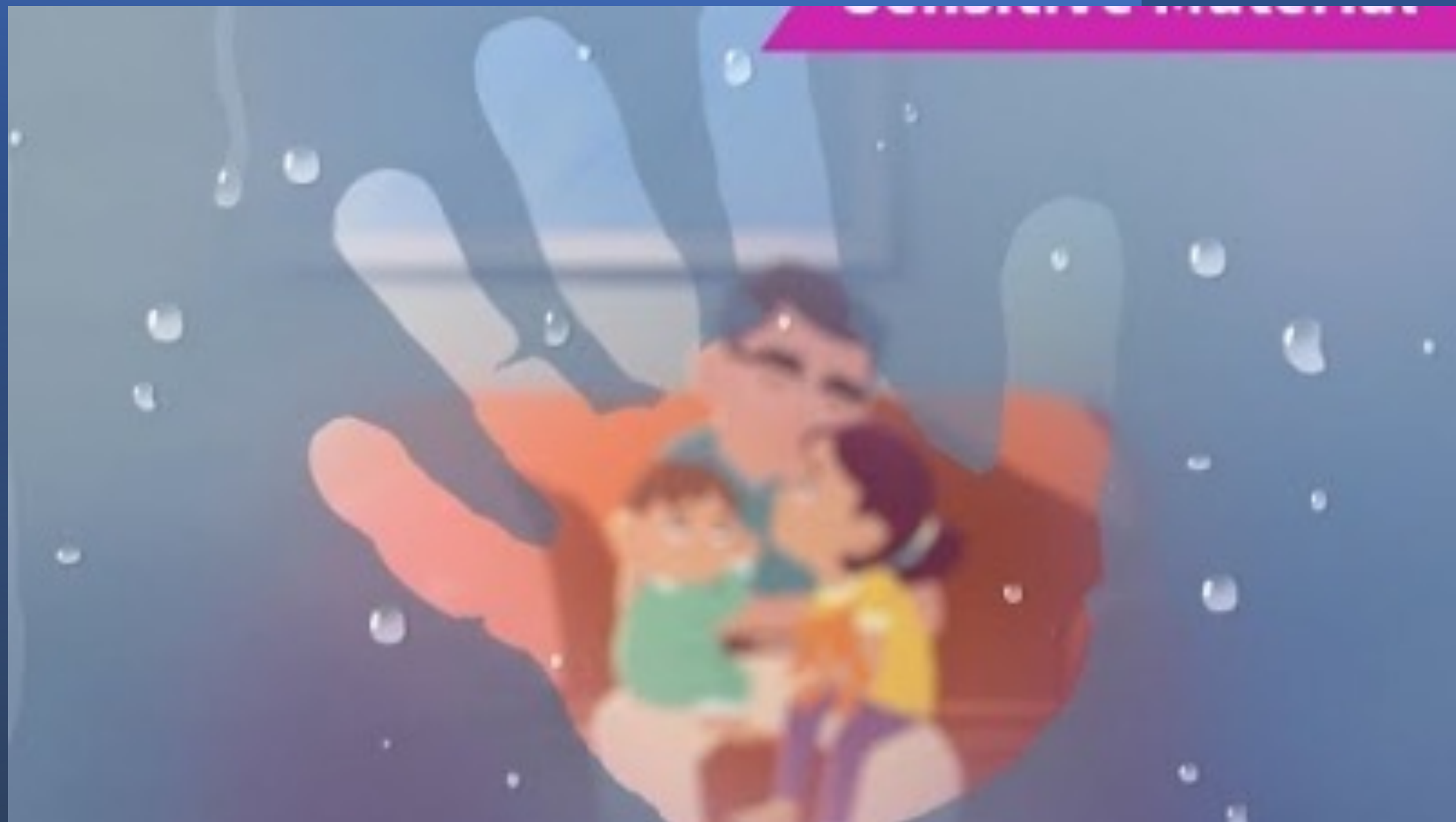
Parallel Process

MULTIPLE PARALLELS ARE EXPLORED THROUGH REFLECTIVE SUPERVISION



**“Do unto others
as you would
have others do
unto others”
Jeree Pawl**

- Let's look at the domestic violence video again through the lens of relationship based practice, apply the parallel process and keep the baby in mind.



Imagine you are an in-home therapist doing a home visit and it's a day after the incident. Father left the home and it's just you, Mother and the children.

- How might Mother be feeling?
- Where should the therapist keep his/her focus?
- What might stand in the way of the therapist focusing on the relationship between mother/baby?
- How would the therapist apply the parallel process with Mother?
- How do you keep the baby in mind?



Association for Infant Mental Health Hawai'i

**Thoughts,
feelings, questions
and curiosities...**