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Information Sheet 45

Working with Families: A Relationship-Based Approach

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By Cathrine Fowler, Bryanne Barnett and Catherine McMahon

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The focus of this paper is on the development of a relationship-based approach for working with families and their young children. This approach aims to enhance several relationships: parent-child, parent-parent and parent-community. The key to assisting in the development of these different relationships is the parent-professional relationship.

In recent years health professionals have increasingly recognised that a critical factor underpinning successful interventions with parents of young children is their capacity to promote and support a positive parent-child relationship.

This shift in emphasis has arisen from both research findings and reflections on effective clinical practice. Research on the developing brain has demonstrated that early brain development is interactive, rapid and dramatic, and that compromised physical and emotional environments in the first year of life may have a lasting adverse impact on brain development and lifelong mental health (Shore 1997; Perry 1999; Schore 2002).

On the other hand, evaluations of early intervention parenting programs and research on the development of parent-child attachment have shown that positive interaction experiences with caregivers in the first year of life provide the building blocks for optimal early brain and physical development, emotional regulation capacity and secure working models of attachment (McCain & Mustard 1999; Karen, 1990; Ainsworth, Blehar, Waters & Wall 1978).

The need for a shift in approach has also been a response to criticism of models of clinical practice that are based on the assumption that health professionals and others "know what is best for parents and their young children" (Tomison 1998). These established and well used models often focus on parental and infant deficits (i.e. pathology) rather than their strengths (Erickson & Kurz-Riemer 1999; Kelly & Barnard 1999; Tomison 1998). The resulting focus on deficits creates a situation where parents who are at most risk and in greatest need of understanding and support feel devalued and frequently become alienated from the main stream health system.

Relationship-Based Approach

The impressive long term outcomes for children and their families identified within longitudinal studies of parenting programs have started to challenge Australian health professionals to evaluate their clinical practices and investigate new ways of working with families. One recurring theme within the literature has been the use of a relationship-based approach.

This approach for working with families is defined by Kelly and Barnard as an "... intervention that is primarily concerned with fostering parent-professional and parent-child relationships" (1999 p.151). Erickson & Kurz-Reimer (1999) extend this notion by suggesting that such interventions also acknowledge and support the parent in the context of the relationships within their own family and their need to be supported in building relationships with the larger community. The approach aims to improve parent-child communication and parent-child relationships through the development of parental sensitivity towards their infants (Fonagy 1998; Erickson & Kurz-Riemer 1999; Barnard, Morisset & Spieker 1993).

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- Comprehensive assessments.
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- Outreach programs.
- The Ronald McDonald Learning Program for seriously ill children and the Reading for Life Program for children falling behind in their reading.

Family Services helping and supporting families and health professionals.

- Centre and home-based family counselling.
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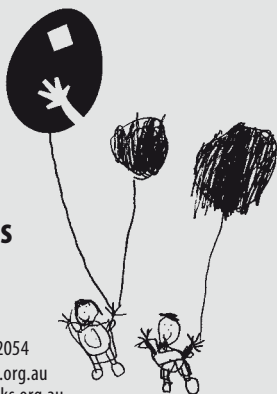
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Head Office

12-14 Pindari Road
Peakhurst NSW 2210
Tel: 9534 1710 Fax: 9584 2054
Email: mail@learninglinks.org.au
Website: www.learninglinks.org.au



Enquiries regarding this Information Sheet should be directed to Robyn Collins
Tel: (02) 9534 1710 Fax: (02) 9584 2054 Email: rcollins@learninglinks.org.au

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A relationship-based approach does not negate the need for professional knowledge and skills or the moral and legal requirements to protect children from abusive parents. This approach continues to draw on professional knowledge and skills, but uses it in new and innovative ways to focus on parenting strengths and the development of parenting capacity (Erickson & Kurz-Riemer 1999). The health professional must be knowledgeable and skilful enough to coach parents as they develop a relationship with their young child (Kelly & Barnard 1999). Coaching requires health professionals to stand back, observe, listen and guide the parent through the process of skills acquisition.

Strategies for Working with Families

Using this relationship-based approach health professionals act as "hands off" coaches for parents.

Therefore, as a minimum, health professionals need to develop skills to assist parents in four specific areas. The first area is to assist parents identify the changing behavioural cues of their young children thereby developing a sensitivity to the needs of their children. The second area is to assist parents to understand their children's behaviour by using the perspective of a child. For example, reframing the motivation underpinning a child's behaviour by providing alternative ways of thinking about the behaviour (Erickson & Kurz-Riemer 1999).

The third area is to provide encouragement to develop positive parenting behaviours. This third area is of particular importance for parents who are abused as children and have had limited experience of parenting behaviours that result in positive feelings of being loved and nurtured (Erickson & Kurz-Riemer 1999; Baarnard, Morisset & Spieker 1993). Finally, it is important to help parents to identify and connect with the resources available in their wider community.

This coaching approach is less likely to reinforce feelings of failure. For example, a new mother has been struggling to settle her infant, a midwife arrives and quickly and competently settles the infant. What does the mother learn from this experience?

Perhaps the most salient message is that she cannot settle her infant and the midwife can, i.e. midwife competent, mother incompetent. Even though it can be very difficult and it requires a greater time commitment, using a "hands-off" approach is usually far more productive for parents in the long term than having the task completed by an "expert". If you do need to take over the task it is important that an explanation is given of what you are doing and why it may be easier for you to settle the baby (if it is!). For example, "he probably settled more quickly for me because I don't smell of breastmilk" or "settling is a skill you will learn with practice and it doesn't always work this well for me".

An effective strategy to enhance a relationship-based approach is the use of videotaped interactions between the parent and infant to assist the development of parenting sensitivity (Erickson & Kurz-Riemer 1999). Videotaping provides parents with an opportunity to identify parent and infant strengths; view and reflect on their interaction with their infant; and imagine themselves as their baby (i.e. how it may feel for the baby when they experience the interaction).

There are several other general strategies that may be useful when working with parents.

1. Strategies to assist parents identify the changing behavioural cues of their young children

- Encourage parents to pay attention to the activity level of their baby in utero at different times of the day or in different circumstances.
- Encourage the parent to look at the baby and notice what the baby is doing, the noises that are being made, the baby's facial expressions and body movements. The parent may at first find it easier to start imitating some of these behaviours (cooing, smiling) to provide feedback to the baby.
- Point out to the parent how expressive the baby may be to her/him (an opportunity to provide positive feedback).

2. Strategies to assist parents to understand their children's behaviour

- Encourage the parent to follow the child's lead (child-directed play); being attentive but not intrusive.
- Give meaning to the infant's behaviour, e.g. asking questions such as: "What do you think he is trying to tell us he needs?"; "What do you think your baby was feeling then?"
- Reframe behaviours perceived as negative, e.g. in response to a mother complaining about the use of a dummy – "Isn't it good that he has found something that helps him feel secure"; or a father who states "She's so naughty. She'd better learn some respect fast" – "She has become so independent. She now wants to try to do things by herself" (Erickson & Kurz-Riemer 1999).
- Assist the parent to consider the needs and feelings of the infant, e.g. talking through the baby such as: "This massage is really feeling good, Mum"; or "Why I am upset, Dad, is that I really want to do this puzzle but I need some help".
- Telling stories from a child's perspective, e.g. "How would it feel if you just bought a new car and you were told you had to let the man down the street drive it for a while, even though you did not know him very well" (sharing toys with other children); how would it feel if your partner brought home another woman (man) and told you "I love you so much I decided to have another partner who is going to live in the house and share my attention" (sibling rivalry).

3. Strategies to encourage and reinforce positive parenting behaviours

- Identify and reinforce positive parenting behaviours whenever an opportunity arises – e.g. "It looks like he is really enjoying you holding him like that, he must feel secure"; or "How did you know that he needed you to pick him up?" (adapted from Erickson & Kurz-Riemer 1999).

- Encourage the parent to have a verbal exchange with the baby by humming, signing and speaking to the baby. Suggest as they provide the everyday care to their baby that they talk to the baby and tell the baby what they are about to do, e.g. "I'm going to put you in the warm water"; or "Now you are floating in the water". While this verbal exchange is occurring encourage the parent to look at the baby.
- Encourage frequent appropriate and respectful touching and stroking of the baby through activities, e.g. baby massage, singing games, peek-a-boo, cuddling and story telling (these activities will need to be adapted to the age of the baby).
- Encourage the parent to allow the baby to touch and explore their face.
- Encourage the parent to regularly change the baby's position from their front to their back and move their baby to different parts of the house and garden during play time. Ensure that you provide safety guidelines, e.g. make sure the baby is supervised, do not leave on benches, or near pets. Frequently babies are left propped in one position which limits their physical development and the level of stimulation they receive. However, ensure parents are aware that babies need to be placed on their backs to sleep.
- Provide general information and practical suggestions on how to enhance child development: play, physical development, emotional needs, cognitive development, social development and management of behavioural difficulties.
- Model appropriate interactions with the baby/child by the way in which you communicate with the parent, e.g. ask permission before assisting a woman to put her baby to the breast.

4. Strategies to help parents to connect to the wider community

- Provide parents with information about local family support programs or early intervention programs and refer/liase as appropriate.
- Develop strategies with parents to deal with anger, frustration and tiredness.

- Encourage child care in a child care centre, family day care, and with relatives or friends.
- Encourage participation in parents' groups and/or if the parent has older children, a playgroup.

Working with parents using a relationship-based approach involves supporting the parent so that they can act as a "secure base" for the child. According to attachment theory, a secure base is a safe haven, an attachment figure who is dependable and predictable to turn to in times of need. It is important to understand that when we work with a parent who is experiencing difficulty, we are providing a secure base for the parent while they develop their parenting capacity and ability. In order to provide a secure base for parents several principles of parenting can be used:

- be consistent
- be emotionally and physically available to an appropriate extent
- enable independence
- praise achievements
- avoid negative comments
- encourage self-care activities.

Conclusion

A relationship-based approach provides an alternative for working with and thinking about families to the more commonly used deficit model of clinical practice that frequently blames parents and produces feelings of guilt. It can be helpful to apply this perspective to your own professional development as well. In a sense there is a chain of interconnecting relationships and, at each level, support and affirmation is needed. The mother (adequately supported) becomes the secure base for the infant. The nurse provides a secure base for the mother. However, nurses too, need to be supported through the use of management practices, clinical supervision and education that promote and develop their professional strengths.



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Authors

Dr Cathrine Fowler is a Child and Family Health Nurse and Manager of Education & Research, Tresilian Family Care Centres Sydney.

Professor Bryanne Barnett is Professor of Perinatal and Infant Psychiatry, University of NSW, Director Infant, Child and Adolescent Mental Health Services, South Western Sydney Area Health Service.

Dr Catherine McMahon is a Lecturer in Developmental Psychology at Macquarie University.

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12-14 Pindari Road
Peakhurst NSW 2210
Telephone: (02) 9534 1710
Preschool: (02) 9533 3283
Facsimile: (02) 9584 2054
Email: mail@learninglinks.org.au

Northern Suburbs Branch

2 Alfred Road
PO Box 634
Brookvale NSW 2100
Telephone: (02) 9907 4222
Facsimile: (02) 9907 4244
Email: nsb@learninglinks.org.au

Western Suburbs Branch

Unit 7/9 William Street
PO Box 1026
Fairfield NSW 1860 (2165)
Telephone: (02) 9754 2377
Facsimile: (02) 9755 9422
Email: wsb@learninglinks.org.au

Southern Suburbs Branch

10 Railway Parade
Penshurst NSW 2222
Telephone: (02) 9580 4888
Facsimile: (02) 9580 4788
Email: ssb@learninglinks.org.au

South West Sydney Branch

88 Shropshire Street
PO Box 42
Miller NSW 2168
Telephone: (02) 8783 7111
Facsimile: (02) 8783 7222
Email: sws@learninglinks.org.au

Eastern Suburbs Branch

1/20 Silver Street
Randwick NSW 2032
Telephone: (02) 9398 5188
Facsimile: (02) 9326 5364
Email: esb@learninglinks.org.au