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No such thing as a baby Edinburgh

Taking Parent Infant Psychotherapy to Ordinary Settings: Using Groups to Strengthen Relationships, Now, Not Later



Anna Freud
National Centre for
Children and Families

Summary

Opportunities in universal health care settings for developing a group culture supporting parent infant relationships

Drawing on ideas from parent infant psychotherapy and group analysis

How parent and baby groups can help, the role of facilitator and challenges

Our learning and future possibilities

The Story of the Weeping Camel: Film clip

Illustrating a 'group' approach for bonding difficulties between a mother camel and new born calf following a traumatic birth

In Mongolia's Gobi desert musicians are called and the whole community engages in offering emotionally attuned support to help strengthen their relationship

Weeping Camel

Values the power of community

Calm attentiveness, natural pace

Scaffolding, touch, stroking, sound

Emotional resonance, non-verbal connections

Belief in resilience of relationship

Primitive biological/psychological/social needs
linked up

Interactive repair jointly experienced

Health care baby clinics

Run by health visitors and a multi-disciplinary team

Regular baby checks, weighing, advice, developmental reviews and immunisations

Universal, attendance is high and they are liked by the most socially disadvantaged 'at risk' families

Often a collection of individuals in a medical setting with missed opportunities to become a group

Non-stigmatising concrete care: 'weigh in' can be a 'way in' to strengthening parent infant relationships

Pre and post intervention baby clinic project: film clips

Look from the different experiences of babies/parents/staff

Look at the flow of non-verbal interactions: Adult to adult, adults with babies and babies with babies

Listen to the sound levels and quality

Universal baby clinic –pre intervention

Atmosphere of waiting, medical, formal

Dyads in islands, dispersed. Conversations adult to adult

Older babies searching and restless, young babies still and vacant

Babies lost and alone, little groups form briefly

Toys only good as part of a relationship

Static, jerky movements, mess created and wiped away

Noise: sudden, screeching and cortisol inducing

Post Integration baby clinic

Room seemingly fuller, with sense of coherence and flow

Adults at a level with babies

Babies included in communications, playful non-verbal interactions

Parents talking to each other. Established parents help others join in

Babies can be seen as social

Noise: buzzy, a constant hum, maybe oxytocin enriching

Hostel Baby clinic group

High levels of babies at risk and trauma, often half with safeguarding concerns

Collaboration with specialist health visiting team

Drop in and drop out, hard to engage in children's centre or specialist services

Give priority to babies over adult preoccupations

Reflective discussion time for staff afterwards

Research evaluation showed significantly improved infant development in mental and physical Bailey scores

How parent and baby groups help

Jointly created atmosphere of non verbal connection and playfulness

We gaze and look, discover what others think of us and try out new ways of relating – baby to baby too

Babies are relationship seeking, brains get bigger, babies seen from new perspective maybe less persecutory

Parents share experiences, offer mutual support

Parents and babies' attachment to the group gives indicator of their relationship and assists interventions

Some of the most vulnerable families find groups less threatening than the intimacy of 1-1 interventions

Role of facilitator(s)

A magnet on the mat, grabbing moments, making connections, moving between individual dyads and whole group

Joins parent in being curious about baby, talks to and through baby at a level with babies, playful, uninhibited

Brings babies together conducting rhythms, little gestures, noises and other bodily communications

Encourages core group members, sense of continuity, comings and goings, trusting the group as regulator of affect, shared disruption and repair.

Emphasises *being* rather than *doing*, using implicit understanding, sometimes talking to the air

Challenges

Other practitioners uncertain or resistant, facilitator isolated

Unexpected changes to environment

Withdrawn parents, scared babies

Disruptions don't lead to repair, noisy, chaotic

Issues of confidentiality, exposure, cultural dissonance

Team's reflecting discussions slip, communication decreases

Learning and development

Advance planning, build relationships with managers and staff teams

Develop sustainable models delivered by health visiting and children's centre staff, with initial trainings and ongoing supervision

Focus in areas of socio-economic disadvantage and adapt in relation to local need

Regular reviews in relation to staff and service changes

Research evaluations

Papers/Chapters about this work

Sleed, M, James, J, Baradon, T, Newbery, J and Fonagy, P (2013) A psychotherapeutic baby clinic in a hostel for homeless families: Practice and evaluation. *Psychology and Psychotherapy: Theory, Research and Practice*, 86 (1): 1-18,

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