COURSE OBJECTIVES

• Understand what is meant by “family centered care”

• Learn about developmental trajectories of becoming a parent and the impact of having a premature or high risk birth

• Become familiar with the components of parent-infant bonding

• Understand our role in the “infant attachment pull”
FAMILY CENTERED CARE

• What does it mean to you?
WHO IS IN THE CENTER?

“this is the way we do it here”
or
“what does this family need”
“The goal of family centered developmental care is to lessen the impact of baby’s illness and separation on parent-infant relationship”

Journal of Perinatology
PREMATURE PARENTS
PREMATURE BABIES

... GIVE US

... PREMATURE PARENTS
TYPES OF PREMATURE PARENTS

-Anger about the situation is displaced toward blaming medical staff or others close to them.

-Unexpected Shock: not knowing what to do, how to be with their baby, so they stay away or come briefly, intermittently, and not know how to bond with their baby.

-Protective eagle eyes: very watchful, hyper-protective, emotional, having a hard time separating from baby - understanding separation is traumatic to both infants and parents.
TYPES OF TRAUMA RECOVERY

Resilient - continuously low intensity of emotional symptoms with adaptive functioning

Chronic - high intensity symptoms and maladaptive functioning

Recovered - initial moderate intensity symptoms that decline in intensity over time

Delayed - initially moderate intensity of symptoms that increase in intensity over time.
PREMATURE PARENT

• So how do we help premature parents complete their development?
COMPETENCE AND IDENTITY DEVTS
• If we can support the family so that they can effectively support their infants then we would be helping them set up a positive, nurturing relationship for life.
SOMETHINGS PARENTS SAY TO THEMSELVES SUBCONSCIOUSLY THAT AFFECT HOW INFORMATION IS PROCESSED
“I COULDN’T CARRY MY BABY TO TERM”
AM I A GOOD PARENT?
IS MY BABY OK?
I'M A FAILURE
MY BABY IS A FAILURE
PARENT INFANT BONDING
• Parents’ fantasies during pregnancy sets the stage for relationship style to develop

• Baby’s clarity or diffuseness of cues - is it easy for caregivers to know what the baby needs?

• Parents’ attunement - how accurate are they in interpreting baby’s cues?

• Baby’s trust in caregiver increases: this world is a safe place and I have efficacy in this world. OR not.

• Baby’s sense of control - self efficacy increases baby’s motivation, confidence, will to live and fight…and good brain development.
DYADIC DANCE

Clarity of cues
Attunement
Response
Repair

Chon & Wingfield, 2015
BONDING

C - Caregiver [parent or nurse]       I - Infant
BONDING IN THE NICU

• Parents’ meaning making is impacted by their premature status

• Infant’s meaning making is impacted by her NICU experiences [parents are not in full control]

• Compensatory bxs, anxious, heightened sense of wanting or needing to be a “good parent”

• Good-enough parenting vs perfect parenting
WHEN GATEKEEPING PROVIDE VALIDATION FIRST
COMMUNICATION

• Clear
• Concise
• Understandable
• Skip the medical jargon
• Sensitive and Respectful
THE WORK AT BEDSIDE

- Unseen, often unrecognized work that happens at the bedside:
  - Modeling
  - Validating
  - Support
WHAT TO SAY TO PARENTS

• I know it’s disappointing not to be able to hold your baby…this is what’s going on today and here’s our goal.

• I understand it’s hard to walk in to hear your baby crying…I will get there as soon as I can.

• You might be feeling lots of different feelings, even some that you didn’t expect to feel…that’s ok…it will get better.
• DCFS PARENTS ARE PARENTS TOO
• EVERY PARENT DOES THE BEST THEY CAN UNDER THE CIRCUMSTANCES AND GIVEN THE COPING SKILLS THEY HAVE, AT THE LEVEL THEY WERE GIVEN IN THIS LIFE.
• WE CANNOT JUDGE ANYONE IF WE HAVE NOT LIVED THEIR LIVES.
“Those on the most wanted list would not be wanted today if they were wanted much earlier in their lives.”
BABIES HAVE STRONG ATTACHMENT PULLS

DO SOME OF OUR ACTIONS COME FROM OUR RESPONSE TO THESE PULLS?
DIFFICULT SCENARIOS

- DCFS involved babies
- uninvolved parents
- parents “making their babies suffer”
- “I can make this baby finish her bottle”
• Knowledge of the process
• Awareness of my reactions
• Reflections of my choices and bxs
BOUNDARIES FOR HEALTH
### Stress Response Continuum & Functional Changes

**In Reflective Supervision, Consultation & Facilitation**

<table>
<thead>
<tr>
<th>Stress Level</th>
<th>Baseline</th>
<th>Stress Response</th>
<th>Functional Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adaptive Response</strong></td>
<td>Rest</td>
<td>Vigilance</td>
<td>Freeze</td>
</tr>
<tr>
<td><strong>Arousal</strong></td>
<td>Rest</td>
<td>Vigilance</td>
<td>Resistance</td>
</tr>
<tr>
<td><strong>Sense of Time</strong></td>
<td>Extended Future</td>
<td>Days Hours</td>
<td>Hours Minutes</td>
</tr>
<tr>
<td><strong>Mental State</strong></td>
<td>Calm</td>
<td>Alert</td>
<td>Alarm</td>
</tr>
<tr>
<td><strong>Brain Areas</strong></td>
<td>PrefrontalCtxNeocortex</td>
<td>Cortex Limbic</td>
<td>Limbic Diencephalon</td>
</tr>
<tr>
<td><strong>Cognition</strong></td>
<td>Abstract</td>
<td>Concrete</td>
<td>Emotional</td>
</tr>
<tr>
<td><strong>Functional Age</strong></td>
<td>&gt;15YRS</td>
<td>8-15YRS</td>
<td>3-8YRS</td>
</tr>
<tr>
<td><strong>Heart Rate</strong></td>
<td>70-90</td>
<td>90-100</td>
<td>101-110</td>
</tr>
</tbody>
</table>

### De-Escalating Actions by Supervisor, Group, or Supervisor that Support Regulation & Calm During Reflective Sessions

<table>
<thead>
<tr>
<th>SAFETY, PRIVACY, PRESENCE, QUIET, ENGAGEMENT WITH INTERACTION LEVEL GUIDED BY STRESS AROUSAL CUES</th>
<th>QUIET VOICE, CONFIDENCE, LIMITED EYE CONTACT, CLEAR SIMPLE COMMENTS, WARM AFFECT, BRIEF NARRATION OF ANY ACTIONS, REASSURANCE OF SAFETY</th>
<th>A FEW QUIET MELODIC WORDS WITH PAUSES, NO DISPLAY OF URGENCY OR HURRY, GESTURES OF GENUINE EMPATHY (E.G., SIGNS, NODS)</th>
<th>CONFIDENT PRESENCE WITHOUT ENGAGEMENT, A FEW QUIET WORDS, SIDE-BY-SIDE POSITION (NOT FACE-TO-FACE), NO OR LIMITED EYE CONTACT, ASSURING SAFETY</th>
<th>TIME, PRESENCE WITHOUT THREAT, NO EYE CONTACT, NO OR FEW WORDS, REASSURANCE OF SAFETY, YOU REGULATING YOURSELF, AUTHENTIC AFFECTIVE EMPATHY</th>
</tr>
</thead>
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### Escalating Actions by Supervisee, Group, or Supervisor that Dysregulate During Reflective Sessions

<table>
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<tr>
<th>HIGH SENSORY STIMULATION, EXCESSIVE OFF-TOPIC TALKING, EMBARRASSMENT, TEASING, QUESTIONS WITH RIGHT/WRONG ANSWERS, BEING “PUT-ON-THE-SPOT”</th>
<th>YOU FEELING FRUSTRATED OR ANXIOUS, ALLOWING INADVERTENT OVER DISCLOSURES OR LONG IRRELEVANT NARRATIVES, DISMISSING OR MINIMIZING COMMENTS BY YOU OR GROUP</th>
<th>ESCALATED VOICE TONE, ENVIRONMENTAL CHAOS, ULTIMATUMS, UNSHARED “AIR” TIME, DISREGARDING BASIC SAFETY AGREEMENTS, SHAMING, FORCING PARTICIPATION</th>
<th>INCREASING FRUSTRATION OR ADVANCING SENSE OF FEAR IN YOU, THREATS, DEMANDS, RAISED VOICES, DIRECT CONFRONTATION, POINTING, BEING TOLD WHAT TO DO, BEING TOLD YOU ARE WRONG</th>
<th>YELLING, CHAOS, MENACING EYE CONTACT, INTIMIDATION, MOVING CLOSE TO A PERSON’S FACE, UNWELCOME TOUCH, BLOCKING PASSAGE OR FORBIDDING EXIT</th>
</tr>
</thead>
</table>

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THANK YOU FOR LISTENING!

THE END!