

Strengthening Families In Substance Abuse Treatment: Supporting the parent-child relationship



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Derived from: Logic Model for Relationship-Based Practice
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Guiding principles, Cornerstones, and Practices to Relationship-Based Practice

Family-Centered

- Partnering with the families to increase familial functioning
- Built around collaborative and mutually supportive relationships with service providers
- Familial strengths, preferences, and intrinsic knowledge are at the center of relationship-based approaches in family-centered practice
- Strength Based means focusing on family strengths as well as needs, and acknowledging what the family is doing well
- Building on the familial strengths will increase competence and empower the family to affect a positive change
- Families have ongoing and continually changing needs that influence services
- Intervention is embedded in the family's everyday routines and activities

Relationship-Based Practice

- Relationships formed through the parallel process enables families to feel understood and supported by their services providers which directly influences the way they understand and support the children in their care
- Respectful collaboration gives all involved a sense of empowerment and investment which reflects positive outcomes
- Services for children are most effective when they are focused on the child's relationships with their family and caregivers; as the quality of these relationships have long lasting influences on the development and well being of that child
- The relationship formed between the services provider and the family directly influences the caregiver-child relationship

Mutually Competent Interactions

- Interactions in which both the child and caregiver feel secure, happy, valued, and enjoy learning together
- Interactions which support child development and enhance parental self-confidence
- Developmental skills are learned through interactive relationships and involve affective exchanges

Reflective Practice

- Strengthens the parallel process to assist staff to support the parent-child relationship.
- Ability to reflect on action and in action to consider ones impact on others is central to effective work.
- Helping parents and others reflect on their own experience and that of their child's' is essential to creating positive change.
- Understanding the difference between the professional culture, the family culture, and our own cultures and acknowledging those differences and how they influence the relationship.
- Sensitive to the unique qualities, values, and culture of each family and their community, and provide services that are inline with each.

What We Know About Children and Families

Children

- Intrinsic curiosity about the world which enables exploration
- Learning is experiential- they learn through play and the opportunities to experience the world
- Development follows a general sequence with individual rates of accomplishments

Parent

- They are the experts on their children
- Intrinsic drive to do what is best for their child- patience is key in responding appropriately and accurately
- Care and response to a child must be predictable and consistent

Parent-Child Relationship

- Constant mismatch and repair with continuous reciprocity and mutual regulation
- Cultural expectations come from varying contexts
- Development progresses from the framework of early relationships

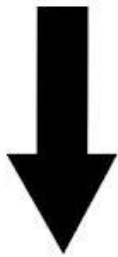
Families

- Essential protective factor
- Familial function is influenced by all members of the family
- All families have strengths
- Foundation of prevention and intervention

Trends in Infant-Family Intervention

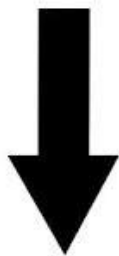
1. Professional Centered Model

- a. Professional is the expert
- b. All power is placed with the professional
- c. Child-focused
- d. Intervention is focused on the “problem” of the child



2. Parent-Allied/ Parent-Focused

- a. Parents participated in intervention which they were expected to implement during the week- professional is the teacher
- b. Power remained with the professional
- c. Intervention was child-focused on the “problem”



3. Family-Centered Practice

- a. Power is shared between professional and family
- b. Family focused rather than child focused
- c. Parent has say in program plan and implementation
- d. Intervention is based upon family priorities

Stages of the Helping Relationship

I. Recruitment and Orientation

1. Lays the foundation for all future work
2. Learn about the purpose and services provided by explicitly defining the goals of the program
3. Expectations are discussed and ground rules are created together with the service provider and the family
4. Define the roles of each party- ensuring role fidelity

II. Acceptance: Even when we disagree

1. The foundation of mutual trust, respect, and change
2. Service providers must accept the family's choices so long as they are not unacceptable (things that are possibly against the law/ rules or places the child in danger). There must be a clear definition of disagreeable vs. unacceptable

III. Understanding: Listening first, then sharing our expertise

1. Get to know the culture and beliefs of the family, especially those related to child-care
2. When a concern, question, or belief is voiced listen carefully and make sensitive inquiries
3. Use expertise and sharing of information, resources, knowledge, and experiences only when merited
4. Empowerment means supporting parents in making their own informed choices-it is our role to observe their action and provide education to make those informed choices

IV. Agreement: Making a plan to support the parent-child relationship

1. Once they have gone through the steps above the family can create a plan
2. The parent's goals with input from the service provider form the basis of the plan
3. The goals should be in line with the family's priorities to increase functioning
4. Review and update goals to incorporate new information and what needs attention more

V. Accountability: Holding the family and the work in your mind

1. Keep the family's goals in mind and keep detailed notes from all visits to ensure continuity from one visit to the next
2. It is essential to inquire about progress regularly and to evaluate and revise goals
3. Continually evaluate oneself and the impact our emotions and culture has on each situation

Specific Questions and Comments to Use with Families

1. Clearly *orient families* to what your program is about.
“The parent and child relationship is really important . . . “
2. Maintain *accountability* with families (e.g., the service plan).
“We had this agreement. Did you follow up on it?”
3. How to bring up an issue *when rules are broken* (e.g., if spanking happens . . .
“Can you tell me what just happened?”
4. Let the parent identify the strengths/what worked.
“Things seem to be going better. What happened.”
“What seemed to work the best?”
5. *Pivoting back* means in the midst of crisis, after listening respectfully and acknowledging the parent’s current problem/concern, you attempt to focus attention on how this affects their relationship with their child.
“How is (whatever the issue is) related to your child?”
“How does this (issue) affect/make you feel about your relationship with your child?”
6. Getting clear on a parent’s definition.
“What do you mean by . . . ? (e.g., He’s bad, she doesn’t like me)
7. Put **WHAT** into your questions to help a person be more specific.
8. To open a discussion on a new issue, keep the *focus on the child*, not the parent.
“Tell me what’s happening.”
“What other things have you tried before?”
“Tell me about what works. What does it look like?”
“How does your child respond when . . . ?”
“What happens when . . . ?”
“What does your child do when . . . ?”
“Would you like to try that?”
“Can we learn this together?”

Mutual Competence

What are Mutually Competent Interactions?

“ . . . interactions which enable both the parent and the child to feel secure, valued, understood, successful, happy, and enjoy learning together!!”

When observing for Mutual Competence between parent and child, there are two important things to watch for:

1. Interactions that **support the child’s development**
2. Interactions which **increase the parent’s self-confidence**

NOTE: When visiting with families, try to identify and talk about specific **BEHAVIORS** that demonstrate Mutual Competence rather than talk about our **PERCEPTIONS** about what we see happening between the infant and parent.

Using the Model of Mutual Competence as a Framework for Home Visiting

- ✓ Builds strong relationships between parents and home visitors.
- ✓ Supports parents in building a strong relationship with their child, (in contrast to improving a child’s cognitive skills or parent life skills).
- ✓ Focuses on child development to help parents understand their child’s experience, (rather than an emphasis on teaching developmental milestones).
- ✓ Creates an opportunity for both home visitor and parent to step back for moment to observe and discuss what’s going right (i.e., what’s working) in the relationship of parent and child through making and viewing “home movies” of everyday activities periodically.
- ✓ A belief that amidst the chaos, helping parents develop a strong relationship with their child will help to sustain them both now and in the future.

The Mutual Competence Continued...

1. The *relationship* is the agent of change.

- ❖ Mutually competent relationships are essential at all levels of interaction: Parent with child, parent with home visitor, supervisor with home visitor, and home visitors with each other.
- ❖ Helping parents develop a mutually competent relationship with their child will help sustain them both now and in the future.
- ❖ Fostering mutually competent relationships is primary, while “skills instruction” is secondary.
- ❖ Having expertise to share is vital; however without a mutually competent relationship, knowledge and insights will likely go unheard.

2. All parents have strengths, and want what is best for their children.

- ❖ Parents can see what works and what doesn't . . . usually on their own . . . almost always with support. Given an opportunity to really see (to realize, “real eyes”), parents will choose what is best.
- ❖ Parents always know more than I about their families, so I need to ask. Parents will trust my inquireis if they trust my intentions.
- ❖ Within basic ground rules, we need to start by accepting families where they are.

Sharing Observation and Using Inquiry as Intervention around What is Working:

See it, Say it, Feel it, Own it!

- **Try to keep questions and comments focused on the child rather than on the parent.**

Comments that help you to GAIN MORE INFORMATION

1. I noticed that
2. S/he liked it when Have you seen that before? When?
3. Tell me what works best . . .
4. Tell me more about it . . .
5. It looks like that works well for you.
6. He/she seems happy when you . . .
7. Help me understand . . .

Using Questions to Gain More Information

1. Do s/he usually . . . ?
2. What makes you say that?
3. What do you mean by . . . ?
4. How does he show you that . . . ?
5. What made you decide to . . . ?
6. How did you know that . . . ?
7. Are there other ways that he/she . . . ?
8. Have you tried an other ways to . . . ?
9. Have you ever seen him/her do that before?
10. What happens when . . . ?
11. Have you ever tried?
12. Would you feel comfortable . . . ?
13. How does she let you know/tell you . . . ?
14. What do you think you'd do if . . . ?

Reflective Practice: Guiding Principles

1. Decompress the stress- utilize a supervisor or colleague as a sounding board. Before you are able to be fully present for the family you must decompress.
2. Families will also utilize you as their way of decompressing. It is imperative to listen with open ears.
3. The key to a nurturing relationship is letting go of needing to change the family or outcome- serenity prayer
4. Always keep in mind the difference between unacceptable vs. disagreeable. Your own values and culture are continually influencing the work you do with families, so remember the family has their own culture and experiences which influence their lives. Your role is to understand and share you information while trusting the family as the expert on their child and that they will make the best decision.
5. If you see something that concerns you, don't try to fix it. Instead gather more information through observation and inquiry. Remember...Don't just do something, stand there!
6. Through inquiry, you can transform your concern and/or worry to interest which will decrease the opportunity for a family to put up a guard.
7. Remember how you are, is as important as what you do. Be mindful of your emotions and how they are being portrayed.
8. Being truly able to regulate your emotions while in the presence of the family will help you be fully present. Remember that unregulated emotions are the erasers of role boundaries.
9. Reflection helps you learn to acknowledge those emotions and regulate them.

Tips for Effective Work with Families

1. Begin the relationship with ground rules and continuously re-orient the family if the boundaries are being blurred.
2. Focus on strengths and what is working between the parent-child and parent-professional relationships.
3. Slowing down will get you there faster. Patience promotes relationships and allows you to actually see what is occurring.
4. Build upon small changes rather than hoping for big ones. Help parents acknowledge the little miracles that happen every day.
5. When moving into the teaching mode, be mindful of glazed eyes. Only offer advice when it is merited- remember the parent is the expert!
6. Help parents actively set their priorities. At times parents need help to actually see what is and is not working.
7. Use inquiry as intervention to gain more information. Asking questions in a way that allows the family to answer builds self confidence- but do not ask questions unless you plan to actually listen.
8. Observe what is working and start from there. Use behaviors that occur naturally within families as starting points for lesson plans about child development, parenting skills, cognitive skills, safety, etc.
9. When the parent is in the midst of a crisis, help her/ him pivot back to the child. Ordinary crisis vs. True emergency?
10. Always be mindful of your emotions and perceptions! See it, say it, feel it, own it. Utilize reflection and supervision constantly.

Useful Resources

○ Child Development

Eliot, L. (1999). What's going on in there. New York, NY: Bantam Books.

Goldberg, S. (1977). Social competence in infancy: A model of parent-infant interaction. Merill-Palmer Quarterly, 23, 163-178.

Tronick, E., & Gianino, A. (1986). Interactive mismatch and repair: Challenges to the coping infant. *Zero to Three*, 6(3), 1-6.

○ Working with families

Brooks, J.B. (2004). The process of parenting. New York, NY: McGraw-Hill Companies, INC.

Bromwich, Rose (1997) Working with families and their infants at risk. Austin, TX: Pro-Ed. 8700 Shoal Creek Boulevard, 78757-6987. Phone 800-897-3202

Bernstein, V.J., Campbell, S., & Akers, A. (2001). Caring for the Caregivers: supporting the well being of at-risk parents and children through supporting the well being of the programs that serve them (pp. 107-131). In J. Hughes, J. Close, and A. La Greca (Eds.), Handbook of psychological services for children and adolescents. New York: Oxford University Press.

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McWilliam, R. A. (2010). *Working with families of young children with special needs*. New York: The Guilford Press.

McCormick, K. M., Stricklin, S., Nowak, T. M., & Rous, B. (2008). Using Eco-mapping to understand family strengths and resources. *Young Exceptional Children*, 11(2), 17-28.