Ensuring Young Children are ‘heard’: Purposeful Infant Observation principles in assessing ‘good enough’ parenting

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Background to the Study

* Brief introduction of Presenter

* Creswick Foundation Fellowship:
  * The initial ideas and concerns
  * The Fellowship objectives

* Why the Tavistock?
3 themes:

* Infant Observation and its wider application – training modules

* Social Work in the current UK climate

* Tavistock ‘Group Discussion Model’ supervision and its application for Frontline Supervisors / Managers
Neurobiology of Attachment

• ASCA Guidelines and research

• Resurgence of both psychotherapy and talking cures

• Affect regulation, physical, somatic and bodily oriented processes
Began as a tradition in 1948 when Esther Bick introduced Infant Observation to the Tavistock course for the training of Child Psychotherapists, a course that was overseen by Dr John Bowlby.

Initially very structured and available as a 2 year programme.

This still exists but principles have also been applied to enlarge and enrich the training of therapists, psychoanalysts, but also teachers, doctors, social workers....
Allocated a family for one or two years from just after birth

‘Normal’ family. Same time each week for an hour

Record observations and feelings

Discuss in a work group of 5 or 6, led by an experienced analyst

Hypothesize, apply theory, reflect on own reactions
Observation in child care settings
With slightly older children, siblings
Fathers
“To observe and notice the behaviours, intensity of the bonds and speculate on what is behind these observations” – to attribute motive, intent, reasons
Based on the systematic, intensive and concentrated work of psychoanalytic psychotherapy of children – however in the UK at least it has moved from the particular to the general – with many professionals benefiting from the intimate, careful attention to the individual.

* Turning an eye to the ‘ordinary process’
The idea is that we all do this – we just don’t all examine our meaning making or our level of attunement.

In UK, linked to effects of transference, but also ‘Errors in Reasoning’ ideas influencing child protection decision making.
How do we apply these principles

* Idea that we need to slow down and notice in order to encourage parents – but first, it's us who need to slow down and notice.

* Need to keep in mind child development
How do we position ourselves? Expert vs. curiosity, knowing vs. not knowing

* What our professional background and experience allows or foregrounds

* Expert Stance - What does it mean if we take this role without examination OR don’t take this role for a pre verbal child – who else does or doesn’t interpret for them?
Asks participants to:

* Pay attention also to your feelings, reactions, thoughts, hypothesis, when you tune out
* Examine the roles you have had with children in your life – degree of closeness, ages, what ages you were. And reflect what that means for your attunement or what you knowledge gaps are...
* Sit with and examine emotions
Describe:
* room, child, carer
* Interactions
* Steps / sequences
* Physical movements / Body language
* Duration of a behaviour / frequency / pattern and intensity

Pay attention also to your feelings, reactions, thoughts, hypothesis, when you tune out
Do we at times reduce a child to their experience of abuse? A parent to their action / failure.

Why do we try to simplify? Is this understandable? OK? How to we re-adjust our baselines?
It's nice to visit you again, Mrs. Winters.
‘NORMAL’ IS RELATIVE –

* The ‘Optimal / Good enough’ Disconnect

* The complexities of actual work
How can we guard against observational bias?

* Benefits of group discussion

* Good supervision and challenging

* What is the difference between biases and opinion – and when do we want to have an opinion?
* Contact Supervision
* Matre Meo
* Watch, Wait, Wonder
* Video vs. live observation
* More pure Infant observation
Owing your views

* The difference between expert and expertise

* If the worker doesn’t speak up and give the child a voice, who will?
Bion’s idea of containment

* “accepting but not passive, thought-provoking without being directly challenging, inclusive without being seeming to make everyone say or think the same thing, if this is achieved – something transformative can happen”

* Reflective space allows empathy to become real
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