Balance in Jeopardy:

Reflexive Reactions vs. Reflective Responses in Infant/Family Practice

Mary Claire Heffron, Ph.D.

Children's Hospital Oakland, Early Intervention Services, Oakland, California

Balancing the needs of parents and children is an essential part of work with infants, toddlers, and their families. But it is no easy task to achieve and hold on to an empathic stance toward both infant and parent. For some infant/family practitioners, prior training may have emphasized a focus on children's or on parents' specific needs, rather than on strengthening the relationship between them. For others, the rules and traditions of the settings in which they work may reflect outmoded, but still powerful, public attitudes about "rescuing" children or "changing" parents. Still other practitioners may experience strong personal feelings toward a particular child or family. Left unexamined, such feelings can threaten a practitioner's ability to work with objectivity and compassion.

No matter what their source, "reflexive reactions" to children and families represent a serious challenge to empathic, collaborative work. In a relationship-based organization, supervision and consultation provide excellent opportunities to examine such reactions and to replace them with more reflective responses. This process takes time, commitment, and quite a bit of courage, on the part of front-line practitioners, supervisors, and administrators alike. In more than 12 years of consulting and teaching about reflective practice in many infant/family settings, I have found that the first step toward change is often learning to identify threats to a balanced perspective. I've also discovered that when we're taking a long, hard look at our professional selves, a little humor doesn't hurt. Naming our demons can help us cut them down to size and learn to be vigilant of situations when they threaten to force us from a reflective and collaborative path and on to "autopilot."

Here is a catalogue of needs, fantasies, and reflexive reactions for infant/family practitioners to watch out for.

1. The need for rapid change—the "right away" fantasy and "hydroplaning"

The impulse to find and implement a solution to a family's apparent problem "right away" can have many sources. We may rush to act because we fear for the safety or well-being of a child, think we know how to fix the problem before us, and believe that the parents themselves can't or won't act quickly enough to meet the child's needs. At the other extreme, our fears of intruding, offending, or disrespecting parents may lead us to respond to a family's immediate request without taking the time for thoughtful conversation and a broader understanding of possibilities for the family. For example, a practitioner or a parent might decide quite quickly (and perhaps correctly) that a child could benefit from a center-based childcare or early intervention program. But unless parents' beliefs, the child's health and developmental status, the "goodness of fit" between the program and the child and family's individual needs, and logistical issues are considered and explored in a kind of cost-benefit analysis with the family, the plan may not take root, or may fail to address some important aspect of the family's situation.

Sometimes, our training may fuel "right away" fantasies. Medical or therapeutic personnel who have been trained in a "diagnose, treat, and chart" mode may experience impatience at the slower pace of infant/family work and its culture of understanding first and taking concrete action only in collaboration with the client. Those of us trained in a particular therapeutic approach and convinced of its value may be inclined to believe that no time should be lost in implementing this intervention if we are sure it will be helpful in the situation we see before us. Sometimes, our program's guidelines, expectations, and policies may create pressure for rapid, "efficient" assessment and action toward remediation.

"Hydroplaning" is a term often used to suggest skimming over the surface of an issue, with a tendency toward rapid action. Hydroplaning can be exacerbated by prior training in a field in which faster assessment and remediation are the norm, rather than a more ecological, systemic perspective that assesses multiple factors in a more reflective manner. A reflective approach, in contrast, emphasizes listening for the many stories behind "the story." We need to take the time to become aware of our own beliefs, identify hypotheses that can be tested through careful listening, and raise alternative possibilities.

Marilyn Nolt

2. Keeping the lid on Pandora's box

In the Greek myth, when Pandora opened the lid of the forbidden box the tiniest sliver, all the troubles of the world came rushing out together in an overwhelming mob. In infant/family work, the "Pandora's box phenomenon" refers to our impulse to avoid, downplay, or cover up serious issues, troublesome feelings or potential problems. So if a parent begins to talk about an issue that troubles us, we may quickly steer the discussion back to a safer topic, trying to keep the lid on Pandora's box. We may react this way because we feel it is our *obligation to "fix" any problem that a parent raises and* we are terrified that we will not know what to do.

Similarly, we may fail to bring up an observed and worrisome concern that a parent has not mentioned. In this situation we may be afraid of the parent's reaction or, again, feel that the issue may exceed our ability to help.

Another version of this reaction is the "cheerleader stance." Some practitioners act as if everything will be better if a family forgets about the past or current issue and moves on. These practitioners adopt such a rigidly, unfailingly cheerful attitude that a parent would hardly dare express lack of enthusiasm—to say nothing of serious concern or feelings of depression—in the face of the staff member's boundless perkiness.

As a supervisor, I recognize that practitioners are legitimately concerned about not knowing what to "do"—often because they do not yet realize how helpful they can be simply by listening and working hard to understand. Practitioners may also feel awkward about making referrals and concerned about raising an issue when a family might not follow through. Some practitioners who may have experienced similar issues or feelings as the family may worry about becoming overwhelmed by their own reactions. Rather than avoiding difficult issues, practitioners can develop a capacity to listen carefully, reflect, and find a language to talk with families about serious problems and powerful feelings. We can all learn how helpful it is simply to "be there" for families, instead of running away from painful emotions or complex situations. We can take the time to make solid links between families and services that are outside our own expertise and also learn to work through and contain our own emotional responses to families.

3. The need to please and the "we're pals" fantasy

Many of us in the infant/family field feel a wish to be liked and admired by the families with whom we work. Sometimes we fear offending or "losing" a family if we don't please them by taking care of them in a certain way. Sometimes we over-identify with a family because we share a cultural background or set of experiences; at other times, our need to please may reflect our worries about a cultural or social difference between ourselves and a particular family or group of families. Yet acting as if we are a child or family's "pals" or "best friends" leads to confusion for everyone. As infant/family practitioners, our emotional investment in a family's well-being and potential for growth needs to be professional, not social.

4. Control and omnipotence

In the infant/family field we talk all the time about family empowerment and how important it is for even the tiniest babies to learn that they can control some aspects of their environment. So we should not be surprised, perhaps, when we find ourselves wishing for more power to help children and families, more control over the obstacles in their way. Practitioners' needs for control—even omnipotence—can take many forms.

• In the "fortune teller" fantasy, a practitioner "controls" the future by making predictions. Overly optimistic or pessimistic predictions can obscure reality and more balanced perceptions, making efforts seem hopeless or small steps forward seem like the promise of a complete "cure."

• In the "makeover" fantasy, a practitioner concentrates so hard on an image of what could be that current realities and possibilities become invisible.

• The "magic wand" preoccupation leads a practitioner to believe that a single perfect interpretation, referral, or therapeutic breakthrough will resolve not only an immediate problem but all of a child and family's challenges.

• In the "parental" fantasy, the practitioner herself or himself becomes the magic solution—there is a strong urge to take over the parental function in the family, sometimes even to rescue a child and take him home. Parental fantasies can make it difficult to observe family strengths accurately and can also cause a practitioner to interact with a child ways that lead a parent to feel threatened or jealous.

• Practitioners experience the "take charge" fantasy most frequently in work with families whose lives seem chaotic or overwhelming to the practitioner. The practitioner's description of the family's need for more consistency or clearer priorities may reflect her own wish to impose order and have her advice taken.

• Practitioners who adopt a "my world view prevails" stance are likely to have strong beliefs about child-rearing, based on their upbringing, personal experience, professional discipline, cultural values, or political convictions. Practitioners may be unaware of the intensity of their convictions until they are challenged by colleagues or families—often around an ordinary but emotionally charged aspect of infant care, such as self-feeding, discipline, or following a very young child's lead in play or conversation. Practitioners with a "my world prevails" stance find it hard to explore ideas slowly with parents or to present new strategies as possibilities rather than dictates.

This short catalog of reflexive reactions is not meant to be all-inclusive. These descriptions come from my own experiences as a clinician and from experiences in supervising and teaching others. Sources of the reflexive reactions are varied and very individual, based on personal experiences of the practitioner, professional background and training, program situations and characteristics of the families receiving services. The same reflexive reaction in two practitioners may have very different origins and meanings. While all of these reflexive reactions are potential dangers to the quality of services and the working alliance, we should not consider them as evidence of professional failure or problems in and of themselves. They are simply part of the complexity of infant/family work. Reflective supervision and consultation in relationship-based organizations offer opportunities for practitioners to learn to recognize their own unique catalogue of reflexive reactions. As self-awareness grows, some reflexive reactions may fade away completely, but mainly practitioners using reflective approaches learn to recognize and tame these reflexive demons so that the collaborative and empathic nature of their work with families proceeds on a positive path. The jeopardy in question is not the presence of the reflexive reactions, but rather the lack of opportunity for reflective opportunities to explore and understand these inevitable features of infant family work before they are acted upon.