

A NEUROBEHAVIORAL CURRICULUM FOR EARLY INTERVENTION[©]



Holding Parents Holding Their Baby[©]

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with

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PRIMARY AUDIENCE

The parent materials included in this curriculum have been written for use by special educators, physical and occupational therapist, communication disorder specialists, nurses, neonatologists, pediatricians, social workers, and infant developmental specialists. These materials may only be implemented by those individuals who have received prior instruction and certification in the administration of the Infant Behavioral Assessment (IBA[®]) and the Neurobehavioral Curriculum for Early Intervention (NCEI[®]). As selection and implementation of the parent materials is based upon the observational skills of the adult, it is imperative that training in all neurobehavioral components of the IBA[®] and NCEI[®] have been successfully completed.

Development of these parent materials is supported by Grant #H024B50020 (CFDA 84.024B) from the U.S. Department of Education, Early Education Programs for Children with Disabilities. As we are currently in the development process of this curriculum, these materials are intended for use by only those professional institutions/agencies that have been approved as field-test sites. The enclosed material should not be shared with, or implemented by, other agencies or individuals without written permission from the authors.

ACKNOWLEDGEMENTS

The genius of D. W. Winnicott (1964/1987; 1968/1987; 1970/1987) has served as the inspiration and foundation for the writings, discussions, and materials developed for Holding Parents Holding Their Baby ©. These materials attempt to reflect Winnicott's philosophy and work as they were guided by his recognition of, and respect for, what comes naturally to a mother and father as they love and care for their baby. In addition, the Newborn Individualized Developmental Care and Assessment Program (NIDCAP®) as developed by Als (1984, 1986, 1992, 1997a, 1997b) has served as the theoretical base upon which the neurobehavioral components and relationship-based developmental care were integrated into the development of these materials.

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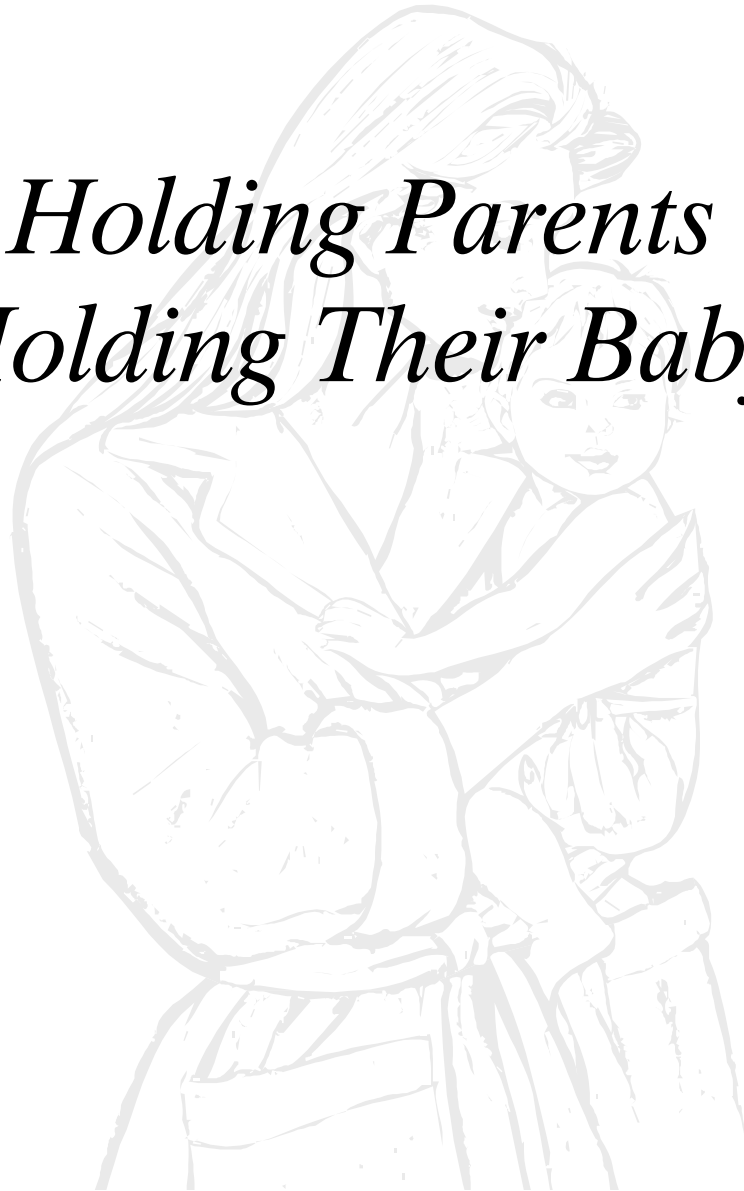
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*Holding Parents
 Holding Their Baby®*



INTRODUCTION

It might be thought that I have been trying to teach you how to hold your baby. This seems to me to be far from the truth. I am trying to describe various aspects of the things you do naturally, in order that you may be able to recognize what you do, and in order that you may be able to get the feeling of your natural capacity. This is important, because unthinking people will often try to teach you how to do the things which you can do better than you can be taught to do them. If you are sure of all this, you can start to add to your value as a mother by learning the things that can be taught, for the best of our civilization and culture offers much that is of value, if you can take it without the loss of what comes to you naturally.

D.W. Winnicott, 1950/1987, p. 21

As beautifully articulated above, the feelings expressed by Winnicott have served as the foundation and guide for the writings, discussions, and materials included in Holding Parents Holding Their Baby[©]. These materials reflect a philosophy guided by the recognition of, and a respect for, what comes naturally to parents as they love and care for their baby. Parents hold, love, protect, and introduce their baby to the outside world. An enormous undertaking. How can we best support this? Perhaps by recognizing and respecting the parents' natural capacity to love and care for their baby, while simultaneously appreciating the infant's contribution to the growing relationship with his or her parents.

Holding Parents Holding Their Baby[©] provides a foundation from which to support parents in what they already know to be true, as parents, through their own experiences and interactions with their child. The application of the parent materials also serves to support parents as they continue to explore ways to adjust and adapt themselves to their ever growing and changing baby. By listening to and talking with parents we can support their natural parenting abilities and share our own expertise, while at the same time, conveying our respect for them as parents----the most important people in their baby's life.

The materials developed for this manual begin with an introductory overview of the "Transition to Parenthood." This section includes a discussion of the past developmental history of each parent, their relationship, the evolving pregnancy, and finally the birth of the infant.

"Reflections upon Winnicott" and "Facilitations: Talking with Parents," were based upon the work of D.W. Winnicott. The Reflections were developed to assist the professional to integrate and apply Winnicott's philosophical approach and tone in his/her work with families and their babies. The Facilitations are a collection of writings that serve to support parents as mothers and fathers to their baby.

The remaining parent materials address neurobehavioral supports for parents to consider while caring for their baby. These handouts are referenced to the Neurobehavioral Strategies and were developed to introduce the parents to specific supports that they may offer their child (i.e., Environment, Handling and Positioning, Cue-Matched Strategies).



Holding Parents Holding Their Baby

On Parent Training

Relationship Based Developmental Care

Facilitation Of The Holding Environment

Parent Materials And Their Application

HOLDING PARENTS HOLDING THEIR BABY

Winnicott uses the term Holding to denote not only the actual physical holding of the infant, but also the total environmental provision across time. Holding the infant before and after birth and as the child grows and develops into adulthood. It is through this process discussed by Winnicott that parents begin to “hold” their baby.

Parents began holding their baby before they had a baby to hold.

They’ve held their baby, together as a mother and father, as their baby was growing and developing within the mother’s body.

They’ve held their baby in their dreams, imagining what kind of baby he or she would be and how they would care for him or her.

And then their baby is born.

A mother feels that the baby needs to be picked up, or put down, to be left alone or to be turned over, or where she knows that what is essential is the simplest of all experiences, that based on contact without activity, where there is opportunity for the feeling of oneness between two persons who are in fact two and not one. These things give the baby the opportunity to be, out of which there can arise the next things that have to do with action, doing and being done to. Here is the basis for what gradually becomes, for the infant, the self-experiencing being.

D.W. Winnicott, (1966/1987, p.7)

A mother cradles her baby in her arms. Together they feel the warmth of their bodies, their breathing in and out, and the glow of their mutual gaze. Love and comfort shared---a feeling of oneness.

It is through the act of holding and being with and for their infant that parents provide the foundation for “what gradually becomes the self-experiencing being.” Parents know and can feel the value of these shared experiences. Being alone together, in the presence and feeling the presence, of one and another. “Contact without activity”---simply letting the world go away and being with and for their baby.

For parents of premature babies their natural holding is interrupted with the unexpected birth of their child. Their natural physical, emotional, and mental holding is affected by their infant's need of care available only in the specialized, medical-technological environments of NICUs and special care nurseries.

As human beings and in our roles as professionals caring for infants with fragile medical conditions, the importance of valuing the natural act of the parents being a mother and father for their baby, often times goes unacknowledged. Why? Perhaps, because we fail to see the whole, the family, and only the part, the infant. But also.....

Perhaps it is because activity serves living. Through activity we fulfill our basic everyday needs, wants, and future goals. We experience living, by being alive through activity. Activity helps us to define who we are. Our professional role is defined by the activities that we engage a family and their infant in.

This professional activity is observed and felt by parents. As parents come to be with their baby on the hospital neonatal intensive care unit they watch and listen as medical professionals care for their baby. They receive instructions on how to hold, handle, feed, and bathe their baby. Once home they may be visited by other professionals (e.g. public health nurses, special educators, physical therapists) who may provide additional developmental activities and instructions.

Mothers and fathers want to do the best for their baby. But what has been provided and/or modeled for them to do? In our desire to do the best we can for a family and their baby we may lose sight of supporting mothers and fathers to do what comes naturally to them. To be a mother and father. To be with and for their baby.

How might we better support parents to be mothers and fathers? To be with and support their baby? To provide the necessary medical interventions needed by the infant while safeguarding the parent's role as their infant's primary nurturers (Als, 1997a, 1997b)?

On Parent Training

Before we begin to explore some of the questions posed above, perhaps we should discuss "parent training." The parent-infant materials that are included in this manual were not developed to train parents to teach their baby. Parents first and foremost must be supported in their primary role of being a mother and father to their baby. As Winnicott so astutely points out when he speaks of training . . .

This word “training” always seems to me to be something that belongs to the care of dogs. Dogs do need to be trained. I suppose we can learn something from dogs, in that if you know your own mind your dog is happier than if you do not; and children, too, like you to have your own ideas about things. But a dog doesn’t have to grow up eventually into a human being, so when we come to your baby we have to start again, and the best thing is to see how far we can leave out the word “training” altogether.

D.W. Winnicott, (1964/1987a, p. 93)

The tone and approach used in our work with families is much different than that of the traditional parent training models that have been, and continue to be, utilized in community early intervention centers. Training parents to teach or train their infant is antithetical to our philosophical approach and work with families. Obviously a professional has much good information to convey to parents who have an infant that has been born prematurely and/or with a disability. It is how this information is shared that is of critical importance. *Share* is the operative word here. To share information or skills as contrasted to tell or instruct. Share communicates a respect for the individual receiving the information. It also conveys to the receiver the opportunity to reflect upon and question the information that is provided. Sharing requires a sensitivity to the parents and their baby with respect to the timing and quantity of information to be imparted. Is the baby neurophysiologically ready for the information we wish to share or engage the child in. Are the parents in a state of mind to receive our information or suggestions?

In our work with infants and their families we begin from the infant’s behavioral story and support, facilitate, and build upon the parent’s natural intuitive care of their baby. This approach is process oriented and relationship based and is guided by the work of Donald W. Winnicott (1961/1987; 1964/1987a; 1965/1994), Als (1992, 1997a, 1997b), and Als and Gilkerson (1997). We have further expanded this work to address the needs of infants and their families once they have made the transition from hospital to home.

Relationship-Based Developmental Care

Relationship-based developmental care requires reflection rather than action; it requires staying connected and open to the other person’s feelings; it is system oriented and process based; and it demands suspension of judgement and focus on the life giving forces of the other person.

Als, (1997a, p. 57)

Relationship-based developmental care as conceived and developed by Als (1997a, 1997b) and Als & Gilkerson (1997) views the infant as an active collaborator in his own care and development. The infant's behavioral responses are seen as the best information base from which to draw upon in making decisions with respect to: 1) the kind of care that is provided to him, and 2) the support the infant elicits and seeks to aide him along his developmental trajectory (Als, 1997a). It has been defined as "a professional alliance, that supports the parents' engrossment with their child and the child's neurobiologically based expectations for nurturance from the family, an alliance that listens to the language or the infant's behavior and uses the dialogue between the infant, family, and professional care giver to guide care." (Als & Gilkerson, 1997, p.178). Every aspect of this definition is centered upon relationships, interpersonal and intrapersonal relationships: "Relationships between colleagues, between infants and families, as well as between infants, families and professional care givers" (Als & Gilkerson, 1997, p.178).

Facilitation of the Holding Environment

Guided by Winnicott's (1964/1987a; 1965/1994) insights into the unfolding, evolving world of the infant and his mother and father we have created and developed the parent-infant materials contained within Holding Parents Holding Their Baby®. Holding is the natural human process of caring, loving, and providing for the baby---the entire environmental provision. Winnicott respects and supports the sanctity of this developing relationship and in so doing facilitates, and fosters the intimacy of holding. Our philosophical approach requires reflection upon the many facets discussed earlier with respect to the past history and current circumstances of the parents (i.e., Transition to Parenthood). Of supporting parents in their intuitive desires and efforts (Papousek & Papousek, 1987, 1992) to be with and for their baby. How is this to be accomplished? Perhaps through the:

1. Recognition, belief in, and support of the primacy of parents. Mothers and fathers are the life span nurturers and cherishers (Als, 1992, 1997a) of their growing developing baby.
2. Belief that all parents want to do the best for their baby. At times, because of life circumstances the behavior of some parents may not give this impression. We as professionals can only begin to support parents in difficult situations if we believe as Bettelheim and Rosenfeld (1993) have written (from Als, 1997a):

We can begin to understand another person's behavior only if we start with the assumption that the motives that lie behind his actions . . . seem good to him (p. 107) . . . [We must] proceed on the assumption that the other person's thoughts and actions are worthy of being considered in the most positive way (p. 119).

3. Support and validation of the natural intuitive parenting capacities of mothers and fathers. Papousek and Papousek (1987) refer to the intuitive behaviors of parents. “There is some concern that when effort is directly geared toward teaching and reinforcing on a conscious level these “intuitive behaviors” may be lost in the process. There may be a fine line between facilitation and supporting the parenting process as opposed to teaching parenting” (Lawhon, 1994, p. 12-13).
4. Integration and application of the neurobehavioral approach to early intervention (Hedlund 1989, 1998; Hedlund & Tatarka, 1988) in our interactions with parents and their babies. This includes the process of observation, interpretation, and translation into appropriate supportive action:
 - a. **Observation** of parent-infant interactions over the course of daily care giving routines and social play episodes.
 - b. **Interpretation** of the efforts that parents utilize in supporting the self-regulatory competence and neurobehavioral organization of their baby.
 - c. **Translation into Appropriate Action.** Supporting and validating parental competence and the strategies that they use in holding and caring for their baby. It is of critical importance to build upon what the parent is already offering or is attempting to offer to his or her baby. For example, a parent may recognize the infant’s attempts to bring his hand to his mouth as a self-consoling maneuver, but may be unsure of how to support these attempts; or offers support occasionally but doesn’t know if this is the “right” thing to do. Through the observation and interpretation of the infant’s behavioral story (Als, 1986, 1992) and the parent’s co-regulatory acts, the early intervention professional verbally validates the parent’s efforts, and thus supports the parent’s intuitive efforts to support his or her child.

This process may also include mutually shared reflection and problem-solving strategies. Both the parent and early intervention professional are engaged in what McCollum & Stayton (1985) have termed “hypothesis generation.” This is a process in which strategies are identified through reflecting upon:

- 1) What kinds of support has worked in the past for the infant?
- 2) What seems to work now?
- 3) What other types of support does it appear that the infant may be requesting based upon his current behavioral repertoire?

The parent or care giver is involved at every point in the decision making process in determining what strategies may be the most successful to implement and support the infant's neurobehavioral needs (Als, 1992, 1997a, 1997b).

The Parent Materials And Their Applications

The parent materials contained in Holding Parents Holding Their Baby® are to be individually applied based upon the infant's behavioral story, parental and professional discussions/reflections, and the family's requests and concerns. A protocol for the implementation of the materials has purposely not been provided. The sharing of these materials is to be individualized based upon each family's wants and needs. These materials are divided into five sections. These include:

- I. Reflections Upon Winnicott
- II. Talking With Parents
- III. The Environment
- IV. Handling and Positioning
- V. Cue-Matched Strategies

Each of these sections reflect Winnicott's desire to support parents through the evolution of their parenthood and the growth of their baby. The parent materials are to be shared with the parents and serve as a foundation for further discussion and reflection. Each section is discussed below.

I. Reflections Upon Winnicott

This section is provided to guide you in your thinking, work, and relationship building with parents and their infant. Based upon the writings of Winnicott specific areas are discussed to serve you in your interactions with mothers, fathers, and their babies. This is a process oriented approach (Als, 1997a) that requires active reflection (Als & Gildkerson, 1997) on the part of the early intervention professional on past and current interactions with infants and their families. It is only through this process that the philosophy and tone of this approach may be truly integrated and effectively applied. This section addresses the following topics:

- A. The Baby As A Growing Concern
- B. The Ordinary Devoted Mother (see Appendix A)
- C. Matters Of Intimacy
- D. Feelings Of Oneness
- E. In The Baby's Shoes

II. Talking With Parents

This section includes several handouts developed from the writings of Winnicott. These materials focus upon supporting parents in their role as a mother or father. They include:

- A. There Is No Such Thing As A Baby!
- B. Enjoy Being A Mother And Father
- C. Holding Your Baby (see Appendix B)
- D. Being A Mother And Father.....A Very Natural Thing
- E. Trusting Who You Are
- F. Let The World Go Away
- G. You Can't "Spoil" A Baby

III. The Environment

The handouts included in this section are based upon the neurobehavioral strategies that were developed as part of the core curriculum. They were developed to help parents think about how they can best adapt the environment to better support the neurobehavioral organizational abilities of their infant. Categories addressed in this section include:

- A. Helping Your Baby See The World (see Appendix C)
- B. Things That We Hear
- C. Keeping Warm
- D. Talking With Your Baby

IV. Handling and Positioning

This section includes handouts based upon the neurobehavioral strategies that address handling and positional suggestions for the infant during day-to-day caregiving and social interaction. At the end of each of these materials is a section entitled "Looking at Your Baby's World." This section serves to assist parents to reflect upon other strategies that they might consider to better support their baby. The categories addressed in this section include:

- A. Holding Your Baby In Different Positions
- B. Placing Your Baby On His Back

- C. Placing Your Baby On His Tummy
- D. Cradling Your Baby In Your Arms
- E. Holding Your Baby At Your Shoulder
- F. Holding Your Baby In Your Lap

V. Cue-Matched Strategies

Neurobehavioral strategies are addressed that support the infant's self-regulatory capacity or helping him/her to "keep it together." These include:

- A. Sucking
- B. Something To Push Against
- C. Something To Hold On To

Copies of all the parent training materials have been provided to your early intervention program. They have been written for both sexes and address several different populations of family configurations (i.e., Married Parents, Single Parents, and Foster Parents).

APPENDIX A

Reflections Upon Winnicott

Introduction

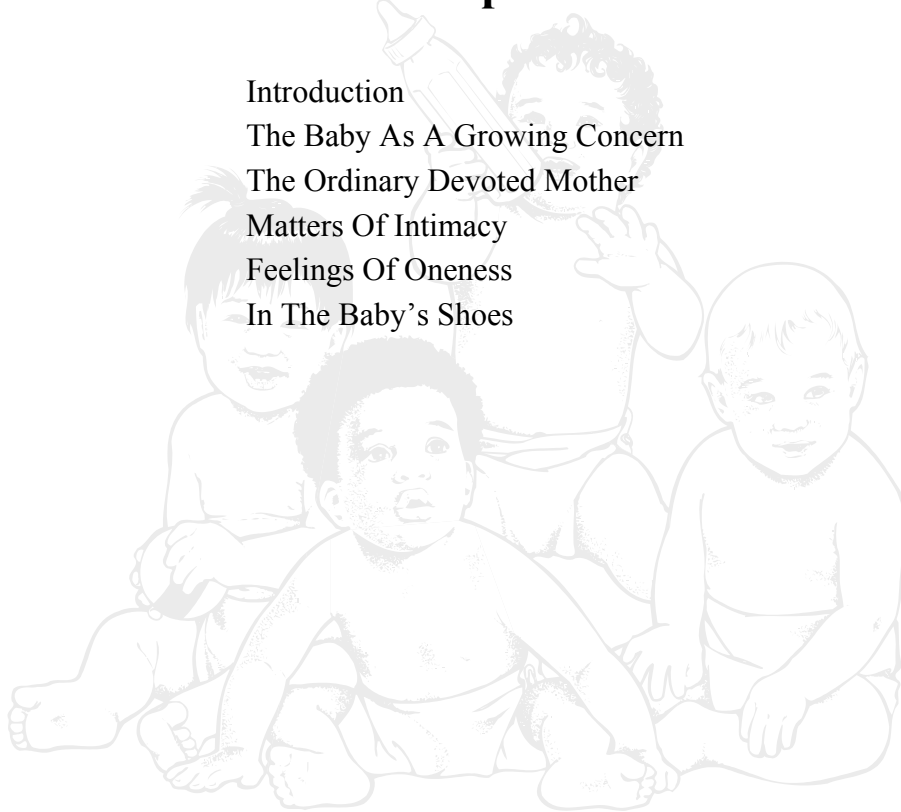
The Baby As A Growing Concern

The Ordinary Devoted Mother

Matters Of Intimacy

Feelings Of Oneness

In The Baby's Shoes



Reflections Upon Winnicott

The story of a human being does not start at five years or two, or at six months, but starts at birth--and before birth if you like; and each baby is from the start a person, and needs to be known by someone. No one can get to know a baby as well as the baby's own mother can.

Winnicott, 1964/1987, p. 86

The following reflections upon Winnicott's writings are to facilitate your reading of Babies and their Mothers (Winnicott, Shepard & Davis, 1987). These reflections include:

1. The Baby As A Growing Concern
2. The Ordinary Devoted Mother
3. Matters Of Intimacy
4. Feelings Of Oneness
5. In The Baby's Shoes

Each reflection addresses a specific area of special concern to Winnicott. They are to assist you as you reflect upon his writings. This is a process oriented approach (Als, 1997a, 1997b) that requires active reflection (Als & Gilderson, 1997) on your past and present interactions with mothers, fathers, and their babies. It is only through this process that the philosophy and tone of this approach may be truly integrated and effectively applied in your work with families.

We as early intervention professionals have much to share with parents of children with disabilities (e.g., our knowledge, clinical experience, and our "humaness" and compassion). Parents also, through living the experience of being a mother or father to a child with a disability, have much to convey to us. We must be *available* to listen, reflect, and empathize with their experiences. Winnicott helps us to see from the eyes, minds, and hearts of parents and their baby; and also reflect upon our own professional role. It is from this perspective that we can better examine how best to support or "hold" parents and their developing, growing child.

THE ORDINARY DEVOTED MOTHER

Winnicott (1966/1987) speaks of the ordinary devoted mother. What does he mean by ordinary? Perhaps he uses ordinary in the sense of natural, the natural occurring process of being a mother. “Where she acts naturally, *naturally*” (Winnicott, 1966/1987, p.7). But how does one naturally become a mother or father? Perhaps through the process of remembering and experience.

Remembering and learning from our own life history: the experiences of our own infancy, childhood, adolescence, and early adulthood.

Remembering when we ourselves were held and cared for, loved, nurtured, and protected from harms way.

Remembering the feelings of love, affection, and support that were offered to us repeatedly as we grew and developed throughout the course of our evolving personhood.

Remembering how our parents cared for our younger brother or sister; or how our relatives and extended family cared for and loved their children.

Our life history serves as a foundation for our own parenting abilities. We draw upon these remembered experiences, consciously or unconsciously, to guide us in our interactions with our own children and other people in our lives.

“Parents naturally and devotedly” (Winnicott, 1966/1987, p. 4) provide the facilitative environment in a ordinary, and loving way. Their energies and activities are naturally centered upon (devoted to) their growing developing baby. It is also through the actual process of doing and being for their baby that parents discover how to be mothers and fathers. Winnicott elegantly describes this process when he states:

It is tremendously important for a mother to have the experience of doing what she feels like doing, which enables her to discover the fullness of the motherliness in herself.....the mother is constantly surprised by what she finds in the richness of her minute-to-minute contact with her own baby. In fact, one might ask how can a mother learn about being a mother in any other way than by taking full responsibility?

D.W. Winnicott, (1964/1987a, p. 25)

And yet, taking full responsibility for an infant recently discharged from a hospital neonatal intensive care unit, can be a very frightening thing for many parents. In the hospital they have been told how to do virtually everything for their baby-- how to feed, bathe, handle, position, and how to administer necessary medications or check the heart/respiratory monitors. Once their child has been brought home they may be visited by a cadre of community professionals that continue to give advice and handouts about the “right way” to hold, handle, position or care for their baby.

If she just does what she is told, she has to go on doing what she is told, and to improve she can only choose somebody better to tell her what to do. But if she is feeling free to act in the way that comes naturally to her, she grows in her job.

D.W. Winnicott (1964/1987, p. 25)

Telling parents how to parent; how to handle, position, feed, bathe their baby; what they should do and not do; what things they should be on guard for; instills in the parents a mechanical view of their baby. Parents may become so anxious about doing the right thing for their infant that they get “hung up” on the mechanics of care. Their energy to be a mother and father to their baby, holding and loving their baby, may be diminished.

It is only through actively watching, listening, and building upon the many things that parents do “good enough” (Winnicott, 1964/1987b, p.38) that we as professionals can effectively support parents---supporting parents to be the mother and father, that they so desperately want to be to their baby. Experiencing competence as parents frees both mother and father from doubts they may be having with respect to their parenting knowledge and skills. It assist them to get down to the really important work of life---getting to know themselves and their baby as a family together.

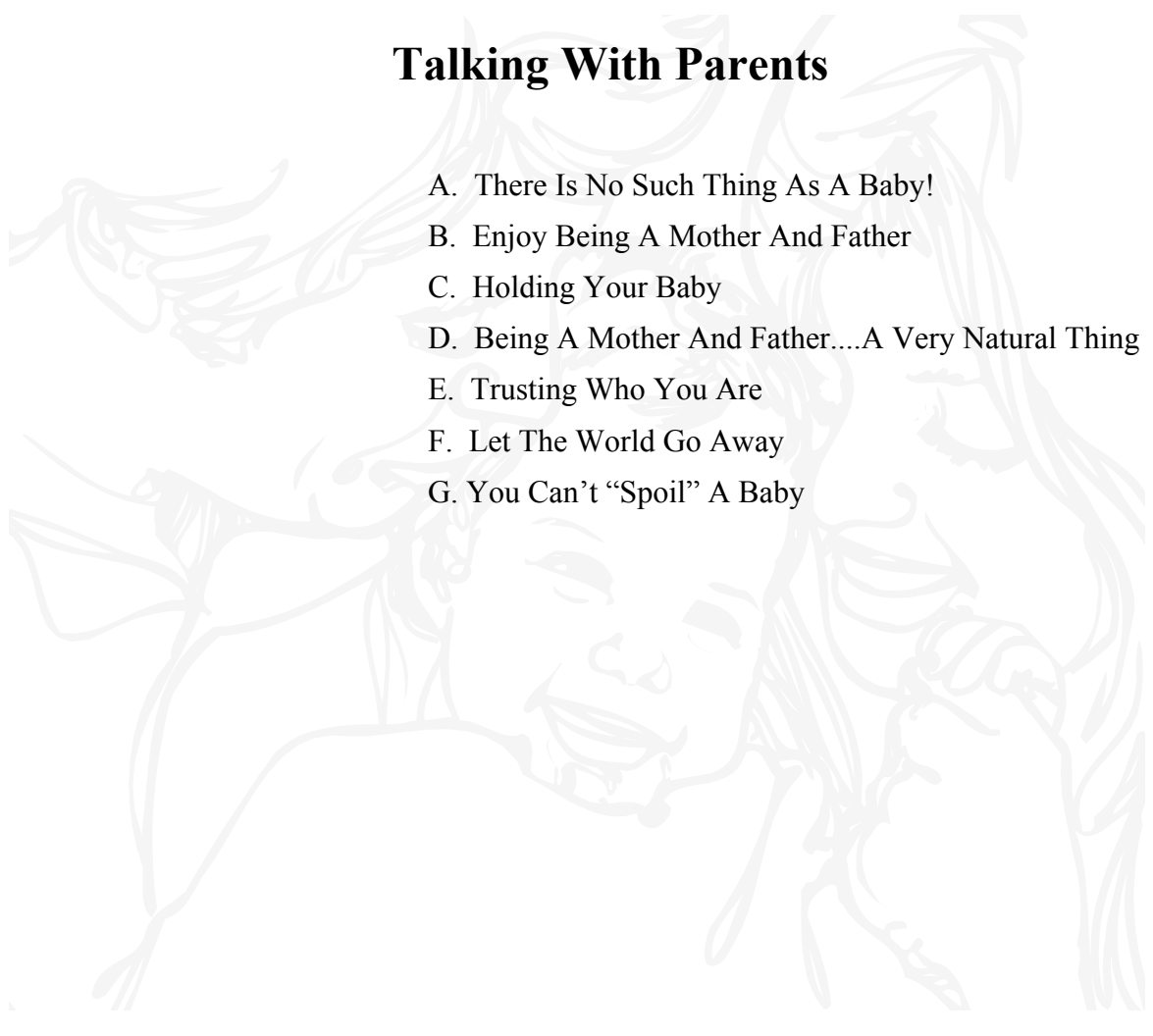
A mother and father are truly the most important people in their baby’s life. It is through their day-to-day holding and care of their baby that the infant can “relax into the dependency and the security” of being held within the loving arms of his or her parents. It is from these arms and the care that he receives that gives the infant:

“...the opportunity to be, out of which there can arise the next things that have to do with action, doing and being done to. Here is the basis for what gradually becomes, for the infant, the self-experiencing being....the capacity in the baby to feel real. With this capacity the baby can face the world, or (I should say) can go ahead with the maturational processes which he or she inherits.

D.W. Winnicott, (1966/1987, p. 7)

APPENDIX B

Talking With Parents

- 
- A. There Is No Such Thing As A Baby!
 - B. Enjoy Being A Mother And Father
 - C. Holding Your Baby
 - D. Being A Mother And Father....A Very Natural Thing
 - E. Trusting Who You Are
 - F. Let The World Go Away
 - G. You Can't "Spoil" A Baby

Holding Your Baby

As you know, holding your baby began before you had a baby to hold.

You held your baby as she grew and developed inside of you.

You held her in your thoughts as you prepared your home for her entrance into the world.

You held her in your dreams, imagining what kind of baby she would be and how you would care for her.

And then.....Your Baby Was Born!

You now hold your baby and are as one with her. It is from this simple act of holding that your baby comes to know who she is and who you are.

It is from your arms that she experiences your warm body,

Your breathing in and out.

The sound of your heartbeat as you hold her close to you.

The warm assurance that she is safe within the comfort of your arms,

And is greeted each day with your smiling caring face.

It is from your arms that your baby is introduced to the important people in her life, and the big outside world.

Your holding as a mother and father continues well after the time your baby is no longer a baby. In fact it continues throughout your lifetime.

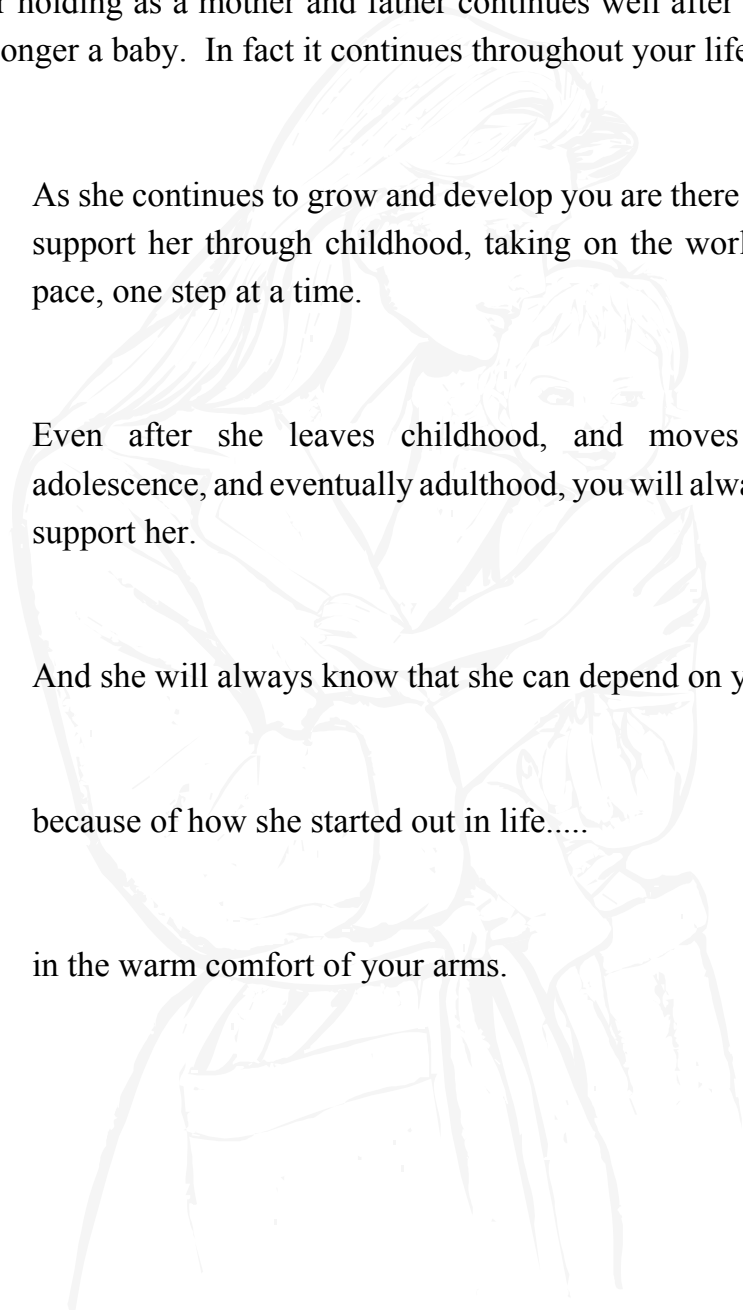
As she continues to grow and develop you are there to hold her or support her through childhood, taking on the world at her own pace, one step at a time.

Even after she leaves childhood, and moves on through adolescence, and eventually adulthood, you will always be there to support her.

And she will always know that she can depend on you,

because of how she started out in life.....

in the warm comfort of your arms.





APPENDIX C

Helping Your Baby See The World

1. Things In Your Home
2. So Many Things To Look At
3. A Very Busy Place
4. It's A Big Bright World
5. Helping Your Baby See The People In Her World

Helping Your Baby See The World: So Many Things To Look At

As adults we are used to using our eyes to see and explore all the things the world has to offer. We have had years of practice. For babies, this is a whole new experience. They like to look at everything the world has to offer. This may include:

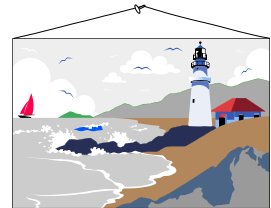
Bright colored clothing with stripes or plaids.



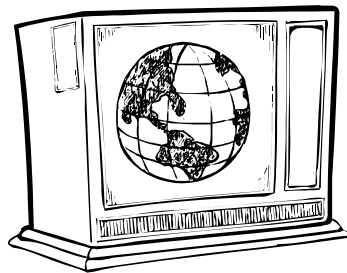
A necklace, bracelet, or the eye glasses you may wear.



Bright colored pictures hanging on nearby walls.



The television set that is turned on across the room.



You have probably noticed that sometimes this may be too much for your baby to look at. She may begin to fuss or cry. Or it may be difficult for her not to look at. She may just stare and stare at it and not have a chance to look at other things in her world. You can help her by simply:

- Covering the colorful clothing that you may be wearing with one of her blankets or diapers.
- Removing your jewelry or eyeglasses.
- Holding your baby away from colorful pictures hanging on nearby walls.
- Turning off the television or moving to another room.

What are some of the things that your baby likes to look at? What ways have you found that help your baby see her world more clearly?



APPENDIX D

References

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