

# Relationships and Reflection in Early Communication

**Integrating Mental Health into  
Speech Therapy Practice**  
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Marilee Burgeson, San Diego County Office  
of Education, 2012

# LIFE BEGINS WITHIN THE CONTEXT OF RELATIONSHIPS



Think about the implications this has for communication.

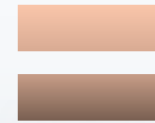
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# WHY WE CAN'T WAIT!

Caregiver and  
Child



Create the  
foundation  
for all  
relationships



Autonomous,  
confident and  
loving  
people.



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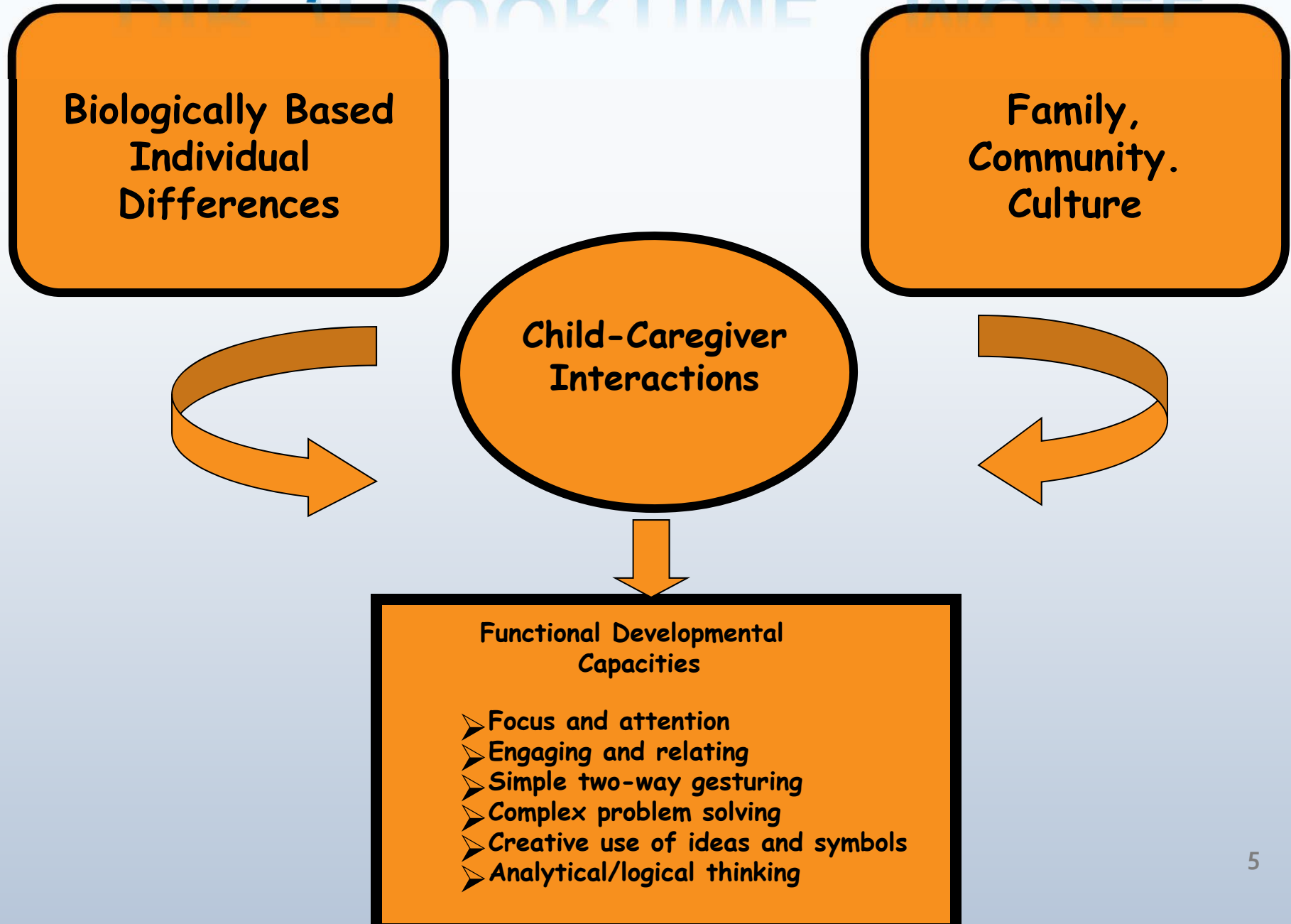
# DUAL CODING

**We learn what we care about !**



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# DIR<sup>®</sup>/FLOORTIME<sup>™</sup> MODEL



# SHARED ATTENTION AND REGULATION

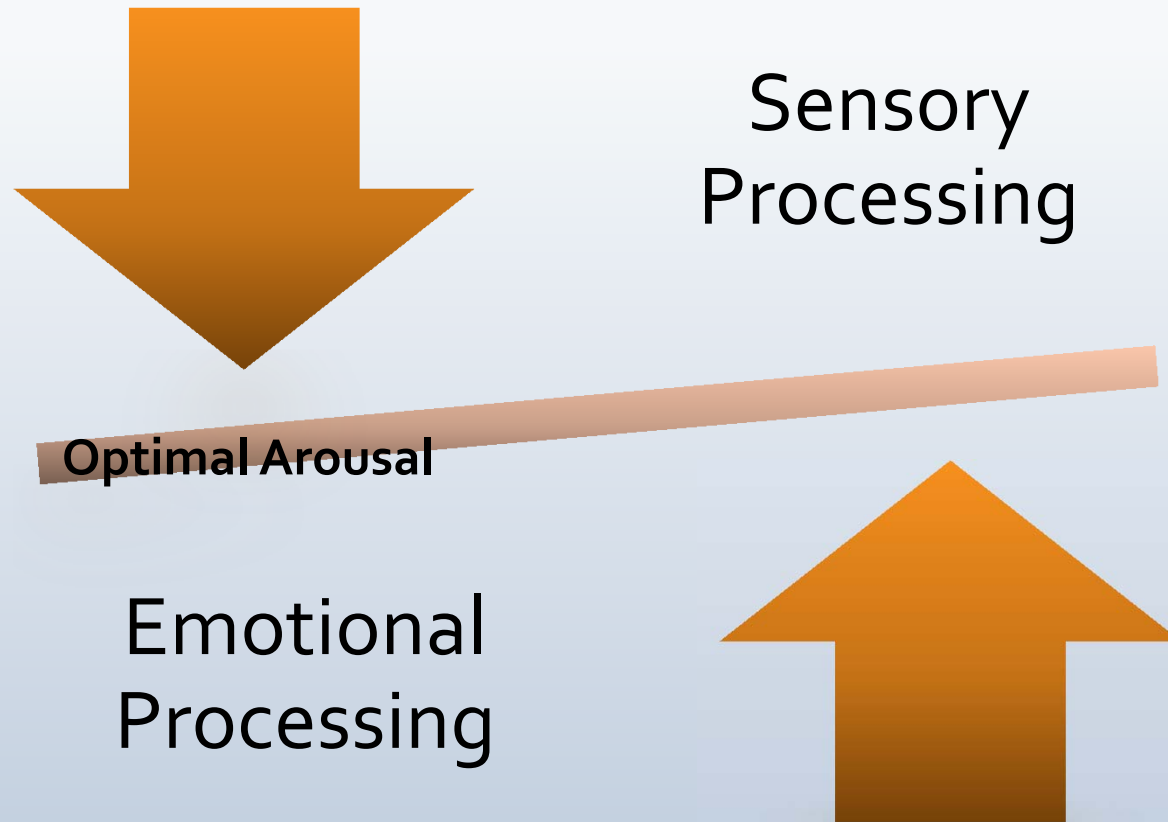
- Capacity to take in sensory and affective experiences while maintaining a calm and organized state (looking, listening, following movement, processing touch).
- Mutual co-regulation: Caregiver naturally provides sensory experiences through play and caretaking in daily routines. The infant regulates through the parent's physical and emotional states.
- Early regulation promotes successful adaptation to the environment for learning self calming.

**WHEN WE ARE CALM...WE  
TAKE THE WORLD IN!**



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# FEELINGS





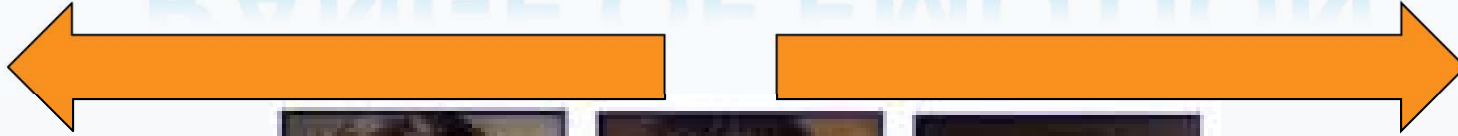
# ENGAGEMENT

THE DESIRE TO RELATE THAT  
COMES FROM THE HEART!

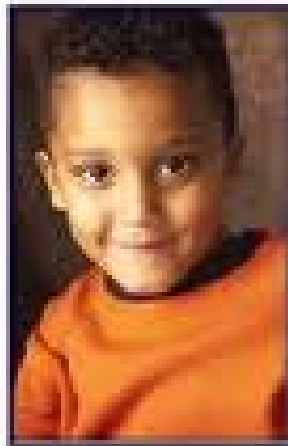
Stanley Greenspan, *Engaging Autism*

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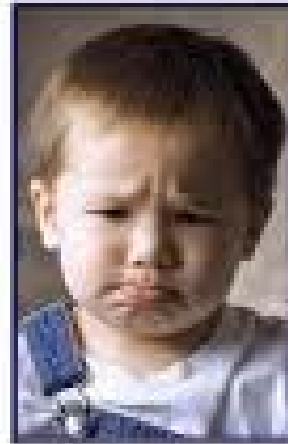
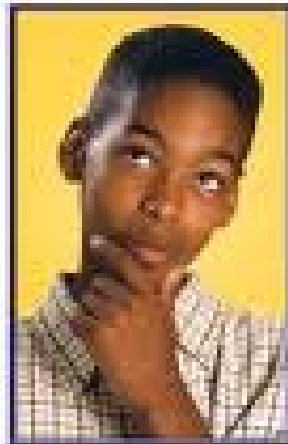
# RANGE OF EMOTION



Display of many emotions



Display graded variation of emotion



# ENGAGEMENT

## NOTICE:

- Quality of the connection
- Regulation and co-regulation
- Child shows preference and pleasure for caregivers with smiles and affection
- Affective back and forth flow supports regulation and interactions become longer and more complex
- Comprehension and expression of a variety of emotional themes and states



# ENGAGEMENT



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# RECIPROCITY

- Regulation: a calm alert state.
- Engagement with caregivers: quality of connection.
- Variation and clarity of communication signals.
- Ability to participate in reciprocal vocal and action based sequences.
- Initiates interactions and responds to others attempts to initiate interactions.
- Capacity to repair communication when not understood.

# FOUNDATIONS FOR LANGUAGE: INTENTIONALITY, SHARED ATTENTION, IMITATION WITH JOY, AND RECIPROCITY





# SHARED MEANING

## JOINT ATTENTION

### Sharing Attention

gaze to gaze  
gaze with intent

### Sharing Emotion

shares emotion  
parent reflects emotion  
parent reads cues

### Sharing intention

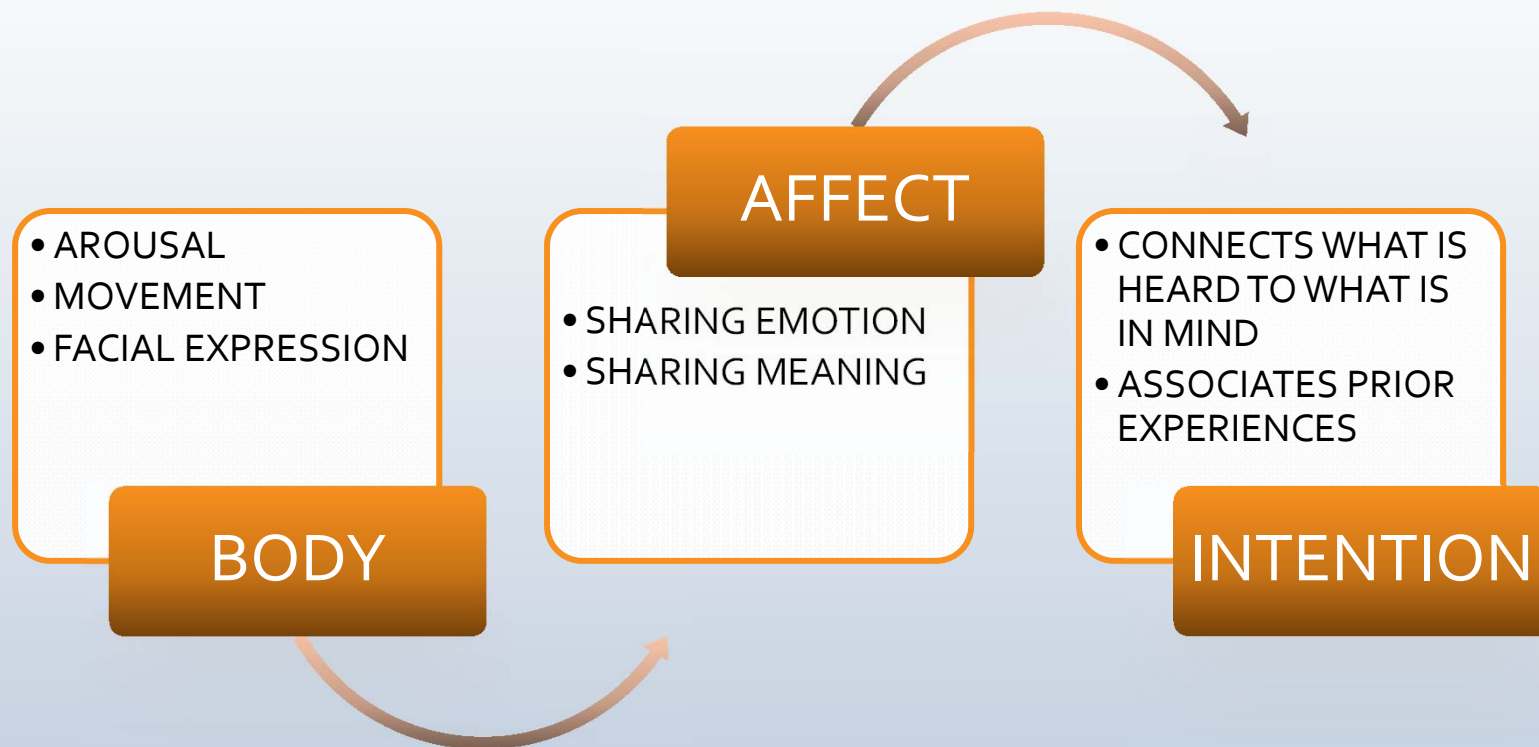
Child: initiates  
directs  
evaluates

# SHARED INTENTIONS

- Readiness to engage and to provide clues through facial expression about an internal state
- Movement from passive to active participant
- Responds to others' intentions: affective, gestural
- Expresses own intentions: using basic gestures and facial expressions
- Responds to others' attempts to regulate behavior and draw attention
- Expresses own intentions to regulate behavior and draw attention



# COMPREHENSION IS LINKED TO INTENTION



# COMMUNICATION IS MORE THAN WORDS...

- Developmental models are based upon typical language acquisition.

When we ask a child with a language disorder to produce forms out of sequence, we are asking them to do more than we would expect for a child who is typically developing.

Gerber, Ricamato 2009

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# IMPLICATIONS FOR PRACTICE

- Enhance the development of infants and toddlers to maximize their potential
- Enhance the capacity of families to support their child's individual differences
- Clarify the child's intention by following the child's lead
- Clarify child's cues to support optimal interaction between parent and child
- Know and understand the social emotional foundations that contribute to successful interactions (e.g., regulation, engagement, joint attention, reciprocity)
- Hold the sacred space of the parent child relationship, being careful not to "take away the baby"
- Use reflective practice and seek mental health support to understand our own feelings and those of the parent

# THE IMPORTANCE OF FOLLOWING THE PARENT

- Allows the parent to be in control of the session and provides opportunities to:
  - Reflect with the parent.
  - Process feelings
  - Collaborate on what should happen next
  - Build trust
  - Develop parallel process that supports development

# CLINICAL QUESTIONS FOR SLP'S

- Is the parent regulated and able to maintain a calm and regulated state?
- Can the parent read the child's cues to support a calm and regulated state and create an optimal state for a connected interaction?
- Can the parent shift arousal to support the child? (Child that is under-reactive needs more intense affective and sensory stimulation. Child that is over- reactive needs quiet, careful and calming approaches.)



## Seven Practices of Integrative Communication (Dan Siegal, Attachment Parenting)

1. **Awareness:** be mindful of your own feelings, bodily response and other nonverbal signals.
2. **Attunement:** Allow your own state of mind to align with that of another.
3. **Empathy: Open** your mind to sense another's experience and point of view.
4. **Expression:** Communicate your internal responses with respect; make the internal external.
5. **Joining:** Share openly in the give and take of communication both verbally and nonverbally.
6. **Clarification:** Help make sense of the experience of another.
7. **Sovereignty:** Respect the dignity of separateness of each individual's mind.

## Seven Integrative Speech Therapy Practices

1. **Observe:** Be mindful of your own emotions as you observe the parent and child. Be present in the moment
2. **Wait:** Attune to the parent before coaching. Ask the parent where they would like to begin.
3. **Reflect:** Support the parent in observing the child and wonder together about the child's intention.
4. **Identify, Understand and express Feelings:** Reflect with the parent on how they feel, and wonder about how the child might be feeling.
5. **Follow:** Follow the Child's lead to understand the child's intent and respond contingently as you create a rhythmic back and forth flow and expand.
6. **Clarify:** Check in by reflecting the feeling of the parent and the child.
7. **Boundaries:** Respect the parent child relationship.

# TOWARD AN INTEGRATIVE MODEL OF SPEECH THERAPY

- Infant Mental Health
- Speech and Language Foundations (Form, Content, Use)
- Occupational Therapy
- Developmental Models (DIR<sup>®</sup>Floortime<sup>™</sup>; SCERTS)
- Reflective Practice

# REFLECTIVE QUESTIONS

- What was the best part of the session?
- What was hardest for you?
- What would you like to think about for next time?



# MENTAL HEALTH INFLUENCES IN INTEGRATED SPEECH THERAPY

- Relationships are foundational: Parent to child; Therapist to parent.
- Regulation and co-regulation are essential to relating and communicating.
- Emotion drives everything!
- Reflective Practice allows us to think about our role in supporting the parent child relationship and to wonder about our own feelings with a peer.

# INTEGRATING REFLECTIVE PRACTICE INTO SPEECH – PATHOLOGY DEPARTMENTS

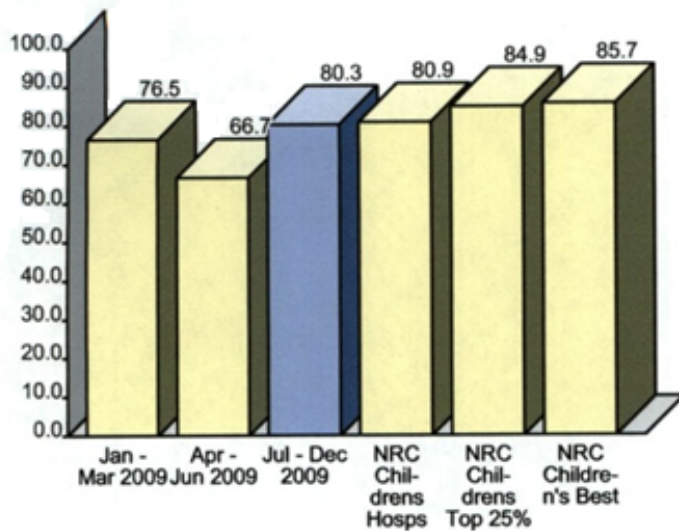
Rady Children's Hospital-San Diego's journey through the quality improvement process to changes in service delivery.

# PATIENT EXPERIENCE SURVEY RESULTS

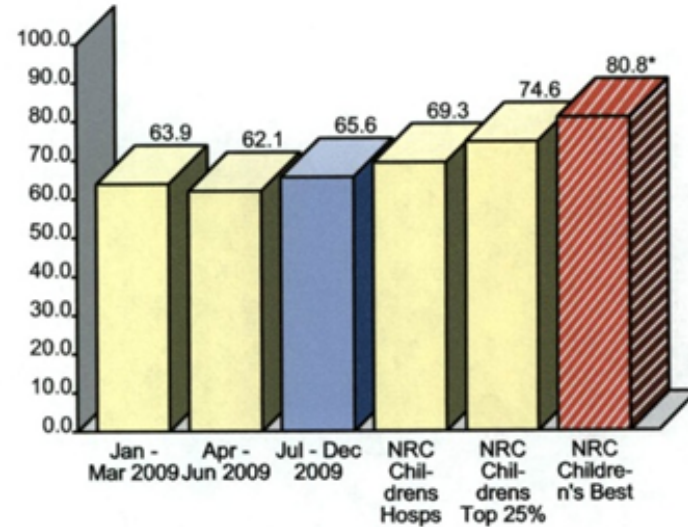
- Traditional Patient Satisfaction results
- Transition to NRC Picker
  - National measurement
  - Close to 350 children's hospitals
  - Comparison of scores
  - Top 25%/Top 5
  - Different Questions

# CALL FOR ACTION

OP Ped Reh: Would recommend program  
% Positive Score



Emotional Support (OPR Ped)  
% Positive Score



\* Significantly Different from Your Current Score

### Detail

Jan - Mar 2009	Apr - Jun 2009	Highest correlation with "OP Ped Reh: Would recommend program"	NRC Childrens Hosps Pct	NRC Childrens Hosps	NRC Childrens Top 25%	NRC Childrens Best
67.6%	77.8%	OP Ped Reh: Therapist encouraged goals 74.2%	58	75.8%	79.9%	87.5%↓
61.8%	55.6%	OP Ped Reh: Confidence/trust in therapists 69.7%	23	76.9%	82.0%↓	85.9%↓
64.0%	40.0%	OP Ped Reh: Discussed anxieties/fears w/child 38.5%	6	58.9%	66.4%↓	70.2%↓
62.1%↓	66.7%	OP Ped Reh: Discussed anxieties/fears 25.0%	1	61.9%↓	69.0%↓	75.0%↓



# QUALITY PROCESS IMPROVEMENT STUDY

## AIM

- To increase parent engagement in speech therapy (as measured) by increasing patient satisfaction on 3 patient experience survey questions by 5% by November 2011.



# BASELINE DATA - 2011

- Talked to you about your child's anxieties and fears regarding your child
  - Baseline 81%
- Told what to expect regarding your child's progress
  - Baseline 80%
- Would you recommend
  - Baseline 84%

# INTERVENTIONS

- Team developed and implemented an action plan for specific strategies based on individual questions on survey results
- Chris Walsh, MFT trained the team on Reflective Practice on 7/5/11
- Team began monthly reflective practice discussion on 8/1/11
- Rachel Schlagel trained the team on Mary McKay engagement strategies with a specific emphasis on motivational interviewing on 7/5/11

# PRINCIPLES OF MOTIVATIONAL INTERVIEWING

- Express empathy
- Explore discrepancies
- Roll with resistance
- Support self-efficacy



Miller & Rollnick, 2002



# MOTIVATIONAL INTERVIEWING

- Who has heard of Motivational Interviewing?
- Motivational Interviewing is a method of communication rather than a set of techniques.
- It elicits the person's intrinsic motivation for change.
- It focuses on exploring and resolving ambivalence as a key in eliciting change.
- It speeds and facilitates change.

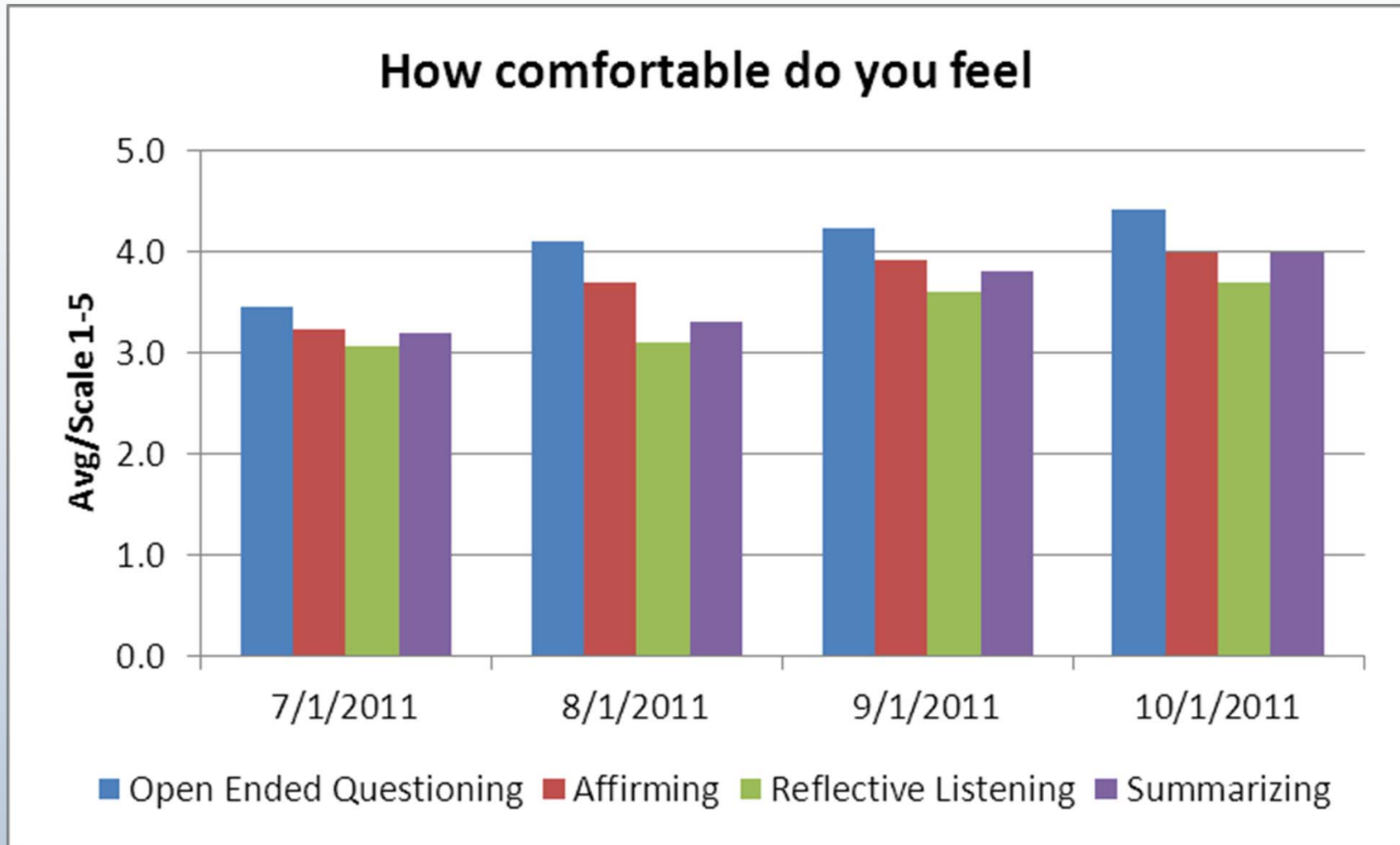
Miller & Rollnick, 2002

# BASIC MOTIVATIONAL INTERVIEWING STRATEGIES

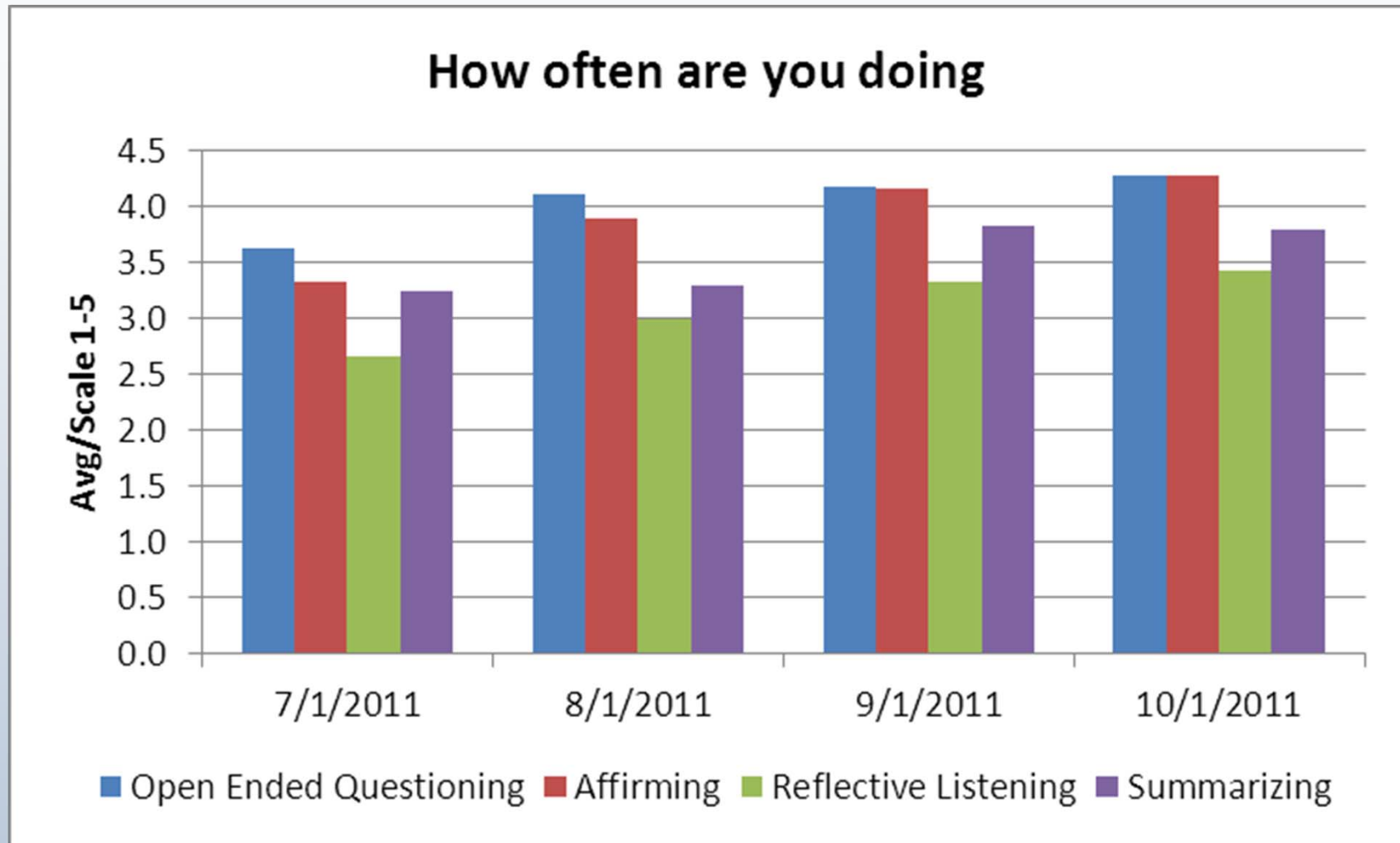
1. Open-ended questioning
2. Affirming (positive comments/reinforcement)
3. Reflective listening
4. Summarizing

**Collaboration is essential – removing judgment**

# SELF-SURVEY RESULTS



# SELF-SURVEY RESULTS



# REFLECTIVE PRACTICE: WHAT IS IT?

An individual or small group integrative experience that supports practitioners to:

- Appreciate the importance of relationships
- Reflect on experiences, thoughts and feelings
- Understand parents/infant's culture and interpersonal perspectives
- Explore possible approaches
- Explore ways to apply relevant theories to clinical situations

*From the Revised Training Guidelines and Personal Competencies for Infant-Family and Early Childhood Mental Health.*

The dynamics of Reflective Practice influence clinician/family relationships which embody best practice for infant-early childhood mental health practitioners.



*From the Revised Training Guidelines and Personal Competencies for Infant-Family and Early Childhood Mental Health.*



# ESSENCE OF OUR TRAINING

- Emotional mapping
- Replication of ingrained patterns of responding
- Reflection: cognitive/somatic/emotional
- Use reflection in relationships

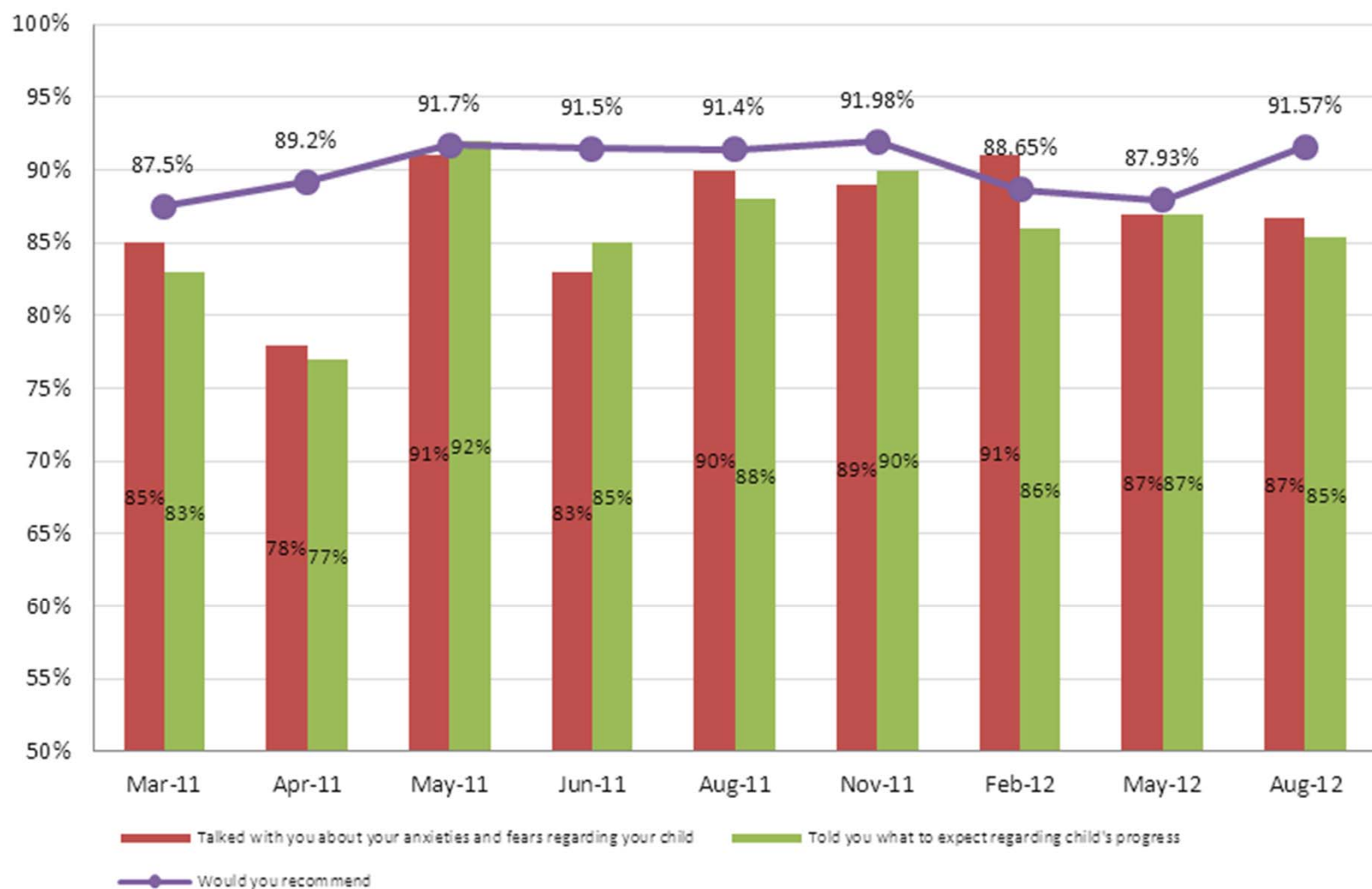
# REFLECTIVE PRACTICE AT A DEPARTMENT LEVEL

- Institute reflective practice discussions at monthly team meetings
- Stress the importance of the process and practice
- Use reflective practice to discuss individual experiences in treatment



# RESULTS

## Patient Experience Survey Results



# ONGOING PRACTICE COMMITMENTS

- Continue reflective practice in team meetings
- Continue to complete motivational interview data sheets monthly
- Add motivation interviewing to orientation
- Send an email reminder bi-monthly regarding reflection techniques

# References

- Seigal, Daniel J. and Hartzell, Mary , Parenting From the Inside Out: How a deeper self – understanding can help your children thrive; Penguin Group, 2003.
- Interdisciplinary Council on Developmental and Learning Disorders, Diagnostic Manuel for Infancy and Early Childhood, 2005
- Heffron, Mary Claire and Murch, Trudi, Reflective Supervision and Leadership in Infant and Early Childhood Programs. Zero to Three, 2010.
- Charman, Tony and Stone Wendy Stone, Social and Communication Development in Autism Spectrum Disorder. The Gilford Press, 2006.
- Geller, Elaine; Wightman, Barbara; Rosenthal, Harold; Enhancing Discipline-Specific Training Across Allied Health Professions Through Reflective Supervision; Zero to Three, November 2010
- Miller S, McKay M, Baptiste D.; Social Support for Low-income Parents: The Influence of Child Mental Health on Parenting and Child Outcomes. Social Work and Mental Health, 5.1/2 2006;:121-146