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Session 3

>> JACKIE BROCK: Hello, everyone and welcome to our second annual virtual infant and -- with me I have Tracy Walters.

>> TRACY WALTERS: Hi, guys it's so good to be with you this afternoon.

>> JACKIE BROCK: Thanks, Tracy. I also have Kristen Stahr. Can you say hi?

>> Good afternoon, everybody, and thank you so much for joining us today.

>> JACKIE BROCK: Thanks, Kristen. Funding is made possible through support of our largest funder, the Virginia Department of Behavioral health and developmental services and head start Department of Education. All of our sessions are being recorded. The recordings will be posted to our event website. They are available for 90 days after the conference and certificates are available and will be sent automatically once you complete the session evaluation. That link will be put in the chat at the conclusion of our webinar and we have those posted on our event website so you can complete them after you watch the recordings. Day one is reflective practices. This is the second breakout of our day. I would like to go through some of the technical features of Zoom webinar before we get started. So for our Zoom webinar, you will have the option of interacting in a variety

of different ways. You can do so by using the question and answer feature in the Zoom webinar panel. You can also raise your hand if you have a question during the question and answer session toward the end, you can unmute yourself and ask your question. We encourage you to interact with the panelists, hosts and everyone joining us from our meeting.

To test this out, please put your name, organization and the state you are coming from in the chat. So we want to make sure that the chat feature is working because we will have some interaction in our session today.

We will have people monitoring the chat. All participants are on mute to reduce background noise. We cannot see your videos. We have captions being provided, we will drop that link in the chat for you. Also please keep an eye on your mailbox, we sent out swag bags to all our attendees and fifty lucky ones will get an additional door prize, a copy of Dr. Ferguson's newest book. Also head over to our Facebook page, early childhood mental health Virginia, use hashtag rooted in relationships. We encourage you to access our event website. You will see that will be also added in the chat. You can see each day when you click on that day, you will see each session and any materials and resources that our presenters have for you. You will also see those evaluation links to get your certificates.

On our main page we have information about CEU's. And also if you scroll down at the bottom have daily reflection we encourage you to use, jot down your take-aways, you can do that every day,

after each session. Really because our conference theme is all about reflection and reflective practices, encourage you to take some time to reflect after you get this wonderful content.

So with that, I will hand it over to Tracy, who is going to introduce our speaker.

>> TRACY WALTERS: Yeah, thank you, Jackie.

And thanks, everybody for coming to our last session of the day. We are really excited that our first day has launched. We are going to be ending on a high note. We are with

>> Johanna Van Doren Jackson today.

Allowing practicers to consider servitude from place of openness for families.

She is the senior manager of infant toddler connection for London county government and provides federally and state mandated services to young children with disabilities. Johanna first began working in part E early invention as a speech language pathologist focusing on children with complex medical needs, autism and those in bilingual and bi Cultural homes. Particularly those affected by autism difficulties, with multi--language acquisition, and the benefit of epidemic. She has the Virginia infant mental health. She has masters from University of Maryland college park. She is the mother of three grown children, Johanna lives in Lees burg Virginia with her husband, two dogs, cat and a garden. She enjoys traveling, gardening in Virginia and kayaking in Maine.

Thank you so much for being here and being willing to present to all of our practitioners.

>> JOHANNA VAN DOREN JACKSON: Thank you,

Tracy for that very warm welcome. I appreciate it. I will start sharing my screen. I will rely on Jackie to let me know that everything is going well.

Jackie, are we good to go?

>> JACKIE BROCK: We are good to go. Thanks.

>> JOHANNA VAN DOREN JACKSON: Thank you.

As they said, the presentation today is the "The Purpose of Wonder". I'm proud to be part of the Virginia association for infant mental health conferences this year. "Reflective Spaces: Practices, Communities and Selves". Those reflective practices will cover what we are talking about today. They are a big part of the fabric. Tracy has introduced me and I wanted to briefly say that early on, it was in the context of a relationship with their parents and caregivers and the warmth and support of those relationships help the child grow and learn to speak.

I really, at that point, fell in love with the field of infant mental health. And it's been part of my journey ever since. I do have some disclosures for you as well. I did receive free registration for this conference by serving as a panelist. And I also wanted to give a shout out to my department, the Loudoun County Department of Mental health, substance abuse and developmental service, they granted me permission to participate and provide this discussion today during my work day. But much, much more than that they provided me the opportunity to expand infant mental health practices within early intervention and work toward providing reflective supervision here in Loudoun and they have been a very generous employer in that regard.

Getting started today. What will we cover and talk about? We will wonder about wonder. It's talking about thinking. It's a little bit meta, if you will, we think about something. And then an exploration. We will talk about concepts and definitions and we will talk about wonder with parents and caregivers. We will talk about wondering for the baby. Wondering as a practitioner. And wondering for the supervisee and supervisor.

Wonder is so big in the infant mental health world. I remember when I first began my infant mental health endorsement process. I thought why is that? Why are we talking about it so much? What is it for? I worried. I was a practitioner and manager. I was thinking will it take a lot of time? Is it distracting from the work that we do? But it's a deepening process. Wondering is an exploratory process and a freeing process. And when we go through our conversation today we are going to practice some of that. We are going to think about how we wonder.

I also wanted to mention I will use parents and caregivers and carers, somewhat interchangeably to mean the person or people who love and care for the child. I am aware there's the concept of professional love in nannying or child care. But what we are talking about is the web of relationships that surround a child as they develop.

I would like to start with the definition of wonder. There are many out there. But this one captured what I believed to be very helpful in child and family work.

That wonder is a complex emotion involving

elements of surprise, curiosity, contemplation and joy. And it's perhaps best defined as a heightened state of consciousness and feeling. Brought about by something very beautiful, rare or unexpected. That is brought about by a marvel.

And that heightened state of awareness and consciousness, allows you to think deeply and broadly about the child. Things aren't just happening. You are thinking about why they happen. And you are enjoying the feeling. Or if the feelings are troublesome to you, you are taking the time to explore why am I in this uncomfortable space? What is happening there? And for me, the beauty is the development of the child and the love and the attachment that develop in the family. That's marvelous, it's always a marvel. For those of you who are interested, when I was asked to present, I was delving into the topic and looking for good definitions. I do want to recommend the vlog of Neel Burton, he is a psychiatrist and a writer. Just very provocative. So if you are interested, he is in the resources.

So wondering is wonderful, but why do we wonder? I want to take us back a little bit to some philosophical roots of this. As far back as Aristotle. Aristotle said wonder is the start of philosophy. Since the person who is puzzled thinks of themselves as ignorant and philosophizes to escape that ignorance. Your work starts with not just your work but philosophy of why is your work important? Why is the work of childhood important? Why is the work of the family important?

So you want to build a philosophy about your craft. And to do that, you can start with wondering and self-reflection to help you build. And getting skilled at wondering involves an acceptance of being puzzled. Of being perplexed. Of not knowing yet. Knowing that you are there to do something but not knowing yet all of the story.

Knowing means you intend to learn and think about what you are doing and what you will do and why it is that you do that.

So why do we wonder? Wonder encourages curiosity. It encourages you to be open to what you don't know, or what we don't know. And that can be hard when you have been a practitioner and your job has been to collect knowledge, to disseminate knowledge, to teach and to do. Being open to what you don't know creates a humbleness in you.

When you start from a humble position of ignorance, that allows you to really hear and see what the family is sharing and telling you. What the baby is sharing and telling you. Practicing wonder helps you be curious. You don't stay stuck in a rut. You don't go in and do the same thing you did over and over again. Because you paused to wonder what will be different this time? What will be different in this family's story? What will I hear today? Wonder also promotes respect and keeps you from judgment. And I have found that sometimes respect for the baby is the hardest thing to have. I think in our culture, the baby is someone we care for, the baby is someone we shape into the right vessel. We raise them the way we think they should be raised. When you start

from a point of wonder and respect about the child they rise up and you realize that they contribute to this family. They change this family when they arrive. What they bring to the family changes the interactions that the family already has. And then the relationship with the parent changes the baby who then changes the relationship again.

But you also want to respect the family. And the provider, yourself as the provider. And the other providers who are there. And you also want to help the supervisor focus on who we are serving. So wonder allows you to respect the personhood of everyone who is involved with you.

I also think wonder allows a certain amount of detachment. When you specifically take the time to wonder, you are deliberately engaging in what I mentioned in the beginning is kind of meta. You are thinking about, thinking about. So you are wondering about dynamics.

you are wondering about patterns. And that pause means that you don't rush to do. So that leads you to the beginning of wisdom. And that leads you to discovery and creativity and resolution and integration.

But we aren't just working with a family to wonder about them. We are working with them to do a job. Whether you are hired by a local system, whether you are paid as part of a practice.

Whether you are part of a school system, early head start. You are there to do a job.

And we are usually there at somebody's request to help them do something or solve something.

So wonder helps us keep that sense of complexity and that movement toward solving. Reflection

helps keep the relationships at the forefront of the process. And it builds what we call relational health.

And I just want to pause a moment and hold onto this idea of complexity. Families are not simple. And they're not supposed to be simple. Families are complex. Families come in different shapes and sizes and their approach to things and their values. And we as practitioners need to remember that complexity is healthy, the more complex a micro system is, the less likely it will be to die out. Biologists know that. So we want to support that complexity and resilience.

Wondering also helps promote neuro relational health in infants and children in the context of their families. Neuro relational health is a framework based on brain science. Brain development science which is about the early relationships and experiences support a child across their lifetimes. It allows for that rapid brain development in the early years and then sustains that brain development and growth as the child gets older.

With young children we often use relational health instead of behavioral health because children are growing and changing within the context of their families. If you are interested, there's a position statement by the American academy of pediatrics. Those relationships in the early years are biological necessities to build a foundation for life long growth.

So when we wonder and we are caring for those relationships we are promoting the neuro relational health of that child and that family. And

our work is child focused. It's focused on very young children and on families. But keep in mind, hold in your mind the fact this work carries through the lifetime. That when children are in supportive relationships they go onto develop, they are more likely to develop supportive relationships and that those relationships over a life span are very protective. Harvard University has been conducting a study, I think called the study of adult development. And they followed men and started with men because that's who, when they began the study that's only who could attend Harvard University. Some of those men are now in their 90s.

What they found is those social relationships promoted happiness and health. Those social ties protect people from life's discontents. They help delay mental and physical decline in people that's protected. And they are better predictors of long and happy lives than social class, IQ, how much they earned or even genes. It's those relationships that are protective of a long, happy life.

Finally, reflection allows us to wonder why we are doing what we do, which then supports being there and doing the work.

Then another question on wonder, what is the purpose of wondering in our professional development? So now we are thinking about it from our perspective, not just the family's perspective, not just the baby's perspective. But what about us and our growth as professionals. For supervisors, our delivery of services to the children and families in a community.

Well, reflection and wondering promote listening.

If you take the time to pose the question, then you usually pause to listen to the answer. It allows the practitioner to develop professionally. It really encourages creativity and informed practice. When you reflect about your day, when you do it at the beginning, it helps you organize. And then you do it at the end of the day, or the end of the session. It helps you organize the elements of your work with a family. And it allows you time to integrate emotion and reason. And that's much of what we have to balance in our work. There are many emotional dynamics at play. There are also many dynamic that's we associate more with reasoning. And much of our work is to integrate those two, together. For those of you who sat in on a session on the RIOS, one thing in our practice in reflective supervision and with a supervisor allows us to engage in what the RIOS calls the collaborative tasks. Describing. What do we currently know? And responding, how do we and others think and feel about this? Exploring what might this mean? Linking why does this matter, what's important. And integrating. So what have we learned, and what else do we need to learn? What is out there?

Reflection also allows the supervisor to hold the provider, the baby, the family, in support of all of them. It's their responsibility to create a safe space, an environment in which I think the RIOS refers to it as a brave space for conversations around issues of diversity, equity, power, privilege and also policy. It allows the practitioner to wonder why is it we do things the way we do? And it allows supervisor to reflect on how can we

do it better or differently?

So let's talk now about how to go about the practice of wondering. Jackie, I just want to check on the chat. Do we have anything in the chat that I need to answer right now?

>> JACKIE BROCK: Thanks for checking. We don't, just a lot of great thoughts and kudos going on in the chat right now.

>> JOHANNA VAN DOREN JACKSON: Thank you. Well, please stop me if there's something better addressed immediately rather than waiting until the end.

So now I would like to talk with you about how to go about the practice of wondering. And I'm going to do that by starting with a quote from one of the grandfathers of infant mental health. There is no such thing as a baby. There is a baby and someone.

I want to reiterate that. There's no such thing as a baby. There is a baby and someone. The relationship is everything. The baby cannot survive without the someone.

This is said so easily, Donald Winnicott gave us this beautiful quote to guide our work, this beautiful concept to guide our work. But it really does need to be internalized.

The child development field and infant mental health field have been informed by the Romanian orphanage studies which are very hard to read, or to hear about. But they have important truths. The children who were kept in the Romanian orphanages had their physical needs met. They were fed. They were fed with food that was appropriate to their stage in life. They had

clothing. They had their diapers changed. They were checked for their medical needs. They had a place to sleep. If you think about the Maslow's hierarchy, they had the base. Except they didn't. They didn't have the relationship. And what we learned is that children without a relationship have terrible things happen to them, including some of them died in those orphanages because of a lack of relationship. And that, the ability to have a relationship was so protected that when they set the children up, when they set the cots or cribs up, they set them in grids or aisles so the nurses and caregivers could walk down the aisles, there would be several cribs down each side. They would pause and look down. For those babies placed in a crib along the edges of the aisles, their outcomes were better. Maybe less bad because somebody walked by. But the babies who were in the middle had much worse outcomes because they did not have that connection. Even that tenuous connection of somebody walking by routinely.

Was protective to the baby and supported the baby.

So we are going to start with the "And someone". We are going to start with the person or people who affect the baby the most.

So let's think a little bit about wondering with parents. When we wonder with parents, we are listening to their story. And that whole story, there's a whole discussion about narratives. About a family narrative. How a family develops its narrative, tells its story. And in those family narratives you hear the history and you hear the

family's values.

When you ask them to tell their story they feel respected. When the third or fourth person comes in and asks to hear their story, they don't always feel so respected. They feel what about my story was not worth listening to? What we need to do is listen and listen deeply.

When you wonder with parents, you are creating a therapeutic alliance with them. It's our job to develop a relationship and an alliance with them on behalf of their relationship with their child. So you listen for identification. You listen to form an accurate coherent picture. You are listening to make decisions about treatment that you are going to make with them. You are going to identify areas that work well for the family. But more than working well, that are a pleasure. Things they like to do together because they are a family or they are a diet. Thing that's concern the family or concern the baby, or concern you as the professional. That wondering with the parent develops that equal partnership on behalf of the baby.

When you are wondering, listen and wonder about what is not said. What is not in the narrative.

When you reflect think back, hm, you know, they never did talk about why they are here and who their family is. I don't remember them talking about that. And you might want to probe that a little bit and see. Or what else might not be said and what impact that might have to the child and the parent.

And the other thing, if you don't have respect and value and the respect for the caregiver, it's going

to show up here. If you find that it's easier to wonder about the baby than the caregiver, you might not be listening closely enough to the family. Or you might be having a little trouble setting aside judgment about the parent. So you need to listen to yourself. And really think about am I respecting that parent enough to listen to their story and give their story time?

We also in our work with wondering, we are wondering for the baby. A lot of people in infant mental health start with the baby and I do myself, and I agree with that. Because the baby is the one who doesn't always have the voice. And so wondering about the baby involves more than asking questions about what the baby does.

Wondering about the baby is about being intentional. And in a kind stance toward the baby. And having a spirit of generosity. So you are labeling with joy, drawing attention. Showing the parent the baby's behavior and their response to them. And you want to develop what I think of is a spirit of benevolence toward the baby. By benevolence, I mean goodwill and kindness and positive affect and a belief that the baby is going to grow up to have an amazing story.

Children spend almost all of their childhood and especially in school in judgment. People judge them, how well are you learning? Are you learning fast enough? Are you learning the right things? Are you sharing your learning in the way I expect you to share in class. They are judged all the time. I feel so bad for them sometimes because adults get to pick and choose what they are good at or what they are not going to do. I'm not very

good at parallel parking, so when I go into a parking garage, I'm usually looking for the one I can park straight in or back in, I avoid the ones where I have to parallel park. I can do it but I avoid it. Children don't get that chance. They have to be good at everything and everyone is judging them on everything. So when you build a sense of benevolence and others take their cue from you, you are building space and grace for that baby. Also when you are wondering for the baby, you are supporting the alliance, you are supporting the attachment between the baby and the caregiver. Thanks to my early intervention providers who work in the system, first do no harm, by doing no harm, I really mean build them up. Build up that family. Build up that relationship. Build up those people who care about the child. Because we are going to come in and go out and the family is going to continue. What we want to do is build that relationship so it's strong for the years that are ahead for them.

Wondering for the baby also builds attunement. I'm sorry, let me go back.

It builds attunement. We talk a lot about relationship fit and the importance of fit. And I spend a lot of time making sure that we have a good fit with therapists and parents and teachers and parents. But in fact you don't always have a great fit between a caregiver and a child. I have seen some studies that say up to 70% are not a great fit.

But good enough is okay. A good enough fit will support that child and support the family. And what we want to do is help build attunement. So

that somebody who is working toward a good enough fit learns how to look, learns how to listen. Learns how to cue and watch the baby's cue, so their fit is good enough. And also if any of you ever have the opportunity to take a training called facilitated attunement training, which I think came out of Oregon, it's a wonderful professional development and I encourage you to do it because it breaks down those attributes of attunement and how to facilitate that.

The baby let's the baby show us, let's the baby speak. And this is where if you don't have respect for the baby or you don't feel the caregiver, or you feel the caregiver doesn't have enough respect for the baby, the baby's voice or perspective will be lost. So I encourage you to keep in your mind who is hearing the baby's voice? Am I hearing the baby's voice? Is the dad? Is the grandmother? Is the mom hearing the baby's voice? That helps tell you where is this baby in their relationships?

The thing about wondering, it's not prescriptive. I couldn't come to you today and give you a whole list of the right questions to ask when you wonder about the family and the child. But I thought it might be helpful to give you some examples and to think about your purpose of your questions.

So the questions, when you are wondering with the family should have a purpose. They should be exploratory, they should help you learn the family's story, they should help you help the family develop their story and help you tell the story about what they perceive the need is. So you want your questions to be purposeful and then once you ask them you want to let their

voices emerge. And this is really hard. You have to kind of sit on your hands because you are going to want to rush to fill the space with answers. It's what we have been doing, it's what we are trained to do, we have to have a productive billable hour so we have to keep this train going. The thing about wondering, you have to go against that. You have to have quiet waiting. You have to give the family time. You have to let it emerge. But here are some examples of questions. So what was it like when? What is that like for you when she does that? What was the baby's experience when...? How does the baby...? Whatever it is. I encourage you to avoid yes/no questions. Unless you really do need that information in that format. Because when you ask those yes/no questions the conversation tends to shut down and the exploration between the two of you comes to a halt.

So what I would like to do is show you a video clip. We are not going to watch the whole thing. But it will allow you, or us, to engage in a little bit more interactive process in coming up with some wonder questions. And the video I picked for you, I was thinking about this a lot. And I wanted to start with something that was both easy to generate questions from and that would help in our journey together. So I'm sharing with you just a cannon of the infant mental health field, a seminal experience. If you haven't seen it, I want to make sure you have seen it and it's part of your framework. And if you have seen it, I apologize, but I hope that it will, you will practice wondering when you see it.

It's been almost 50 years but in 1975 a researcher by the name of Ed Tronick and his colleagues presented the still face experiment to colleagues at a meeting the society for research and child development. And he describes a phenomenon in which the infant after three minutes of interaction with a non-responsive parent rapidly sobers and grows wary and those are his words, the attempts the baby makes to continue the interaction. It has remained one of the most replicated studies and findings in developmental psychology. The results have been repeated all over the world with fathers with grandparents in different cultures and different countries and the implications to the field have been profound. So let us see and make sure this gets going.

>> When I started to do this research there was almost no concept of infant mental health. If you think about Freud or James or even Watson, the idea that infants had any kind of mental life or emotional processes was something that was completely foreign to us.

Babies this young are extremely responsive to the emotions and the reactivity and the social interaction that they get from the world around them. This is something that we started studying 34 years ago when people didn't think that infants could engage in social interaction. And still face experiment with the --

Mother did when she sits down and she is playing with her baby who is about a year of age.

And she gives a greeting to the baby...

[video stopped]

The baby gets a greeting back to her. This baby

starts pointing to different places in the world and the mother is trying to engage her and play with her. They are working to coordinate their emotions and their intentions, what they want to do in the world. And that is really what the baby is used to. And then we asked the mother to not respond to the baby. The baby very quickly picks up on this. And then she uses all of her abilities to try to get the mother back. She smiles at the mother. She points because she is used the mother looking where she points. The baby puts both hands up in front of her and says what's happening here? She makes that screechy sound at the mother like come on! Why aren't we doing this? Even in this two minutes when they don't get the normal reaction. They react with negative emotions. They turn away, they feel the stress of it. They actually may lose control of their posture because of the stress that they are experiencing.

>> I'm here, and what are you doing? Oh yes, what a big girl.

>>

>> JOHANNA VAN DOREN JACKSON: So now I would like to ask you.

What are you wondering? I would like you to raise your hand or put in the chat what you are wondering about for the baby, for the mother, for yourself, the researchers, the videographers, what are you wondering about?

>> So Johanna Stacy shared how difficult it was for the mom to do this experiment.

>> JOHANNA VAN DOREN JACKSON: Yes. And interestingly, Stacy, subsequent research has found when you do the still-face experiment and

then two weeks later you do it with the same baby, that baby has physiological responses that it did not have the first time around. So it's like it primes them to be upset.

What are some other thoughts about the baby, or what are you wondering about the baby's experience?

>> JACKIE BROCK: We have more comments, did the mother regret participating? Babies understand the environment and our feelings. Will this affect baby in future interactions with caregivers?

We have some other ones in here, I'm thinking often people have a blank look when looking at screens and if that could have the same effect as the still face experiment. I wonder what it was like for the videographers to do this without being able to interact or participate. How is the baby's understanding what is happening with mom. The other person said I'm sure this was hard for the mother.

>> JOHANNA VAN DOREN JACKSON: Yes. And I believe there have been studies where it's very similar to people talking about the phone usage, that it's very similar for the babies when the parent is turned away looking at the phone. And almost anyone with young children has had this experience in some way when they get a phone call, when they have to take the phone call, and children come and pat on you and try to get your attention. After you have seen the still-face experiment it kind of helps you understand why the child might do that.

When the parent's attention is turned away. We

have to learn over time that parents have to be doing other things at times. But if it happens often, if it happens repeatedly, you can see how there would be trauma for the baby.

What do you think about the other way around, when you are the parent of a child who doesn't engage in a lot of eye gaze? A lot of looking at you? A lot of smiling at you as the parent?

How do you think that feels for the parent?

We are going to move on. And we are going to talk about a case study. And similar activity. I will read the case study and then I would appreciate the whole group commenting, helping with develop wonder questions.

So a baby is referred to your early intervention program. The baby had a cardiac condition which was discovered in the last two months of the pregnancy. She had several surgeries and she spent six months in the neonatal and cardiac intensive care units. The hospital encouraged the family to call E.I. immediately at discharge. They called when the baby was about 12 months old. The family called because the pediatrician expressed concerns regarding motor development at the 12-month check and the parents had concerns regarding feeding. The baby doesn't really like to eat.

As background, the parents had to drive almost 50 miles to the N ICU, the neonatal intensive care unit and visiting was both a priority and a stressor. Because for financial and professional reasons the mother returned to work three months after the baby was born and the father travels often for work. There is an older sibling who is in daycare

at the time of the second baby's birth now experiencing extreme temper tantrums -- tantrums when he goes to daycare and when either child goes to the pediatrician. What are some "I wonder" questions you have?

Jackie, if you can help me. I'm having trouble keeping the chat open and my PowerPoint running.

>> JACKIE BROCK: Yeah, definitely.

So Sequoia said, do they have any support from family in the community?

>> JOHANNA VAN DOREN JACKSON: Sequoia, that's a really great question to ask. Family support. You could make it more open-ended and more of a wondering question, to have it "Tell me about your support system...".

That's a way of turning your question into a more open-ended question with it.

Tell me about is really handy because I know I tend to rush to, did you, do you, what? And tell me about means I give the family permission to talk longer and to pause talking myself.

>> JACKIE BROCK: Jackie, we got a lot of activity going on, which is good. Thank you all so much for your participation. Sue, said I wonder if parents feel guilty for not being at the hospital more often.

>> JOHANNA VAN DOREN JACKSON: Absolutely.

>> JACKIE BROCK: Another participant said I wonder how much face time the infant got during the NICU stay.

>> JOHANNA VAN DOREN JACKSON: That's a really interesting question to ask after what we have just seen, right? Six months in the hospital,

what was that like for her?

>> JACKIE BROCK: Another participant wonders how significantly this will impact the baby and child's attachment.

Another participant is wondering how parents and siblings are adapting to the baby being home after six months in the NICU.

>> JOHANNA VAN DOREN JACKSON: Absolutely. Great way of thinking about it. This family has gone through a bunch of transitions and now the baby is home and life looks different yet again.

>> JACKIE BROCK: We have another participant who shared that they are wondering how much interaction the baby has had as an infant. Was the baby approached only when tests had to be done or when it was time for feeding?

>> JOHANNA VAN DOREN JACKSON: Yes. That's a beautifully perceptive question. What was this baby's tactile experiences like? These are great questions. These are wonderful wondering questions. I needed you guys when I was writing this presentation.

>> JACKIE BROCK: We have a lot more coming in. We have people who are just wanting the family to share about their NICU experience and kind of leaving that as an open-ended question. Some wondered what the hesitation was waiting six months to contact early intervention.

>> JOHANNA VAN DOREN JACKSON: Right. And wondering and having that question in the back of your head keeps you from being judgmental. Because when you wonder it opens up the possibility of maybe they were afraid. Maybe they had enough with helpers coming and

telling them what to do. Maybe they wanted to get to know the baby on their own terms. Easy to jump into judgment, the hospital told you to call right away, why didn't you? But when we wonder we stay out of judgment.

>> JACKIE BROCK: We had another person wanting to ask the family how the baby is doing since coming home. We also have someone wondering about where were the siblings during all this time.

>> JOHANNA VAN DOREN JACKSON: That's a really great question because that other child's experience has changed. And had their life turned upside down for this and what was that like when everyone was worried and sometimes here and gone. Beautiful way of thinking and wondering about that.

>> JACKIE BROCK: We have someone else who wondered if the mom had any other birth-related traumas. What was their other experiences related to that?

>> JOHANNA VAN DOREN JACKSON: Right, yes. Beautiful. Awareness of her history and what she brought to the second birth experience. Absolutely.

>> JACKIE BROCK: Who cared for the older child when the family was driving back and forth 50 miles to visit the NICU?

>> JOHANNA VAN DOREN JACKSON: Yes, is there someone else really important in this family's life and we will participate with in our services as they go forward?

Wonderful questions.

Okay, in the interest of time, I'm going to move

forward, but these are wonderful, thank you, everyone.

Now I would like to talk a little bit about wondering as a practitioner. Wondering as a practitioner, either by yourself as you think about your own work or during supervision creates a time and a place to talk about the baby and the family. It holds space for them. It allows the provider to identify the possible thoughts and emotional experiences of the baby and it also allows the provider to consider the thoughts and feelings expressed by the individuals. The family's values. And it allows the provider to increase their own self-awareness of the family and of their response to the family.

Wondering as a practitioner really helps us think about social location and social determinants of health. That concept of social location is really important in family work. Because every person in every family is a different combination. Social location is that combination of gender and race and social class, the age of people in the family, or the person you are working with. Abilities, the religion, even the geographic location, rural can feel different than suburban and urban.

And it allows you space to think about the concepts of privilege and marginalization for families.

And ourselves. And wondering in that supervisee and supervisor relationship is really important because we have been talking all along about how wonder creates time, creates space. And in that supervisee, supervisor relationship, it creates a safe space for discussion. It helps maintain

respect for the provider. If you take time to think about what you do and talk about what you do, you are in a space where you are being heard you know your work is valuable and that the time and effort you put in is valued.

You can examine your personal responses and develop a reflective alliance with your supervisor, in the same way that you developed a therapeutic alliance with the caregivers on behalf of the child, your reflective alliance develops support for the family and the child. It becomes an opportunity for you to grow and it also, there's research coming out that shows that it prevents burnout. Which is an important reality in our field. Family work is hard work. And having the space and the feeling you are respected for what you do helps prevent that burnout.

Examples of the wonder relationships for the practitioner and the supervisor and supervisory relationship, they also need to have a purpose. You want to make sure your questions are moving toward integration and growth. You don't need to rush to answer them. You want to let your mind ponder. Examples might be what might this person be trying to say? What might this person have experienced with helpers in the past? What about this might this person be afraid to say out loud to me. Also how am I feeling right now. Why might I be feeling this way? Why did I respond this way? What might this mean? Why does this matter? Why does this keep coming up? All of those wonder questions help you become more present for the family and more intentional about your work. And that takes me back, I remember

hearing it from one of my first supervisors in early intervention who was this gifted social worker who told us how you are is as important as what you do. So how you are for that family and reflection allows you to be there for that family to integrate your experiences, emotions and feelings and be present. I encourage you to listen to and respect the questions and the thoughts that stick with you. That linger with you. That perplex you. Those are worth spending time and energy thinking about.

I would like to do one last case study with a focus on the practitioner and the supervisor. I would just like to say, what we are doing is developing wonder questions. We are not going to problem solve on this one. We are going to develop things we are wondering or we are curious about as we hear this.

An early head start provider who delivers service in the home is worried about a family she works with. The mother said she was not permit today go outside. Her husband expected her to remain inside with the child. They practiced a different religion than most of their neighbors and he is concerned the mother and child will experience discrimination. The mother talked openly of feeling lonely and cut off. The child became upset during this conversation and the mother was frustrated with him because he kept throwing his toys. The provider believes it is important for the child to go outside, the weather is beautiful and he needs to interact with other children and she isn't sure what her next steps should be.

So what questions do you have? What feelings do

you have about what you have heard? What do you wonder about the dynamics or the patterns? About this social situation this family is in?

>> JACKIE BROCK: So we have participants who are wondering about how the mother feels about this. If there's a local church, synagogue, et cetera, that she can get involved in, concerns about abuse, what's happened to the mom when she has gone outside? Wondering what feelings rose up for the provider as she heard this information from the mother.

We got more coming in. So wanting to know more information about their religious beliefs. And discrimination, family, dad, things would occur. I wonder how often the parents go outside? I'm wondering if the father is worried about their safety. Wondering about the parallel process in regards to feeling it of control. Just wondering why the father doesn't want them to go outside. If dad wants to be involved with early intervention. Wondering if there are mental health concerns with the parents.

>> JOHANNA VAN DOREN JACKSON: A lot of these questions are really important to ask. And I'm curious in your selves when you heard this, what are you aware of? What values do you have that might be challenged by a family that expresses this to you? And if you were the supervisor of the early head start worker, what would be important to you to help the provider so she felt comfortable going back to the family and continuing to work with them? Anybody have thoughts in those areas?

>> JACKIE BROCK: Someone shared they

experienced this with a parent and it was very difficult. My first value that was challenged was the control of one partner over the other. Another person shared they had a very similar experience. We have more wondering questions coming on in here.

And then thinking about, most of these are also more wondering questions, thinking about if the family is new to the country.

>> JOHANNA VAN DOREN JACKSON: These are excellent. The wondering is allowing them to think about what is the family going through. But also what will I do when I go back? What do I need to balance? How do I develop an alliance with the family who wants to stay inside, or we believe one partner wants them to stay inside. We think the other partner doesn't want to. We know that the other partner says she feels lonely. What do we do because our work is doing, right? So wondering about the next steps helps us prepare to do.

>> JACKIE BROCK: Then we also have someone who is kind of thinking about the practitioner taking some time to learn about the family's culture and thinking about that from their culture, the practitioner's culture and the family's culture and kind of seeing what values are like and what might be different, exploring that a little bit more.

>> JOHANNA VAN DOREN JACKSON: Yeah, that's a really nice response in terms of wondering and thinking about what other knowledge do I need to have. You know, it's easy to think, well he has told her she can't go out. That might be true. It might be easier for that mom to say, well my husband doesn't want me to go out. Maybe she doesn't

want to go out but doesn't want to tell the early head start teacher I'm afraid to go out, I'm afraid of being by myself with my child and have someone critical of me and the choices we have made in our religion, talk to me. And maybe it's easier for that mom to say that it's her partner rather than have to put it out there.

When I wonder, I'm wondering, am I rushing to judgment about the father when it might not be that? It might be a different dynamic.

I'm not saying it is, I'm just saying wondering allows you to entertain different possibilities.

Any last questions that have come up, Jackie? Any wonder questions that have come up?

>> JACKIE BROCK: We have a lot of really wonderful wondering questions, that's a tongue twister.

We have some people talking about having a meeting and learning more about the family's culture and belief system. Engaging with both mom and dad would be an important step in kind of understanding their dynamic. Some people are talking a little bit about that telephone game where one person says something and that miscommunication that could be going on. So we also had someone who was wondering on behalf of the supervisor. Do you need support from them in terms of maybe going on a companying that provider on a home visit. And having the opportunity as the provider supervisor to kind of process those feelings thoughts and experiences when working with that family.

>> JOHANNA VAN DOREN JACKSON: Beautiful. Yes.

So I would like to end today with another quote, that is from Jimi Hendrix. Knowledge speaks, wisdom listens. When you go out you get to do both, you develop your wisdom listening and you can carry your knowledge and speak to the families with open mind and wondering.

So questions?

>> TRACY WALTERS: Johanna. That was amazing. And thank you, that was really heart felt and I can tell by the reactions I hope you can see you are getting on the screen, you are a rock star. There's no doubt about that. But you know, just a couple things you talked about in the presentation that I think is just really important to revisit kind of quickly. This idea of wondering. And everybody did it so beautifully with you on the screen today. So it seems like they are just naturals with it. It seems many folks are practicing this and learning more about it. But I think one of the most important things for us to consider is that it does elevate that child's voice in the process.

And it does help us sometimes to see the unseen in the children and families that we are working with. And I know that you and I have a lot of experience with, we are in reflective supervision together. We get to think in this way. But just to stop and pause to think about that, how important that is in elevating that child's voice when otherwise that might not be available for that child.

>> JOHANNA VAN DOREN JACKSON: That's right, Tracy. We have to help give the baby the voice. We have to help wonder about the baby. The baby is and the relationship are so central, we have to

be protective in that kind benevolent way we have to be protective of them.

>> TRACY WALTERS: I think you are right. I know in past conversations we can talk about how the business with our work with children and families can sometimes get in the way of us seeing that clear pathway and really cycling back around and keeping the child in the context of the family and all that can happen in the course of that family's life. So it's so important to do that. And to keep that cycle going.

The other thing I think you just demonstrated beautifully for us today. Sometimes there's a lot of confusion in the field when we are working with young children and families. We can be very therapeutic for children and families without being a therapist. And I think that sometimes there's a lot of confusion and angst around that about staying in our lanes or being fearful of difficult conversations. And I really do think that needs to be more of a conversation in the work that we do, whether you are in early intervention or home visiting or infant and early childhood mental health, all the spaces, nursing, all the disciplines. Because we have to step into, as you said, the brave spaces to really ask the questions that are needed to better support children and families. I think as we hone our experiences and we become more seasoned in our craft we know when the right times are to step in or lean into those conversations. So I would just like to hear what you have to say about that, Johanna.

>> JOHANNA VAN DOREN JACKSON: I think this approach is a shift and it takes practice. And it

takes some self-awareness to do it. The more you do it, the easier it gets. But it's hard work. It absolutely is hard work. But the benefit of shifting and practicing that, I think Tracy is those difficult conversations become less difficult. I'm not saying they go away and there always are those difficult ones but when you approach from a point of deep respect and deep curiosity, there's less of your ego in it and more of letting the family be in it. So I think it's very helpful to practice deliberately wondering. Giving space, being curious. And you know, we are never perfect at it. So we don't have to think about being perfect at it, we stop ourselves, catch ourselves, rehearse and go back and try again. Especially in that supervisory relationship where there's room to develop this.

>> TRACY WALTERS: I think you are right, Johanna. The our way of being. It's who we are when we approach children and families. And with our colleagues and with each other. I think on that note too, just the nod you made in thinking about our professional alliances, just highlighting we know in all our work there are those regulatory practices we need to follow and follow those guidances but it's this commitment to this kind of wondering and reflective practice that keeps us alive in our craft. Because it's not the paperwork or the regulation that's brought us through the work, it's our love for our children and families. The our passion for you know, serving them and our servitude, I just appreciate you nodding to that professional balance of we know that we have to follow all the good regulatory practices but there is room for both. There is room for both and

it changes your practice when you think in this way.

>> JOHANNA VAN DOREN JACKSON: Absolutely. I'm grateful to the alliance and to VANE for encouraging this kind of approach to the practice. We need that infusion in our work.

>> TRACY WALTERS: Johanna, thank you so much. This has been such an inspirational way to close out our first day of the conference. I hope you can see all the kudos you are getting on the screen. We so appreciate you being open and willing to share your expertise across the state today. And just thanks for wrapping us up with such an inspirational message.

>> JOHANNA VAN DOREN JACKSON: Thank you for the opportunity. It's a wonderful, wonderful world out there.

>> TRACY WALTERS: Really is. Thank you so much, Johanna. We really appreciate you.

>> JOHANNA VAN DOREN JACKSON: Thank you, bye-bye, everyone.

>> TRACY WALTERS: Bye-bye, guys.

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