Centre for
Perinatal Psychology
Helping you towards parenthood

BRINGING THE UNSEEN BABY TO SUPERVISION

Holding a reflective space for clinicians to keep the infant in focus

Reflective Supervision Group

Purpose:

- To support psychologists belonging to the Centre for Perinatal Psychology keep the infant in focus amid the pressures and isolation of the private practice setting
- To create a holding experience for therapists which becomes experiential learning of the concept of the parallel process where the therapist feels held, (and therefore can be reflective) which enables the parent to feel held which enables the infant to feel held

Set-up:

- Three participants; one supervisor
- 10 fortnightly sessions at 60-mins
- Connecting around Australia via video conferencing

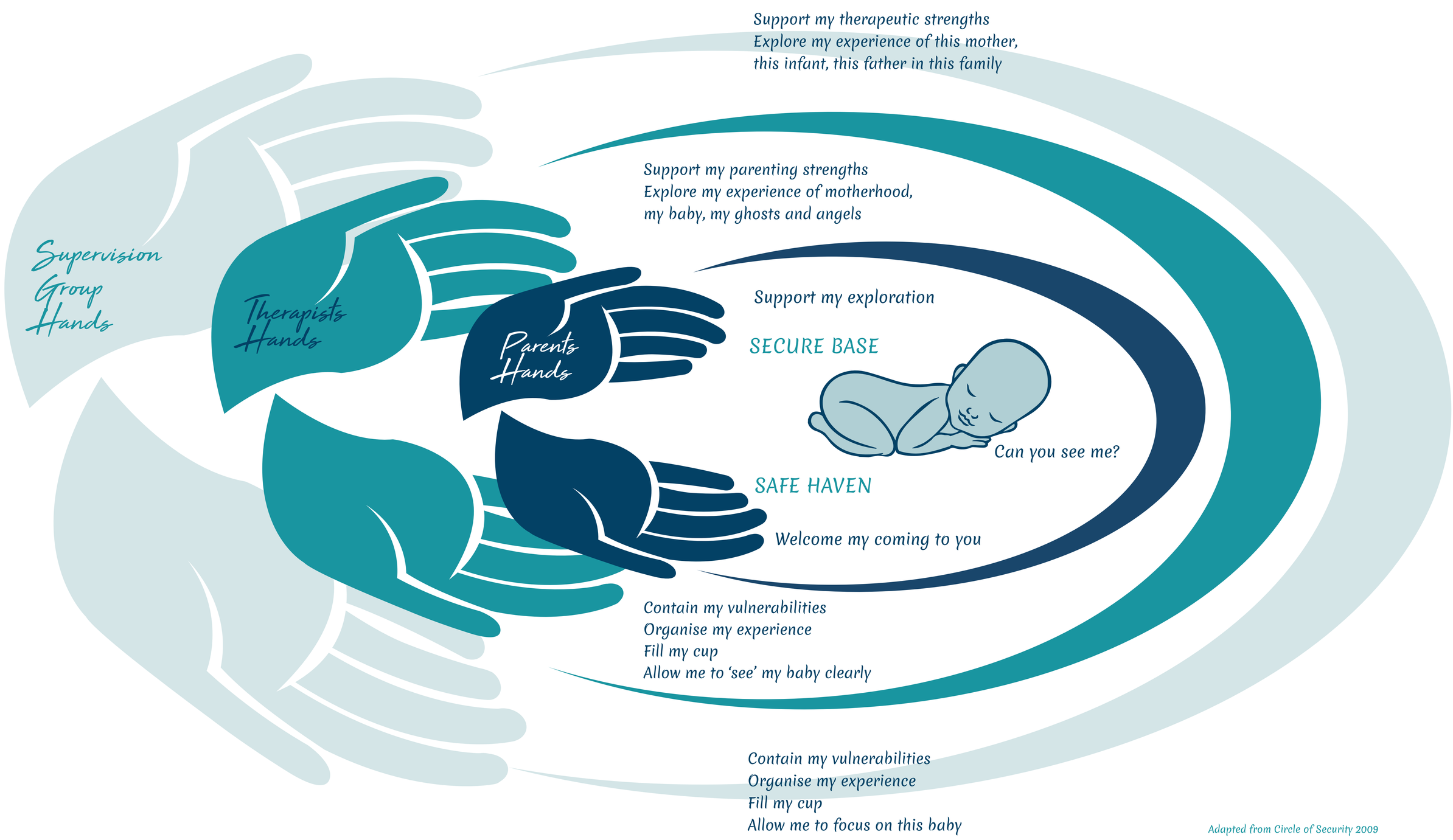
Process

The Supervisor:

- Creates a safe, dependable, empathic space for therapists to share their questions, concerns and successes
- Focusses on the emotional content of the work to enable the therapist to safely explore and make sense of the therapists' own reactions evoked by the parent and infant
- Contains the vulnerabilities of the therapists
- Enhances the ability to consider multiple perspectives
- Models skilful use of self

The Group provides:

- Exploration of a broad range of cases
- Opportunity to recognise commonalities and feel validated
- Cohesion reducing feelings of professional isolation



Adapted from Circle of Security 2009

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Challenges to Keeping the Infant in Focus

- Port of entry for therapy is maternal mental health difficulties
- Medicare focusses on symptom resolution rather than concurrent focus on the infant or the relationships in the family
- Therapists do not always observe infant with their own eyes
- Therapists are reliant on the mother's representations of her infant's behaviours/state of mind
- The mothers' lens may be distorted by her mental health difficulties
- The mother may conceptualize therapy as "me" time
- The therapist must start with risk assessment and the parent's needs and where the parent wants to begin
- The therapist must contain any anxieties about the infant's wellbeing until there is sufficient trust in the relationship
- Therapists need to adapt common dyadic parent –infant interventions which typically rely on actual (and sometimes videotaped) observations of the infant