

ACADEMY OF PEDIATRIC PHYSICAL THERAPY RESOURCE/FACT SHEET

Weaving Relationship-based Practices into Intervention: A Guide for Pediatric Physical Therapists

Introduction

The relationship-based approach to intervention is the process by which the development of an infant, birth to 3 years of age, is mediated through their social environment. The social environment represents the environment of relationships, both proximal (interactions with family members) and distal (community resources, governmental policies) that impact the infant. The process of a relationship-based approach is dynamic and reflects the contributions that the infant and their social partner bring to an interaction and as such is bidirectional in nature.¹ Development and learning of motor behaviors occur in the context of social interactions.²

A multidisciplinary base of knowledge informs the physical therapist's focus on relationships. The tenets of (1) bioecological systems theory,³ (2) transactional model of development,⁴ (3) dynamic systems theory,⁵ and (4) family systems theory⁶ provide a foundation to support and enhance the important relationships that surround an infant. As physical therapists expand their practice to include relationship-based approaches, they are encouraged to access the extensive literature that validates this perspective.

Relationship-based practices are woven into the physical therapist's encounter with the infant and family during real-time interactions. A fundamental element of this approach is the physical therapist's awareness of the social and attitudinal elements of the environment that may be potential supports or stressors for the infant/caregiver dyad.⁷ As physical therapists support the parent's role to promote and enhance their infant's development, consideration of the evolving and dynamic relationship between a caregiver and infant, and the relationships that therapists develop with infants and families, are important elements that inform therapy sessions.

Important Relationships

The interpersonal interactions between infant and caregiver, caregiver and therapist, and infant and therapist define the relationship-based approach to intervention. The interpersonal behaviors of each member contribute to the moment-to-moment interactions and context for learning. These relationships can occur in a variety of settings: child's home or early intervention center, NICU, hospital, outpatient clinics and therapy centers, and child care programs.

Infant/Caregiver- An infant may have one or more primary caregivers (e.g. parents, grandparents, extended family and friends, babysitters/nannies, child care providers, and in medically fragile situations, nurses and aides).

Fostering a good match between the infant's needs and the caregiver's view of the infant optimizes child outcomes. Caregiver's experience of and response to infant behaviors (e.g. emotional state, verbal and nonverbal communication), personal factors (e.g. infant health, growth, eating and sleeping patterns) and environmental factors (e.g. family/community stress or support) are influenced by their unique personal history. Assisting a caregiver in interpreting the infant's cues accurately, as well as acknowledging current life situations, can promote caregiver confidence and competence in caring for the infant and therefore, optimize child and family outcomes.

Caregiver/Therapist: A caregiver encounters a therapist along the continuum from assessment through provision of services. It is important to be mindful that some caregivers may work with multiple therapists if the infant requires services in a variety of settings. Many caregivers and therapists desire a collaborative relationship⁸ characterized by dimensions of communication, commitment, equality, skill, respect, trust, compassion, and honesty.⁹ Timeliness, responsiveness, discretion, sensitivity, and the ability to disclose information honestly are valued qualities.

The caregiver/therapist relationship changes over time in terms of the family's need for information and their reliance on the therapist in decision-making.^{8,10} For some caregivers, as their capabilities in caring and advocating for their child increase, their confidence in decision-making expands. Likewise, initially more autonomous caregivers may request more input from the therapist as they begin to share their feelings, concerns, and ideas. This evolution is mediated by the quality of the relationship between the caregiver and therapist.

Infant/Therapist: The infant and therapist engages in interactions during the provision of services. Services that are provided in a manner that promote enjoyment, engagement, and a sense of well-being and safety are beneficial to the infant. As physical therapists interact with the infant, they should be mindful of the effect that their presence, physical handling, and verbal/nonverbal communication is having on the infant. Infants develop a sense of themselves through interactions with others.¹¹

The behaviors that therapists demonstrate serve as a model to caregivers and inform the caregiver of the infant's unique needs and capabilities. Furthermore, the sensory stimuli that physical therapists administer is done with sensitivity to maximize an infant's capability to self-regulate.^{12,13}

What It Looks Like in Practice

Consideration of all dimensions of the infant's environment promotes the physical and emotional well-being of the infant/caregiver dyad. The physical therapist relies on a set of interpersonal skills used during assessment, planning, and intervention. Building a trusting, respectful, productive relationship with caregivers requires an ongoing, fluid process of sensitive information gathering and sharing, acknowledgement of the priorities of the family, and self-awareness on the part of the physical therapist. Recognizing that the infant and social environment influence each other and are both changed by experience, provides opportunities for the physical therapist to individualize interactional and teaching styles to fit an infant's circumstances.¹⁴

A general framework with samples of behaviors is provided below. These elements operate in an interconnected manner based on the individual characteristics of the dyad (infant/caregiver) and provider. This framework emphasizes the importance of the triadic relationship (infant, caregiver, and

therapist) while being cognizant of the distinct relationship of caregiver/therapist, infant /therapist, and infant/caregiver.

Develop a relationship with the caregiver first ¹⁵

Always start with caregiver concerns. Encourage the caregiver to express their wishes, goals, and expectations for the infant and for therapy. Use open-ended questions.

Acknowledge that you heard the caregiver's message as well as opinions, frustrations, and joy.

- Rephrase their story to validate their concerns.
- Share your story if something resonates.
- Be mindful to balance broadening the relationship while fostering independence and capability in the caregiver.

Explain your role and what you will be doing; ask caregivers about their perception of your role.

Look for opportunities to praise caregiver interactions, behaviors, and creativity that support child functioning in any developmental area. Likewise, highlight positive responses from the infant to foster caregiver awareness of interactional cues from the infant.

View the infant/caregiver dyad holistically through a wide contextual lens.

These areas may be modifiable or provide an opportunity for a sensitive discussion with the caregiver to support their priorities and concerns.

Observe for signs of a secure attachment between the caregiver and infant where the infant independently explores the environment, checks back for comfort and obtains support.

- In situations where sensitivities are heightened or askew, try giving voice to the infant or caregiver e.g. "he seems tired" or "he seems to want a hug from you" or "it must be frustrating when Johnny cries for long periods of time."
- Gentle prompts can help to reframe perceptions and expand the repertoire of child-rearing behavior.

Observe and listen for potential stressors or supports that can influence the caregiver/infant relationship: loss of job, parent working long hours, child care provider issues, other children have special needs, marital conflict, sibling concerns, financial difficulties, medical needs of the infant or other family members; supportive and involved grandparents or extended family.

Demonstrate appreciation of the environment in terms of activity level, noise and distractions

- If the therapist is distracted, there is a good chance either the infant or caregiver is too. For instance, consider including an active sibling or social partner so the caregiver feels the children's needs are being addressed. Another example is gently suggesting turning down/off the TV so it is easier to hear the infant or caregiver.

Understand the daily routines of the infant in regards to positioning, playing, sleeping, and eating.

Demonstrate awareness of the neighborhood and community – general safety or violence, and the availability of community programs or services.

Demonstrate awareness and importance of collaboration between multiple service providers by encouraging sharing of evaluation reports and updates, and upcoming meetings or clinic visits.

Reflection

Remember that caregivers, infants, therapists, and all service providers bring their personal histories into the relationship.¹⁵ After the session, think about what went well or what seemed challenging in relation to the intervention or any contextual characteristics. Be aware of your feelings; they are important.

Questions for therapist reflection:

In terms of the infant/caregiver dyad:

- Could I have better supported the interaction between the infant and caregiver?
- Did I collaborate with the caregiver on ways to expand their interactions to promote motor development?
- Was I alert to the stories the caregiver told about the infant and do they reflect my perception of the infant's behavior and abilities? Could I have reframed the story to better support the infant/caregiver dyad?

In regard to yourself:

- Did something happen that I was uncomfortable about?
- Do I need to explore my own beliefs and biases related to this situation (e.g. cultural, socioeconomic, religious, or parenting style)?
- Should I discuss my concerns with a more experienced colleague or supervisor?
- Is this a situation where I need to make a referral for social work, counseling, or other service provider for this family?

The social and caregiving environment of the infant/caregiver relationship has the potential to mediate a child's activity and participation through nurturing and supportive interactions.¹⁶

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Center on the Developing Child, Harvard University:

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National Center for Infants, Children, and Toddlers: www.zerotothree.org

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