Solihull Approach:

Introduction

The Solihull Approach is a way of thinking and working with families. It can help provide a framework to think about working with families to help them to support their children. The focus is on relationships and how these relationships in turn affect brain development in early childhood. This can then impact on the persons ability to regulate themselves for the rest of their life.

The Solihull Approach promotes emotional health and well being in children and families. The model supports practitioners to work with children and families and supports parents and foster carers to understand their child.

The Solihull Approach started in 1996 in a joint venture between health visitors, clinical psychologists and child psychotherapists in Solihull, lead by Dr Hazel Douglas.

The approach was initially designed for health visitors to work with families whose children presented with behaviour difficulties, such as sleeping and feeding. It rapidly developed further and is now used by a wide range of professionals from different agencies to work with families.
In addition it has also been applied to developing and delivering a wide range of groups and interventions, including antenatal and postnatal, parenting, healthy eating, peer breast feeding training and longer-term work.

It can help to provide a consistent approach across a range of professional working with families and help with giving practitioners the permission not to try to fix things for others.

The Solihull Approach integrates concepts from different areas; Containment (Psychoanalytic theory), Reciprocity (Child Development) and Behaviour Management (Behaviourism).

Early brain developments provides the foundations for babies to relate to their environment and caregivers. It is the quality of that relationship that can help lay down the blueprint for all future relationships.

The quality of parent–child relationship is crucial to the way the brain wires itself up, and to the child"s ability to regulate their emotions and behaviour. Relationships between parent and child which are characterised by trauma, neglect and stress are known to have a detrimental effect on infant brain development, child behaviour and emotional regulation. Our brains continue to form new synapses and prune away unused connections throughout life, so there is always potential for change. However, critical pathways developed during the first year of life can continue to exert a strong influence and may be harder to change. These pathways can be helpful or unhelpful in terms of earning.

Containment describes the process of processing anxiety and emotions so that the ability to think is restored. One practical aspect of this is that the professional actively listens and puts the story together with the parent, before attempting to give any advice or behaviour management. Reciprocity focuses attention on the attunement between the parent and child, enabling the professional to then work with this aspect of the relationship.

The most important aspects of a containing relationship are:
The practitioner needs to create a suitable environment and consider how best to enable a parent or carer to talk about what is really bothering them.
The parent‟s mind being available to think about the infant, child or young person (trainers should discuss factors which undermine this for example, stress).
The parent observing cues from the infant, child, young person (thus requiring reciprocity).
The parent digesting the cues and feelings and trying to make some sense of them.
The parent conveying back to the infant, child, young person in words, or actions, that the child‟s experience is being thought about with care (held in mind).
The practitioner thinking about what feelings are being elicited in him / herself.

Reciprocity

The Dance of Reciprocity is the basis for all healthy relationships (parent – baby/child/teenager, parent practitioner, teacher-pupil) and can be observed from the first few hours of life.
A degree of mismatching is necessary to promote healthy emotional growth and to facilitate resilience. Rupture and Repair‟ is a stage of the Dance of Reciprocity when the infant / child processes the interaction during the withdrawal / look away stage. This leads to learning.
Parents can misinterpret this stage and may need support.Chase and dodge‟ reflects the parent/carer not recognising the infant‟s signals and need to withdraw as they are becoming overwhelmed. Attempts by the parent/carer to continue engagement are intrusive and the infant becomes distressed as they increase their efforts to „dodge‟ the interaction. Lack of withdrawal stage inhibits synapse formation and storage of information to memory.

Reciprocity is important for:
- Self-regulation
- Building block of attachment
- All transitional stages – (e.g. weaning, moving to own room, starting school, reading cues from others)
- Developing a clear sense of self
- Language development and social skills
- Provides a blueprint for all relationships (links to attachment)
- Links to baby brain development

The principles of behaviour management are necessary, but these are used later in the process so that they are customised together with the family and are created within that unique context, which seems to make them more effective.
It is more about understanding the story that has led to current behaviour rather than diving with advice and strategies.

Case study

John's mum had contacted the health visiting service asking for support with his behaviour.

The previous notes showed that throughout his life over the past three years the family had had support for behaviour challenges he had presented with.

I telephoned Jane and arranged a home visit within ten days. There was a need to be flexible with dates and times as she worked night duty two days a week as a carer.(Containment) and (reciprocity)

At the first visit she was welcoming and I explained that at this visit I would be aiming to get a picture of the challenges she was facing and it would be helpful if she told me her story. This allowed me to ask reflective questions to gain a full holistic assessment. John at this visit was at his child minders. (Containment)

Jane spoke about how difficult she was finding his behaviour and the impact on her older son and her relationship with John's father. The couple did not live together but were together as a couple. His father came over and stayed three nights a week and cared for John when she was working night duty as a care assistant.

I asked if there had been any changes and she said there had not been any. However, during the course of conversation she shared with me that her mother had been recently diagnosed with cancer and was having chemotherapy. I asked how she thought this may have affected John and she said she did not think it had affected him at all. As the conversation developed she said that she had noticed that John had been upset seeing his nan with no hair. (Reciprocity)

Jane shared that she has suffered from anxiety and depression in the past. That she did not want to take any medication at present. She explained that John attended a child minder two days a week and the childminder had not reported any of the difficulties she was describing. I asked how she felt about this? Jane said it did not make her feel very good about herself.

At the end of this visit we agreed that she would consider seeing the GP for herself and was happy for me to speak to the child minder. Jane agreed to keep a record of some of the challenging behaviours and I gave an information leaflet about the importance of firm and consistent boundaries. Another visit was arranged and Jane was aware of how to contact the service in the meantime if needed. (Containment)

At the second visit Jane looked much more relaxed and was smiling a lot. She said things had been easier since the last time she had seen me and she had noticed that there was a link with how tired John was and how this affected his behaviour. She also felt he was a very sensitive boy

who needed to know about change and did not just take it in his stride. It also became apparent that mum and dad had very different styles of parenting and that Jon maybe getting mixed parents from each parent.

I asked her what she felt had helped her since we last met. She replied it had helped to talk through things and she had started to notice things about his behaviour. For example, how he reacted to her when she was not at work and how he reacted when his dad was looking after him. She spoke more about how different dad was with John and he was not as firm. Reported he often gave into John. (Reciprocity)

We explored more of how this may be affecting John if he was getting two very different styles of parenting.

Following this visit I arranged a follow up contact in one month and also discussed a referral to the local sure start children centre for further support with parenting. Jane agreed to this referral and to a support group for women experiencing anxiety and depression called ‘Moving on up’.

At the next visit Jane was very anxious and told me she had had a terrible time with John’s behaviour and it was affecting her relationship with his dad.(Behaviour)

She had also seen the GP who had prescribed her some medication. The focus of this visit was to offer containment to Jane who was visibly very distressed. At this visit I also realised this family was going to need the support from other agencies and discussed completing a CAF (Common assessment Framework) form. Jane was happy to get as much support as possible and I also gave her contact details for counselling and one to one support.

Following discussion with Jane we agreed it would be helpful to carry out an ages and stages review of his development. This was because Jane said some of her friends had suggested he may have ADHD

The ages and stages revealed areas of concern and possible delay. We agreed that I would also get the nursery and child minder to complete to help build up a more fuller picture.

Jane was extremely anxious during this period and further benefitted from listening visits and the support from other members of the team such as GP and counselling.(Containment)