

The REL-i Model: Teaching Caregivers How to Co-Regulate Young Children

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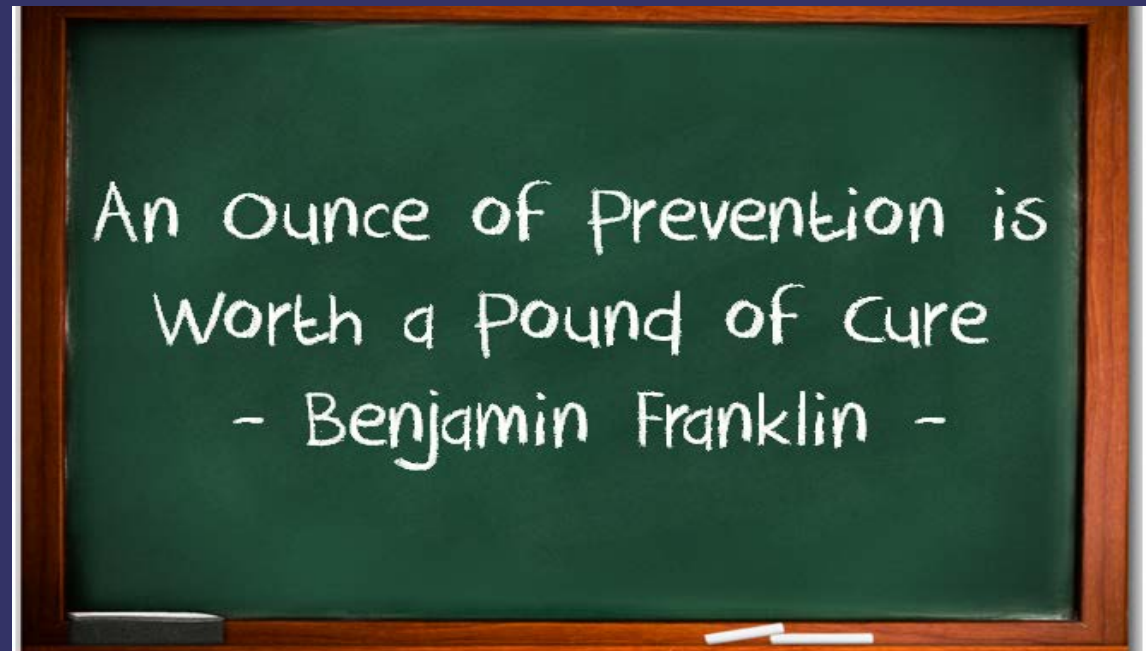
Infant/Early Childhood Mental Health: An Opportunity for Prevention

Intervention Mindset:

Diagnosis problem and treat or refer

Prevention Mindset:

Prevent problems from arising and optimize well-being and development



What is Co-regulation?

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A dynamic, bi-directional process in which each partner makes contingent moment-to-moment adjustments to the behaviors of others.



Why is Co-regulation Important?

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Co-regulation provides children with the support, guidance and modeling they need to “understand, express, and modulate their thoughts, feelings and behaviors.”

- Murray 2015

Why is Co-regulation Important?

Promotes Self-regulation - Improves impulse control, ability to resolve problems, learn new things and recover from difficulty

Promotes Secure Attachment - Informs child's developing representations of self and other that have a life-long influence on their relationships and self-esteem

Self-Regulation and Secure-Attachments Are Associated with Lifelong Well-Being

Increased IQ, Improved Attention

Academic success

Better peer relations

Improved mental and physical health

What does co-regulation look like?

<https://www.youtube.com/watch?v=apzXGEbZht0>

<https://www.youtube.com/watch?v=-H14NNUYwVc> (start at 1:10)

<https://members.circleofsecurityinternational.com/chapter-8-american-english-original>

(Start 4:57)

The REL-i (“rely”) Model of Co-Regulation

The REL-i Model offers providers the framework and materials needed to integrate a preventive approach into their everyday practice by promoting the capacity of caregivers to co-regulate their infants and young children.

REL-i Model of Co-Regulation: Caregiver Strategies

Regulation (self)

Empathy

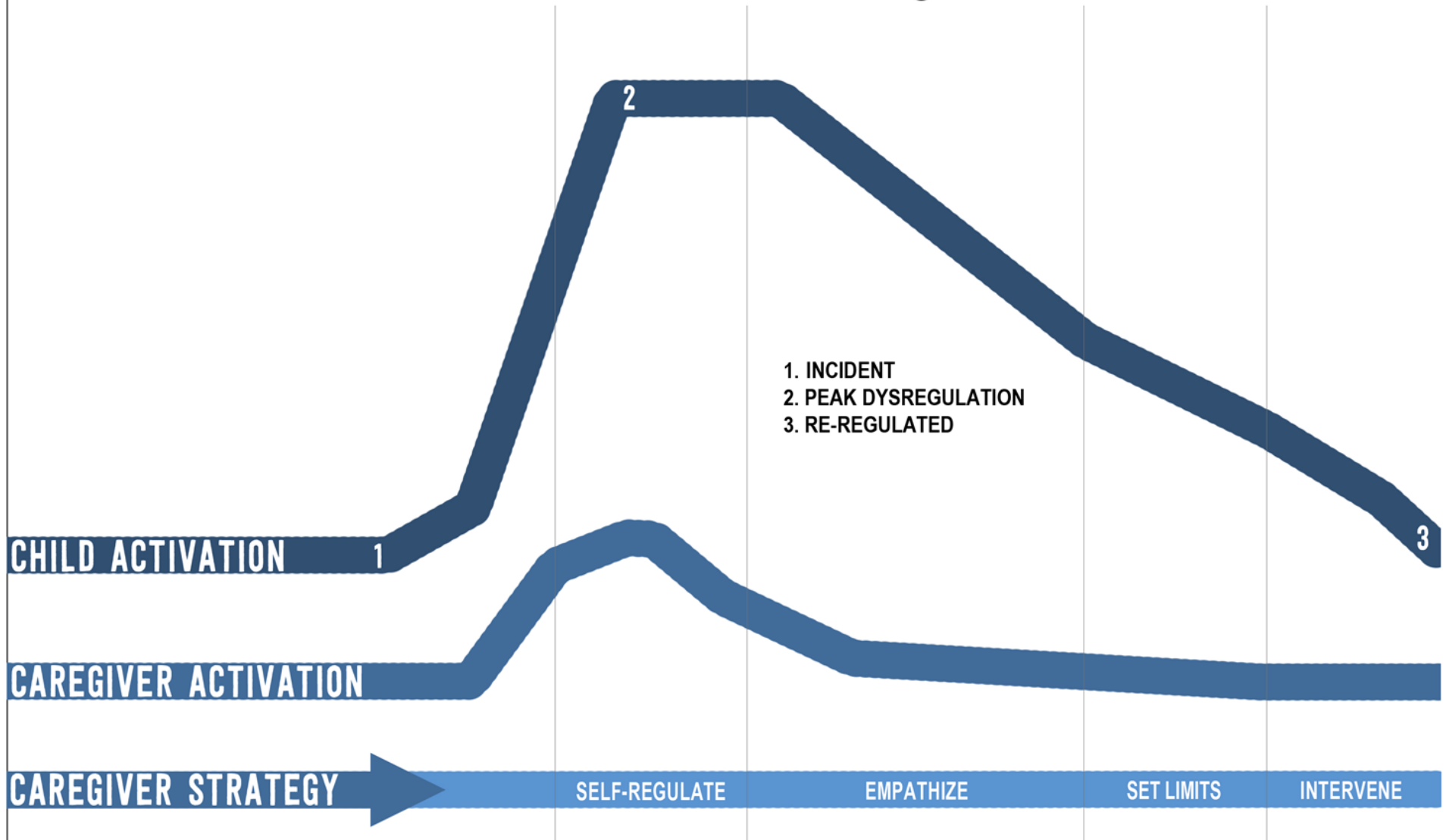
Limit Setting

Intervention



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REL-i Model of Co-Regulation



The REL-i (“rely”) Model in Everyday Practice

1. Illustrate the importance of co-regulation and its components.

Co-regulation is how infants and young children develop trust, gain self-esteem, and learn to self-regulate. These are the four components of co-regulation.

2. Help caregivers choose a focus component

Would you like more information about any of these strategies?”

3. Provide REL-i material regarding that component, and explain the process

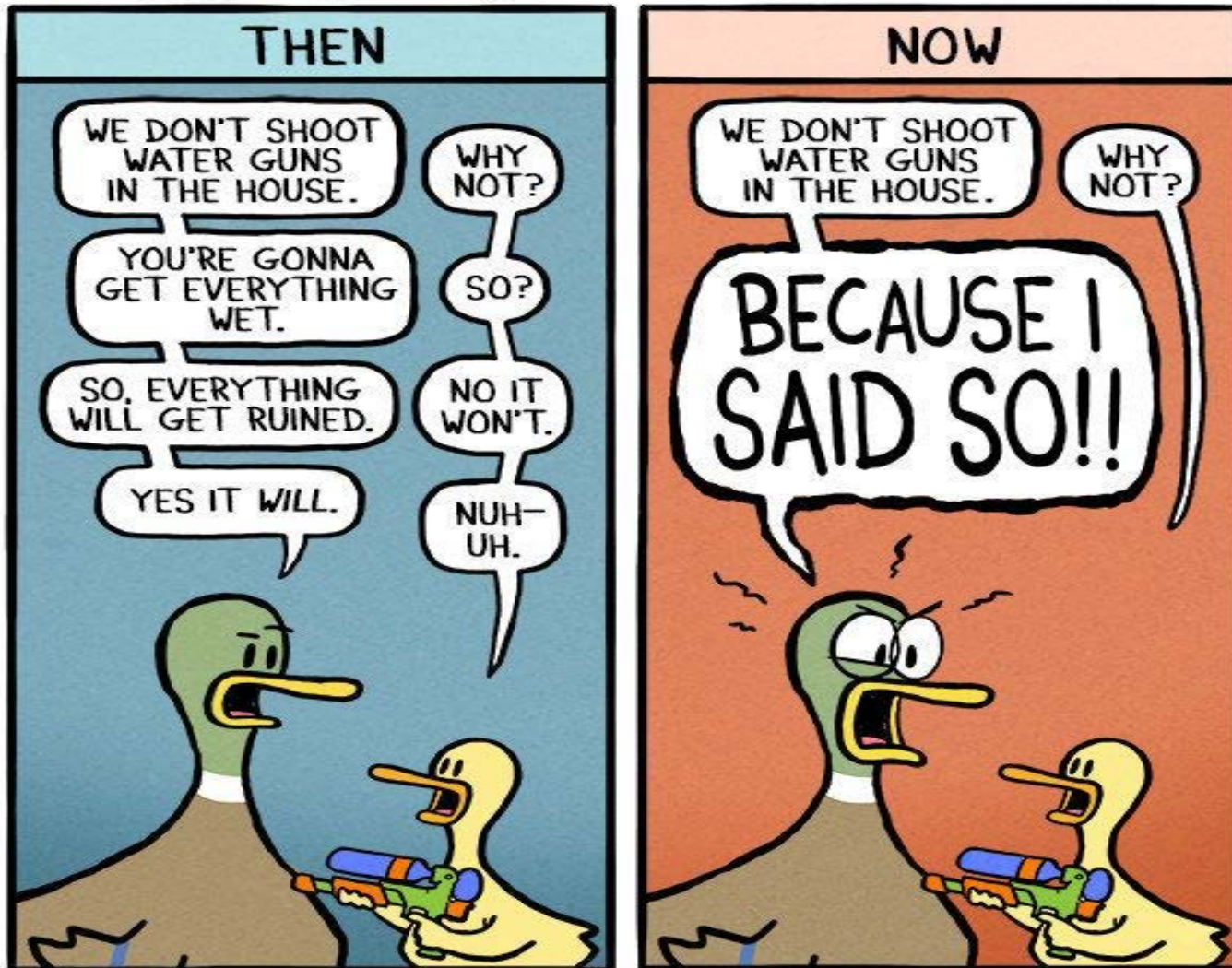
The goal is not to get it perfect every time, but to understand what does work for your child.

4. Make note of the focus area in the child's chart, follow-up with the caregiver at the next appointment and provide additional support as needed

So, how did it go with _____? What did you notice working?

For Caregivers Wanting Help with Self-Regulation

HOW I USED TO TALK TO MY KIDS
(BEFORE I LOST MY GODDAMN MIND)



Strategies for Improving Self-Regulation

In Advance:

REFLECT – what are your triggers? Situational and historical?

VISUALIZE – how you want to respond in situations that trigger you?

In the Moment:

NOTICE – when you become dysregulated (what does it feel like in your body?)

BREATH – deep exhalation with a relaxed jaw

BECOME CURIOUS – Why is my child behaving this way? What is motivating the behavior? What

Self-Regulation \Leftrightarrow Empathy

Stress impairs empathy – dysregulation interferes with the caregivers's capacity to empathize with the child, AND young children are generally unreceptive to reason when they are dysregulated.

Understanding promotes self-regulation – Making meaning of the child's behavior helps organize the caregiver.

Meaning can be regulating or dysregulating

.Meaning that dysregulates:

- .Blaming oneself - *this behavior means something bad about me*

- .Blaming the child - *this mean something bad about my child*

- .Trauma trigger - *this reminds me of something frightening*

.Meaning that regulates:

- .Specific to the state of the child

- .Developmentally appropriate

- .Project a benign interpretation

Providers can help promote caregiver self-regulation by **understanding what meaning the caregiver is making** of the child's behavior and assisting them in

- making more **developmentally appropriate, state-specific, benign interpretations.**

Blaming Oneself

Caregiver: *When he doesn't get what he wants, he has big tantrums. What should I do?*

Provider: *How do you respond?*

Caregiver: *I guess I get angry and just walk away.*

Provider: *What are you thinking when that happens?*

Caregiver: *Like 'what am I doing wrong that he gets so angry?!'*

Provider: *You don't have to feel it's your job to prevent him from getting angry, children have big feelings, and it is normal for them to get angry when they don't get what they want, but you can begin to help him learn how to cope with these big feelings*

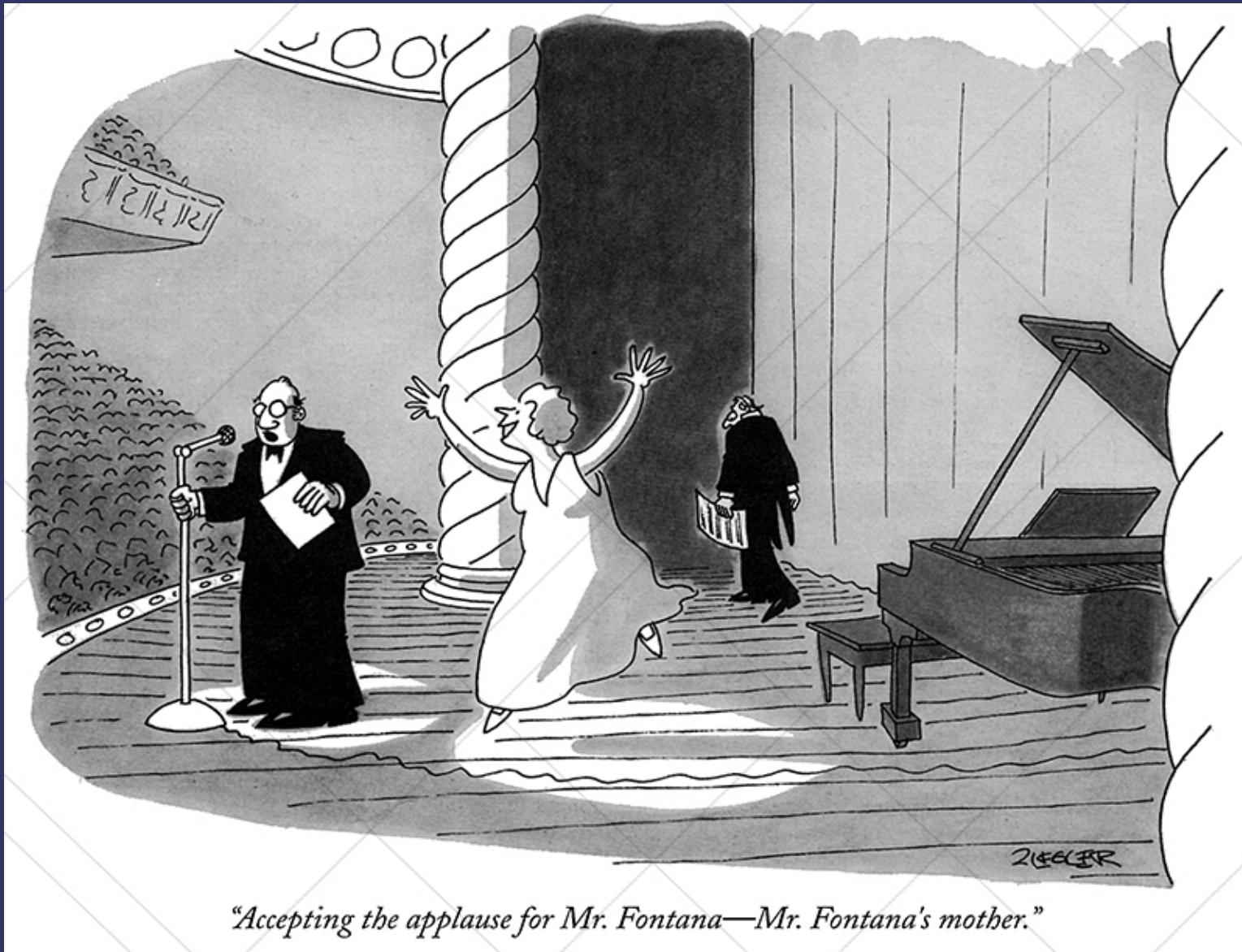
Blaming the Child

Caregiver: *Like 'what is wrong with him? Why is he so aggressive?'*

—

Provider: *Expressing anger is normal in young children, especially when they don't get what they want, because they are just learning to cope with these big feelings, and they haven't mastered this developmental milestone yet, but you can begin to help him learn how to cope with these big feelings.*

For Caregivers Wanting Help With Empathizing



"Accepting the applause for Mr. Fontana—Mr. Fontana's mother."

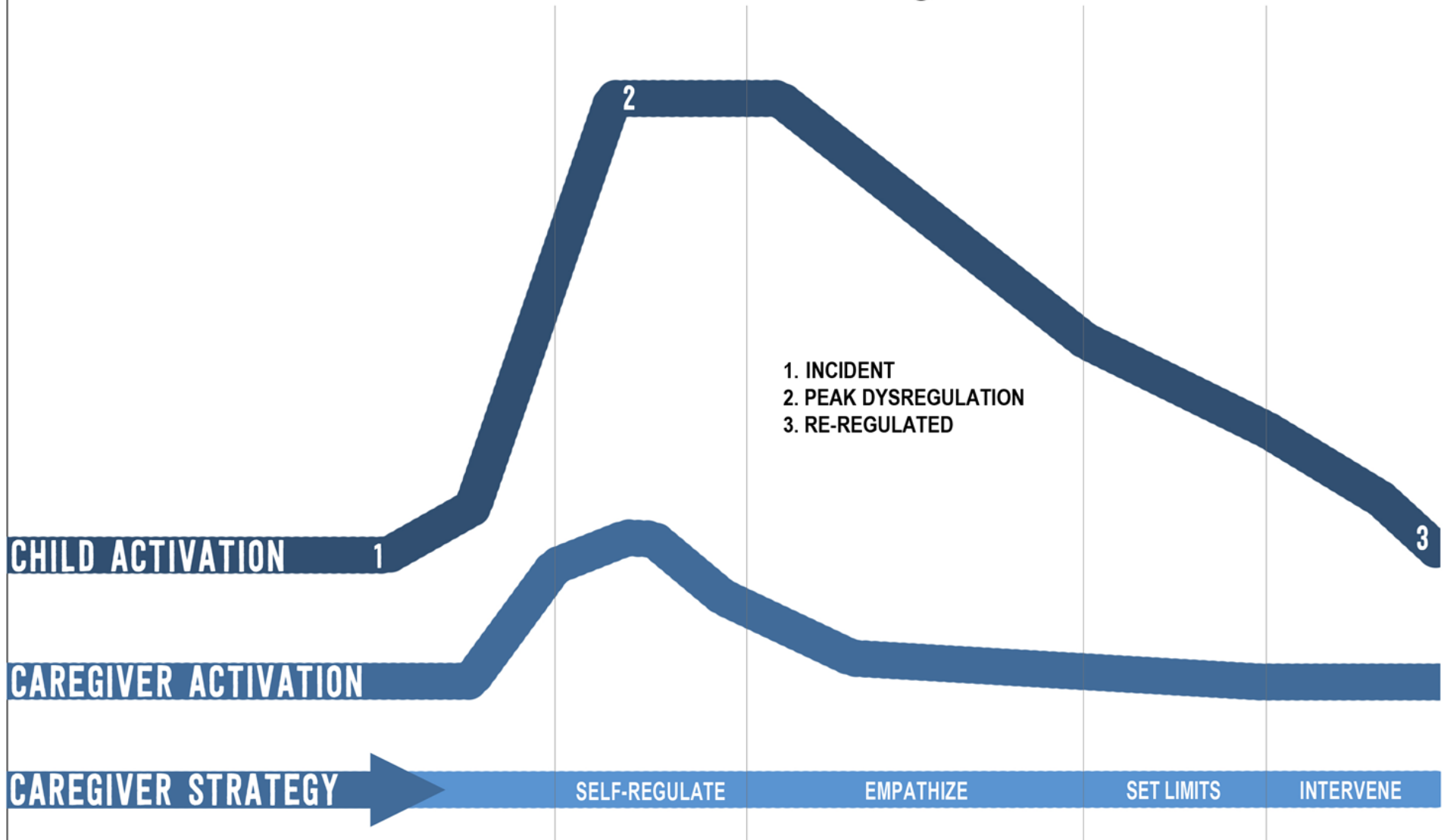
What is Empathy?

The capacity to feel and understand another's internal experience.



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REL-i Model of Co-Regulation



Common Dysregulating Triggers for Young Children

Hunger

Tired

Bored

Wanting to explore and feel more independent

Wanting comfort and safety (pain, scared)

Difficulty with transitions or delayed gratification

Jealousy

Non-Verbal Communication Helps Caregivers Understand Behavior and Express Empathy

Facial Expression (gaze)

Body Gestures (attention, orientation)

Vocalization (tone, rhythm)

Touch (pressure, rhythm)



*Beebe, B. (2019)

Promoting Empathy: ASK and LISTEN

“I wonder why she does that? Do you have any clues from what you notice in her expression, body language, or tone of voice?”



“To me, the biggest gift I can give to each parent: **Watch your baby** and trust that baby to tell you when you're on the right track and when you're not.”

- Berry Brazelton, M.D.

Promoting Empathy: REINFORCE the POSITIVE

Look how she recognizes your voice! She knows what her mommy sounds like.

Did you notice how he looked away for a moment, and then when he was ready, he looked back at us, ready to engage again. That is a good sign he is developing the capacity for self-regulation.

You are so gentle with her. She really seems to respond to your touch.

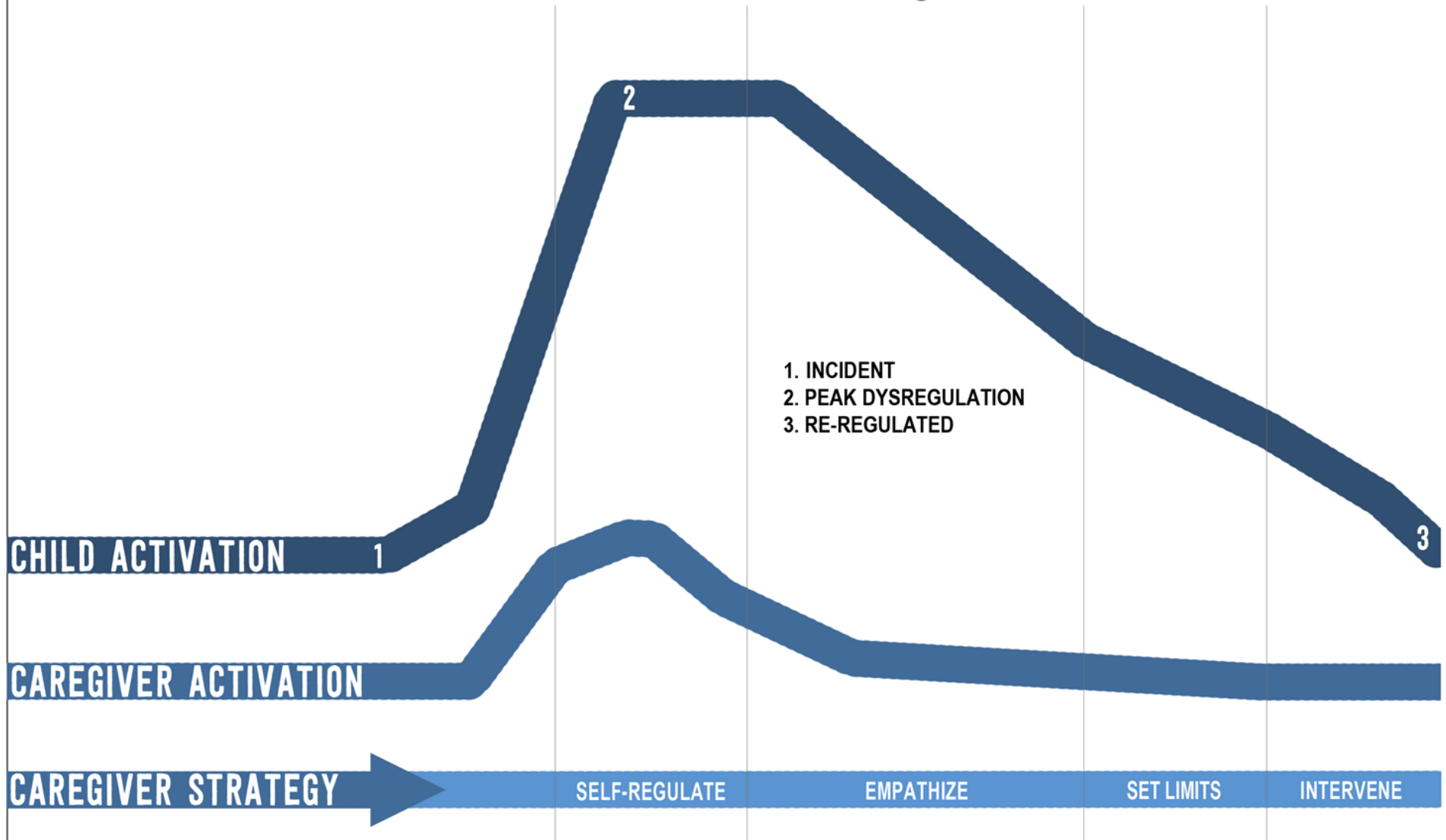
Promote Empathy by Providing Empathy and Modeling Curiosity and Reflection

It can be so hard to know why children do what they do when they cannot yet tell us! We wonder, and make our best guess about what might be motivating their behavior, but often we only know if we're right based on how they responds, and sometimes it can take awhile to figure it out.



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REL-i Model of Co-Regulation



For Parents Seeking Help Setting Limits

THE SURRENDERED MOM



Setting Limits

Providers can help caregivers **understand limits.**

Limits are important because they help the child know what

Providers can help caregiver with **limited resources,** en

Children are more likely to accept limits when they are calm

Helping Couples Meet in the Middle Rather than Play Tug of War

Children need BOTH empathy AND limits.

When caregivers split the task of providing empathy and

Both caregivers have something important to offer and can learn from one another.



For Parents Who Want Help Intervening



"We think he needs more individual neglect."

Behavioral Interventions

Ease children towards more positive and rewarding end

Behavioral Interventions are the icing on the cake, not f



Behavioral Interventions

Focus on something positive/future

Use humor

Counting gives the child a chance to transition

Distraction

Engage them in a solution

Rewards/Punishment

Self time

Be creative!

Depression Can Interfere with Interventions in Repair Process

Normal Controls in Still-Face

Repair – Relatively more positive affect

Maternal Depression

Repair – Relatively more negative affect



Only need to get it right 30% of the time!

Putting it all together

Some everyday examples connecting the components of co-regulation into a fluid response:

“Of course you want that lollipop, but we're not going to have candy now. You can have something yummy after dinner for dessert tonight.”

“I know you love playing with that toy car, but we need to get ready for school now. Can you show me your toothbrush?”

Putting it all together

Sometimes co-regulation happens in microsecond and sometimes it can take half an hour or more.

Not all the components necessarily need to happen every time.

Not all the components are equally as important for every child.

Often co-regulation is non-linear, caregivers go back and forth between the steps, not in only one direction.

Summary

The REL-i Model offers a preventive model of care that optimizes

If you are interested in learning more,
contact me:

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