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The Potential Impacts of Becoming a Parent on Practice

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There are many experiences in working with vulnerable children and families that require reflective practice on the part of the practitioner in order to identify issues of crossover between the personal and the professional, and areas of transference and counter transference. This article suggests a particular challenge is presented in the process of the practitioner becoming a parent themselves. Those who have been working with children and families for much of their careers may find becoming a parent presents a range of conflicting and challenging considerations that need to be unpacked throughout the process of transition. The author has a background of working in child protection for over 20 years and became a parent herself just over 4 years ago. She provides clinical and group supervision to a wide range of practitioners as an external supervisor. This practice-based reflection piece draws on the author's experience, with inputs from supervisees and the examined literature, to identify some key themes. The issues raised suggest a need for more research and greater thoughtfulness around the impact of becoming a parent on practitioners themselves and on their practice.

Keywords: child and family welfare, critical reflection, social work ethics

Introduction

Working with families with children who are facing vulnerabilities and challenges is primarily the domain of social work, social welfare and psychology graduates. This largely female workforce, some of whom have had their own challenges with being parented or with parenting, often enter the sector with a strong commitment to ensuring children and families receive better than "good enough" circumstances in which children can grow and thrive. While some within this workforce are already parents upon their entry into the sector, a large number of practitioners become parents during their time working with children and families. This appears to be a somewhat unexplored area of practice, in terms of the issues of transference and counter transference, with some kind of expectation that the personal experience does not overly impact on the work itself. It is a tenet held by this author that there are actually significant issues for ethical and reflective practitioners to work through in the process of becoming parents themselves, as well as a need to analyse the impact on their approaches to their professional practice.

In many of the training programs and undergraduate courses that prepare people for this work, there is an expectation that practitioners will work through their own issues and life experiences in a personal examination (often as part of a particular counselling subject or reflective practice subject) to identify the triggers and influences of personal experience on the particular practice and theory models they are drawn to. There is then an assumption that, through the process of workplace supervision, practitioners will continue to reflect on these issues as they engage with clinical work. However, depending on the level, type and quality of supervision that practitioners are afforded, this process has varied outcomes as often reported in the literature. Gibbs (2001), for example, outlines that a large proportion of social work practitioners are not happy with – and do not feel safe in – the clinical supervision with which they are provided, particularly where it is provided within an agency by line management.

There are also varying beliefs around the appropriateness of discussing the crossover of the personal life of the practitioner into the supervisory space, depending on the model from which both supervisor and supervisee are operating. Some models, such psychodynamic-based supervision, will absolutely acknowledge that the personal life of the practitioner will impact on professional practice and will make a habit of exploring these issues. However, the majority of

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supervision currently in child and welfare practice appears to be more case-management based and action focused, often provided within agency in order to ensure that the agency's requirements are being met (Grant & Kilman, 2014; Munro, 2011). This can leave little time or space for reflection on the personal experiences of the worker and their impact, or potential impact, on the professional practice.

Key Concepts

Reflective Practice: Is about integrating theory and practice through tailoring theoretical and research based knowledge to fit the circumstances encountered in specific practice situations (see for example, Schon, 1987; Thompson, 2000, Thompson & Pascal, 2012). Thompson and Pascal (2012) argue reflective practice is about more than just pausing for thought or thinking about practice in a general way. They argue it includes forethought – planning for practice, and also reflexive thinking – that is, examining with hindsight our 'thinking on our feet'. Fook, White and Gardner (2006) also argue for the need for reflexive practice – that is to look back on the practice to recognise our own influence on the type of knowledge and meaning we create.

Transference/Countertransference: Transference is when clients' feelings towards a significant person in their lives is redirected toward their therapist/worker.

Countertransference is the feelings of a therapist/worker toward a client, or their 'emotional entanglement' with a client. This may be conscious or unconscious (See Racker, 2002).

Literature Review

A brief literature review reveals some writing about the impacts of pregnancy on the practice of therapists (and more specifically, psychotherapists), who are trained to examine issues of transference and countertransference. However, even within this field of practice, others have noticed a scarcity of thought or research in relation to post-pregnancy impacts of parenting (see Woodcock, 2003).

There is much in the literature about vicarious trauma and resilience (Hernandez, Gangsei, & Engstrom, 2007; Reynolds, 2011) and the need for reflective practice (Fook et al., 2006) as well as attention to boundaries (Bundy-Fazoli, Briar-Lawson, & Hadriman, 2009)

Some authors also state the importance of assisting workers with understanding personal development and the emotional impact of the work. However, where this is discussed (see for example Gray, Field, & Brown, 2010 who include personal development as one of 10 reasons for providing supervision), there is little detail to guide what this aspect of supervision should actually cover. Rather, there tends to be broad statements like 'the supervisory process is always a dynamic mix of personal and professional values' (Tsui, 2005, p. 37) without specific details of what exploring the personal values entails.

There is significant literature about the influence of what workers choose to pay attention to, in what they recall and how they make decisions (Morrison, 2007; Munro, 1999).

> '. . . research suggests that the boundary between feeling and thinking, and the oft-heard call for the removal of emotions from so-called objective or professional decision, needs reassessment. The notion that emotion does not employ reasoning is weakened by the emphasis on the role of cognition in emotional appraisal' (Frijda, 2000, quoted in Morrison, 2007, p.256).

There is often mention of the need to consider the impact of worker gender, race, culture or sexuality on decision making (Dettlaff, Rivaux, Baumann, Fluke, & Rycraft, 2011; Roberts, 2002). Authors then tend to focus on issues of training, support, organisational contexts and building worker resilience, rather than the personal circumstances, or parenting status of the workers, as an area for reflection.

Woodcock (2003) suggests that the literature about practice inevitably involves discussion of parenting, but has not generally incorporated the worker's constructions of parenting, and the ways in which this informs their practice. Her qualitative study attempted to explore workers' construction of parenting in relation to the psychological literature, and the way this "feeds into" workers' practice actions. However, in undertaking her research, she determined there was a significant omission in examining social workers' constructions of parenting and the ways that these constructions are incorporated into, and inform, practice actions.

In one of the few specific articles addressing the effects of being a parent for therapists, Waldman (2003) states that pregnancy is addressed with clients (due to the break in relationship, if nothing else) however, 'the experiences of both therapists and patient's postmaternity leave are often not discussed to the same extent' (p. 52). She outlines potential changes in transference; problems with separation and abandonment; and expanding boundaries, as some of the potential unexplored impacts.

Basescu (1996) reports that during her pregnancy, she noticed that there was substantial literature on the pregnant therapist but very little regarding parenthood and its effects on therapists. 'In terms of what was in the literature, once the children were born (i.e. no longer physically in the room), it was as if they were no longer an issue. This was far from my experience' (p.105).

In the social work field, Baum and Itzhaky (2005) and Baum, (2010) have undertaken a number of small qualitative studies with Israeli social workers around the impacts of being pregnant on the work, however they focus on the guilt a worker may feel in putting aside 'concentrating on the welfare of her client', suggesting the pregnant therapist may feel uneasy and vulnerable as she becomes aware of the increasing priority she places on her own needs and those of her baby.

Waldman (2003) noted in her investigation of the literature that there is little written about the conflicts experienced

by workers resuming work upon the conclusion of parental leave, and in their parenting, and this literature review found little on this subject more recently either, suggesting further investigation is required.

Becoming a Parent

Becoming a parent represents one of the most significant life changes that adults can experience during their lifetime. It is a process that is fraught with uncertainties and expectations that have come from a range of identified and unidentified sources, which also are transitioned in terms of life priorities and experiences. Yet it is not an area that is routinely discussed and explored in relation to the clinical practice of workers. The author proposes that this can minimise or hide the impact of the enormity of this change in relation to workers' self-perceptions. This begins for women who are pregnant in the workplace, where the pregnancy is often acknowledged and celebrated, but then put aside as irrelevant to clinical practice. However, the author's experience has been that, if allowed in supervision, many practitioners are desperate to explore the impact of the changes they are experiencing in terms of their practice, their views, their anxieties and their identification with clients who are pregnant or have small children, as part of the normal process that occurs in trying to understand what the transition from "adult to parent" means. Roy, Schumm, and Britt (2014) explore the social and psychological significance of the transition to parenthood, and outline a range of ways in which it is both life changing and challenging for all parents.

Practitioners, like any other person becoming a parent, look to multiple sources of information for how to best make this transition. When working in a field that focuses heavily on issues of parenting, good enough and optimal parenting, it is inevitable that there will be a personal/professional crossover. After what is sometimes years of advising other families on parenting practices, alternative methods and the needs of children, all of the "head" knowledge around child development, trauma, abuse and optimal parenting suddenly begin to confront the very personal "heart" experiences of the practitioner. They ask, "What am I going to be like as a parent and can I implement the kind of advice I have been giving?" reflecting the fairly normal doubts about one's own adequacy to parent another human being – and give them the love, support and care that is needed. This is not unique to practitioners – Sanders, Lehmann, and Gardner (2014) found many parents feel unsure and inadequate in their transition to parenthood, expressing self-doubt and guilt. However, this is likely to be amplified for some by a professional background that sets the practitioner up to believe that she should already know how to do this and how to do this well.

There are also implicit and explicit expectations of colleagues and others in the sector, along with family members, that somehow the professional practice of the worker will impact on their parenting practice, so there can be a double dose of expectations and feelings of potential judgement around parenting practice.

Optimal versus Good Enough Parenting

One of the challenges facing practitioners who are parents working in the child and family health sector is the explosion over the last few years of research around the needs of children in relation to brain development, the resurgence in popularity of attachment theory, and the impact of this on the knowledge of what optimal parenting looks like. The growing body of knowledge around optimal parenting and the conditions under which children best thrive creates a renewed pressure to "get it right" – to ensure that children are given the best start to life. There is already a disconnection for many practitioners between this growing knowledge of optimal practice alongside their acceptance and knowledge that, in the field of child welfare, good enough – and sometimes a very low bar of good enough – is acceptable within the system. Practitioners have increasing knowledge about what children need in terms of warmth, attachment, attunement and parents who are able to pick up their cues and signals. Yet, they find themselves working in a system that tends to mostly intervene to protect children only in the more concrete circumstances of risk and trauma, rather than for issues related to neglect of the emotional quality of the parent – child relationship.

For practitioners who are becoming parents all of this knowledge can create a pressure, causing them to believe they need to ensure that, at least for their own children, they are implementing all the knowledge they have learnt. One of the areas in which this conflict particularly plays out is the issue of childcare and returning to work (Basescu, 1996; Waldman, 2003). Armed with knowledge about the need for primary attachment figures, attunement, connection and the best environment in which to thrive and develop, practitioners are particularly vulnerable to mother-guilt and father-guilt in relation to when and whether to put their child into the childcare system. Yet the reality of needing to return to work is also part of the decision-making process. Fenster, Phillips, and Rapoport (1986) outline how 'the therapist returning to her practice after the birth of her child is flying in the face of long-held tradition [that] mothers should devote themselves exclusively to the care of their infants, that it is only the mother who can meet, and should meet, the needs of her children' (p. 116). They state that the conflict between being a good mother and a good professional is 'unresolvable, and the feeling of perpetual conflict provides a backdrop for understanding the therapist/mother'.

Practitioners can agonise and fret over whether in fact they are neglecting their own children by returning to work at the very same time in which they are having conversations with parents about the needs of their children and potential neglect issues. Basescu (1996) terms this a "crisis of parenting", starting when the new parent returns to work.

She gives an example in which she must choose between consoling her distraught young child or beginning a therapy session. In discussing her dilemma with a friend after the fact, Basescu notes ‘the irony, which cannot possibly escape any therapist/parent, of at times depriving one’s children for the sake of one’s patients. Or, at least, it can seem that way . . . ’ (p.101).

Dubowitz (2007) has suggested, the “neglect of neglect” that sometimes occurs in the welfare sector may partly be an unacknowledged transference of their own guilt around the potential for neglecting our children whilst in the middle-class workforce. The difficulties of leaving small children at home and returning to work are often briefly acknowledged by colleagues and managers, however workplace practices are rarely flexible, with many practitioners required to return to work three or five days a week if they wish to maintain their jobs, with no childcare provided at their workplace. The irony of the impact of this on quality time and attachment is usually not lost on the workers, but is rarely acknowledged through the work or supervisory system.

Stress in Pregnancy

Our growing knowledge of the impact of toxic stress and trauma during pregnancy on the development, particularly on the brain, of the child is raising some interesting questions for practitioners who are aware of this recent brain development research. For example, whilst learning in great detail about the impacts of domestic violence and the experience of the stress of this violence on mothers, which is transferred to the growing baby in-utero, practitioners are becoming aware that there are also implications for potential problems with attention span, hypervigilance and over-arousal for these babies. Research is also showing that the body does not necessarily distinguish between a threat from a predator, from a violent perpetrator or indeed from workplace stress on the growing brain of the baby in utero. The still new findings in the fields of epigenetics, suggesting intergenerational transmission of experiences of trauma are yet to be fully understood. This research raises particular dilemmas for workers who are exposing themselves to trauma and vicarious trauma through their workplaces whilst they are pregnant. Workers who have worked for any length of time in the child welfare or child protection systems will have developed their own processes for ensuring resilience and sustainability during their work. They are able to hear and witness events and experiences that are by their very nature distressing and find ways for this to not impact on them on a personal level. These defence mechanisms and processes, and the resilience that they create, are part of what allows practitioners to continue to function effectively in the workplace and sustain a long career working with vulnerable families (Morrison, 1990; Reynolds, 2011). However, these psychological protection processes do not necessarily mean that workers are not experiencing reactions to the vicarious trauma they witness on a physiological level, and this often becomes increasingly apparent during pregnancy. Practitioners can face a “head versus body” battle in which they try to rationalise with themselves that their coping mechanisms are adequate and yet their body starts to tell them that they are experiencing stress, particularly once their in-utero baby can actually react.

This stress can be both the specific distress of hearing clients’ stories, particularly of small children where there is obvious potential for counter transference, but also more generally the workplaces in which this work is undertaken can often have high levels of stress and internal politics. Add to this the effects of the sickness sometimes experienced in the early stages of pregnancy and the exhaustion experienced in the later stages of pregnancy, and the practitioner’s usual coping mechanisms and resilience factors can be compromised. This can lead to a greater risk of transference or counter transference in clinical practice or to a greater level of confusion for the worker in relation to the changing impact of their personal circumstances on the way in which they approach their work (Waldman, 2003). These are the kinds of issues that, unless given permission to be raised within a supervisory environment, can be pushed under the surface rather than becoming an explored part of clinical practice.

The Fine Line of Over Identification

The author has noticed and often explored, both in training and in clinical supervision, what she has termed the “fine line” of either over identification with parents or over identification with children in the field of child welfare practice. What is proposed here is that many workers in the field have a default position that means we are more drawn to either noticing and potentially over identifying with the trauma and distress of a vulnerable child, (and potentially becoming overly judgemental of a parent) or can be more drawn to noticing and identifying with the struggles and challenges faced by a parent in parenting children who may present difficulties (and minimise or miss risks to the child/ren). The degree to which we fall either side of this fine line of a more neutral practice, if such neutral practice is possible, can be influenced by factors such as the degree to which we like or dislike the parent, or can identify parts of their experience which are similar to our own, or even the age and stage of the child.

In a therapy context, Waldman (2003) argues that the changes a new mother undergoes have a significant effect on her clinical work. Why should this be any less so in broader welfare practice? In talking this issue through with supervisees, the author has come to believe this also appears to be affected by our own experiences of parenting and being parented, as well as the particular ages and stages of our own children. However, there is not necessarily a predictable way in which these things play out and it requires close attention and a willingness to explore the practitioner’s own experiences and then acknowledge the impact of these on

clinical practice. For example, since her early days in the area of child protection practice, the author has recognised that her own potential is to over-identify with the experiences of children, to empathise with their own particular sadness and distress within any situation of abuse or trauma, and in doing so there is the potential to become overly judgemental and harsh in relation to the parents. In the early phases of her work she assumed that other practitioners held a similar stance, but this was not something that was talked about in any great detail. However, later in her practice when she began to explore these issues with colleagues and supervisors, she discovered that other practitioners, whose work she admired and agreed with in many instances, would describe their own default position as the opposite. That is, they were more likely to overly identify with the parent and find ways to actively ignore or minimise the experience of children in order to perhaps assure the parent that they were doing an adequate job of parenting, or in order to prevent a situation where removal was a possibility that would be hard to witness. It has been a theme of her supervisory and training practice for some time for the author to encourage supervisees to explore and identify their own particular risk factors and triggers in relation to this "fine line". It appears, however, that this "default position" may shift over time, and, in particular, can shift in relation to the practitioner's own parenting experience. When polling a group of trainees and supervisees over a period of a year, there emerged a range of reactions based on the particular parenting experiences of the practitioners.

As an initial finding, it appeared that those practitioners whose own experiences of becoming a parent, and of the early years of parenting, had been ones in which there had been a relatively smooth transition and there had been sufficient levels of support tended to shift towards overly identifying with the innocence and vulnerability of the child. These practitioners would make statements such as "I cannot now understand how anyone could do this to a child" or "I find myself wanting to advocate for children so much more now". On the other hand, practitioners who had struggled with sick or challenging babies, who had less support around them in the process of becoming new parents (including sometimes needing to return to work earlier in circumstances that weren't as supportive), report a greater tendency towards over identifying with how hard parenting can be. They spoke of primarily feeling empathy and sympathy for the parents who are "doing it tough" – "I can see more now how parents get to breaking point."

Neither of these stances are unexpected – there is a logic in the outcomes – however, it is proposed that practitioners need to be able to acknowledge and explore the impact of these shifts on their practice. The author would suggest that it is an ethical imperative to explore these tendencies in practitioners whose work involves having to make decisions about what constitutes "good enough" parenting and "good enough" care of children. This requires supervisors who are able to create the safety and reflective space to discuss the cross-over of the personal and the professional; and who are well versed in concepts of transference and countertransference and the impact of these on practice. It also requires that the practitioners themselves be honest enough to be willing to explore the impact of their own experiences of being parented on their particular circumstances of being a parent and the challenges they face, as well as being able to analyse the potential impacts of this on their practice.

Earned Attachment

One of the frameworks through which these discussions can take place is in the context of attachment theory (Bowlby, 1988, reprinted 2008). By encouraging practitioners to consider their own experiences and to re-think their own attachment styles in light of becoming parents, there is a richness of dialogue that can occur around the impact on their clinical practice. There is also the potential to have discussions about the kinds of attachment theory they wish to create with their own children, and the way in which their choices around parenting decisions and styles can influence the judgements they then make while working with parents who are not armed with the same information and knowledge.

It is the author's experience supervisees, after a number of years working with children and families, often do not consciously identify the large body of knowledge and experience that they have built up around parenting practices. Rather they see this as "common sense" and it can be an area of conflict with partners, extended family and even friends, when they realise that the people around them do not have the same understanding of attachment, attunement or the need for warmth, compassion and empathy within a parenting relationship. They have come to accept this knowledge as "obvious truth" and they struggle with realising that not everybody else holds the same view. Allowing a space for exploration of this within supervision can open up fruitful discussion around some of the frustrations that practitioner's experience, both with parents who do not appear to "get" these concepts and also with family and friends who do not hold the same views that the professional has refined over time.

For those practitioners who have a history of less than optimal parenting themselves or who have experienced trauma, abuse of neglect, Siegel's (2010) concept of earned attachment can be a useful framework in which to explore the triggers and issues that have been raised in the parenting process, as well as in clinical practice. This process of looking at the ways in which the practitioner can rethink and re-examine their own parenting experiences may be appropriate for supervision to a point, but may also require private counselling.

Ages and Stages

A further area of ongoing exploration for the reflective practitioner is the different developmental stages and challenges

they are facing in their own parenting, as their children grow, and how this can impact on the clinical work they undertake. In particular, any families the worker is taking on with children of a similar age range to the practitioner's own present added opportunities for issues of transference and counter transference. This is not necessarily a negative: it might be that the practitioner can use their experiences to add depth to clinical interaction and work; however, it can also present areas for confrontation and blind spots in practice that need to be acknowledged and worked through with a supervisor. For example, a parent who has particular challenges with their own child who is potentially being considered for a diagnosis of autism may well find that they struggle with colleagues suggesting that sometimes these responses are trauma responses, and this can influence their clinical ability to see the difference between their experiences and those of the people they are working with.

Working with Older Children

A particularly challenging issue for practitioners in the sector who have older or grown-up children is the increasing knowledge of what makes for good parenting and the inevitability of comparing their own parenting practices, particularly when their children were young, with the knowledge that has appeared in the last 10–15 years. This has been an area of significant discussion for a number of individual practitioners and groups with which the author has worked, in particular, practitioners who are working in the early childhood setting (0–5 year old age range), such as child and family health nurses, perinatal infant mental health specialists or child protection workers, whose own children are now in their teens or late teens. There is a layer of guilt and unacknowledged blame that they can experience around the practices that they now recognise as optimal or best practice, and the gap between this and what they feel they offered their own children. Similarly, this is not always given space in the supervisory relationship, and yet can have a significant impact not only on clinical practice but also on the worker's ability to sustain themselves in this particular field of work.

Boundaries and Coping Strategies

One of the essential components of clinical practice once a practitioner becomes a parent, and throughout their experiences of parenting over the lifespan, is consideration and reconsideration over time of the particular ways in which they place appropriate boundaries around their work, both psychologically and in practical terms. Many practitioners report becoming more efficient in the times they are at work as they learn to multi-task in new and different ways through the process of becoming a parent. They may have more restricted work hours due to childcare requirements and have also learnt while in their home to be more efficient with their much reduced leisure time in order to achieve tasks. The life of a working parent can mean they are struggling to find time for reflection to process the work due to responsibilities that require their attention immediately upon leaving the workplace.

For supervisors of workers who have recently become parents, and even those who have been parents for some time, this raises the need to check in on how they are coping with the work/life balance and to ask questions, where there is enough safety, around how this may be affecting the strategies they have used in the past in terms of psychological boundaries to protect themselves within the work.

Vicarious trauma (for example, Pearlman & Saakvitne, 1995) and the vicarious resilience (Hernandez et al., 2007) literature would suggest that a regular review of the strategies used by workers to allow and afford themselves sustainability and resilience in their work is a good idea at all times. The author suggests that there is a specific need to look at the impact of the different stages of the parenting experience on the worker, and the strategies they use to sustain themselves and ensure ethical practice within their work in relation to this.

Becoming a parent adds a layer of complexity that needs to be part of the reflective supervisory process and for some workers exploring these issues has led to a decision to move from the serious end of practice or to change the age range with which they work. For these workers some have felt this was required for them to undertake best practice, whereas for others it was a decision on behalf of their families, e.g. to maintain an empathic and attuned stance for their children while they are in a particular stage of development. Neither decision is right or wrong; however, it is an area of practice that needs to be assessed individually by each practitioner, ideally through a safe exploratory supervisory process. A supervisor's willingness to open up discussions in relation to the potential issues presented by parenting is crucial to allow workers to begin to acknowledge and explore these impacts. The supervisor does not need to be a parent themselves to be able to initiate these discussions and allow a space in which this can be considered. In fact, for the supervisor, as with many other issues, a great deal of learning can occur in assisting another practitioner to explore this process.

Examples

A female child protection worker with 11 years of experience took maternity leave to have her first baby. She had previously been a strong advocate around the importance of assessing attachment and attunement between mothers and their children and had placed a great deal of emphasis on a mother's ability to put the child's needs before her own. At the end of her 8 months maternity leave, she was given only two options of returning to work: either 2½ days a week or 5 days a week. Her personal circumstances and the place in which she was living meant that 2½ days would not provide enough income for her to be able to sustain her family and cover childcare costs, whereas 5 days a week created a great

deal of conflict for her around the attachment between herself and her child. In this case, she particularly struggled with the disconnection and contradiction between the workplace discussions around expectations of parents who were clients of the service and with the implications for herself as a parent from the workplace practices. For this particular worker, the issues were compounded by a line manager who was not a parent and who had very strong views that the personal lives of workers should not impact their professional practice. When the worker attempted to raise some of these contradictions, she felt it was implied that she was being unprofessional and that she had lost her commitment to child protection work. For this worker, this raised significant issues around whether she was being forced to place the welfare and wellbeing of the clients' children ahead of her own child and the inevitable conflict this created for her. It also meant that she did not have a safe space to discuss these issues, as they were shut down within the workplace. The worker held on to her resentment around these issues for a number of years and after leaving this particular service required a great deal of support to rethink her approach and her reactions, as well as process her guilt around this whole experience.

A Social Worker brought to supervision her dilemma around the degree to which personal sharing of her own experiences of parenting was or was not acceptable within the work place. This particular worker was the mother of a toddler who had had difficulty with sleeping and settling throughout her life so far. The worker found that whenever she was working with a parent for whom sleeping and settling was an issue, she could not help but feel relief and find herself joining with that parent and sharing her own experience. This often created a richness of engagement, but also created huge dilemmas for the worker about where the boundaries were around sharing her own personal experiences and staying in a professionally neutral place.

A Child and Infant Mental Health Worker took up external supervision primarily to work through her own reactions to the fact that her adolescent child had, as she put it, "gone off the rails". The dilemma of feeling the need to be a "good parent" in order to qualify to do the work, and the issues with her son, presented a crisis in both personal and professional confidence and her ability to advise and support other families facing similar difficulties. Yet this was not a crisis she felt it was safe to discuss in her workplace supervision. On a "head" level she could rationalise that children, adolescents in particular, have their own choices to make in life and that not all of the outcomes are the result of parenting; however, over time she had implicitly taken on messages about children's "failures" in life being a direct result of poor parenting, or more specifically, poor mothering.

Conclusion

There is no doubt that becoming a parent can bring a layer of richness and diversity to the toolkit from which a practitioner draws. This paper has argued that the process of becoming, and indeed being, a parent, while working with others around issues of parenting, requires specific and focussed attention in a safe supervisory relationship to potential issues of identification, transference and the maintaining of ethical practice. It was not the intention to explore all of the complexities and issues of becoming a parent within the context of working with vulnerable children and families – for example it has not even considered the impact of the work on the parenting practices of workers. However, it is hoped that the raising of some issues will generate further discussion and debate, as well as demonstrate the need for greater research into these issues in the sector, and the potential impact on client intervention and outcomes.

Most of all, it is the hope of the author that this paper can become a supervision discussion starting point from which ideas can be debated and discussed. That it will provide permission and encouragement for supervisors and supervisees to undertake reflection and exploration of the impact of being a parent on the work they undertake, particularly with reference to the impact of their own "fine line" of over identification. The author would welcome both feedback and further discussion around these issues.

References

Basescu, C. (1996). The ongoing, mostly happy "crisis" of parenthood and its effect on the therapist's clinical work. In B. Gerson (Ed.), *The therapist as a person: Life crises, life choices, life experiences, and their effects on treatment* (pp. 101–117). Hillsdale, NJ: The Analytic Press.

Baum, N. (2010). Dual role transition among first time pregnant social work student trainees. *Social Work Education*, *29*(7), 718–728.

Baum, N., & Itzhaky, H. (2005). Pregnancy as a secret in supervision. *Arete*, *29*(2), 33–43.

Bowlby, J. (1988, reprinted 2008). *A secure base: parent – child attachment and health human development.* London: Taylor & Francis.

Bundy-Fazioli, K., Briar-Lawson, K., & Hadriman, E. (2009). A qualitative examination of power between child welfare workers and parents. *British Journal of Social Work*, *39*(8), 1447–1464.

Dettlaff, A., Rivaux, D., Baumann, D., Fluke, J., & Rycraft, J. (2011). Disentangling Substantiation: The influence of race, income and risk on decisions in child welfare. *Children and Youth Services Review*, *33*(9), 1630–1637.

Dubowitz, H. (2007). Understanding and addressing the neglect of neglect: Digging into the molehill. *Child Abuse and Neglect*, *31*(6), 603–606.

Fenster, S., Phillip, S., & Rapoport, E. (1986). *The therapist's pregnancy: Intrusion in the analytic space.* Hillsdale, NJ: The Analytic Press.

Fook, J., White, S., & Gardner, F. (2006). *Critical reflection in health and social care.* Maidenhead: Open University Press.

Gibbs, J. (2001). The supervisor in child protection: the 'Meat in the Sandwich'?. *Conference Paper, 8th Australasian Child Abuse and Neglect Conference*, Perth, Australia.

Grant, L., & Kilman, G. (2014). *Guide to emotional resilience.* UK: Community Care.

Gray, I., Field, R., & Brown, K. (2010). *Effective leadership, management and supervision in health and social care.* Exeter, UK: Learning Matters.

Hernandez, P., Gangsei, D., & Engstrom, D. (2007). Vicarious resilience: A new concept in work with those who survive trauma. *Family Process*, *46*(2), 229–241.

Morrison, T. (1990). The emotional effects of child protection work on the worker. *Practice: Social Work in Action*, *4*, 253–271.

Morrison, T. (2007). Emotional intelligence, emotion and social work. *British Journal of Social Work, 37*(2), 245–263.

Munro, E. (1999). Common errors of reasoning in child protection work. *Child Abuse and Neglect*, *23*(8), 745–758.

Munro, E. (2011). Munro review of child protection: Final report a child-centred system. Retrieved from https://www.gov.uk/government/publications/munro-review-of-child-protection-final-report-a-child-centred-system.

Pearlman, L., & Saakvitne, K. (1995). Treating therapists with vicarious traumatisation and secondary traumatic stress disorders. In C. Figley (Ed.), "*Treating compassion fatigue*" *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatised* (pp. 150–177). New York: Brunner-Routledge.

Racker, H. (reprinted 2002). *Transference and Countertransference.* London: Karnac Books.

Reynolds, V. (2011). Resisting burnout through justice doing. *The International Journal of Narrative Therapy and Community Work*, *4*, 27–45.

Roberts, D. (2002). Shattered bonds: the color of child welfare. *Children and Youth Services Review*, *24*(11), 877–880.

Roy, N.R., Schumm, W.R., & Britt, S.L. (2014). *Transition to parenthood.* New York: Springer.

Sanders, R., Lehmann, J., & Gardner, F. (2014). Parents' experiences of early parenthood – preliminary findings. *Children Australia, 39*(3), 185–194.

Schon, D. (1987). *Educating the reflective practitioner*. San Francisco: Jossey-Bass.

Siegel, D. (2010). *Mindsight: The new science of personal transformation.* USA: Brilliance.

Thompson, N. (2000). *Theory and practice in human services.* Buckingham, UK: Open University Press.

Thompson, N., & Pascal, J. (2012). Developing critically reflective practice. *Reflective Practice: International and Multidisciplinary Perspectives*, *13*(2), 311–325.

Tsui, M. (2005). *Social work supervision: Contexts and concepts.* Thousand Oaks, CA: Sage Publications.

Waldman, J. (2003). New mother/old therapist: Transference and countertransference challenges in the return to work, *American Journal of Psychotherapy, 57*(1), 52–63.

Woodcock, J. (2003). The social work assessment of parenting: An exploration. *British Journal of Social Work*, *33*(1), 87–106.