Reflective Case Studies

*Please complete this form, providing descriptive and thorough answers. This is an opportunity to explore a range of communication skills when working with clients.*

*IMPORTANT: When you have completed the form, save it to your computer. We suggest renaming the completed form to make it easier for you and your trainer to locate it at a later date. For example, if your name is Alex Smith you would call the file:*

*SmithA\_ReflectiveCase.docx*

*Once saved, log in to the student website and go to the assignment. Click the upload button, locate the completed file on your computer, and click submit. Your trainer will provide feedback within 14 days.*

*This assignment can be submitted in a format that is comfortable for you. It can be written, voice-recorded (maximum five minutes), or submitted as a video (maximum five minutes). If using audio or video, please answer questions in the same order they are listed on this template. Save your audio or video file to an online repository (e.g., DropBox, OneDrive, Google Drive) and upload a file for assignment submission with your name, the name of the assignment, and a link to the file in your repository. You can also respond to each question in individual files and add the link to each response in this assignment template*

Your Name

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| Zoe Durant |

### Case Study #1

#### Skills

* Guiding through decision-making
* Active listening
* Recognizing personal bias
* Reflective practice

A client contacts you to talk with a concern about vaccination of their baby. Their care provider (obstetrician, pediatrician, midwife, or clinic nurse) has advised them that their baby will need to have the hepatitis B vaccine as part of the routine vaccination schedule. Your client had not intended to give their baby this vaccine as the parents are both negative for hepatitis B and they did not perceive their baby to be at risk of contracting the virus. They would like to know your perspective on the necessity of the vaccine.

How would you present unbiased information to the client? (Write out what you might say to them)

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| First, I would empathize with them. I would remind them that feeling confident about every choice is critical to new parents. I would explain why they have a universal approach to vaccines. How the CDC and AAP thinks it prevents long term transmission within the population. I would recommend that the parents talk about alternatives with their pediatrician, to maybe talk about it another time. If the pediatrician doesn’t want to respect that choice, then I would remind them that they have options to see other physicians who look at each child individually & will respect the parents’ beliefs. |

What are your thoughts on the role of a birth and lactation professional and how a client might perceive your “authority”?

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| I would say that I am here to be more of a trusted guide, to help families experience informed consent. To help align their choices with their goals. I am not here to convince anyone but instead to inform and support them on their journey. If a client sees me as a medical doctor or wants a formal diagnosis to something, I would remind them that I am here to help them slow down & make instinctual decisions regarding their birth or feeding their baby. These decisions can be made off my advice, from my own experience & education. |

How do you think your own beliefs about vaccines may affect the information you give to the client?

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| Oh man, it’s a tough one! I personally have dived deeply into the issues surrounding them. However, I am not a doctor, so I am truly only looking at it from my own eyes as a mother, doula and clc. I will challenge myself to make sure my body language isn’t too loud, but to instead share them all the details so they feel like they have a clear vision. Being transparent helps. |

After talking to you, the client makes a decision that opposes your own beliefs about vaccination. Reflect on how it might feel to have a client make a decision that is the opposite of what you would personally do in their situation. (Even if you believe that a client makes their own choices, it is important to acknowledge and be able to explore our own feelings when those decisions are very different from what we would decide. There is no right or wrong answer here - the question is asking you to honestly explore your feelings.)

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| It’s like the “not my circus not my monkeys” concept. It honestly depends on how close of a relationship I have with the client. At the end of the day, I think there is only so much advocacy that can be done in a situation like this. There are studies out there that fund both sides of the argument so it can be hard for parents to make a quick decision. If they truly feel like time is of the essence and they choose to make the opposite decision that I would make, I wouldn’t let it destroy our connection at all, they made a choice that they felt was best for their family. It’s not my family. |

### Case Study #2

#### Skills

* Appropriate language
* Active listening
* Recognizing the perspective of others
* Using empathy

A client reaches out to you when they have been told that their baby has a serious medical problem. Some of the complications the baby has can be corrected with surgery and medication, but the baby will have ongoing medical challenges and some degree of disability. Your client tells you that they are feeling so incredibly sad that they will not have a life with the healthy, happy baby they had anticipated.

Explain your understanding of chronic sorrow and why a parent who has a child diagnosed with an illness or disability might experience this.

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| My experience with chronic sorry is not on the level of mourning a healthy child. But, I had a health scare that put me through some crazy feelings. I was mourning the future I had left with my kids. It was messy and complicated. My whole family was crumbling, and it was scary because I never imagined going through what I had to. In hindsight I know I beat it but at the time they gave me six months to live. I was grieving so much. I didn’t have much outside support, so I clung on to the ones that I held closest. I hated anything negative; I just wanted to be surrounded by love and support. |

What are three practical things that you could do to help and support your client at this time?

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| My role as a CLC and Doula allows me to offer hugs, send door dash gift cards, check on them (even if they don’t reply). When people are grieving for the future, it can be messy to process. It’s not my job to judge them in their messiest moments. Instead show up for them, offer any help that I can. If not emotionally, then offer to do some housework, or see if they need me to help navigate the never-ending phone calls from concerned family members and friends they might be getting. Maybe they won’t want to text or call everyone they know to explain what’s going on either, maybe keeping their privacy as protected as possible is what they need the most while they process. |

Your client tells you that their closest friend has said to them that “at least the baby is alive, we can be grateful for that.” How would you respond to your client telling you this?

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| The last thing that I would do is try to diminish their grief or tell them to get over it. Grief is by far the most complicated emotion to exist. Even more complicated than love. I think it’s important to support the client through listening. I would remind them that they shouldn’t keep talking to the people who aren’t careful with their support during their grieving transition. It’s okay to stay friends with people and set mental boundaries with them. Your closest friend might be the best to party with, or vent to about superficial issues. But sometimes the deeper issues can be harder to navigate with the people who sometimes don’t know what to say. Maybe they have a hard time empathizing, or maybe something deeper. The truth is that the colors really do come out when there are hard times. |

The client’s doctor has recommended a new surgical technique to correct some of the problems the baby has. Your client wants to understand the risks and complications that might come from this treatment. Your client shares with you that their partner does not want to talk about complications or risks at all and instead focus on the positive. How would you help your client in recognizing their partner’s perspective while supporting the approach the client wants to take?

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| I would take a moment to help my client understand that sometimes grief can be a shared load. If you work as a team, you can protect each other’s triggers. It sounds like one parent wants to understand in depth everything that could benefit and risk the baby’s life. It is okay if the other parent is not willing to see the negatives. Don’t force information on someone who is triggered by it. Together they can stay positive and realistic with one another when the time feels right. Also try bringing it up again at a different time, sometimes feelings may change, and their partner may be curious about the bigger picture. Try not to judge them because they are trying to make the best and informed choice for their child. |

### Case Study #3

#### Skills

* Research skills
* Recognizing societal bias and stigma
* Recognizing disparities and intersectionality
* Setting boundaries

You currently have a client (either pregnant or with a new baby) who has no permanent home - they are living in a simple motel room with no cooking facilities. What disadvantages might this client experience as a result of their living situation?

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| A mother and baby relationship does not change much with luxuries. The mother might be feeling inadequate from a provider aspect, which can be fueled by the ego and also grief of what her postpartum journey should look like from society’s eyes. They might just need someone to tell them that they are doing a great job, that the baby has their mother, which is everything they need. She will need to be further held, maybe given a door dash gift card, or some home-made meals dropped off. Remember to remind her that everything is temporary. Meet up with her outside of her home as well, so she feels like she has something to do if she wants to, it can be depressing not having a normal routine if you are living out of a motel. |

If, in addition to their homelessness, this client is a person of color, LGBTQIA+, classified as obese by doctors, or has a disability, what additional challenges might they face?

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| Those concerns are truly none of my business to evaluate or judge. I would still personally treat them with love and care. I would offer sympathy if it’s needed but honestly just because someone fits into those categories doesn’t mean they would want to have special treatment, more-so they just want to be seen as worthy and loved like everyone else. Sometimes its important to mention if they are facing discrimination in their doctors office, or pediatricians, it has more to say about the outdated physicians than them. |

What concerns might this client have, for themselves and their baby?

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| They obviously feel like they are getting the end of the stick. They might feel like they must try twice as hard to get through their day. Remind them to maybe set small goals that can help them feel accomplished. Feeling burned out on top of judged is not a good feeling. Praise them for what they do have. Bring their focus inwards, not towards the uncontrollable things, but the choices that make them feel good. What makes them feel close with their baby? Have them reflect on what the perfect day might look like with their baby with their circumstances. They might be worried over things that aren’t something they can change in five minutes. It might take some time to set up the perfect day with their baby but everyday is another chance to find some comfort in the present moment. |

The client asks you to help them locate support services for someone in their situation. Who would you contact or where would you start researching to find the support your client is looking for? Why might it be appropriate for you to do research on behalf of your client rather than encouraging them to do the research themselves?

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| I would first ask them what their budget or circumstances are. If they are homeless from a domestic violence situation, I would recommend them to reach out to a case worker who handles stuff like that. It’s not always about there not being a place to stay, but maybe they need the added layer of mystery and protection. If a woman is in danger with her baby, the last thing the woman wants is to have her location easily tracked down. If its within my area, I can direct them through word-of-mouth situations that I can locate for them which might be a better option. I think that is why it is important to be a safe space for clients, because there might be information they share with me that is critical to their journey to their goals. Not just breastfeeding or birth related. I can always point them in the directions that are publicly available. |

Your client contacts you to give you an update on their situation three months later. They would like to meet up with you and continue a friendship as they felt that your support was crucial to them at a difficult time and they really connected with you. You are concerned about professional boundaries. How might you clarify the boundaries and how might you respond to their request to meet up?

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| I might try to schedule a time to meet up with them to thank them in person and congratulate them on their success. I think there is a sense of trust that is built with clients before, during and after birth that is very special. I don’t know if I would dull it down to say “professional” but some things I don’t have to be available to. My time is valuable as a doula and CLC, so if I find someone trying to create a friendship to get more from me, I will just kindly remind them that I have a few clients stacked up that are limiting my free time. I also have a family at home, so most people would understand how I wouldn’t want to spend all my free time touching bases with every person I’ve met. It isn’t that I don’t care about them or their progress, but that I must put myself first to be able to support them all the way they need me to. |

### Final Questions

#### Skills

* Reflective practice

What is the most significant thing you have learned in the communication module or in completing this assignment?

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| I think the most significant thing I learned in the module was to really sympathize with others, put myself in their shoes when possible but also protect my energy. It can be really draining holding space for grief, disparities, and differences that I can’t relate to. At the end of the day, I must learn how to hold each family differently and be prepared to have clients share things with me that I don’t have the answers to right away. I will have to spend more time outside of our visit to research things they are curious about or find resources they need to get out of a situation they might be facing. |

How will this learning affect your work with clients? What will you do differently because of this learning?

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| I think I realized that this work is truly versatile, it’s wise to lean into your client and listen deeply. To also have the self-awareness that not everything that presents itself needs to be fixed by me. Just because I have been confided in with deeper issues that lactation, it’s helpful for me to sometimes pass the torch to the resources that are better off to help. This will broaden their confidence in their community and trust more the things that I do share. Sometimes the deepest appreciation can be offering nothing at all, just holding space. |

What do you see as ongoing challenges with your communication skills and how can you continue to develop in this area?

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| I get attached quickly, especially when I feel like I have things in common with clients. I feel like I have learned a lot about myself through viewing my commonalities in others. I will be tested with every client to stay true to my boundaries, to not take on more than I want to. I can offer support and resources if I feel like I can help a client anymore. |

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