Number 7

## Newsletter

Summer 1991

# 4th Biennial Conference of the International Association for Infant Mental Health (IAIMH)

A Report by Keryl Egan

This recent biennial conference was held on the campus of the University of Michigan in the picturesque university town of Ann Arbor which situated a few kilometres from etroit, Michigan. The campus buildings of Ann Arbor have a grandeur which is impressive and in the Michigan League, where the

From the Editor

The 4th Biennial Conference of the IAIMH in Ann Arbor, USA, last September provided a great opportunity for Keryl Egan, Margaret Nicol and myself to make contact with our 'Mother' organisation (see above report). It was interesting to personally meet many of the people who we have so far known only through letters or publications. The inference had a unique atmosphere because most of the participants seemed to know each other. In this situation coming from Australia one could easily have felt like an outsider, but this was not the case. We were welcomed warmly into this family of infant mental health specialists. Since then we have continued correspondence as you can see in the interesting letter from Paul Shaheen about the role of a professional lobbyist for infant mental health work (see page 5).

I hope to be able to provide you with further valuable information from the USA in future newsletters.

Renate Barth

conference was held, there is a strange mixture of the old world establishment and early twentieth century feminism. This was apparently originally a women's university.

In keeping with this, the participants in the conference, who numbered around 250, were mainly women although there was a larger number of men than one might expect at a similar conference here in Australia. This distribution of the sexes might be expected given that the central thrust of this biennial conference is towards ongoing clinical practice with mothers/parents and their babies.

The conference emerged as one of the most enjoyable and productive I have attended, with a peaceful, harmonious atmosphere and the opportunity to meet plenty of new colleagues. They were all extremely welcoming and encouraging of our efforts in Australia so that both Renate Barth and myself soon felt part of the family. This warmth and helpfulness has been followed up by people such as Michael Trout who has produced a 100 hour course on Infant Mental Health accompanied by some videos. Michael has sent a copy of the course to AAMHI so that we may develop a course here in Sydney (see page 7).

There were a number of prominent and well-known speakers and researchers such as Joy Osofsky, Barry Lester, Joseph Campos, Leonard Rosenblum, and Alice Honig. The work presented was thorough and fascinating in its clinical detail and implications. Our own Margaret Nicol was a plenary speaker and she gave an excellent and poetic presentation on maternal grief.

Joy Osofsky's presentation was entitled "Look who's talking for baby: Therapeutic interventions with adolescent mothers and babies." This was such a striking presentation that I have chosen to elaborate on it here.

Dr Osofsky emphasised the need for creativity and ingenuity in working with these thirteen and fourteen year continued on page 4

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# Long Range Plan of the International Association for Infant Mental Health (IAIMH)

Approved as revised September 25, 1990

## **Mission Statement**

Recognising that all domains of infant development as well as the family and larger environment are interactive components, and that infancy is a crucial period for psychological development, the mission of the IAIMH is to promote, provide, and encourage policies, programs, services, and research that promote optimal development of infants.

#### Goal 1

Increase public awareness of the concept of infant mental health and infant mental health issues.

## **Objectives**

- Develop a media campaign to focus on issues related to infant mental health and publicise informational and training events and resources.
- 2 Establish a clearing house and resource file for the 0 3 clinical population, including the prenatal high risk population, and information about infant mental health clinical and training programs.
- 3 Increase public awareness of the IAIMH.
- 4 Publish a position paper on the concept of infant mental health.
- 5 Promote understanding of infant mental health issues through distribution and the use of research findings.
- 6 Communicate to Affiliates and members on a timely basis when media campaigns are to occur in order to mobilise the IAIMH network for maximum effectiveness.

#### Goal 2

Promote professional education for those who work with infants and their caregivers and promote services that optimise the development of infants.

## **Objectives**

- Establish infant mental health program accreditation criteria for self-evalutaion by agencies that serve infants, their families, and caregivers, including caregivers in all forms of supplemental day care of infants and young children.
- 2 Establish existing 0 3 programs and personnel as the base from which new programs can be developed.
- 3 Establish infant mental health certification criteria for self-evaluation by professional and university training programs.
- 4 Develop programs to help infant mental health workers cope with professional development.
- 5 Develop a speaker series/bureau in collaboration with Affiliates.

Develop training materials, tapes, and films, and a library through joint ventures with other interested agencies.

### Goal 3

Promote education and training for primary caregivers of infants and young children.

#### **Objectives**

- 1 Develop parent training seminars.
- 2 Indentify, evaluate, and accredit existing parent training programs.
- 3 Promote awareness among caregivers of the concept of infant mental health.
- 4 Identify self-help groups in the infant mental health arena and facilitate their expansion of infant mental health programs.
- 5 Develop a speaker/bureau for caregivers.
- Identify the unmet needs and promote the well being of caregivers.

### Goal 4

Advocate for public policy and practice that fosters the mental health needs of infants, their families, and the caregivers.

## **Objectives**

- 1 Promote interaction with local mental health organisations or agencies providing infant mental health services.
- Establish a network for communication and planned activities with other 0 3 advocacy organisations and agencies.
- 3 Develop an international infant mental health bill of rights.
- 4 Develop a social policy agenda including local (Affiliate), national and international issues.
- 5 Develop training in advocacy/lobbying at various levels of government to promote policies and practices that foster mental health needs of infants and their families.

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continued from page 2

#### Goal 5

# Provide for the strengthening and longevity of the IAIMH

**Objectives** 

- 1 Increase the number of Affiliates and IAIMH members.
- 2 Identify how the IAIMH can deliver services to its members.
- 3 Identify individuals willing to provide technical, advocacy, and legislative support to Affiliates and disseminate such information through the Newsletter and Directory.
- 4 Appoint liaison from IAIMH Board of Directors to establish communication network with other 0 3 organisations.
- Increase scope of Newsletter possibly to include job listings connected with local Affiliate areas.
- 6 Increase public awareness of the IAIMH.
- 7 Provide technical and other support to Affiliates.
- 8 Identify concerns of the international Affiliates including identification of social policy issues that may be unique to a particular Affiliate.
- 9 Develop resources, including fundraising activities to meet the goal and objectives of the Long Range Plan.
- 10 Define and clarify relationships between Affiliates and the IAIMH.

## News from the IAIMH Board Meetings in Ann Arbor, Michigan (Sept. 1990)

## · Board of Directors

New officers elected were:

President: Sonya Bemporad (Texas)

President-Elect: Alice Sterling Honig (New York)

Secretary:

Norma Ringler (Ohio)

Treasurer:

Richard Osburn (Michigan)

Hiram Fitzgerald remains Executive Director.

Keryl Egan was appointed Special Advisor to the Board of Directors.

Renate Barth was elected the Australian Representative on the Board of Directors.

Long-Range Plan

The Board approved the Long-Range Plan (see page 2).

INFANET

The Board authorised support for INFANET, a computer information and communication system (see page 7).

• WAIPAD-IAIMH Relations

Discussions will be continued with the World Association for Infant Psychiatry and Allied Disciplines (WAIPAD) about relations between WAIPAD and IAIMH.

• 1992 Biennial Conference

The next conference of the IAIMH will take place in Chicago, Illinois, on the three days immediately preceding WAIPAD's Fifth World Congress. Both conferences will be held in the same hotel.

# **AAIMHI Workshop**

## **Understanding Maternal Grief**

March 1, 1991, 9.00 a.m. - 4.00 p.m. Workshop Leader - Margaret Nicol

**BOOKINGS ESSENTIAL** 

The main focus of this workshop will be on the development of grief counselling skills so that participants may:

- gain insight into the magnitude of the problem of maternal grief, which incorporates miscarriage, termination, stillbirth, neonatal death, cot death, the birth of a handicapped child and infertility;
- gain a psychological understanding of healthy and pathological grief reactions and those processes which hinder and support the bereaved;
- be better able to identify the needs of bereaved parents;
- · explore the most effective ways of assisting the

bereaved to a healthy resolution of grief within a counselling context.

Margaret Nicol is a clinical psychologist and author of the book "Loss of a Baby: Understanding Maternal Grief".

Venue: YWCA, Wentworth Avenue, Darlinghurst, Sydney

Cost: \$95.00 (\$85.00 if registration is paid 10 days

prior to workshop)

Enquiries: Anne Carr (02) 223 6777

Registration: Cheque payable to "Margaret Nicol" and

mailed to AAIMHI, PO Box 39, Double

**Bay NSW 2028** 

# 4th Biennial Conference of the IAIMH

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old mothers. These were socioeconomically disadvantaged children who would tend to lose themselves in their own games with the toys provided for baby whilst the therapist was trying to teach them to respond to their infant. It was necessary to pay the mothers to come to the sessions.

The therapist tried to teach the mothers to pick up the babies' cues. Firstly the girls were allowed a free play session after which the therapist would talk for the baby whilst the young mother was interacting with her infant. The therapist would try to interpret the baby's signals of distress and tiredness, for example with words such as "Mummy, I need you to hold my head because I'm not strong enough yet." "I'm getting so tired, mummy, I need you to hold me tighter."

The effect of this kind of intervention over a five minute video was nothing short of miraculous. A young black girl with her eyes averted from her baby, gazing around the room, was clearly only aware of her baby as if it were a doll or an irritant of some kind. She jiggled the baby absentmindedly on the edge of her knee in such a precarious fashion that the baby was in real danger of falling on the floor. To avoid this she held on to the fingers of the infant's hands but she seemed resentful about having even to do this much. As the therapist spoke however, the mother gradually glanced more often at the baby and jerkily pulled it a little closer although it was still lying in an alarmingly precarious position.

The look on the young girl's face changed from one of defiant agitation to a self-conscious interest in her child as the therapist's voice softly repeated her interpretation of the baby's feelings. Clearly tenderness, although an innate response in this girl, was not a socially familiar one and she seemed suddenly to become

very aware of the cameras. Finally however she gazed more fully at her baby and took the infant in both arms to raise her up closer to her face and body until eventually there was a real holding hug. The movements were still awkward and self-conscious as she swung her body from side to side in an attempted rocking motion but it was undoubtedly an enormous shift in response to her baby.

This was accompanied by group play with mothers and babies which was also videoed. The girls were then asked to talk for their own babies with help from the therapist whenever this became difficult and apparently this gradually lead to a much greater interest in and awareness of their babies.

Other plenary sessions included a number of presentations of primate studies and one by Barry Lester on assessment and intervention with infants and families at risk.

There was much to choose from in the workshops including many on assessment and intervention strategies and techniques, and the challenges of administering an infant mental health programme. It was admitted that the generally environments into which such programmes are introduced in the USA can range from indifferent to hostile and therefore support, communication and a dialogue among those seeking to establish such programmes can be most helpful for administrators and programme survival.

This was accompanied by an excellent workshop by Paul Shaheen titled "Where are we going — what needs to be done politically?" Paul's presentation demonstrated how the Michigan Association for Infant Mental Health gradually developed the capacity to lobby with its state government for increased services for infant mental health. This was positively inspiring given the need in Australia for such a development.

He pinpointed the process and strategies needed in approaching government and influencing policy and the hiring of a lobbyist was a totally new thought indeed.

In fact we have begun a correspondence with Paul in the newsletter and perhaps we can fill out the picture of what might be involved in an Australian infant mental health lobby group in future newsletters.

The conference was our first face-toface contact with the IAIMH and it was good to meet the voice on the telephone and behind the fax machine in the person if Hiram Fitzgerald. Hiram was as helpful and efficient as he has been in all our negotiation. since our beginnings in 1988. The relationship between AAIMHI and IAIMH has definitely been consolidated and the Board meetings showed the IAIMH to be more than willing to consider AAIMHI's suggestions. Renate Barth, as Australian representative on the Board of the IAIMH, will continue to communicate with the Board on all issues including the Long Range Plan which has now been streamlined (see page 2).

Finally, this is a small but very fruitful conference at which all members of AAIMHI would find a wary welcome. I would recommend it wany of our members wishing to travel in September 1992 when it will be held in Chicago, possibly back-to-back with the WAIPAD Conference.

## Deadline for next AAIMHI Newsletter – 15 March, 1991

Please send letters to the Editor, newsletters, announcements, short articles etc. to:

The Editor AAIMHI PO Box 39 Double Bay NSW 2028 Australia

Telephone contact: Renate Barth (02) 339 4440

MEMBERSHIP FORM			
NAME:	···	· · · · · · · · · · · · · · · · · · ·	
ADDRESS:			
		PHONE:	
WORK ADDRESS:			
		PHONE:	
OCCUPATION:			
I enclose \$55.00 for annual subscription of the Australian Association for Infant Mental Health (1.7.90 – 30.6.91).			
Please post this form	with your remittance to:		
	AAIMHI, PO Box 39,		
	Double Bay NSW 2028	•	

## Special offers for members of AAIMHI

If you wish to also become a member of the International Association for Infant Mental Health (Annual subscription approx. \$10) and/or order the Infant Mental Health Journal (annual rate approx. \$55) please contact:

Hiram Fitzgerald
IAIMH Central Office
Michigan State University
Department of Psychology
Psychology Research Building
East Lansing
Michigan 48824-1117 USA.

Australia.

## A Letter from Lobbyist, Paul Shaheen

Hello, Down Under! As a lobbyist for maternal and child health interests in the state of Michigan, I tend to feel "down under" most of the time...

In America, politics tend to be dominated by organised lobbying groups — for example, business, labor, universities, agriculture, builders, health care, senior citizens, education, bankers, etc. etc. Human services, including maternal and child health interests, tend to be under-represented (other than as a private provider base) and there generally is no formal lobbying on behalf of common sense or community needs. Politics and government do serve as a bastion of support for "public good" but generally do so with resources that are left over when everyone else has taken what they want.

If the above characterises Australian politics, then read on. What we've learned may offer some hope.

Founders of the Michigan Council for Maternal and Child Health decided they were tired of getting the "leavings" and tired of being the first group from which the "taking" occured when the economy was slow or greed was great. They did a simple and effective thing: They organized a coalition and hired a lobbyist (me). The Council was originally a part-time activity but as interest and membership increased moved up to a full time, two person office in Michigan's capital, Lansing.

We lobby the executive and legislative branches of government. Our primary focus is on a continuum of ograms, starting with education (the Michigan Model for Comprehensive School Health Education empowers children to make age-appropriate decisions about their health and well-being) and including prevention programs (family planning, immunizations, child health screening), early intervention programmes (prenatal care, teen and community health centres, and efforts to increase obstetrical access); and medial care and treatment. We support our state/federally-run Medicaid program and our state-operated Crippled Children's program.

We are integral parts of several statewide coalitions and their national counterparts because we are stronger when we work together. We compromise early if issues that might divide us arise, or we agree not to confront some issues (like abortion) when in pursuit of shared objectives like access to teen health services.

Most recently the Council's Board includes the Michigan Association for Infant Mental Health (MAIMH). We joined forces with MAIMH to design and implement systems to focus on early child (age 0 through 4) development and family bonding and development. These areas have not traditionally been lobbied for and we do not have "turf wars" with others. If other groups, such as child care associations or teen advocates, are interested we join forces to strengthen our collective efforts.

It is often hard for clinically- or program-oriented professionals to understand the need for a full-time professional advocacy staff: It is absolutely imperative if your group or your issue is to compete with all the other organised interests in the political arena. In that arena, the competition is generally well paid professionals with precise knowledge of the process, extensive networks of personal relationships, wisdom in the ways of political strategy and backing of either money or extensive resources of grass roots political capacity. If one wishes to be a serious participant in this arena, one must send in equally prepared and supported professionals. It is an old adage that "you get what you pay for". It's as true for representation as it is for products.

It is also possible to come into this arena in an ad hoc, single issue basis. If you wish to do that, my suggestion is to find the resources to hire a competent lobbyist on a limited basis. Alternatively, you might identify a competent advocate either within the administration or in the elected body to provide the leadership, strategy and coordination for each issue.

Our preference is to place a team of professionals in the game and support them on a broad base of issues through time. The Council handles a lot of issues and does fairly well on most of them.

Good luck in Australia! If we can be of any assistance, please call on us. We are, after all, from the same roots. A major segment of our population derived from prison stock, too (and judging from the headlines out of Washington, several still are there). Seriously, if any of you who read this are interested in further discussion, I'm up for a new "pen pal"!

Cheerfully,

Paul N. Shaheen, Executive Director Michigan Council for Maternal and Child Health.

# Other Seminars, Conferences and Activities

February 25, 1991

The Health Professional and the Migrant Parent

Venue:

Royal North Shore Hospital

St Leonards, Sydney

Enquiries:

Sr L. Danvers

Nursing Unit Manager Child & Family Health 44 Hercules Street Chatswood NSW 2067 Phone: (02) 412 2022 ext 260

March 1 and 2, 1991

Workshop "Exploring Parenthood"

Venue:

Melbourne

Enquiries:

Ruth Schmidt-Neven on (03) 3455 511

April 11-14, 1991

Annual Conference of the British Psychological Society

Venue:

**Bournemouth International Centre** 

Bournemouth, UK

Enquiries:

The Conference Office,

The British Psychological Society

St Andrews House 48 Princess Road East Leicester LE1 7DR UK

April 16, 1991

Workshop "Understanding Maternal Grief" by M. Nicol

Venue:

YWCA, Wentworth Avenue, Darlinghurst, Sydney

Enquiries:

Anne Carr (02) 223 6777

**April 1991** 

Tenth Congress of the World Federation of Occupational Therapists. The theme will be "Focus '90 – The Directions in

Close Up"

Venue:

Dallas Brooks Convention Centre,

300 Albert Street, East Melbourne

Enquiries:

Louise Read, The Congress Secretary

Sue Woods & Associates Pty Ltd

1st floor, 387 Malvern Road, South Yarra, Vic 3141

April 21-23, 1991

Annual Conference of the Michigan Association for Infant Mental Health. The theme will be "Uniting to Support Infants and Families in Crisis"

Venue:

University of Michigan

Ann Arbor Michigan, USA

**Enquiries:** 

The University of Michigan

**Extension Service** 

Dept. of Conferences and Institutes

200 Hill street

Ann Arbor, Michigan 48104-3297, USA

April 26-28, 1991

Pacific Rim Meeting of the World Association of Infant Psychiatry and Allied Disciplines. The theme of the Conference will be "Mothers, Fathers and Families: Transition to Parenthood"

Venue:

Monash University, Royal Children's Hospital,

Melbourne

**Enquiries:** 

Wyeth Clinical Meeting Service

PO Box 148, Parramatta NSW 2124

May 9-12, 1991

Golden Jubilee Scientific Meeting of King George V Hospital for Mothers and Bables

Venue:

Schlink Education Centre

Royal Prince Alfred Hospital, Sydney

**Enquiries:** 

Wyeth Clinical Meeting Services

PO Box 148, Parramatta 2124

May 26-30, 1991

Second International Symposium on Specific Speech and Language Disorders in Children

Venue:

Harrogate Centre, UK

Enquiries:

The Symposium Secretariat

Caroline Roney Medical Conference Organisers

Congress House 65 West Drive

Sutton, Surrey SM2 7NB, UK

July 2-6, 1991

Biennial Meeting of the International Society for the Study of Behavioural Development (ISSBD)

Venue:

Minneapolis, MN, USA

**Enquiries:** 

Willard W. Hartup

University of Minnesota Institute of Child Development

51 East River Road

Minneapolis MN 55455-0345, USA

July 7-12, 1991

Interamerican Congress of Psychology

Venue:

San Jose, Costa Rica

Enquiries:

Ana Isabel Alvarez

PO Box 23174 UPR Station

Rio Piedras Puerto Rico 00931 3174

July 8-12, 1991

Second European Congress of Psychology. The theme will be "Cultural Diversity, Integration and Psychology"

Venue:

Budapest, Hungary

**Enquiries:** 

National Scientific Organising Committee of the

2nd European Congress of Psychology

H-1378 Pf. 4 Budapest Izabella u46 , Hungary July 28 - August 2, 1991 11th International Congress of the World Confederation for Physical Therapy in England

**Enquries:** 

Congress Secretariat, World Confederation for Physical Therapy Congress, 55 New Cavendish

Street, London WIM 7RE UK

August 11-15, 1991
49th Annual Convention of the International Council of Psychologists

Venue:

California, USA

**Enquiries:** 

Patricia Cautley 4805 Regent Street

Madison, Wisconsin 53705, USA

August 16-20, 1991 Annual Meeting or the American Psychological Association

Venue:

San Francisco, California, USA,

**Enquiries:** 

American Psychological Association, 1200 Seventeenth Street, N.W., Washington DC 20036,

eptember 8-13, 1991 Fifth Early Childhood Convention. The theme of the Conference will be "Impact of Change on Early Childhood Services and Families"

Venue:

Dunedin, New Zealand

**Enquiries:** 

Lynn Foote, Max Gold

Dunedin College of Education, Private Bag, Dunedin, New Zealand

July 4-8, 1992 The Fourth World Congress of Behaviour Therapy

Venue:

The Gold Coast, Queensland, Australia.

**Enquiries:** 

Kim Halford, Dept of Psychiatry,

Iding, Royal Brisbane Hospital, Herston, Qld 4072, Australia. Tel: (07) 253 5366

July 14-18, 1992 50th Annual Convention of the International Council of sycholo gists

Venue:

Amsterdam

Enquiriest:

Henk van der Ploeg, University of Leiden Dept of Medical Psychology

Postous 1251,

NL 2340 BG Oegstgesst

The Netherlands

July 19-25, 1992 XXV International Congress of Psychology

Venue:

Brussels, Belgium

Enquiries:

Brussels International Conference Centre.

Parc des Expositions, Place de Belgique, B-1020

Brussels, Belguim

August 1 4-18, 1992 Annual Meeing of the American Psychological Assocation

Venue:

Washington DC, USA

Enquiries:

American Psychological Association 1200 Seventeenth Street, NW Washington DC 20036, USA

## INFANET

## **A Computer Information** and Communciation System for **Infant Mental Health Professionals**

INFANET provides an opportunity to communicate via computer and modem with colleagues around the world about issues related to infant mental health such as assessment, intervention, training, and research, workshop and conference announcements: employment listings; information on special interest topics; bibliography; case consultation; professional support; stress management. etc. This is known as a computer conference, or electronic bulletin board, in which participants post items, respond to items of others, and return to review responses to their items.

INFANET is currently organized as a non-profit service of the Center for Study with Infants & their Families at the Family Health Research, Education and Service Institute in Alma, Michigan, Mark Rains, CSIF Director, has volunteered to serve as conference organiser. A recent financial contribution by the IAIMH Board served a double purpose of helping launch INFANET, while enabling a benefit to IAIMH membership through a discounted registration fee.

Steps to consider in joining INFANET involve access to a computer and modem. (It would be possible to negotiate group discounts for modem purchase for those interested). The computer is connected via local or long distance call to a telecommunications network. which in turn connects to the CONFER system at the U. of Michigan computer center. With a password and deposit account for computer time set up through INFANET, the participant is able to join the conference.

Costs involve (1) a registration fee which provides a manual and password and helps defray organisational costs, (2) a deposit to a personal computer account from which telecommunications network and CONFER charges are debited, (3) local or long distance phone charges to the nearest city that has a telecommunications linkup, and (4) renewal of the computer account when it becomes low.

For more information contact:

INFANET, c/o Family Health Institute, 503 N State,

Alma, MI 48801, USA.

# A Special Thanks

A very special thanks to Michael Trout, Director of the Infant-Parent Institute in Champaign, Illinois. Michael has sent a copy of the course entitled The Awakening and Birth of the Human Infant which is fully accompanied with extensive course readings and some video material.

This was an extremely generous offer designed to facilitate AAIMHI's goals of providing an ongoing continuing education programme within Australia.

Michael runs a Brief Summer Course in Infant Mental Health which has been running for ten years and will be held from August 20-23,1991. There are 15 slots available so early registration is advisable should any AAIMHI members wish to incorporate it into their travel plans. The course covers the psychological dimensions of pregnancy and delivery, neonatal circumstances suggesting risk, problems of infant-parent fit and the struggle to attach, and methods of family assessment and treatment.

**Enquiries:** 

Michael Trout

The Infant-Parent Institute 328 North Neil Street Champaign, Illinois 61820

USA

# A New Association for Child and Family Health Nurses in NSW

The foundation of the Child & Family Health Nurses Association (NSW) resulted from a commitment of early childhood health nurses following the 75th anniversary of Baby Health Care Centres in NSW.

The Association was officially formed in March 1990 and has since grown to a membership of more than 185. The majority of members come from early childhood centres, community health, school health, family care cottages and mothercraft hospitals. The main aims of the association are to:

· provide a forum for professional support

• provide continuing education to facilitate professional development and to

• set and monitor minimum standards of nursing practice by acting in an advisory capacity on matters relating to child and family health nursing.

For further information contact Pam Fikar on (02) 568 3633.

## Michigan State University Begins New Training in Infant Mental Health

Michigan State University has given approval for a new graduate program in infant studies. The Interdepartmental Graduate Specialisation in Infant Studies (ISIS) is based on the philosophy that a transdisciplinary education program is the appropriate preparatory experience for personnel who will work with infants and their families. The specialisation is designed to provide a knowledge base that will facilitate the work of graduates who pursue careers in agencies, institutions, and government organisations that offer services to infants and their families, and who pursue careers in teaching, research, and clinical work relevant to the needs of infants and their families.

To be accepted into the specialisation, students must first be admitted to one of the degree programs in participating units and must have had preparation in experimental design and statistical analysis. The cooperating units are: Nursing, Family and Child Ecology; Department of Food Science and Human Nutrition; Department of Audiology and Speech Sciences; Department of Psychology; Department of Paediatrics and Human Development; Department of Anthropology; Department of Counselling, Educational Psychology and Special Education; Department of Physical Education and Exercise Science; and the Department of Psychiatry.

For additional information write to: Chair: ISIS Program, Department of Psychology 129 Psychology Research Building Michigan State University East Lansing, MI 48824-1117, USA. [From IAIMH newsletter Vol XI, Nº2, 1990, p7.]

## **AAIMHI COMMITTEE**

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