THE AUSTRALIAN ASSOCIATION FOR INFANT MENTAL HEALTH



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NEWSLETTER

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FROM THE EDITORS

Welcome to 1998 it promises to be an exciting year. Big events on the calender include organisationally AAIMH's national structure will become formalised and planing for our next national conference in Sydney in September is well under way. AAIMH's membership continues to grow.

In this edition Anne Sved-Williams overviews the 1997 Adelaide Conference. We hope to bring you some detailed reports of the plenary sessions in coming editions. Following this an article on Child Care by Jeanette Milgrom with consideration of the issues and some specific research findings. Hopefully it will stimulate further discussion within the newsletter.

We encourage members to contribute articles, opinions or suggestions about what you would like included in the newsletter. The newsletter is your venue to have a say.

Paul Robertson & Sarah Jones

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CONFERENCE REPORT - AAIMH NATIONAL CONFERENCE ADELAIDE, OCTOBER 1997

Anne Sved-Williams Scientific co-convenor with Ros Powrie

We were very privileged in Adelaide. Three outstanding figures from the international sphere agreed to come to the National Infant Mental Health Conference. Their presentations were thoughtful, humorous, wise and complementary. The "locals" from Australia and New Zealand who presented also gave of their best, making a conference of excellent academic and practical merit. A summary of the speakers information follows but cannot hope to do merit to the breadth of knowledge which flowed, particularly as most speakers used audiovisual aids to good advantage.

Marinus van lizendoorn is the Professor of Psychology at Leiden University in the Netherlands. He has a vast and impressive knowledge of the literature on attachment and its connections. He has a particular skill not only in undertaking meta-analyses of topics centring on attachment, but also in presenting statistics in such a clear format it was like having a tutorial on how to understand stats as well as learning about infants. As a true scientist he was able to present what he had culled from the literature and overlay his own theories which emanated from the statistical base he had made. At the beginning of the day, he made a strong plea that the audience should interact with him. Unlike some presenters who do this and then defend their territory if not to the death at least until other hopeful questioners lose their enthusiasm for being squashed, when the audience questioned his findings he would thoughtfully consider and sometimes appear to incorporate ideas so you could almost see yourself as a co-author in his next paper. Whether he agreed or not, he could back his thoughts with further data from his extensive background knowledge. And try doing all of that in a language which is not basically your native tongue. I was impressed!

The content of the one day pre-conference workshop on Friday October 24 centred around the disorganised attachment group. He began by summarising work which had led to the recognition of the ABC attachments and then displayed video work of these and D attachment infants. He wove between metaanalyses and background about the development and significance of these schema to the more practical demonstrations of how to recognise each type. Marinus is not a clinician but is now involved in some clinical research trials and was able to discuss practical uses of these research based tools.

A minor impediment to the day was the room. Marinus had wanted to limit the workshop to 30 and we finally drew the line at 80 for which the moot court had never been intended. Apologies to all who suffered, either by being there and stifling (Adelaide threw on a heat wave) or those who couldn't get in.

Marinus continued to fight jetlag by undertaking the opening session of the conference proper on Saturday Oct 25. His topic was "Infant and adult attachment: reflections on the role of parental sensitivity and infant temperament in bridging the transmission gap." In this presentation he covered briefly some of the material discussed the previous day, but presented more information about the adult attachment interview and the statistical correlations he had gained from a large array of meta-analyses of studies which investigate mother-infant relationships. His definitive conclusions currently are that the maternal impact on this relationship is more impactful than the temperament of the child. Maternal sensitivity to the infant appears, from these studies, to have the most profound impact, and he advised that future research should therefore focus on indirect and reciprocal influences between attachment, parenting and temperament.

Martha Erickson presented the next paper, entitled "Towards better beginnings: using attachment theory and research in preventive intervention." Marti has been involved in the STEEP (Systematic Training for Effective and Enjoyable Parenting) Project in Rochester, Minnesota for 20 years. She is an excellent and thoughtful speaker who can combine her knowledge of the research literature with her practical and clinical experience to present an overview of interventions at both the macro and micro levels. Although in her workshop on Monday Oct 27th she was able to demonstrate her knowledge at a practical how-to-do-it level, in the lecture presentation she focused on the big picture. Although she did not call them meta-analyses, she had combed the literature for clues to effective interventions. Some of the information | found useful was presented in a summarised form. For example, children from disadvantaged backgrounds are likely to have a better outcome if the following factors are present:

- 1. Support and encouragement from at least one consistent supportive adult.
- 2. At least one area of competence
- 3. Expectation of undertaking some responsibility to others eg a regular chore
- 4. A faith or belief system and the support of a faith community.

She was well able to present an understanding of the viewpoint of the child, the disadvantaged adult/mother and what may be done to improve the outcome in terms of parenting.

After her presentation, Hisako Watanabe, already well known to Australian audiences from previous visits expressed the sentiment, as she stood to begin her session "Early intervention for autistic infants and infants with attachment disorder" that we were already so full, that the meal must already be complete. Fortunately, what lay ahead was an exotic dessert which complemented the previous repast admirably. Hisako's strength lies in her ability to show and tell at a micro level. She guided us through some clinical material which was illustrated by video clip or photograph (a technique she continued throughout her workshop the following day) with clarity, style, compassion and insight. She is one of the few who can present psychodynamic material in such a clear and simple way, and show that it works, that it makes me review my long-standing attempts to abandon it almost completely. She wended her way through the families' background and the impact on their parenting style and infant's symptoms in a way which demonstrated perfectly the points that Marinus had made two hours earlier.

On Saturday afternoon, after a presentation of posters and information about Aussienet, there wer 4 concurrent presentations. Once again, videotapes were used to excellent advantage by Jane Woolnough, Julia Beaven and Peng Ha Yeo from the Infant Assessment Team at the Women's and Children's Hospital in Adelaide. They have combined their skills for a transdisciplinary assessment of infants, many of whom are hospitalised with chronic problems for long periods of time. They showed their awareness of the impact of physical problems on both the psychological development of the infants and the parents and siblings as well. Penny Moody is a social worker at Child and Youth Health in Adelaide and has had a longitudinal view of infants and small children and the impact of various parenting styles. Her

audience appeared enthusiastic when I arrived late in the afternoon and had enjoyed a format which gave ample time for discussion. Louise Newman presented with her usual excellent clarity on her chosen topic "Infant psychiatry and gender identity" drawing together the literature on the early development of gender orientation with her recent clinical interest. Jon Jureidini followed with "Mind reading in Infancy" in which he highlighted research findings on what is known about the "hardwiring" of infant's brains, and how we may use this knowledge. I was not there so can only comment from my previous hearing of a similar paper by Jon, as a result of which I pressed on him the importance of presenting his work at this conference. I also did not see Heather Chambers from Wellington but staff with whom I work at Helen Mayo House were very enthusiastic about her presentation. In her workshop "On looking and being seen: a missed experience" she spoke about training parents to gaze at their slightly older troubled children in a bid to remake attachment relationships which had gone awry.

At dinner on Saturday night, Marti Erickson followed up on her day time presentation by agreeing to sing some songs she has cowritten and recorded in the USA. Her songs are from the childs point of view and profits from sales helps disadvantaged children. Her friendly manner and perhaps a tad of alcohol encouraged renditions from others at the dinner who would probably prefer no acknowledgment here. It was a good night.

By Sunday, what more could be said? Well, Marinus always seems to have more. He tackled the topic of "Attachment and Moral Development" which is his leading edge research at the moment and was "work in progress". Once again, he is thoughtfully analysing available data on adult attachments this time in prison populations in an attempt to understand when and how things go really off the rails for this group.

Prof Bruce Tonge from Monash University, followed with a masterly overview of "reactive attachment disorder and failure to thrive in infants", once again blending together theory, literature and clinical experience. The last formal presentation at the conference proper was the first showing of a video made especially for this conference and entitled "What about Fathers?" (as usual rather absent at the conference thus far). Donny Martin and Ros Powrie from Adelaide had asked a group of ordinary and notso-ordinary Australian blokes to share their views about their experiences of being a father, answering a few pre-prepared questions on this topic. The video was professionally edited to great effect and is available for sale for \$35 from the Adelaide branch of Infant Mental Health. It's great as a discussion point for men! The invited speakers joined in a panel chaired by Prof Philip Darbyshire, a very exuberant Scot, to comment and answer questions about father's roles from many cultural and individual perspectives.

I enjoyed the conference a lot. I know that there were some grumbles. The venue was a long way from the city. It was cheap! - this allowed us to spend more on bringing in all those great speakers. The audio-visual and technical support worked wonderfully - a feat for any conference. Some of the hotels were not wondrous but they were also chosen for economies. Generally, we were reasonably happy with the organisation of the whole event and hope you found it OK. Sadly, Muriel Ellis of Elliservice (the official organisers) was hospitalised about 3 weeks prior to the event for diagnosis and treatment of health problems which had been grumbling away in the background as we planned. We wish her well and thank her offsiders who made it all happen at the end.

There were about 160 attenders. We would have liked a few more and we think Infant Mental Health has more and more to offer. We loved meeting all of you who came and thank you for being an attentive and interactive audience.

CHILD CARE - WHAT ARE THE CRUCIAL ISSUES?

Dr. Jeannette Milgrom, Director, Clinical Psychology and The Infant Clinic, Austin & Repatriation Medical Centre, Melbourne,

with acknowledgments to those who met for a year in our Study Group to consider issues facing infants in care and particularly those who presented papers:

Michelle Meehan from the Royal Children's Hospital Louise Crowther from North East Foster Care Carol Richards, The Infant Clinic, Austin & Repatriation Medical Centre Richard England from the Monash Medical Centre Annette Jackson from Canterbury Family Centre

Introduction

In November 1996, a small group of infant mental health workers presented a symposium in Melbourne. The topic was 'Infants in Care', and the implications of attachment theory to current practices in centrebased child care, early parenting centres, motherbaby units and protection and care. The occasion was the National Child and Adolescent Mental Health Conference. Since then, the issues raised by this panel have become increasingly pertinent as the Department of Human Services reviews its strategies for provision of services and the Victorian Government considers deregulation of child care.

Below is a summary of some of the ideas raised at the symposium pertinent to centre-based child care. Hopefully, a debate can be raised within the Association for Infant Mental Health highlighting the critical issues facing families and service providers.

The very first difficulty is the enormous gap between policy-makers and clinicians in conceptualising the needs of infants. Readers of this newsletter are all too familiar with the theories of Bowlby, Winnicott, Stern, and Frailberg. Winnicott's ideas are widely accepted as the basis of our work in that "earliest relationships influence physical and intellectual development as well as forming the foundation for psychological development; the child's earliest attachments become the prototype for subsequent interpersonal relationships" (Bowlby, 1971). Implicit in these ideas is the significance of the carer and how the infant is interacted with and cared for on The empirical literature in a daily basis. developmental psychology is also substantiating this view, showing correlations between disturbances in early interactions between infants and mothers and developmental achievements and peer interaction in later years (Bakeman & Brown, 1981; Murray & Cooper, 1997). Brazelton and others have shown the importance of face-to-face interaction for infants in their first year and the role of attunement by the mother in shaping an infant's developing sense of self. Ainsworth's research has shown that certain characteristics of a mother's parenting are important in determining an infant's security of attachment. The responsive mother provides a secure base (Karen, 1990).

Yet, policy makers do not draw on this literature and do not seem to emphasise the importance of one to one interaction for infants or the critical period in infancy for the development of secure attachment relationships.

In addition, there seems to be little distinction between the needs of infants under 12 months and older children and toddlers in centre-based care. The first year of an infant's life is particularly important in terms of the infant's need for an emotionally available caregiver who can sensitively respond to his/her cues. By 12 months an infant's attachment relationship with his/her mother can be categorised as secure, insecure or disorganised. Furthermore, while some studies highlight the opportunity for attachment patterns to alter with changes in the family, infants who have been described as securely attached have in several studies been shown to be significantly more flexible, socially competent and than their anxiously attached self-reliant counterparts (Karen, 1990).

A Study in Melbourne

In a paper soon to be published, Angelique Mietz and I studied infants under 12 months in centre-based care in Melbourne. We found half of the infants spent between 35 - 40 hours per week in daycare, with one infant spending approximately 54 hours. We argued that the central factor in the quality of the infant's experience in centre-based care was the quality of the socioemotional and interactive environment, and that other factors may only be peripheral to this.

With this in mind, we assessed the effect of different caregiver to infant ratios on their ability to provide interactional opportunities for infants. Nine daycare centres representing a broad cross-section were included in this study, and 20 infants and 14 caregivers studied. Using the Milgrom-Burn interactional scale that we have developed, W assessed 8 caregiver variables (eg. responsiveness to infant cues), 7 infant variables (eg. fuss/cry) and 3 joint caregiver/infant variables (eg. reciprocity, mutual attention, intensity of interaction), caregivers were unaware that the focus of the study was on the interaction between a particular infant and themselves. All observations were in vivo and one quarter were videotaped to allow for reliability rating checks.

We found that with a higher number of caregivers to infants (2.5 versus 4.2 caregivers per infant) there was a greater incidence of interactions which showed reciprocity/synchrony between caregivers and

infants, and infants attended less often to other children. It can be speculated that infants focussed their attention preferably on the relatively more responsive caregiver. However, the most striking result was the extremely rare occurrence of any positive interactional behaviours by caregivers towards any one particular child, and the lack of emotional displays by infants, irrespective of group size (less than 30% of time). A comparison of parent-infant interactions with 8 month old infants in the home, in an unstructured situation indicates that the mean frequency of caregiver behaviour 'respond' and 'reciprocity' is about 50% of the time (Erwin, P., 1990). Therefore, it appeared in our study that in the daycare setting, even with a high caregiver to infant ratio, caregivers did not approximate the interactive quality of parents and infants in a 1:1 situation.

Since half the infants in this study spent a significant famount of time in daycare, further research is required to further assess the impact of low levels of caregiver-infant interaction on infant development.

Other interesting findings included the following:

- The more qualified a caregiver was, the more he or she would respond to infant cues.
- The longer an individual had been employed in a caregiving role the less time spent in basic caregiving duties but the more time spent in attending to or actively engaging with infant.
- The longer a caregiver had been working in a particular daycare centre, the less the amount of positive affect and `attending to the infant occurred.
- The more time an infant spent in daycare per week the more time he or she spent exploring the daycare environment.
- The higher the centre rating for a positive physical environment the more the caregiver responded to infants and stimulated them by interaction or use of objects.

In summary, the striking finding came from a perusal of the low overall frequency of caregiver and infant behaviours indicative of interaction. Caregivers interacted with infants less than 30% of the time despite the presence of an observer which would bias responses towards 'optimal' child care as expected. However, caregivers were more able to engage in reciprocal and synchronous interactions with infants if they had a small number of infants to care for. How do these findings fit with other reports?

Robert Karen

Perhaps a useful summary is Robert Karen's (1994) chapter entitled "A Rage in the Nursery: The Infant Day-Care Wars", encapsulating the debate in the clinical literature around childcare.

Karen described the numerous studies in the 1970s comparing children in day care with children reared entirely at home. Conclusions were difficult to make as the findings were contradictory, with some reports of day-care children being more positive and less tense in social interactions and with better peer relationships, while others showed that they were less cooperative and more aggressive.

Two major surveys of the day-care literature appeared in 1978 in the United States of America by Jay Belsky and Larry Steinberg, and in 1981 in Britain by Michael Rutter. Despite the difficulties in interpreting the existing data, the authors concluded that high-quality day care did not compromise the child's bonds with the parents or appear to pose any serious risk. These were widely quoted as having given day care the green light.

Meanwhile, the opposite view was advocated by others, using partial conclusions from the existing research to bolster arguments. Bowlby became a demonic household name in Britain when he emphasised the risks of separating mother and baby for long or repeated stretches before the age of three. He advocated the nanny, "an affectionate, stable person who will act as a substitute mother over a period of years" (p.325) as a solution for women who needed or wanted to work.

In 1985, Belsky reversed his position in the debate following his own research and the issue of a child's age entered into the argument. He suggested that more than twenty hours per week of day care in the first year placed a child at a somewhat increased risk for anxious attachment and future behaviour problems, with the child tending to display aggressive and noncompliant behaviours between the ages of three and eight.

Belsky wrote this up in a Zero to Three article which became political dynamite, for it represented an important reversal by an iconic figure, "the person

who had reassured the public that day care was okay now warned of risks" (p. 330).

In a subsequent issue of Zero to Three four prominent developmentalists teamed up to rebut Belsky, him of the selective use accusing and misinterpretation of data. In addition, gossip began to develop around Belsky who was said to have used Zero to Three to maximise the effect of his anti-daycare message. Belsky, who was married at the time and whose wife stayed home to care for their two sons, then four and six, was accused of thinking everyone should raise children the way he did, and that he was antiwoman in general. Negative assertions about childcare by others became attributed to him, such as Brian Vaughn's claim that the child experiences rejection when left at day care each day.

A critical response to Belsky was written by Alison Clarke-Stewart in The American Psychologist, with the title "Infant Day Care: Maligned or Malignant?" Clarke-Stewart dedicated her book on the subject to her son who "spent his first year in day care so that this book could be written," and went on to offer a series of reasoned objections. "She argued that critics of infant day care tended to overstate the degree of risk, with the actual increased risk of anxious attachment being eight percent (Belsky placed it only slightly higher); that the aggression and noncompliance seen in some children who had spent their infancies in day care might actually be a reflection of the increased independence that day care promoted; that insecurity with the mother did not necessarily mean a child who had many other relationships was altogether insecure; that, for children who were getting inadequate care at home or who had difficult relationships with their mothers, a daytime spent with a pleasant, competent caregiver could improve their chances of healthy development; and perhaps most important, that the Strange Situation might not be the appropriate tool for assessing security of attachment where day-care children were concerned." (p. 334)

Future Directions

Today, professional child care advocates, clinicians, developmentalists, attachment theorists and psychotherapists are still divided about the issue of centre-based child care.

Some people feel Belsky did the field a service, and those who were distressed by his article acknowledge

that it highlighted the importance and delicacy of the infancy period. It has also focused attention on the quality of child care and provided arguments for policymakers to consider whether more funds should be available.

Whatever the professional views, the demand for infant centred childcare is increasing. In Australia, there were 11,680 children under 2 years in community based long day care services in 1991.

As my own research demonstrated, infants under 12 months in Melbourne frequently spend between 35 -40 hours per week in daycare. What is the long-term effect of not having consistent 1:1 interaction described by Berry Brazelton and Stern as the foundation of social learning?

Perhaps more importantly, can the same need be satisfied in a daycare setting with innovative practices? In France, therapeutic institutional care uses its staff in different ways, having primary carers whose job it is to use every task as an interactional opportunity and ward clerks who do all the bottle preparation and routine tasks.

What can we recommend?

Can the quality of interaction with caregivers in daycare settings be improved with structured tasks? Can staff be trained to better meet the interactional needs of infants? 15 month old children have been found to be more securely attached to caregivers who are more sensitive to infant cues during free play (Goossens & Ijzendoorn, 1990).

Can we influence state regulations governing group size and caregiver numbers (currently 1:5 in most centres), since there is a disparity between government figures and standards set by child development experts, particularly for infants (Katz, 1980).

Perhaps we should be asking new questions of attachment theory, which describes coping strategies children develop for dealing with unavailable or inconsistent mothers. Are there healthy coping mechanisms children can develop to deal with a mother they see consistently but only for part of the day? Can multiple attachments develop? Recent research has shown that if a child is securely attached to his father, that will be the greatest help in overcoming insecure attachment to his mother (Karen, 1990). Does this imply that it is indeed

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quality not quantity that is important? Can centrebased care encourage the development of attachment to primary caregivers who only have responsibility for 2 - 3 children as in France?

Finally, we do not know whether quality of daycare affects the attachment relationships, if all infants are equally at risk and the effect of infant age; nor do we know the protective factors daycare could be playing in situations where the mother is bored, resentful, depressed or has difficulty parenting. These question seem important to answer in future longitudinal research endeavours.

"Day care must not be a parking place for children but a viable rich place for safely learning about ... the remarkable world of human relationships" (Pawl, 1990). Only by recognising relationships as the major issue can changes be made in the quality of care in rlay centres.

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EDITOR'S COMMENT

With the expectation of initiating discussion within AAIMH about infants in child care we invited Jeanette Milgrom to write the above article. We hope the Newsletter is used to discuss these issues by the AAIMH members.

Some thoughts occurred to me as I read Jeanette's article -

- There is a need to influence in a practical way the (re)development of child care policy. Questions about the appropriate ratios of staff to children need to be asked. How do we make child care good child care? There is some urgency in this. Currently Victoria faces the likelihood of deregulation and subsequent changes of the child care industry. It is of concern that our knowledge of what facilitates healthy infant development is not clearly informing policy and practice.
- How do we influence the wider political, social and economic context in which child care is situated. It is clearly important how this context impinges on infants (parenting and family life) and we should influence it in favour of the infant. <u>Child care</u> <u>should be primarily for the benefit of infants and</u> <u>toddlers</u> but is this the case?
- As social scientists we need to interpret and integrate the research findings about child care. How significant are the research findings? How should they inform practice? AAIMH's membership has a great depth of research skills and knowledge. How should this be employed?

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• As a clinician in infant mental health, I expect we need to look at the role of child care for clinical populations. How do we advise families about benefits and/or disadvantages of child care options, particularly those infants at high risk, or symptomatic, and problems within their families. Does child care mitigate against the risk or can it aggravate the infant's situation? Can clinical diagnosis of infants and their family relationships suggest if child care is helpful or not? Furthermore, can we make child care therapeutic for these infants as in the French institutions mentioned by Jeanette?

I expect there is agreement that AAIMH needs to be vocal in the community and political debate about infants in child care. But what should be said? and how? As an organisation should AAIMH have a formal policy? Is it possible to have a formal policy or does AAIMH contain too many divergent views? Is it our role to be a political advocate for the infant? Will this bring us in conflict with other sociopolitical forces that influence the modern family and workplace? If we are to play an advocate role how should our organisation do this? What should we say to influence those formulating policy? How do we influence the political, economic and social needs of infants in our community? How do we use our knowledge base, theories, research and experience?

I encourage you to write and expect a lively discussion within the newsletter over coming editions.

Paul Robertson

FROM THE DESK

COMMENT FROM DR CAMPBELL PAUL WAIMH REGIONAL VICE PRESIDENT

As we move into 1998 it is clear it too will be an exciting and busy year. The national Conference in Adelaide was a major highlight of 1997 and was very much enjoyed by lots of people from all over the Commonwealth. All States & Territories were represented and feasted on excellent presentations. This bodes well for the next National conference in Sydney when we will be able to share the latest ideas about infancy ,development and trauma with Mary Sue Moore & Janet Dean from Colorado. We hope that John Byng-Hall will also be able to visit this year. Heidelise Als will be presenting in Sydney & Alice Springs.

<u>Constitutional Matters</u> Real progress was made in discussion with the other states about the formation of a National Infant Mental Health Association and we also had discussions with colleagues in New Zealand about close collaboration across the Tasman. We hope to be able to ratify a new constitution at a meeting in Sydney at the time of the Heidelise Als workshop on Monday 23 March. Members should let their views be known through their respective committees.

There have been many issues of public policy which have concerned our association. New developments in the regulation and delivery of child care for very young infants demand our deliberation and comment. Our association has already responded to issues relating to the inquiry into the removal of Aboriginal children from their families and we also participated in a national Aboriginal Child Care Association conference in Townsville. Recent attempts to remove the payment of Medicare rebates for infants when seen with their parents prompted a vigorous response from the College of Psychiatrists with input from our association as well. The association will need to consider our own internal mechanisms for responding to these very important policy issues.

Were also exploring the implications of the formation of a national *psychoanalytic psychotherapy register* and whether some of our members would like to be part of that process. Other collaborative projects for the future include further work with the Marce Society and exploration and continuation of other joint meetings and projects.

Yvon Gauthier the World President retains a real interest in our progress and activities. The next *World Congress* will be in Montreal in the year 2000 and there is a proposal to have a World Congress every second year thereafter. I understand there is a regional meeting in Lithuanian in next year in early July, negotiations are under way for the venue for the World Congress in the year 2002.

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STATE NETWORK NEWS

NEW SOUTH WALES

Kerry Lockhart

Margaret Gibbons and Bryanne Barnett will be presenting "Birth-Cultural Diversity" at the Auburn Hospital on March 4th, 1998.

The Parent Infant Clinical & Research Interest Group will be moving their venue from Liverpool to St. John of God Hospital, Burwood. The 1998 calendar is as follows: February 27, May 29, August 28, November 27. Phone 02 9827 8011 for enquires.

Best wishes from all of us for the holiday season and have a wonderful, happy new year.

QUEENSLAND

Susan Wilson

The last couple of months have been quite busy for AAIMH (QLD). Approximately 10 Queenslanders attended the conference in Adelaide, where it was satisfying to be able to combine participation in the workshops and lectures, with extensive networking. We were even able to meet and second a new member to our committee, Debra Sorensen. We are determined that in future we will not have to travel so far to meet our local members.

Several of our members also belong to the Marce Society and were invited to a dinner at Northwest Private Hospital in November, so that members could meet informally to discuss areas of mutual interest. A decision was made to meet 4 times per year for dinner and the presentation of cases which would reflect the variety of settings in which people work. There was a considerable amount of interest in the overlap with infant mental health. As a result of this evening we may be asked to contribute to a public forum on postnatal depression being held in February 1998 by a state wide women's health network.

At our most recent clinical meeting on December 2, we brought Dr Anne Sved-Williams from Adelaide to present on attachment and mother-infant therapy. Anne presented videotaped sessions from therapy with two mother-infant dyads. Her combination of theoretical and practical material was very well received by the audience of more than 40 interested professionals. The attendance was particularly impressive given the oppressive heat and the lack of air conditioning! It is obvious that there is a great deal of interest in infant mental health. At present these clinical meetings are open to non-members and we hope that in this way we will boost our membership.

We have gone ahead with our plans for a local newsletter that in future will be distributed only to Queensland members. The first edition was distributed widely with the invitations to the clinical meeting, again in an effort to publicise the association and to attract new members.

We look forward to holding regular meetings in 1998 and to becoming part of the national association.

VICTORIA

Sarah Jones

The Victorians who attended the Adelaide National Conference reported very favourably on the conference, the quality of the speakers and the good networking opportunities. Several Melbourne delegates returned inspired by the quality of the presentations, thought provoking discussions and wondering about the implications some of the research papers had on clinical practice. Liam O'Connor summarised his impressions of the conference at our AGM in November. His opened his talk with his observations on the attachment behaviour of groups at conferences. He wondered whether the Adelaide group began as anxiously attached moved through a variety of classifications, ending with more of the avoidant behaviours. Many of us who have been to conferences, big and small, recognised our selves in his descriptions! Liam has been commissioned to report further on conference group behaviour.

At the AGM the President and Sub-committee Convenor reported on the activities of our organisation during 1997. A lot of work has been done by both the Constitution Committee and legal adviser on finalising the Constitution for a national organisation. As states differ in the history of their branches, size of membership, activity and financial status there has been considerable work done on the way the national organisation can accommodate these

differences. Thanks should go to Ms. Brigid Jordan and Dr. Campbell Paul for the large amount work and personal time they have put into this important task.

Dr. Jeannette Milgrom summarised the work done by the Scientific Committee. The Scientific Programme series started with a panel discussion from our subcommittee on Child Care and standards, principles and policies. On the panel were Dr. Jeanette Milgrom, Dr. Carol Richards and Ms. Michelle Meehan. Other presentations this year have included those by Dr. Kenneth Wright from London on Creativity, Ms. Susan Morello from Italy with Mrs. Frances Thompson-Salo on Infant Observation, concluding the year was a presentation by Dr. Anne Rickards, Royal Children's Hospital, and Dr. Les Doyle from the Royal Women's Hospital, and their colleagues on Low Birth Weight Babies.

Dr. Sandra Lancaster our Treasurer gave a positive account of our finances. Some of which has now been spent on new software to enable the Newsletter Editors to communicate better with each other and State representatives electronically.

As Newsletter Editors we have gradually learnt some of the tricks of the trade required to publish a quarterly newsletters without going completely mad. Some of the Email back and forth between ourselves would not have passed the Publications Obscenity Laws let alone the Government Censor! Public acknowledgment should go to all those correspondents through out the year who helped us to get the newsletter to 'go national'. These correspondents got little warning of tight deadlines, some were standing in for other correspondents, yet others rose to the occasion despite feeling there was little to report on Words of thanks from readers between deadlines. were appreciated. We hope to encourage members from all over Australia to send us anything they think might fit with an organisation interested in the world of infants.

Ms. Brigid Jordan was elected to be our new Convenor of the Victorian Branch of the Committee of Management. I was re-elected as Secretary and Dr. Sandra Lancaster as Treasurer. Thanks goes to Dr. Campbell Paul, the inaugural Convenor, for an enormous amount of work he has put into the organisation since its formation.

WESTERN AUSTRALIA

Caroline Zanetti

WA was very fortunate to have a visit from Dr Hisako Watanabe, following the recent National Conference. Over four days she gave talks to health professionals about prevention of intergenerational psychopathology and treatment of anorexia both in early onset and adult cases.

Of particular interest was Dr Watanabe's analysis of the way in which the changing cultural environment in Japan has directly and deleteriously affected relationships within the family. Women in Japan are encouraged to find personal and social validation through the success of their children, thus predisposing them towards insensitive interactions which undermine the natural harmony that is experienced in relationships that are more affectively attuned to the physical, psychological and emotional needs of the child.

In order to develop this notion of a natural harmony, Dr Watanabe introduced us to the important concept of Amae, which underpins Japanese thinking about relationships. It means a sort of 'desirable sweetness' but is untranslatable really. It is longed-for these days, as a disappearing aspect of modernised society which is becoming increasingly prone to disharmony.

Amae appears to refer to harmonious balance - the amae within the family is present when the mother, father and children are able to relate to each other in a natural way that feels harmonious and fulfilling for each of them.

Increasingly in Japan, the husband is forced through his work away from the household to disengage from the behaviours that promote familial amae in order to join the amae of the corporation, which is one based on dutiful subordination. This leads ultimately to the exploitation of the worker, and disharmony in the relationships at home.

The husband becomes a distant member of the household, the wife becomes resentful. Her anger and resentment interferes with her relationship with her children. At the same time, the modernisation of Japan has led to enormous pressure on women and children to perform academically and in the workplace. This also interferes with the amae within the family, as children are pushed to perform and achieve.

Thus, the pressures on modern Japanese society lead to suppressed anger, resentment, alienation in adults, which is projected onto their children, who become the carriers of it.

In modern Japan there are annually increasing rates of intrafamilial violence, mainly of child against mother. There are also increasing rates of school refusal.

Dr Watanabe comments that the infant needs and craves harmony. S/he becomes distressed when s/he loses it. Part of her approach has been to attempt to restore some of the traditional methods of childrearing in Japan, stressing the importance of these practices in promoting amae - co-sleeping (promotes intimacy, allows opportunities for mirroring and gaze between parent and child), co-bathing (especially child and father, which promotes playfulness and intimacy in their relationship), and carrying the baby in a back-sling (baby freed to gaze around, "like a prince riding on a white horse").

In her work with older children with attachment problems manifesting in school refusal, behavioural disturbance or anorexia nervosa, Dr Watanabe presented a number of cases in which a 'therapeutic regression' was allowed during prolonged inpatient treatment. The parents are encouraged to participate in the care of their child, and meticulous attention is paid to providing support for parent, child and staff as the attachment is repaired.

This very brief outline of some of Dr Watanabe's work and thinking does not do her justice. Those who are interested are directed to the following references:

Doi, T. (1992). On the concept of Amae. Infant Mental Health Journal, 13, No.1, 7-11 Watanabe, H. (1987). Establishing emotional mutuality not formed in infancy with Japanese families. Infant Mental Health Journal, 3, 398-408 Watanabe, H. (1992). Difficulties in Amae: A Clinical

Perspective. Infant Mental Health Journal, 13, No.1 26-32

FORTHCOMING

With no language but a Cry: Trauma and Infancy

The Fifth Annual Meeting of the Australian Association for Infant Mental Health will be held at the Rex Hotel, Kings Cross, Sydney on 3 and 4 September 1998, with workshops on 2 and 5 September 1998. We have chosen the theme of trauma in infancy, and the meeting has been arranged to precede the Twelfth International Congress on Child Abuse and Neglect which is being held in Auckland, New Zealand from September 6-9. Keynote Speakers will include Dr Janet Dean, and Dr Mary Sue Moore, who both work in Boulder, Colorado and have a particular interest in infant trauma and its management, and Professor Barry Nurcombe, Chair, Psychiatry, University of Department Child Queensland, Brisbane.

The Call for Papers will be in the mail by the end of January, and we have asked The Conference Organiser, PO Box 214, Brunswick East Australia 3057, to be our conference organiser. The Convenor of the Conference Committee is David Lonie, PO Box B7 Boronia Park, NSW 2111 and E-mail: dlonie@magna.com.au.

NEWBORN DEVELOPMENTAL CARE AND ASSESSMENT

The New Children's Hospital & Australian Association for Infant Mental Health

<u>Professor Heidelise Als</u> will be visiting Australia in March 1998 and speaking at meetings in Sydney and Alice Springs.

She will be presenting a half day seminar at the New Children's Hospital, Westmead NSW, organised by the Department of Neonatology and Grace Neonatal Nursery in conjunction with the Australian Association for Infant Mental Health, on Monday 23 March 1998, from 8:30 am to 12:45 pm (followed by lunch).

Topics to be discussed include:

· Early brain and neurobehavioural development

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- Synactive Theory of Development
- Assessment and outcome of preterm infants
- Care of the Infant, Family and Staff in the NICU

Professor Als will also be an invited speaker at the joint meeting of the Perinatal Society of Australia and News Zealand and the Australian Neonatal Nurses' Association, to be held in Alice Springs, from 29th March to 2nd April 1998.

Professor Als, Associate Professor of Psychology (Psychiatry), Harvard Medical School, Director of Neurobehavioral Infant and Child Studies, Children's Hospital, Boston, and Director of the National NIDCAP Center, Boston, has developed a systematic method of observing hospitalised newborn infants, from a neurobehavioural perspective, as a basis for providing more optimal developmental care, and reducing infant and family stress. Improvements in both medical and developmental outcomes have been demonstrated in association with this type of care, Studies have shown that gains associated with individualised developmental care include:

- reduced dependence on mechanical ventilation and supplemental oxygen
- · earlier oral feeding and better weight gain
- shorter duration of hospitalisation, and hospital discharge at a younger age
- improved developmental and behavioural outcome

Inquiry into Parent Education in New South Wales

The Standing Committee on Social Issues of the NSW Legislative Council has established an inquiry into Parenting Education and Support Programs in NSW. At its last Meeting before Christmas, the Executive Committee decided to make a submission to this Inquiry on behalf of AA!MHI, as it had done with the Inquiry into the Separation of Aboriginal Children. The Convenor of the Committee is Beulah Warren. The date for submissions to the Standing Committee is February 8, 1998 although we will be seeking an extension. The need for a prompt response (the advertisement calling for submissions was only placed at the end of November) means that we will not be able to seek as wide a comment from the membership as we would like. However, interested members can contact Beulah for further information.

<u>Dr Pat CRITTENDEN workshops</u> in Perth in March/April 1998. It is planned to run -

- · the Basic Adult Attachment Interview training,
- the Pre-School Attachment Assessment (Strange Situation),
- the Advanced Clinical Adult Attachment training &
- a 5 day workshop called Attachment Intervention.

The costs for the two 10 half day workshops, namely the AAI and Pre-School Assessment are \$1000 each. The Clinical AAI costs \$600 and runs for 6 half days. The Intervention workshop is not a training and costs \$450. The Basic AAI commences on Sunday March 15th and runs until Friday 28th in the mornings except the 20th, 21st and 22nd. The Intervention runs on Thursday pm, all day Friday 20th and all day Saturday 21st. The Pre-school attachment runs for 10 afternoons from March 23rd and the Clinical AAI for five half days from March 30th.

Dr Pat Crittenden trained with Mary Ainsworth, has worked extensively with abused children and "atrisk" families. She has taught in the U.S., Italy, Finland, U.K., Austria and Australia and has published widely in the field of attachment.

Application should be made in writing accompanied by one third deposit made out and posted to Dr N Howieson, 1 Newry St, Floreat, W.A. 6014. Enquiries by Email: nhowieso@Cowan.edu.au.

James McKenna is speaking in Brisbane at 'The Passage to Motherhood' conference organised by Capers on 7 - 9 August. There will be a preconference tour to Perth, Adelaide, Melbourne and Sydney. James MacKenna is an anthroplogist from California with a special interest in Medical anthropology. He has been involved in sleep and SID research in particular looking at solitary versus cosleeping environments; the benefits of parental skin contact, culture and sleep.

The contact in Brisbane is Jan Comfoot 07 3369 9200, fax: 07 3369 9299, email: capers@gil.com.au.

EDITORS

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