



From the Editor

It is with great pleasure that I look forward to the challenge of editing future AAIMHI newsletters. The task was passed on to me by Renate Barth who is currently spending a year in Germany. I only hope that I can fulfil my obligations in the capable manner in which Renate did.

Keeping with the goals and objectives of AAIMHI as an affiliate of the International Association of Infant Mental Health, it is probably appropriate that the contributions for this issue have taken on an eclectic flavour. The conference report and notice will be worthwhile for those endeavouring to keep abreast of the diverse and world-wide infant mental health profession. We are also pleased to be able to include two reports of some exciting programs – one in South Australia and one in the Blue Mountains. Both reports offer “food for thought” in terms of implications for infants and families in need of services.

AIMHI is continuing to experience an exciting expansion of its interests and activities. We look forward to the interest of new members and to response from professionals in the coming months who are interested in pursuing their aspirations in infant mental health and its many related disciplines. Please let us know the details of activities and research going on in your program or area.

Contributions to the Newsletter concerning conferences, program reports, research activities, or book reviews will be gratefully received. Suggestions for themes will also be accepted. To discuss the details of submission, please contact me at (02) 772 9425, or (02) 520 6497.

Kimberley Powell

The Keyworker Project – A new way of Working with Families

*Emma Bennett**

The last decade has seen a great deal of change in the early intervention area for children with disabilities in South Australia. For families of these children some things never change. Families have a need for accurate, up-to-date and unbiased information. They also need help with the process of finding services for their child, and support that is empowering but not overpowering. All this has been asked for by families for much longer than a decade.

Services for children with disabilities and their families in South Australia had grown from being almost non-existent to being so numerous that families often had little or no idea what did exist. Funding was tied to the number of clients each agency had, often trapping families in a service they were not happy with. Families may not have been informed of what other services were available to them or how these services could be accessed by agencies trying to protect their funding.

During this time of change came the request from families to have a named worker, or Keyworker, to assist them – someone the families knew and trusted. However, it took nearly a decade for this to become a reality. The Keyworker concept was first encountered in 1982. Funding agencies met in 1988 to form a steering committee that would fund the project as well as oversee it.

How was the Keyworker concept different to other projects that have worked with families?

Firstly, it was funded by five different agencies. These are:

- Intellectual Disability Services Council (IDSC)
- Crippled Children's Association (CCA)
- Children's Services Office (CSO)
- Spastic Centres of South Australia (SCOSA)
- Child, Adolescent & Family Health Services (CAFHS)

These agencies, the regional sub-committees, were part of the Steering Committee that nominated and sponsored Keyworkers.

Their work together was unprecedented.

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* Former Project Officer, Keyworker Project – Southern Region

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Secondly, Keyworkers came not only from the above agencies but also from agencies that did not put funds into the project. All Keyworkers were paid by their agency, but project funds were used for the employment of two Project Officers. The project was tried in the Northern Country Districts of South Australia, and in the Southern Metropolitan area from September 1989 to September 1990. This was a departure from other projects where workers have been brought in from outside the system and paid from project funds.

Finally, a major difference from previous projects was in the way that Keyworkers worked with the family. In South Australia, as in other States, the main emphasis for therapists and support workers has been on the child with a disability while the needs of the family were often ignored. Keyworkers, however, worked with the family as a whole unit and looked at the needs of everyone.

Even though Keyworkers were from service systems, and all of them (with the exception of the project officers) were already working with children, a three day training course was held. The main emphasis of this course was to train the workers to work with the family. The family as a whole unit was examined, and how each person fit within the unit to maintain homeostasis was examined.

When Keyworkers went to meet with the family they were not from an agency as such but were 'employed' by the family. It was a unique situation in that workers were being asked to step out of the security of their professional roles and become a friend to the family.

Families came into the project by being referred from agencies, doctors, therapists or themselves. When the project officer received the referral she would contact the family and do a home visit where the aims and objectives of the project

would be explained. If the family was interested in having a Keyworker to work with them then a list detailing names of Keyworkers and their agencies was shown to the family. The family would choose their Keyworker from the list. If the family knew no one on the list, more information regarding the Keyworker would be made to enable the family to make a choice. At no time did the project officer choose for the family. The project officer would then ring the chosen Keyworker who would contact the family to arrange a home visit. Most Keyworkers worked with two families with the exception of the project officer who worked with four families.

How did families use their Keyworkers? Keyworkers were used in a variety of ways, but their major function was to provide families with information concerning:

- services and how to access them
- their child's disability
- alternative therapies
- private therapists
- community health services
- playgroups and kindergyms.

Keyworkers would provide any information that might need more time to unearth than the family had.

Keyworkers were also used as:

- advocates
- a listening ear
- a co-ordinator of services

Keyworkers were there to support and empower the family, and to supply information so that the family could make informed choices and decisions.

Although the Keyworker project had the same aims, the outcome in the two regions in South Australia was in fact very different. The Southern Metropolitan Region had 15 Keyworkers and 29 families who participated, and continues at present in a maintenance mode. The Northern Country District program, with 2 families and nine Keyworkers, came to a halt in October 1990.

The differences in the two programs can be attributed to the vast distances in the country areas and fewer services to choose from in this region. In addition, most workers in the country already operated like Keyworkers, and many families were reluctant to have another person work with them. As well, there was a very strong desire in the country region for the Keyworker project to extend beyond the age limit of 8 years.

What has happened to the Keyworker project now that its trial period is over?

An evaluation of the project was conducted and among the recommendations was one strongly suggesting that the project continue and be extended to cover older age groups. At this point in time, however, it seems unlikely that this will happen.

What about the future of the Keyworker concept?

At the present time, all early intervention services in South Australia are being looked at very closely with a view towards better co-ordination and cooperation. A new model of services has been designed and is awaiting approval. The new model incorporates the Keyworker concept. Meanwhile, families in the Southern Metropolitan Region continue to be supported by their Keyworker. The project is being maintained by a part-time project officer (12-15 hours per week). It is hoped that at least some of the present regional committee will be a part of the new regional network implementing the revised early intervention model to allow for continuity.

Should the new model not commence in the next financial year as planned, then the current regional committee and funding bodies will have to make a decision as to whether to re-fund or disband the whole concept. Considering the success that the project has enjoyed, the many families it has helped, and the many more that could be helped, this would be a great pity.

Lapstone Preschool

Families and Professionals Working Together

Linda Brewer*

Lapstone Preschool is located in an idyllic bushland setting in the Lower Blue Mountains of N.S.W. Since 1979 both staff and parent committees at this community preschool have shown a high level of commitment to offering services for young children with Special Needs.

The single unit preschool has children with Special Needs integrated into each of its three sessions. A full time Special Needs Child Care Worker is employed and individual education programmes are planned and implemented by staff for these children. There are currently 11 children involved in these programmes which are planned in conjunction with Speech Pathologists, and Paediatric Physiotherapists who may also be seeing the children. Close liaison is maintained between the preschool and other local agencies involved in service delivery for those children.

Also based at the preschool is the **Early Childhood Advisory Service (E.C.A.S.)** which commenced in 1983. The main financial support for this service comes from the Department of Community Services Grants Programme. Two part time itinerant Advisory Teachers visit 40 early childhood centres in the Lower Blue Mountains and Penrith St Marys areas. Currently 125 children are enrolled in this programme. At the request of centre staff the Advisory Teachers will assess children who may need individual programming because of disability, developmental delay, speech or language delay, behaviour difficulties or learning needs. An individual programme is then designed, again in consultation with other agencies, for centre staff to implement. Where necessary, referral is made to relevant

professionals for further assessment or therapy. E.C.A.S. hosts a meeting once a term for Itinerant Special Education workers and is involved in the development of teaching resources and running in-service programmes for staff.

The Early Development Programme (E.D.P.) operates at the preschool one day per week. It began in 1979 with funding from D.O.C.S. Staff and committee have continuously submitted for further funding to increase the number of sessions offered and to extend services offered through the E.C.A.S.

There is no set criteria of special need for eligibility. Children of 3-5 years who attend, also either attend Lapstone Preschool or other early childhood centres in integrated settings, or are being prepared for future integration. The staff work in close liaison with other services and co-ordinate assessments and programmes from all the child's other agencies, to plan and implement an individual programme of activities. This is done in consultation with parents and a home programme is also offered. Approximately five children attend this session.

Once a term the E.D.P. has an open day for all professionals and agencies concerned with each child. This allows for discussion and consultation to ensure that consistency in approach and programming occurs.

This year funding was received through W.S.A.A.S. to commence one more session per week of the Early Development Programme. In response to the perceived and stated needs of the families involved this group has a different focus to the morning E.D.P. Parents attend with their children and the staff focus

primarily on discussion and modelling of behaviour management techniques.

A discussion group has also begun with the Special Education Teacher and parents. A video is viewed and discussed along with other issues which arise. This empowers parents to plan and help with their children's programmes. This session is developing as a valuable support network with parents gaining direct knowledge about child development, assessment and implementation of programmes for their children. The sharing of ideas, feelings and even used clothing has been a spontaneous development. Each week this part of the session extends a little longer as important issues are explored in the lives of these families in greater depth.

The format of this session, while allowing less opportunity for staff to work individually with children, has advantages for the families involved. They have the opportunity to work towards the highest levels in hierarchical dimensions of family involvement as outlined by Simeonsson and Bailey (1990). We have been able to observe parents moving beyond "Passive Involvement" through "Involvement focusing on Information and Skills needed" where they acquire teaching and management skills. Some families achieve "Behavioural involvement to define and deal with reality burdens" where partnerships are developed to identify, priorities and implement interventions.

It also has advantages for the staff to develop their skills in family involvement which has been recognised as "a necessary component of early intervention."

Continued over page

* Teacher - Early Development Programme

Bailey and Wolery, (1984) have outlined some of these advantages for teachers:

- Gaining through face to face interaction the maturity and sensitivity to deal with the parents of children with Special Needs.
- Identifying strategies for reducing the stress associated with raising a disabled child.
- Acting as an informer and advocate for the child's rights to early intervention.

- Listening, learning and interacting naturally with the families of disabled children who have the same life goals as all parents, but who may be stigmatised by the presence of their special needs child.

- Gaining an opportunity to individualise family involvement as we have traditionally individualised the child's instruction.

Although we are always exhausted at the end of an E.D.P. day, all staff are committed to continuing this level of involvement as the benefits for children and parents have been observed on many occasions over the years of operation.

D.B. Bailey & M. Wolery (1984), *Working with Families. Teaching Infants and Preschoolers with Handicaps.*

Columbus: Bell & Howell. B. Simeonsson & D. Bailey (1990), *Family Dimensions in Early Intervention. Handbook of Early Intervention.* S. Meisels and J. Shonkoff, eds. Boston: Cambridge University.

Tresillian Family Care Centres Conference

DR. A. BURNS LOOKS AT THE FUTURE OF THE FAMILY UNIT

Dr. Ailsa Burns, from the School of Behavioural Sciences at Macquarie University will be exploring the impact that today's children will have on the family life of tomorrow in her paper titled "Families Towards 2000", to be presented at the Tresillian Conference, "Parenting: Dilemmas and Dimensions." (see notice this issue).

"Families Towards 2000" analyses the implications of current demographic trends on the families of the future. The low birth rates of recent decades have meant that fewer young people are now entering the workforce and there is more demand for women of all ages to take their place. In the UK, it has been estimated that 8 out of 10 new jobs will have to be filled by women. In the USA it is projected that by the year 2000, 70% of mothers of pre-school children will be employed outside the home. An alarming aspect of these figures is the continuing increase in poverty among families with children, mainly due to the large and increasing number headed by low-income women.

Dr. Burns' paper explores recent and projected changes within the Australian family. Australia, like other countries, has since 1970, seen a move to later and less marriage, later and less childbearing, more divorce, more family formation and dissolution outside of legal marriage. As a consequence, we now have more step-families, single person households and one parent

families. The latter are generally far poorer than the rest of the community.

Australia too, has seen a vastly increased demand for women's paid work without significant reduction in their unpaid work, or the provision of adequate support services such as childcare. Dr. Burns is currently researching the reasons for the increase in single parent families, and she is also conducting a study into single and married mothers who undertake tertiary education.

[EDITOR'S NOTE: Many thanks to Ann Paton for providing this press release. Detailed abstracts of Dr. Burns' paper can be obtained directly from Ann Paton (975 4262) or Dr. A. Burns (805 8056). Discussion of these issues will no doubt be important in terms of the implications for infant mental health.]

Deadline for next AAIMHI Newsletter – 27 September, 1991

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

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PO Box 39
Double Bay NSW 2028
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Telephone contact:

Kimberley Powers (02) 520 6497

A Report From The World Association For Infant Pyschiatry Conference in Melbourne, Victoria. April 26-28, 1991.

Norma Tracey

When asked to be AAIMHI Newsletter Correspondent at the World Association for Infant Psychiatry and Allied Disciplines (W.A.I.P.A.D.) 2nd Pacific Rim Conference, I had no idea what a plethora of sessions and people I was to report on. I felt like a judge at a cook-in asked to comment on fifty fabulous meals in five minutes !

To begin with, no real conference is limited to lecture theatres. The introductory cocktail party, the lunches, the special bush dance dinner, is where the real discussions and the real interchange of ideas takes place. It is meeting different people from different places and different countries doing the same kind of work that this W.A.I.P.A.D. Conference was about. "What do you do? Where do you work? Your paper was right on for where we are. Can you send us a copy? Can I come and see your facilities before I go back to New Zealand?" One Sydney therapist said, "Imagine having to come to Melbourne to meet some of my own Sydney colleagues for the first time."

The formal part of the conference was the result of weeks and months of hard work by a Committee headed by Dr. David Lonie. There were lectures, presentations, workshops and posters that included topics such as attachment and separation, scientific research on infants and care-givers as well as intervention and outreach programmes. Discussed also was the psychological effect of IVF on mother, father, and child. There were many case studies and theoretical presentations for those who use the psychodynamic model in their work.

Dr. Tiffany Field, the Keynote speaker, opened the conference. It was a remarkable beginning. She asks, "What do we add to an already present treatment that will help and support a baby in the early days that is easy to implement and demonstrably worth doing?" Interaction and intervention are her key words in reply to that question.

How simple, useful and inexpensive her research methods are! These methods could be as varied as talking about an ultra sound with a mother while you are carrying out the procedure, giving a baby a pacifier, tactile stimulation of the right kind in the right areas of the body of the ill or maternally deprived neocate, or simply using massage and exercises that help an infant to feel alive. It is practical work that even an

unsophisticated professional can accept and use.

Most interesting to me was the session on Father and his place as mediator, protector, caregiver, and provider.

Dr. Ann Morgan's session was a highlight of the conference. Her work focused on questions such as who is the Father in the Mind of the Baby? Who is the Father in the mind of the mother? Who is the father in the mind of Father himself? In doing so, she discussed the eternal triangle of baby, mother and father, and the envy and jealousy that are a part of these roles as parents form a space in which their baby can feel safe.

Morgan commented that "the traditional role of father was provider and protector of this space, but the roles defined for mother, father and family became rigid. In so doing, these roles became fractured [which in turn created] a loss - a loss which we have not yet replaced." She goes on to comment that the birth of a baby can be a "dangerous time" resulting in post-partum depression for many women. By being involved in this precarious birth time, Father gives up something of who he was for his family, but Mother also does. While he gives up the "power centre" as part of the outside world to protect mother and infant, she gives up a job, independence, and individuality. A woman may gain power in being "centred", but both parents lose something in order to create a protective space for their family.

This brief and powerful message set the tone thereafter. We were to hear Professor Graham Russell, Professor Kyle Pruett, Ruth Schmidt-Neven and Maria Radojevic (amongst others) remind us of the existence and value of Father in the psyche and in the family system. "The modern father is multifaceted, diverse, and ever changing in his role," Kyle Pruett told us. He went on to stress the need for a renewed emphasis on problems associated with the lack of Father's involvement with his family, and for an awareness of the impact of Father on the life of the family as well.

The W.A.I.P.A.D. Conference was a conference for all seasons, for all minds. Each professional attending would have heard and processed this rich material in his or her own particular way. Thanks goes to those who gave such high quality presentations, and to David Lonie as well as all the other conference organizers. They certainly deserve it.

Philadelphia Child Guidance Clinic – A Valuable Professional Resource

*Kimberley Powell**

During a recent holiday to North America, I had the pleasure of visiting the Philadelphia Child Guidance Clinic located at the University of Pennsylvania Children's Hospital. Founded in 1925, the Child Guidance Clinic is a private, non-profit mental health facility serving children, adolescents and their families in the greater Philadelphia area. The clinic is closely affiliated with more than 50 mental health professionals engaged in both research and practice. Areas of clinical specialization include children's behavioural problems, childhood depression, psychoses, emotional problems caused by chronic illness and psychosomatic conditions such as eating disorders.

The Philadelphia Child Guidance Clinic offers a unique clinical approach for children and their families needing intensive evaluation and treatment in a therapeutic setting. Families and professionals work together as a team in the Clinic's Apartment Unit which offers comprehensive, on-site care and treatment for crisis situations.

Another unique service is the Depression Evaluation Service (DES) that is designed to specifically evaluate child and adolescent mood disorders within the context of the family and social systems.

The Clinic recently established a regional referral centre, the Child Assist Network, which refers families and professionals to a variety of social services catering to children's mental health, special needs, drug and alcohol treatment, and a variety of other treatment areas. The Child Assist Network will even endeavour to provide professional consultation to overseas colleagues presently experiencing treatment concerns about unusual childhood disorders.

For more information regarding the services and objectives of the Philadelphia Child Guidance Clinic, address enquiries to:

Kathy Strain, Public Relations
Philadelphia Child Guidance Clinic
2 Children's Centre
34th Civic Center Blvd.
Philadelphia, PA 19104
Phone: (215) 243-2600

Child Assist Network: 1-800-359-0800

Lecturer University of Western Sydney-Macarthur

FORTHCOMING COURSE

"The Awakening and Growth of the Human Infant"

AAIMHI invites expressions of interest regarding an introductory telecourse in infant mental health scheduled to begin in the late Spring of 1991 and to resume again after the December holiday period. Developed by Susan Partridge and Michael Trout, "The Awakening and Growth of the Human Infant" uses videos, readings and group discussions to emphasize a psychotherapeutic model of intervention.

The course was designed for seasoned professionals who work with children from birth to five years of age, and their primary caregivers. Its main goal is to facilitate increased practitioner awareness of infant and family emotional well-being, and of the obstacles and resources within the environment.

Preference will be given to experienced professionals currently working with infants and their families. All enquiries can be directed to Beulah Warren, Co-ordinator of the Early Intervention Program, the Benevolent Society of N.S.W. at (02) 339 4440.

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PUBLICATIONS

Editor – Kimberley Powell

Other Seminars, Conferences and Activities

September 4-7, 1991

The Australian Association of Occupational Therapists 16th Federal Conference, Adelaide

Enquiries: Pam Falkner, PO Box 67, Kilkenny SA 5009.

September 8-13, 1991

Fifth Early Childhood Convention

Venue: Dunedin, New Zealand

Enquiries: Lynn Foote, Max Gold
Dunedin College of Education,
Private Bag, Dunedin, New Zealand

September 28-29, 1991

The Interpersonal World of the Infant: Implications for the Treatment of Adults

Venue: U.S. Grant Hotel
San Diego, California, USA

Enquiries: Continuing Education Seminars
1023 Westholme Avenue
Los Angeles, CA 90024
(213) 474-2505

September 29 - October 4, 1991

The Australian Psychological Society 26th Annual Conference

Venue: Adelaide Convention Centre, North Terrace,
Adelaide

Enquiries: Elizabeth Eaton on (08) 363 1307 or
Colin Field on (08) 266 9211

October 4-6, 1991

Third National Conference on Children with Emotional or Behaviour Problems - Family, School and Community

Venue: University of Queensland St. Lucia, Queensland

Enquiries: ACER Development & Training Division,
9 Frederick St. (PO Box 210), Hawthorn,
Victoria 3122
(03) 819 1400

October 4-7, 1991

No More Secrets: A Professional Training Conference to Explore the Intersecting Dimensions of Childhood Trauma, Women's Traumatization, and Responsive Therapeutic Modalities.

Venue: Toronto, Ontario, Canada

Enquiries: Catherine Johnson, Community Resources
& Initiatives
285 Markham St. Toronto, Ontario M6J 2G7
(416) 323 1328

October 4-5, 1991

Symposium on Day Care for Children sponsored by the Institute for Pediatric Service of Johnson and Johnson Corp. and the American Academy of Paediatrics.

Venue: Arlington, Virginia, USA

Enquiries: Audrey Brown, M.D., Chairman of the Board of Trustees
Institute for Pediatric Service of Johnson & Johnson
Grandview Road, Skillman NJ 08858

October 17-19, 1991

First Joint Conference of the Early Intervention Association and AAIMHI: Under Five and At-Risk."

Venue: Institute of Nursing Studies, Camperdown, Sydney

Enquiries: EIA & AAIMHI Conference Committee,
PO Box 333, Ryde 2112
(02) 809 7055

November 9, 1991

Conference on Early Childhood Education

Venue: St Patrick's College, Campbelltown NSW

Enquiries: Dr. A. Barlow (047) 360 235

November 13-17, 1991

Ensuring Quality: International Early Childhood Conference on Children With Special Needs

Venue: St. Louis, Missouri, USA

Enquiries: Division for Early Childhood
3 Church Circle, Suite 194
Annapolis, MD 21401

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 Psychologists

Venue: Amsterdam

Enquiries: Henk van der Ploeg,
University of Leiden
Dept of Medical Psychology, Postbus 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, Belgium

August 14-18, 1992

Annual Meeting of the American Psychological Association

Venue: Washington DC, USA

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



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Double Bay NSW 2028
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