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NEWSLETTER

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FROM THE EDITORS:

We are very pleased to launch the first newsletter for 2000. With it comes a review of a new book on Parents of Premature Infants edited by well known AAIMH member and author Norma Tracey. Her book, an Australian first, should be read by any professional in the field of neonatology. We congratulate her and her colleagues' efforts in producing a sensitive and analytical account of the impact of having a premature baby on parents, staff and the babies themselves. Inspired by this we have decided to set a theme for the next edition. For the June newsletter we hope to have NICU workers contribute articles on their own experiences of working in this setting. We have also added an new section to the newsletter. The " Letters to the Editors" column creates a forum for more direct dialogue. We hope more people will be inspired to send us email missives! Finally we would like to remind people that we will be retiring at the end of this year, and the National Committee of Management will be looking for new editors. ■

Sarah Jones & Paul Robertson

2000 CALENDAR OF EVENTS

July (NSW)

26 of July: The Parent-Infant Clinical & Research Interest Group Meeting. See Page 12.

July 2000 BRIGHTON, UK

16-19 of July: XII Biennal International Conference of Infant Studies. See Page 16.

July 2000 (CANADA)

26-30 July, Montreal - the 7th International Congress of the World Association for Infant Mental Health. See Page 16.

November 2000 (SA)

9-12 November, Adelaide - the Annual Meeting of AAIMH

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• A Review of the Workshop and Plenary Lecture

Stephen Seligman:
National AAIMH Conference, Melbourne, November, 1999

By Paul Robertson,
Infant Psychiatrist

Stephen Seligman, Clinical Professor of Psychiatry, works in the Infant-Parent Program attached to the University of California in San Francisco. He was an engaging and informative speaker who was well received by those who attended the conference. He presented an all-day Preconference Workshop on Thursday 25th November 1999. This was followed by a Plenary Session on Saturday 27th November 1999 titled "Psychoanalysis in Unconventional Contexts". Seligman's stamina and energy was impressive.

It is difficult to do justice to Seligman's elegant presentation of the material. I am aware that I express my own interests in what I have included and excluded. I strongly recommend that you read the following Seligman articles which cover the topics of his Workshop and his Plenary talk:

Seligman, Stephen [1994],
Applying Psychoanalysis in Unconventional Context. The Psychoanalytic Study of the Child. 49: 481 — 510.
Seligman, Stephen [1999],
The Klienian Theory and Intersubjective Infant Research : Observing Projective Identification. Psychoanalytic Dialogues, 9(2): 129 - 159.

Workshop 1999

A Historical Perspective

The Infant Parent Program was established by Mrs. Selma Fraiberg, Social Worker and Psychoanalyst and described in her original article, "Ghosts in the Nursery". The material Seligman presented seemed true to Selma Fraiberg's ideas as described in this classic article. He began by describing what was seminal to Selma Fraiberg's. It was her understanding of the parent infant dyad. She took the idea that people reenact their past without knowing. They put into action their internal selves. Fraiberg applied this idea to infants in distress. For Selma Fraiberg in the mind of every parent are the "ghosts", or remnants, of their own childhood — unresolved conflicts or traumas from their own past. Such "ghosts" shape the growing child in ways that the parents are unaware. If the "ghosts" are influential enough they come to haunt, or overwhelm, the baby and produce problems within the baby's developing self. This allows a repetition of the parents past in the present with the parents relationship with their baby. The parents internal world is played out in the infant parent relationship.

Selma Fraiberg made the relationship between the parent and infant the focus of treatment. The therapist is in relationship to and treating the relationship. What was also unusual about Selma Fraiberg's program, and continues in the current Infant – Parent Program, was the balance, or tension, between acting pragmatically and thinking psychoanalytically. Interventions span the range from direct supportive action through to traditional psychoanalytic interventions.

Seligman described the Infant-Parent Program as it is today. He included some slides of the building and neighborhood where the program is housed. The Infant Parent Program works with infants in severe distress - those on the verge of being removed from their families, severe attachment disorders, parents with substance abuse and the like. Most of the work is done by home visiting which facilitates the building of relationships with families that are hard to engage. The presence of the infant during intervention is central. There is a very active attempt to engage families through such pragmatic and supportive actions as driving them to appointments or advocating directly for them. Most of families do not feel they have been helped by the many professionals and others they have been involved with. Indeed their experience is often the opposite. Many families do not know how to express themselves or their feel-

ings in words. Rather they live in action and behavior. Because of this the therapeutic work is also located in action and behavior.

Trainees in various disciplines provide the direct contact and are closely supervised. There is a need to create a supportive environment for staff. The emotional reaction of staff (i.e. counter-transference) is part of the work and data to be used; it informs us about the infant, it's distress and the family. Good staff support is cost-effective, otherwise the staff get "lost".

Seligman described the three core techniques of the infant parent program which were originally put forward by Selma Fraiberg in her classic article —

Direct Support

Involves an array of supportive functions which my include practical help, systemic consultation and coordination of services. It is about relationship building. It may be seen as mothering the mother. It is about doing what is needed to engage the family.

Non didactic developmental guidance

This involves observing and taking an enquiring, attentive stance while remaining empathetically interested to what is happening for the mother and baby. May involves asking questions such as, "What is happening for your baby now?". Or "What do you [mother] feeling when he [baby] does that?". This facilitates the creating of the space in the life of the family where reflection can take place about what is happening and what it means. It encourages parents to see themselves and their infant from a different (and more helpful) perspective. This can allow a healthy shift in the relationship. Even small shifts can then be amplified through the natural self righting tendencies of the parent infant relationship. Another way of saying this is that there is a natural tendency of early relationships to move to more healthy relating which can act as a positive amplifier of even small changes brought about by intervention.

The approach is one of eliciting information rather been giving direct advice. Direct advice is frequently not effective, especially if the parents are distressed. Rather the parents experience direct advice as humiliating, "being told what to do" and as a competitive loss.

Infant parent psychotherapy

Aims to help parents become aware of the extent to which they are reenacting their own negative childhood experiences with their infant. It may involve traditional psychotherapeutic methods of interpretation of what is occurring between the parent and infant or being repeated in the transference with the therapist. Importantly it also provides a direct experience of a different relationship which helps disrupt pathological forms of relating. The establishment of a foundation of safety in therapy is especially important with parents who have past traumatic or characterological difficulties.

Comment on Infant Interaction Research

Seligman described how the emerging science of developmental psychology had transformed our view of the infant. The infant is now seen as active, influential and individual rather than as passive, disorganized and out of touch with reality. Infant's are born able to evoke, and respond to, care giving behaviors in others.

Videotaped interaction has allowed us to study the moment to moment interaction of infants with their parents. Babies are communicative. Within dyadic relationships something like a conversation occurs when things go well - baby cries, mother responds, baby responds, mother responds and so on. We talk of this as mutual regulation and influence. If mother is not responsive to the infants communications there is a loss of mutual influence and the baby will be distressed. If it continues long enough the baby may get used to it and give up communicating. The baby may now feel he does not had an effect in the world. That is, the experience of self in the world is learned through experience in early relationships.

Within the micro-interactions captured on videotape "micro-ghosts in the nursery" appear - mother misconstruing or projecting something onto the baby. This process is ordinary but if it is too great or overwhelming of the baby's communication or agency it will derail the baby's healthy development. Overtime repeated interactions between infant and parent, whether good or bad, leads the baby to develop a sense of who it is or self-identity. For in-

stance, if positive the baby may develop a sense of self as effective in communicating in the world or conversely, if negative, a sense of not mattering as a person.

Seligman showed videotape of the 'Still Face' procedure used by Ed Tronick. He introduced the concept of expectations or expectancies. Early on the baby develops various sets of expectations, from their relationship with the parents, that is predictions of what will happen in relationships. These expectations may be defined in ways that a bad or good. Such expectations are important aspects of how people function in life. It is better in life to know what is going to happen rather than not know even if it is bad! [This is an understanding of why some adults prefer abusive relationships i.e. it is what they know and to defy such expectations with care and helpful relationships can lead to anxiety and confusion.] Infants are more likely to respond to favorable treatment than adults are because their expectations or expectancies are less entrenched. This leads to the powerful self correcting or self righting tendencies in infant-parent relationships.

A Model for thinking Psychoanalytically about the Infant-Parent Relationship and Intervention

Throughout the first workshop Seligman worked with the audience to develop an increasingly complex, diagrammatic picture of the infant-parent dyad and therapeutic system. This included (1) the inner world of the parent, (2) the relationship with the baby and (3) the relationship with the therapist. With clarity he looked at the interface and dynamic interaction between internal (i.e. parent's inner representational world) and external (i.e. interactive) aspects. He used the term Psychoanalytic Systems Perspective.

He introduced and developed his understanding of Melanie Klein's concept of Projective Identification. A theme he developed in much greater theoretical depth in his plenary talk 2 days later. He successfully worked to demystify analytic terms and express them in everyday language to make the more understandable. With Projective Identification he described it as, "the infants capacity to a evoke feelings in the mother such that she feels what the baby feels". To restate, "the baby puts part of itself into the other/mother . . . to communicate to the other/mother what it is like to be him". Projective Identification is seen as a form of communication or meeting of two inner worlds, for instance the baby and its mother. Having looked at the enactment of the mother's inner world in the mother-infant relationship it is also possible to look at another kind of repetition, that is, the potential for repetition of the Mother-infant relationship dynamics [with its resonance with mother's inner world] within the therapy relationship or transference. The therapist may feel pushed (transference) to treat the baby and/or mother in the way mother treats the baby and reflects her internal representations. A relationship theme that resonates through the family/therapy system in this way is the relationship field of the family and the focus of our interest. By way of example, he described a mother whose inner experience is one of abandonment and who repeats this by dealing with the infant in abandoning way. The therapist may be induced to repeat being the abandoner of the mother and/or baby. We therefore have a theme of abandonment in (1) the internal world of the mother, (2) the relationship with the baby and (3) relationship with the therapist. The theme is both within mother's internal world and enacted in the external world within the relationships both with the baby and therapist. There is a dynamic interaction between internal and external elements.

Seligman described a perspective that is both relational and representational. This perspective not only gives us in understanding of the dynamics of the infant, family and therapist system but also guides out choice of intervention. All intervention, even behavioral ones, can then be understood within a deeper understanding of the representational field of the family. The representational field is where we work as therapists. Interventions are always done while being mindful of the whole relational and representational field. They are not done in isolation.

Throughout the day he guided us to deeper understanding of the dynamics. For a mother and baby there is a dialogue between internal [inner world of the parent] and external space [outside world] — between mother's internal representations of the baby and the actual baby. Projection is very important. In health, parents mostly perceive their infants as special and delightful. All the difficulties in caring for a baby get enveloped in this positive meaning. But babies can also be enveloped negatively in mother's internal world and swamped by her "ghosts". Seligman gave an example of a mother with her second baby where the first baby had died. When the live baby became unsettled the mother perceived the live baby as the dead, lost baby. Mother's internal representations of the

baby, was linked to the lost baby. This projected internally represented baby overwhelmed the actual baby.

For good or bad the baby is enveloped in the internal world of the mother. In time the inner life of the growing child is organized around how they are in important early relationships. We dealing with a world in which the baby and mother are creating each other. Reality is someway between the internal and external world — a blend of inner and outer. This space where external and internal blend is the space we work.

Some further Comments on Intervention

As therapists we enter the parent's internal world both via our interest in the infant and family and through the therapist-patient relationship [transference-countertransference]. It helps to take a stance that will elicit information and allow the history to unfold in the relationship we establish with the infant-mother dyad rather than just rely on taking a history. The most relevant history is the one that emerges in the context of the affects or emotions and any approach needs to take into consideration the centrality of the affect; therapist's, parent's and infant's. Therapy is frequently articulated in action or behavior and this is understood in the representational space.

As well as talking and interpreting we are also providing a new relationship experience. In treatment and we may talk to the representational world of the parent through the infant. The presence in treatment is essential. The infant acts as an evoker of affects and feelings that other wise would not be brought forward. The infant also brings an enliving quality and acts as an amplifier of positive change. This self righting tendency can amplify a small change made in treatment to a much bigger change.

One particular problematic relationship dynamic was discussed. In some dyads the mother's internally represented baby overwhelms the actual baby — the baby is seen as the projected internal baby not as a real baby. The maternal projections overwhelm the infant's capacity to communicate its distress and the mother's capacity to hear the infant's distress. Treatment allows a separation of the actual real baby from the maternal internal representations of the baby. This separation allows the mother to respond to the actual baby. In such a dyad the goal of treatment is to disrupt the maternal projections and give a different space for the infant. The example described above, of the mother who saw her living baby as the dead previous baby, is helped in treatment in this way. The maternal projections onto the live baby, of an internally represented dead baby, is disrupted allowing the mother to hear and respond to the real live baby.

Another related goal of treatment is the enhancement of the parents self reflective functioning. That is to allow them a space think about and see the infant. This allows the parent to separate what is inside them [i.e. the internally represented baby] and what is outside [i.e. the real baby] .

Plenary – Saturday 27 November 1999

Two days later Seligman presented a plenary talk entitled – "Psychoanalysis in Unconventional Contexts". His paper had a strong clinical and theoretical agenda. A more detailed account of his ideas can be found in his paper –

Seligman, Stephen [1999]
The Klienian Theory and Intersubjective Infant Research : Observing Projective Identification. Psychoanalytic Dialogues, 9(2): 129 - 159.

Using clinical material, including a videotaped segment of a father and his three day old son, he presented an intriguing and detailed paper integrating Klienian psychoanalytic theory, with its detailed description of the inner psychic world, with the body of research from Intersubjective Oriented Infant Observational research. In particular he examined the Klienian concept of Projective Identification. Infant research has provided real-time observational data of parent infant interaction which complements and allows refinement of a psychoanalytic understanding of infants that has previously been derived from work with older children and adults. Infant research has provided a conceptualization of an internal, nonverbal, two-person relationship model as the basic element of psychic structure. He argued that this can be integrated with Klienian psychoanalytic theory, with some modification, by using the concept of projected identification to elaborate a rich psychoanalytic internal two-person model of basic psychic structure. He extended his discussion to examine how parental projected identification is the mode of intergenerational transmission of trauma.

He used the above videotape segment to illustrate how the father's denied traumatic aspects of self are enacted on/into the son, who was only three days old

in the videotape. This father had experienced his own physical abuse as a child. He had already physically abused his previous children. In the videotaped segment we see how his unacknowledged and denied hostility is enacted with his son and overrides the baby's capacity as a communicator. The videotape was disturbing and distressing to watch. Seligman led us on a hypothetical theoretical discussion of what may have been the infants experience and how the developing child's core sense of self may evolve in this relationship with the father. For the infant this disturbing interaction with the father, where his communications are overridden by the father's unacknowledged hostility, may become part of his 'being with another' with feelings of being ineffectual, powerless and overwhelmed. The father's feelings, that he could not bear himself, are projected into the infant. Father has induced a feeling in his son that he could not tolerate in himself. The infant is pressured to feel helpless – to feel the father's feelings. The boy may identify or 'take on' this emotional relationship in such away it could be considered an internal structured format for 'self with others' with both interactional (between infant and father) and intrapsychic)within the child's developing internal world) aspects. He emphasized that the identification is with both sides of the relationship, that is, it is the two-person relationship that is identified with not just one side of the relationship. It may be that in the future the infant will oscillate between the two sides of this dyadic relationship, not just the helpless aspect but also the controlling [and abusive] aspects. Seligman led the discussion to looking at the concept of "identification with the aggressor" and the importance of self reflective capacity which is lost with traumatic states.

A detailed and interesting theoretical exploration followed. Not able to do justice to the paper, I d strongly encourage those interested to read it Seligman's own words.

To summarize, on a personal note, I found Seligman's conference material theoretically interesting and helpful practically in my daily practice with distressed infants and their families. Maybe the best measure of a conference presentation is whether the ideas sharpen and develop the listener's practice. It certainly did for me. ■

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Letters To The Editors

CONTROLLED CRYING

I am one of those delighted by the discussion of Controlled Crying and its implications for human infants.

My personal experience is of being a 'Truby King baby', a 'failed Spock mother' and a 'listening to crying' grandmother. Add 20 years social work with families, four and a half years full time in a behaviour modification institution and I have reached the opinion that training children not to cry is not a positive mental health practice. I am well aware that isolation, fatigue, poverty and stress in parents makes such measures both practicable and necessary, but it does not make them optimum for anyone involved.

Fortunately, Controlled Crying is not the only option available. Margaret Hope offers hope, Aletha Solter and Parents Leadership Institute all offer tried and proven listening and support skills for parents.

You ask why the intense feeling in response to your article. As I see it, quite simply each one of us as an infant experienced a unique response to our cries and made a unique reaction/decision to that response. Depending on what that was, and what effort we have made later to clear it, so our capacity to listen to infant crying is heightened or diminished.

What I notice is that although crying is as instinctive and purposeful in an infant as is gurgling and smiling, we do not with any confidence decide (as adults) that there is "too much" smiling or gurgling and that it is not part of that particular human being's unique developmental path.

We know human beings have hugely complex brain systems. Let us respect that fully and give information and support to parents who may not have been so respected. The authors I mentioned explore this fully: Aleltha J Solter *The Aware Baby. A New Approach to Parenting.* Calif. Shiny Star Press, 1984 repr. 1994; Parents Leadership Institute *Listening to Children* (6 pamphlets), PO Box 50492, Palo Alta CA 94303; and many others.

MARG FAY (Western Australia)

Keys to CaregivinG: An Intervention Strategy

by Ms Michele Meehan,
Maternal and Child Health Nurse,
President of Victorian Branch of AAIMH

At the March Scientific meeting of the Vic Branch of Australian Association for Infant Mental Health, Julie Langdon and Janice Twentyman presented information about the '*Keys to CaregivinG*' training from NCAST (Nursing Child Assessment Satellite Training) Seattle, Washington.

The *Keys to CaregivinG* program was developed by Kathryn Barnard and Georgina Sumner from NCAST at University of Washington to teach both professionals and parents about newborn behaviour and appropriate, responsive care. The *Keys to CaregivinG* is a learning package designed to explain how and why newborns behave as they do, and to show how incredibly developed and capable babies are immediately following delivery. The training covers infant states, infant behaviours, infant cues, state modulation, feeding interaction and professional parent interaction. Julie Langdon and Janice Twentyman (working in a business together Early Parenting Matters)[1] presented details of the program followed by demonstrating its application in a family situation involving a high-risk infant.

Four main considerations help guide caregivers in interpreting and responding to infant's behaviors

The infant's six states of consciousness (active and quiet sleep, three wake states and one transitional state) are the basis for understanding infant behaviour. The Program videos offer vivid examples of each state to assist participants in recognizing the state of sleep the infant is in, as he goes through alternating periods of active and quiet sleep.

Knowledge of the organisation of a newborn's cycles of sleep and wakefulness and recognizing infant behaviours is important to caregivers in responding to and planning for infant's needs. For example trying to feed an infant in a drowsy state means the infant is unlikely to feed to satiation before falling asleep and waking early for another feed.

Individual differences. Caregivers learn to identify unique behavioral expressions or patterns of responding that make baby's behavior more predictable.

Sensitivity of the caregiver- the 'pacing' of an activity is important; moving slowly and adapting to the infant's movements can be critical in eliciting desired behaviour. The effect of infant behaviour on the caregiver, knowing the infant's potential promotes positive interactions and feelings of competence.

Infant Cues. Babies use two types of non-verbal cues-engaging and disengaging. Babies often use subtle cues before engaging in potent ones.

When caregivers understand the newborn's language they can respond to the subtle cues, enjoying their caregiving and set up a rich communication pathway that can last a lifetime.

Although the *Keys to CaregivinG* was developed originally for nurses it has successfully helped a variety of professions and parents. The *Keys to CaregivinG* program can be used to explore existing knowledge as well as eliciting family values and beliefs about the concepts presented.

Janice Twentyman then presented the application of this program in a single session with a family involved with Protective Services.

The baby was 4 months old, had special needs due to congenital heart problems
and this was the first separation from mother.

The mother was a 26 years old with an intellectual disability, schizophrenia and a long history of heroin abuse and contact with protective services.

The parents had together only 3 months before the baby was born, and father was caring for the baby following the mother's acute admission to a psychiatric hospital

The mother and baby unit and protective services assessed father to be suitable as primary caregiver for the baby.

Father had previous children of his own but had little contact with them.He had sole care of current child due to mother's unexpected hospitalization

Janice had been asked to do a consultation after he expressed concern after a difficult night.

Using *Keys to CaregivinG* with the father

This intervention occurred the day after the mother's acute admission to a psychiatric hospital. The father was tired and stressed, he was questioning if he should continue to care for the child because he was not even sure he was the biological father. During the night the father, who had the sole care of the

infant had not been able to settle the child. He had "tried everything" feeding, rocking, letting the baby cry, and finally taking the baby out for a drive that eventually led to the baby sleeping for some hours. The father described the baby as waking and looking at him, sometimes smiling at him. During the session, the baby was obviously tired. The father picked him up and the baby fell asleep in his arms where he remained for about 1.5 hours while we talked through some of the issues and addressed the problems with the baby not sleeping the night before.

As the session progressed, it provided the opportunity for direct intervention relating to sleep cycles.

1. Discussed with father the different sleep states of infants opening with a question "Did you know that little babies have the same kind of sleep we do when we dream?" This was intended to make the father curious, which it did.

2. Described the different sleep states to the father and asked if he would like me to point these out to him if his son 'did them'. Then I showed the father what stage of sleep the baby was in at that moment (quiet sleep and pointed out how you could tell this: the baby was still not moving his arms or legs, his breathing was steady, he was in a deep sleep and was less likely to wake from this sleep if he heard a noise).

3. As we talked about the problems arising from his partner's hospital admission, I observed the sleeping baby.

4. When the baby became active in his sleep, I pointed this out to the father and we both watched the baby in an active sleep. The father did not believe that babies could open their eyes and still be asleep. We could see the baby's eyes moving under his eyelids and I told the father the baby might be dreaming.

5. I said the next phase of the baby's sleep was likely to be light and he might wake if he was disturbed. Then the father would have to decide if he was going to try to get the baby back to sleep or get him up. I raised the question about moving the baby because the father had been holding him for a long time. The father didn't want to move the baby in case he woke, but decided he would give it a go and put him in his pram. We talked about some of the strategies parents could use to help maintain the sleep state.

6. The baby cried out when he was moved and the father said he "knew that would happen"! The baby continued to become active and then settled slightly when the father placed his hand on the baby's chest. Then the baby "looked around" and the father thought he was waking up. I said I thought the baby was still sleeping but with his eyes open in his sleep as his eyes were quite glazed and unfocused. I invited the father to put his hand back on the baby's chest to see what would happen. The baby stilled again for a few minutes and the cried out and opened his eyes again. We both thought the baby would wake but without any prompting the father started to rock the pram. The baby went off to sleep again for about 40 minutes.

What the father learned in this session

- Sleep wake cycles
- Different sleep states and what the baby's behaviour in them was likely to be.
- Babies can appear to be awake when they are not
- Some strategies to sooth the baby with the in tention of keeping the baby asleep.

Outcome

The father decided he would continue caring for the baby whilst his partner was in hospital.

He managed well for a few days, and asked questions about the baby's sleeping. He was interested to learn more about how babies communicate.

Unfortunately, this did not occur due to another hospitalization of the mother and protective services placing the baby away from the home.

Janice Twentyman

The use of *Keys to CaregivinG* as an intervention strategy, can not only give the worker a focus for talking about the baby's behaviour, but also a way to assess the parent's understanding and confidence in their parenting. While the outcome may not seem 'ideal' from the father's point of view, this experience could assist in his understanding of the complexity of behaviour of a young baby. His experience of not maintaining care of his own children in the past may well be seen from a different perspective. ■

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[1] *Early Parenting Matters (EPM) a new service that seeks to promote he healthy development of infants ad parent/ infant relationships. EPM provides training, support and consultation to health and welfare professionals and assessment education and support to families. EPM has team of social workers and Maternal & Child Health Nurses experienced and skilled especially in protective service work.*

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● *Book Review*

Parents of Premature Infants: Their Emotional World

Edited by Norma Tracey, Whurr Publishers, London, 2000

Reviewed by Sarah Jones, Psychotherapist, Melbourne.

Norma Tracey, Sydney based psychotherapist, has done a masterful job of collating a book which analyses the impact of having a premature infant. The result is a collection of chapters whose primary, but not exclusive focus is the parent in the Neonatal Intensive Care Unit (NICU). The participants in this cruel drama are the mothers and fathers, the infants and staff. The model Tracey uses to do this is both unconventional and useful. Tracey interviewed 12 couples; six of whom has a full term infant, and six whose infant arrived more than 9 weeks early. Mothers and fathers were interviewed separately. Two hundred and sixteen interviews were conducted, 18 hours per family. The interview schedule was to meet parents a week after their baby's birth, then four interviews at fortnightly intervals, followed by a final one a month later. "These interviews sought an in-depth explanation and understanding of the inner psychic world of emotions, thoughts and fantasies of the parents". The interviews were audio-taped and then distributed to the other authors to form the basis of their chapters.

The early chapters cover the psychoanalytic literature's contribution to our understanding of the dynamics of pregnancy and birth. There is a very useful introduction to writers like Winnicott, Bion, Raphael-Leff, Pines, and specifically to the theorists who have conceptualised the mother's task in pregnancy and delivery. There are also references to the work of Field and Als on the infants' task. There are separate chapters analysing the narrative of the mother and the father. This book would be useful book for all NICU hospital workers although a glossary of psychoanalytic terms would have been a welcome addition.

One could call the parent interviewed "premature parents". The expected 40 week gestation period for their babies was not realised. They found themselves in another world; a world where life and death are close bed fellows. For some the baby that does arrive is the distorted, damaged baby, the shameful baby, proof of the progenitor's badness. These are the babies in mothers' and father's nightmares, that come to life in NICU. As one mother described "we poor parents are really torturing ourselves and its just our fantasies. I look around at other mothers and they want to throw their babies out of the window". The authors surmise that the experience for parents of a "life-death" predicament for their babies severely effect inner-world states. The parents emotional and cognitive processing gets disrupted. This in turn effects how the parent manages their early relationship with their medically compromised baby. Sometimes denial takes over, other times despair and detachment.

Charles Enfield comments that when listening to the tapes he began to feel detached, guarding himself from the pain of such overwhelming feelings. The importance of this book is that one can read these stories alongside the psychoanalytic understandings. The clinical material is explored in great depth, giving the reader a chance to learn without the need to guard.

In Helen Hardy's contribution; "The Experience of Early Infancy for The Preterm Infant" there is an extensive summary of research findings covering such aspects as the neurophysiological effects of stress, behavioural language, the nature of early memories and inferred states of mind from observed infant behaviour. "Behaviour is like speech for the preverbal infant, and everything even the youngest baby does can be thought of as a spontaneous communication, hinting at how the baby is feeling and suggesting what the baby might be needing".

Another perspective the notion of "lost exclusive ownership" of the infant is explored by Bryanne Barnett in her chapter "Whose baby is it? When there are serious medical concerns the infant can become "owned" by the NICU nurses and doctors. She writes "the situation should return to one of power-sharing (joint ownership)" but sometimes this event has so disarmed parents this is hard to establish without

Continues on Page 15

VICTORIAN COMMITTEE OF MANAGEMENT

President: Michelle Meehan
Secretary: Jeanette Milgrom
Treasurer: Kerry Judd
Scientific Program: Liam O'Connor

From: Sarah Jones

The year started with voting in the new committee of management.

Profile on the new Victorian President:

Michelle Meehan is the first President of the new millenium, having been on our Committee of Management for many years in many roles. Michelle is highly respected by her colleagues and has spoken at conferences all over Australia. As a Maternal and Child Health Nurse (MCHN), Michelle has had a long standing interest in Infant Mental Health since working alongside our State treasure Dr. Ann Morgan, Paediatrician, in the early 1980's. Michelle is a very high profile MCHN in Victoria by being the MCHN for the Royal Children's Hospital and as such is seen as the central liaison person for many MCHNs. She has frequently written for this newsletter and other publications. She has held many positions in the AAIMH's Committee's history. We are delighted she accepted the invitation to stand as president this year. We farewell Brigid Jordan from the Presidency, and wish her well as President of the National Association.

We are fortunate to have for our other office bearers a wonderfully competent team. They are Jeannette Milgrom as Secretary, Liam O'Connor as Scientific Program Convenor and Kerry Judd as Treasurer. These office bearers are all very experienced and despite being time poor are more than equipped. Paul Robertson and myself are Newsletter Editors for this national newsletter. We are retiring from this task at the end of the year.

In keeping with the model used last year the committee meets monthly for a long meeting and also has a briefer meeting prior to the commencement of the monthly Scientific Program. This year the major agenda items are settling the accounts of last years National Conference, attempting to update the membership data base and arranging the Scientific Program speakers. One item which will remain on the agenda for some years (we think) is 2004 WAIMH conference.

In May the Victorian Minister for Health, John Thwaites visited Austin & Repatriation Medical Centre and launched the book, *'Treating Postnatal Depression'* by Professor Jeannette Milgrom, Professor Paul Martin and Dr. Lisa Negri (with contributions by Jennifer Ericksen).

The book is based on research at the Austin & Repatriation Medical Centre which involved the largest screening and treatment trial of postnatal depression in Australia, involving 40 Maternal and Child Health Centres screening 4,000 women. Its development was supported by the Infant Clinic. The Infant Clinic, Department of Clinical and Health Psychology was founded by Professor Milgrom, when research revealed that no specialised help was available for women who suffered from postnatal depression at an important and vulnerable time of their lives. It is important that health services screen all new mothers for postnatal depression, which will reduce the number of cases that go unidentified and untreated.

The Committee of Management would like to congratulate our committee member, Jeannette Milgrom, for such a significant contribution to the field.

AAIMH NETWORK NEWS - NSW

NEW SOUTH WALES COMMITTEE MEMBERS

President: Mary Morgan
Vice-President: Mrs. Beulah Warren
Secretary: Victor Evatt
Treasurer: Mrs. Marianne Nicholson
Corresponding Member: Ms. Kerry Lockhart

From: Kerry Lockhart

We have had two very successful Clinical Evenings for 2000. The first was in February. Leanne Clarke and Mary Morgan presented their seminar "Focussing on the Invisible Cord: a mother infant therapy group." They presented a comprehensive look at the literature, followed by an account of their experience working at Jade House with 5 mother-infant pairs in a group that met once a week for eight weeks. It was very well received by many of our colleagues.

The second evening Jane Selby and Ben Bradley from Charles Sturt University in Bathurst reported on their growing interest in observing infants in groups.We watched the antics of three delightful infants as they faced each other in pushchairs for five minutes unaccompanied by an attachment figure. Jane's narrative based on her observation of the infants was rich and thought provoking. Ben had been considering the timing of interactions among the babies. The above clinical evening brought us together to consider rich and diverse experiences with mothers and infants in groups in clinical practice and for research development. All present appeared to agree that we should head off to Bathurst for a weekend in Spring!

Our next clinical meeting is scheduled Thursday, June 15th, 2000 at the Institute of Contemporary Psychotherapy, 4/4 Charles Street, Petersham. There is no charge for members, $20:00 for non members and a timely reminder that annual membership is a worthwhile investment and is now $45:00. Norma Tracey will be presenting on this occasion "Thinking about and working with depressed mothers in the first year of life."

Norma launched her book, "Parents of Premature Infants" at an all day seminar on Saturday 20th May. The book is a comprehensive compilation of approximately twenty chapters written by infant mental health professionals on the Australian front. A great read .. hard to put down! Costs: Conference and book purchase $150 Conference without book purchase $75

For more current AAIMHI news we encourage you to look at our Web Site, our address is: **www.aaimhi.org**. There is an opportunity to chat about matters of concern with other colleagues around Australia.

Welcome new members!

Greetings to the following: Jill Kyte from Possum Cottage, Dr. Joanna Prendergast who has a special interest in PND, Mary Jo McVeigh, a child protection consultant and Kay Spence from Westmead Childrens Hospital. Also, welcome to Elaine Higham who is a co-ordinator at the Bondi Beach Cottage; Annette McInerney from the Dept. of Psych Medicine NCH and Jann Barton who comes from the Child

Protection Counselling Service, Hurlstone Park. It is great to welcome Dr. Cait Lonie, Margaret Goldfinch from Redbank House, also psychologist Beverley Stefas and Janet Ford who is a nurse from Tresillian Family Centre Penrith, and finally, Sharon Milgrew, Clinical Co-ordinator of the Maternal Mental Health Service at Green Lane Hospital, Auckland, New Zealand.

***Make a note in your diary for the AAIMHI Annual Meeting to be held in Adelaide from 9th to 12th November.**

The Parent-Infant Clinical & Research Interest Group Meeting, locally known as PICRIC meetings meets quarterly at St. John of God Hospital, 13 Grantham Street, Burwood. Future meetings will be Wednesday, July 26, 200 9:30 - 4:30pm and Friday, October 20, 2:00 - 5:00pm. If anyone would like to talk at these future meetings about clinical or research work they are doing, please contact Stephen Matthey on (02) 9827 8011.

WESTERN AUSTRALIA

President: Caroline Zanetti
Secretary: Susan Brill
Treasurer: Patrick Marwick

Committee members:
Elaine Atkinson, Carmel Cairney,
Kathie Dore,
Lyn Predis, Julie Stone, Yap Lai Meng

From: Carmel Cairney

The year 2000 is proving to be a busy one for us all. March and April saw three visiting presenters from interstate and overseas. Michelle Meehan, from Melbourne, gave a presentation on the dynamics of breastfeeding; Stephen Briggs, a social worker from the Tavistock, gave presentations on Infant Observations, and on the treatment of suicidal adolescents; and Claudio Neri, a psychoanalyst from Italy gave presentations on group psychotherapy. Our local committee did not organise any of these presentations, but they were well attended and appreciated by many of our members

This year, we have planned to organise an educational presentation every second month, instead of every month. In the intervening month, we are planning to trial a group discussion of a case study or discuss a paper or book. We will keep you posted.

The first education meeting for the year was titled **"What about Fathers?"**,, using the video of that name , purchased from Pam Linke in Adelaide. The meeting was ably chaired by Patrick Marwick, and there were thoughtful contributions from the fathers present, Evyn Webster, from the "Hey Dad WA" program at Ngala, Paul Bowen, Walter Horeb and Warwick Smith. There was a lively discussion, well contributed to by the women present, but we were particularly thrilled to hear so much from fathers. The excellent video shows four or five fathers of different ages, ethnicity, and employment talking to the camera about being a father. Patrick chose to stop and facilitate discussion after each father's contribution. This worked so well that we did not finish the video in our 90-minute meeting. Points from the discussion were :- the fact that a father often struggles to feel included with his new infant, and experiences leaving to go to work as a loss of relationship with his infant; and also that fathers like to be appreciated for the difference they can offer their infants and children.

At our April meeting, Rosemary Hagan, Senior Clinical Psychologist at King Edward Memorial Hospital and in private practice, gave a talk titled **" A Treatment Group for Postnatal Depression"**. Rosie outlined the content of the 10-week programme that she facilitates at KEMH. The programme uses cognitive behaviour therapy, as well as attention to group process. Group participants are given the Edinburgh Scale and the Beck Inventory pre and post the programme. Results are that overall the scores improve significantly, by the end of the group. Rosie gave us two case examples of women who attended a group and how they responded to the content, and how they scored on the tests. Rosie was open enough to show that one woman greatly improved as a result of the group, and one did not. Rosie gave a delightful and stimulating talk, and it was clear that her care, enthusiasm and dedication would greatly assist the women.

WANTED: NEW NEWSLETTER EDITORS

Sarah Jones & Paul Robertson will vacate as Newsletter Editors with the last edition of 2000.

AAIMH is looking for new editors for the Newsletter.

Members interested in further information should speak with their **local state committee** as soon as possible.

Please feel free to discuss the position with either Sarah Jones (03 9345 5511 or nickcarr@melbpc.org.au) or Paul Robertson (03 9256 8366 or paujvd@netspace.net.au).

AAIMH NETWORK NEWS - Qld & SA

QUEENSLAND COMMITTEE MEMBERS

President: Dr. Susan Wilson
Vice President: Dr. Janet Rhind
Secretary: Dr. Michael Daubney
Treasurer: Ms. Margaret Rebgetz
State Representative: Dr. Elizabeth Webster
Steering Committee: Ms. Debra Sorensen

From: Michael Daubney

This year we have continued the same pattern as past years, with a second monthly State Committee Meeting alternating with Clinical Meetings/ Educational Meetings. The first Clinical night was presented by Susan Wilson, State President and Child Psychiatrist. Her presentation focussed on her clinical work with parents and babies in 3 settings - developmental clinic at the Mater Childrens Hospital (MCH), inpatient babies ward at the MCH and private practice.

Sue considered some of the systemic or process issues in setting up a new service within the hospital under the umbrella of Child and Youth Mental Health Services. Issues raised included referrals, role delineation (Social Worker vs psychologist vs infant psychiatrist), liaison with other services (Mater Mothers Hospital, infant clinic in the community, parent aide unit, SCAN), becoming known and being available, the need to balance ongoing clinical load with early response to new referrals, difficulty of working alone without a dedicated team and ways to find support from other interested professionals in the hospital. She then contrasted this with work in private practice. Relevant topics considered were: parent focussed referrals rather than the child focussed referrals at the hospital, the opportunity to see women in pregnancy, the opportunity for longer term work, difference in working with families where the children are usually healthy and developmentally normal.

On the night,clinical vignettes were presented which stimulated a very interesting discussion about ways of working in different settings. The audience were interested to hear in detail what someone is actually doing. We realized how rarely we get a chance to hear about each others work and hopefully we will follow up with similar presentations by other members including those working outside the health field e.g., DFYCC.

On Friday 31 March, Beulah Warren presented a talk titled " The first dance - the partnership between parent and baby " with exploration of an interactional approach to infant development in the first 12 months of life. On the next day a Day Conference was conducted on Parents of premature infants…Their Emotional World. The speakers were Norma Tracey, Sheila Sim, Beulah Warren, Philip Garner with Lorraine Rose as the Day Coordinator. It would be difficult to do the seminar justice in a short report and other states will be having similar conferences during the year. Both Friday night and Saturday were well attended with the audience finding the material stimulating and powerful. We are following up these presentations with a dinner meeting in late May where professionals who work with premature infants and their families will discuss their work.

SOUTH AUSTRALIA COMMITTEE

President: Elizabeth Puddy
Treasurer: Margaret Lethlean
Secretary: Pam Linke (email: linkes@newave.net.au)
Committee Members: Donnie Martin, Karen Fitzgerald, Terry Donald, Akhter Rahman, Ros Powrie

From: Pam Linke

Most importantly we are working on the National Conference for this year "The Infant and Someone". We have confirmed Dr Bob Marvin, Professor Klaus Minde, Dr Joy Osofsky and Professor Graham Vimpani who is going to do the Winnicott lecture on advocacy for infants. We think this will be a varied and stimulating program. Joy Osofsky is going to do a full day workshop on the Monday after the conference on Intervention and Treatment Approaches with Young Children Exposed to Violence and Bob Marvin on the Friday on Disorganised Attachment.

Continues on Page 15

SA News - Continues

We had Dr Martha Erickson from Minnesota coming to Adelaide for a brief visit at the end of May and will be putting on a workshop with her. She will also be talking at CAMHS and doing some work with Child and Youth Health.
As you know we have a workshop with Dr Bruce Perry on May 6, and as well during that week our Minister for Human Services is hosting a lunch for Dr Perry to meet key stakeholders for early childhood. Elizabeth Puddy will be at the lunch on our behalf. We will be getting a video of Dr Perry's presentation for purchase for people who are unable to attend.
We were hoping to get Fraser Mustard, author of the Canadian Early Years Report for the conference in November as he will be in Australia at that time. Unfortunately we found out about it too late and his time was fully booked up. So instead we have been able to arrange to join in the NSW meeting by video conference earlier in the month and are looking forward to that.

Our involvement with NIFTEY in South Australia as well as nationally continues. There is now a South Australian NIFTEY Board, which is chaired by Elizabeth Puddy and of which Pam Linke and Di Hetzel are members. Pam Linke is also a member of the national NIFTEY board. We also have some ambassadors to promote the importance of the early years. We have a consultative committee made up of members of key organisations who work with infants and their families, including the Life Long Learning Centre, Education, Health, non-government agencies and representatives of various community groups. We have links with business as well, and are now at the stage of working on strategies to further the work of NIFTEY SA.

Parents of Premature Infants: Their Emotional World : ***Continues from Page 10***

considerable awareness. Her description of the way that some mothers mother the nurses (asking about their personal lives, buying them gifts etc) is common amongst the psychologically motivated parent. Barnett sees them as "valid ingredients of interpersonal negotiation" and "described as bargaining for or buying back the baby". However it may be that mothers who do not have these skills can get judged and marginalised.

Campbell Paul's chapter "The Experience of NICU Staff" allows us to consider what the experience of working in such an intensive work environment is like. Drawing on the work of Menzies-Lyth he suggests the emotional defenses used prevent workers feeling too much pain too often. Medical/Nursing care that gets too technically focused, limiting time for nurturing of patient and parent is an example. Paul emphasises the vital importance of regular reflective supervision for the NICU team, so that emotional experience has a space. Paul also offers us something of the unique stresses for medical people. Their dual role is to both strive to ensure the baby's survival yet to know when to allow the baby to die. Finally he stresses the importance of allowing and valuing diversity; diversity in attachment relationships amongst parents and infants, diversity amongst the staff in style and skill.

The richness of this book is that no one is excluded from the field. The nurses' and doctors' stories are examined alongside the stories of the parents and the experience for the infant. As far as I know there is nothing comparable in the Australian peri-natal literature. It is a significant contribution to this complex and growing area; Tracey and her team should be congratulated. ■

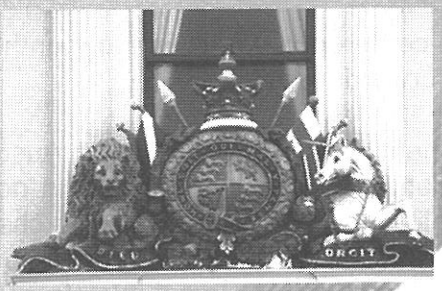
THEMES FOR COMING NEWSLETTER EDITIONS

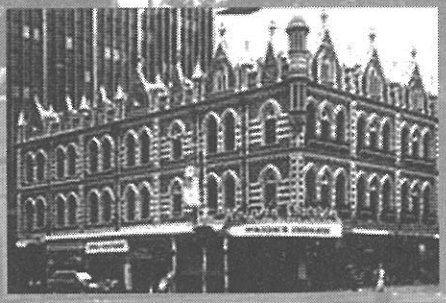
Following the success of the series of articles on **"Controlled Crying"** over recent editions of the Newsletter we have selected 2 further themes for coming editions. If you have an interest in either theme we would encourage you to write and contribute.

1. **GROUP WORK WITH INFANTS & FAMILIES**
2. **INFANTS & NEONATAL INTENSIVE CARE UNITS**

AAIMH BILLBOARD

AAIMH NATIONAL CONFERENCE: Adelaide





AAIMH NATIONATIONAL CONFERENCE

"Infant and Someone"

Adelaide, SA
9 - 12 November 2000

More details soon...

INFANT MENTAL HEALTH, ATTACHMENT THEORY AND "OUT OF HOME" PLACEMENT

DEVELOPMENT OF A REFERENCE LIST

CAN YOU ASSIST ?

As advocacy representative for AAIMHI I am sometimes asked by professionals in the health and welfare field to suggest references. They are understandably concerned about the placement of a young child away from the person to whom the child is attached. I would like to create a bibliography related to this, which could be provided in response to such queries. If you are aware of suitable articles could you please send me the references? When I get the bibliography together it will be published in the newsletter.

With thanks.
Pam Linke

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