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NEWSLETTER

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FROM THE EDITORS:

This newsletter arrives following the successful AAIMH National Conference in Adelaide. From all reports it was an exciting professional meeting. We hope to bring you more about it in coming editions of the newsletter. AAIMH Committee certainly know how to organize a good conference! Congratulations and thank you to those who did all the work in Adelaide.

This edition of the newsletter includes an article on group work with toddlers and their mothers authored by Helga Coulter and Paul Robertson. I hope you find it good reading. We plan to bring further articles on group work in the coming editions. Contributions from members who would like to write and describe their own group work would be most welcome.

Sydney based Victor Evatt is set to become the new Newsletter Editor commencing in 2001. Victor is a member of the NSW Committee of AAIMH. We congratulate Victor and wish him success as the new editor. He can be contacted by email on vevatt@tech2u.com.au.

Good reading!
Paul Robertson and Sarah Jones

2000 - 2001 CALENDAR OF EVENTS

NOVEMBER 2000 (NSW)

27 November: Lorraine Rose's Book : *Learning to Love: The Developing Relationships Between Mother, Father and Baby During the First Year* launch.
See Page 13 for details.

FEBRUARY 2001 (NSW)

February: Afternoon Seminars on Attachment.
See Page 13 for details.

FEBRUARY 2001 (NSW)

February: Third Intake for the Graduate Diploma in Infant Mental Health. **See Page 13 for details.**

2001 (South Australia)

AAIMH National Conference in Perth. *More details soon.*

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A Therapeutic Play Group

for Troubled Mother / Infant Relationships

Helga Coulter and Paul Robertson

For a number of years we have been running a weekly therapeutic playgroup as a choice of treatment for mother/infant dyads who are experiencing difficulties in their relationships. Initially we ran the group as an outpatient group but since 1999 this playgroup has became part of the Parent-Infant Day Patient Program of the Pathway Parent-Infant Unit at the Albert Road Clinic in Melbourne.

Before we will describe the treatment set-up we would first like to outline briefly some theoretical considerations that led us to consider this treatment modality as the preferred choice of treatment.

In our therapeutic approach we regard the patient as being neither the mother, nor the infant, but the dynamic dyad of both. We see the infant as being an active initiator, a negotiating contributor to the relationship with his mother and the world around him (Stern,1985, 1995). Within this framework we understand this lived relationship to be something which communicates and expresses itself in interactions and play, both of which are, of course, the visible and concrete manifestations of what goes on between the two participants internally and in their emotional response to one another.

Helga Coulter together with Elizabeth Loughlin have written elsewhere (1999) how the inclusion of the infant as an active participant in the treatment brings up the question of the different modes of communication both participants employ and how best to accommodate these in a suitable treatment approach. Mother and infant communicate in two different modes, verbal and non-verbal. The mother communicates in both modes, whereas the baby as we know, can only show us what he feels in relation to the parent through body movement patterns, pre-verbal sound, gaze, play, mode of relating and the like.

Hence, in order to create a setting where we could accommodate both communication modes, we needed a treatment modality that can create a space for the expression of both, non-verbal and verbal. The infant needs an active and creative space, where, instead of spoken language there is ample opportunity for action and play and alongside this a possibility of actively engaging his mother and for the mother to engage him. It is in this theoretical context that we thought of a playgroup for mothers and infants where, so we hoped, something could happen in action for the mother and the infant as well as their lived relationship. In a practical sense the playgroup is a child's space and allows the child to communicate his feelings and projections, and for us as adults to register them to a much greater degree than in our other therapeutic settings such as the consulting room, which are inevitably part of an adult's world.

We also need to add, that the choice of this treatment medium is based on the understanding that the mother-infant interactions that arise, not only demonstrate the relationship's strength or pathology, but also can be a vehicle for therapeutic change. It is a paradox, but mother-infant interaction is here **both, patient and therapeutic agent**. Like the yeast in the dough, interactions/play can act as a powerful and active ingredient in the therapeutic work, if we can provide a setting that allows for this to happen.

"Ill enough to need it" and "healthy enough to want it"

Who is suitable for the playgroup?

This question concerns the suitability of the mother. It has been our experience that almost all the participating children have been able to use the playgroup. Some of them had initial difficulties involving themselves freely in the group and we understood this to be due to being too caught up in the mother's own pathology. One typical example of the latter was where severe separation difficulties prevented or severely limited the infant's exploration

and use of the playroom. However, even for these children the play group offered something they could use whilst virtually waiting for the mother to be able to engage with them.

A good indicator for including a mother in the playgroup is her willingness and motivation to seek help for something she knows is **not just** the child's problem. The mothers are usually in treatment and through this have often gained some insight into what was felt to be wrong in her relationship with her infant. Such treatment may include inpatient care in the Parent-Infant Unit, day patient care, psychiatric care, individual therapy or couple/family therapy.

On the whole, we have found that the playtherapy group is helpful for this mother who comes because she wants to make something better between her baby and herself. With this aim in her mind we know she comes to work because she wants to work something out **together** with her child.

The disturbances we see vary from an inability to play, separation problems and sibling rivalry issues to failure to thrive, gaze avoidance, reflux, disturbances in attachment and a mother's general inability to actually "see" the infant.

The mother's psychiatric diagnosis include severe major depression in the postpartum (PND), chronic dysthemia, post traumatic stress disorder and personality disorders. These disorders are usually both severe and protracted with the majority of mothers having received inpatient care.

The mothers who can be unsuitable are mothers whose personality functioning is severely influenced by unresolved trauma to such a degree that the group itself can not contain the disturbance. We have also not included mothers with active psychotic disorders such as schizophrenia.

THE PLAYTHERAPY GROUP IN ACTION: THE TOYS, THE SETTING, THE THERAPISTS AND THE SESSION

The group takes place at the Pathway Parent-Infant Day Patient Clinic of the Albert Road Clinic, a private psychiatric hospital in Melbourne. It is part of a broader Parent-Infant Service. The group runs for one hour, once a week and consists of three to four mothers and infants. The number or participating children vary depending on the therapeutic need of some mothers to bring their older children as well. The infants themselves are between nine months to two years old with their older sibling up to three years of age. So far we did not have a child older than three and a half years and feel the group is not set up for preschool aged children.

The mothers and their infants are at the same time in individual treatment of various types and intensity, but not, however, always with the psychiatrist or psychotherapist involved with this particular playgroup.

The group has no formal structure or task. We, as therapists, alongside ourselves provide the setting and, of course, the toys to be made use of by the mothers and their babies and younger children. We do this with the expectation that something will evolve and be played out by the participants like an unfolding of a narrative. Given time we trust we will understand what the emotional and relational meaning of the action or lack of action is. This can then be worked with in words and action. Thus, as we said earlier, the baby will show us by his action (or non-action) what is going on or what is missing. This is often equally true for the mother, whose way of playfully engaging the infant or responding to the infant (or, for this matter, not doing any of that) is telling the internal non-verbal story of their relationship.

THE TOYS

The selection of toys is made with the aim in mind that these should elicit **interactive imaginative play** in contrast to educational or solitary play. The infant should have an opportunity to imaginatively create something for himself and **with** the mother that carries emotional meaning. However, in order to get both, mother and baby interested and perhaps excited in what they see and find in the play environment we have realized that we need to have the sort of toys that are not "known toys" so to speak, i.e. toys which imply a specific meaning and a purpose. The toys we were looking for needed to have a surprise element to them. Hence, we found that we mostly did not need toys, but things that could be played with imaginatively, colourful bits and pieces which we acquired in the end in a place called "Reverse Garbage". Our aim is to create something "magical".

These "bits and pieces" are disused items and cuts thereof from all sorts of production places and these are for example: plastic cuts, big hollow tubes, colourful big ribbons, any cut-off piece that has colour and shape to it, boxes, paper cylinders in all shapes for peek-a-boo as well as big red noses from the "Red Nose Appeal" and big soft chiffons in all sort of colours to name a few. We also have lots of old and well-used strawhats.

The sort of traditional toys we use are soft balls in various colours, dolls and teddies, handpuppets and also a tea-set, something which is indispensable alongside the *bubble mixture for blowing* bubbles. Sometimes we use musical toys. The plastic toy storage boxes which are big enough for an infant to sit in comfortably are used in a multitude of different ways, e.g. for 'cars' and 'aeroplane' rides or upside down to jump from into mother's arms etc. (We will later refer to these boxes as "buckets").

Our choice of toys for a particular session varies depending on what we perceive to be a main issue of the group itself or perhaps in response to a particular problem one mother/infant dyad has at the time. Thus, it can be a choice of toys for quiet time, like cushions, chiffons and blankets together with a few dolls and the tea set in the case of the toddler's need to regress, for example. We make a choice of balls, hats, cylinders, red noses and the like, perhaps with some handpuppets in the case of a mother or mothers who have difficulties in finding or even seeing their infants. The choice of exciting and exhilerating toys are made only when the ensuing emotions can be tolerated by the mothers. We have found that this is usually the case when the dyad's relationship has become more solid and exciteability is experienced as an enhancing "spice" in the relationship and not as a threat to it.

THE SETTING

The room itself is light and big, not unlike a very big family room with a kitchen retreat at one end and a big rectangular space that opens up to large full length windows with a view of the busy Albert Road. At one end of the room we have a semi-circle of three rattan settees in the centre of which we have a blanket and some selected toys depending on what we believe would be the most helpful and useful toys for the mothers and the babies to make use of in this particular session. The other end of the room where the children may want to go to is a sort of open space facilitated by the windows opening up to the outside world. This space contains few toys and in one corner a little tent. The aim is to create two different spaces: the "semi-circle space" and the "further away, separate space". These two spaces enable us, for example, to see how the mobile baby is making use of the space.

This set-up can help us observe how the baby negotiates distance and separateness from the mother. It also permits us to see how the mother herself allows the baby to move through space and have a space away from her. Can she tolerate the baby's separateness, for example, can she allow and take pleasure in her baby's growing competence, i.e. growing away from her or is she afraid of it and is therefore threatened by her baby's independent moves away from her. All these conflicts can be played out in the various ways in which these spaces are made use of.

THE THERAPISTS

The playtherapy group is run by the two authors and a nurse from the parent-infant inpatient unit.

As we have outlined before, the aim of the playtherapy group is to play. Hence, we encourage the mothers to sit on the floor and we do this by sitting on the floor ourselves. We discovered that not much can happen sitting up but a lot happens when on the floor, because in this position the mother as well as ourselves are accessible to the infants and are available for action, so to speak. The move to the floor not only brings us spatially into the infant's world but it also allows us to be more moveable and flexible in our body movements. We need to remember at this point that in the non-verbal state of the infant's development, motor and sensory memories and identifications predominate, hence the body movements of the adult carries emotional meaning for the infant. One cannot do much with an "out-of-reach and unmoveable object".

The therapists and the nurse are not passive participants but active ones if needed and wanted by both, the mother and the infant. Hence we are very much part of what is happening: we are used as playmates, as containers for unprocessed and hence projected emotions and also as helpful parental minds which attempt to make sense out of

what is happening in both, the mother/infant dyad as well as within the group. The mother's transference itself can be split. We have found that it is usually the female therapist who finds herself carrying the negative and usually infantile transference. The female therapist, for example, can be seen as being critical and judgmental, i.e. the negative gaze of the internal mother who disapproves or as the withholding and absent mother who had not been available in infancy. The reverse can also be the case, i.e. the positive transference which inevitably develops when the mother's relationship with her infant or child improves. The male therapist may experience the mother's transference in a more paternalistic way often experienced as kind but ineffectual, or absent and not understanding or even abusive. The children will frequently use the male therapist as a father figure.

A COMMENT ON GROUP PROCESSES

The group is clearly an unusual therapeutic group for a number of reasons. To begin with, the group's aim is defined as improving impaired mother-infant relationships and hence it is **not** adult group psychotherapy. Secondly, by virtue of its members (infants and their mothers) and their different level of functioning as discussed before, it inevitably occurs at times that two groups are co-existing depending what is happening at a particular point in time. These two groups consists of a group of mothers and a group of infants. The dynamic issues of these two groups and how they interact in turn, can be complex and certainly would need more exploration than for reasons of brevity, we are able to give in this article here.

Regarding the group of mothers, i.e. adult women, principles of adult group psychotherapy apply, that means the dynamics that occur in group psychotherapy certainly occur within this group, both positively and negatively. It is at times a difficult therapeutic issue to decide to what extent to attend to these dynamics through interpretation and exploration. At one level it is very difficult to do this in the presence of a group of mobile infants. It is also not the specific goal of the group, which is to improve the relationships, yet it is clearly related. Indeed, where the group effects a positive change in the parent infant relationship such that a pathological or unhelpful maternal projection onto the infant is disrupted and taken back into the mother it can have quite a destabilizing impact on the mother and the group as a whole. Our opinion is that we need to attend, by interpretation and exploration, the adult psychotherapy group aspects enough to maintain healthy group functioning. At times when we fail to do this unhelpful group dynamics occur which preclude us helping the parent infant relationships and would often lead to dropouts from the group.

With regard to the group of infants and their interactions amongst themselves, it has become apparent that their interactions can highlight the specific dynamics of their relationships with their caregivers (C. Paul & F. Thomson-Salo, 1997). Infant-infant interactions are highly complex and psychologically sophisticated, making it possible for the observer to "read" what is happening for the infants internally. For example, a particular pathological style of relating will be inevitably played out within the group of infants and hence can be observed as a social reality by the mother and the group as a whole. This issue of witnessing and sharing does not only have a very powerful effect on the infant's mother but on all involved.

What is now going to follow is a description of a second session of a series of twelve. This session took place as an outpatient group, before the playtherapy group became part of the Day Patient program, which means no nurse was present. In our description we chose not to comment on the group process but focus mostly on what is happening for these mother/infant dyads. What we are going to describe, however, is a highly condensed description of a session, broadly covering what could be best described as a very intricate, fast moving and often complicated web of relationships which impinge on one another, move one another and make things happen (or not happen, of course). The session was attended by three mothers and their infants and one older sibling. Another mother was absent because her nine months old baby was sick.

To introduce the three mothers and their children we will first describe a very brief history of their presentation and what emerged in the first session:

Dot and Wednesday (23 months)

Dot presented with a major depressive illness some months before which had had its onset in the post partum (PND). She was living separately to

Wednesday's father. Treatment with antidepressants and parent infant psychotherapy had led to the resolution of her depression. However the relationship difficulties between mother and infant persisted. Dot was distressed by the relationship difficulties with her daughter but felt powerless to change it.

When mother introduced her robust and well-groomed Wednesday to the group she seemed to find it hard to find good words about her. She described her as a bossy and dominant little girl. When queried by the other mothers about her infant's name she said that she should have been born on a Wednesday but came on a Tuesday instead, so she called her Wednesday, the day she should have come into the world. The name also suited her because her little girl should have been a little boy and she could not bring herself to give her a girl's name.

Wednesday was a serious little girl, climbing on chairs where she sat like a little grown-up miniature of mother. Other pursuits were to get hold of mother's purse, keys or sunglasses which she again used like a grown-up. Emotionally she seemed weary and angry and we could not see a smile.

There was no interaction between the two of them. All what Wednesday seemed to be to her mother was an irritating, hard to control burden.

Laura and Molly (10 months)

Laura had suffered a severe and protracted major depression postnatally (PND) that was partially improved with antidepressants and individual psychotherapy.

Laura felt Molly to be a burden and felt bad and despairing about that. No real bonding has happened yet, she said, and she was anxious that this might never happen. Laura wanted more joy with Molly but since she did not know how to play with Molly, she had lost hope.

Molly was also a serious girl and already walking. Plugged with the constant presence of a dummy in her mouth she wandered around in the room with no special focus on anything. She was unable to sustain her interest in any object but was able to bring her mother books which led to a short-lived interaction between them, lacking, however real interest and liveliness. Mother did not initiate contact with Molly.

Rosa, John (21 months) and Don (three years and four months)

Rosa had suffered severe psychiatric difficulties postnatally which manifested in maternal depression and anxiety, sleep, feeding and settling difficulties with both boys and marital difficulties. Although diagnosed with major depression (PND) this was only the "tip of the iceberg" overlying a marked characterological disturbance associated with severe and unresolved childhood trauma that had been reactivated by the birth of the boys. She had had very intensive treatment including inpatient care with both boys, antidepressants and eighteen months of individual psychotherapy which helped her to understand her difficulties in her relationship with her boys.

Rosa felt burdened and overwhelmed by her two boys. Her issues were very complex and impinging severely on her relationship with her children. She felt her almost three and a half year old boy Don to be a very difficult and angry boy, (she described him as violent) and John as having problems as well. There had been severe separation difficulties manifested in the boys' inability to sleep separately from mother, excessive breast feeding of both boys which had continued until recently and difficulty leaving the parents. If separation was forced it lead to anger and aggression that could not be managed.

Both boys initially clung to mother but subsequent fights ensued and it emerged that it had to do with the possession of mother herself who for her own reasons was unable to resolve these violent conflicts. The two boys' emotions, arousal and behaviour would rapidly escalate and as therapists we were aware of our greater work in providing containment.

THE SECOND GROUP SESSION

On the blanket in the middle we had about five brightly coloured balls. On the shelf within reach were the books and also a new toy, a number of white flat items in the shape of a "flattened bagel" about 40 cm in diameter, with a hole in the middle of about 15 cm. We hoped that the children (or the mothers) would find them and would get interested in them. At the other end of the room were two big boxes filled with some of the toys the children knew from the session before.

The children came in and immediately went for the balls, kicking, throwing, taking them away for themselves and to mother. For example, Molly carried one over to her mother, so did the two boys. Only Wednesday did not participate but sat in a corner behind mother's back and out of mother's sight.

Although the children tried to initiate something, the mothers themselves remained immobile on the floor with Dot sitting on her chair. Dot said that it was Wednesday's birthday today. For a while Wednesday became the centre of attention as she showed her presents she had brought along with her.

For about ten minutes there was continuous ball play. The therapists were active too by showing what you can do with a ball: spinning, rolling, throwing it up in the air, throwing it to mum and back etc. Everybody was quite delightfully engaged except Dot and Wednesday. Wednesday sat in the corner with a serious and sad face.

The play ended with John and Don losing interest first and, turning to mother a fight ensued over who can sit on mother's lab. The younger one, John gained the much longed for place at the exclusion of Don whose misery led to a fight with John. Mother smiled helplessly attempting to accomodate both but failed to pacify the two. She said it is so hard to have them both and keep the peace and we acknowledged that.

Meanwhile Wednesday went into mother's bag and got the mobile phone, keys and sunglasses out. She climbed on the chair and with a serious adult air around her she was holding the phone to her ear. We commented on what we saw and said that she seems to want to be a big girl, like mummy, not a little girl with a ball and how serious she was. Mother (smiling) "who are you phoning?" "Daddy?" Wednesday ignored her and then named the things she had (phone, key etc).

Wednesday went over to the "bagels" and said, pointing at them: "numbers". (She was rather bright and figured out that it looked like a "zero".) Fetching one she enticed the other children to do the same. All of them handled them with great interest but were unsure what to do with them - so we showed them: Peek-a-boo, use it as a hat, putting an arm through it, or covering bits of the face and also throwing them like gliders. The mothers became excited, played with them and finally a play of peek-a-boo ensued. We observed ten months old Molly having a delightful play of peek-a-boo with her mother, both of them bubbling and laughing.

Wednesday, with a serious look held the "bagel" with the hole in the middle in front of mother's face with mother holding it as well. Dot looked awkward with an apprehensive and evasive expression on her face. Wednesday grabbed mother's nose over and over again in quite a brutal way causing so much irritation in Dot that she turned away from her daughter. Wednesday left her mother and went to play with the "bagel" on her own, biting and tearing it whilst looking at her mother.

At that point the atmosphere of the session changed into a destructive pitch with John becoming more and more frantic, running around the circle of us, holding the "bagel" like a trophy, inviting Paul Robertson to chase him. It all had a feel of being out of control with mother Rosa unable to stop him. John, finally had to be contained by Paul Robertson, who physically held him in his arms whilst gently talking to him.

With this physical containment the mood of the session changed again. This time the feeling was of quietness and calmness. The mothers turned away from their children and started talking to one another. (During this time the children played by themselves, except Rosa and her boys who needed Paul Robertson's attention for a while longer)

Laura (despairing) : talked about her fear of being abusive to ten months old Molly - her feelings of guilt and shame and concern for Molly. "It is all just too much - it is like a vicious circle: she just follows me everywhere, never leaves me alone. I just crack and then I yell at her and then she cries. But then she comes back to me again and hugs me. It doesn't put her off. I don't understand that she still comes to me. She would be better off without me. Sometimes I feel like telling my mother: "Look, you take her, you have her" (very tearful).

Dot (sympathetic) : "Wednesday cried incessantly all the time. It only got better when she became able to talk, then she could tell me, that made a huge difference to me. There was a time when her constant whailing and crying made me want to dangle her out of the window in the cold so that she would become ill. But then I thought that her dad would get her and that would have been worse. So I couldn't do that to her."

The mothers kept talking about the burden of children and the value of creches.

Rosa (joining the two mothers at that point) talked about how valuable creches are, how important one's own professional life is and how this should be pursued instead of being a mother. She said they all should disregard the generally held opinion about motherhood and what one should do, that is staying home and taking care of the children. No good!

Dot: spoke about Wednesday being in creche five days a week and how good this is. (To come to the session she took her out of creche). She finished up saying: "But then you have them at night, and that is a problem".

We said that they want us to see that being with their child is a very heavy and demanding burden, so much so, that they feel they cannot cope...and in moments like that they would like to turn away from their child, because they feel it is only misery and not much joy. But when they do that, turn away that is, it is also no good as Laura has shown us.

It was the end of the session. We all packed up. Given the content of the session and what emerged at the end of it, it was no surprise for us to see that all the kids queued at the door, eager to get out, with their mothers reluctantly following them.

REFLECTIONS AND OUTCOME

For reasons of brevity we will not be able to give full justice to the complexity of the session itself nor to the therapeutic outcome of the series of twelve sessions which we will briefly touch upon. However, what is going to follow now will give an impression of the major issues as we saw and understood them.

One can see in this material how the children and their mothers made use of the toys not only to play but also to play out what emerged to be their conflicts in the mother-infant dyad. Thus, in this session the play was both, an area of togetherness with some moments of delight for some of the mothers and, at the same time for us as therapists the play itself or lack thereof served as a diagnostic tool.

We think it is needless to say that the end of the session was telling. It spoke of the children's need to get away from the anger and hostility as well as their mother's rejection by attempting to get out of the room as quickly as possible. They queued at the door, something that much to our relief did not happen again with these children in subsequent sessions.

We now like to comment on what emerged for the individual mother/infant dyads in the session as described before:

Dot and Wednesday:

Their emotional distance is very clearly expressed by their physical distance. Futhermore, Wednesday in her attempt to be a big grown-up could demonstrate to her mother and to us that to be little, vulnerable and needy was not something she could afford to be. This, of course, was later confirmed by her mother's rather chilly accounts of Wednesday's early infancy.

In the "Bagel" play between them the negative feelings were played out in a very aggressive way. Wednesday showed her mother her internal bad-mother-feelings by attacking her mother, i.e. the nose. Dot, in turn could not stand it, neither could she find a way to help Wednesday with these furious feelings and turned away. Consequently, Wednesday was left with these awful biting feelings which she showed by biting and tearing the "Bagel".

Laura and Molly:

Although we witnessed an aimlessness and a disconnectness in Molly and her mother, there were clearly moments where we could see a Molly who has not given up in her attempts to engage mother. For example, she brought mother the ball and also succeeded in getting her mother interested and to respond, i.e. play with her. Hence we could see that Molly had not given up because there was a Laura who, despite her difficulties is still linked in with her infant. Both had rewarding moments of mutual delightful playful interactions.

The game of 'peek-a-boo' with the "Bagel" was important for both of them because there they could find, albeit temporarily, a mutually satisfying lively moment which they have created by themselves and which gave them something good and rewarding.

Rosa, John and Don

Both boys were very busy using play and objects to play out their conflict and rivalry over mother and no imaginative play could emerge. Instead of play we had a symptom. It was as if this mother's internal conflicts almost froze her leaving the two boys to play out continuously what Rosa could not emotionally process. Hence it was left to Paul Robertson to become the concrete containing object because there was no thinking and containing parental mind available.

The Group

In addition to the individual mother/baby dyads and their interactions something is happening within the group at the same time. To begin with, we could observe how the children needed to act out and express the negative feelings for their rather passive mothers who found it difficult to find delight in their children. For example, the anger, pain and conflict within the mothers, all the bottled up negativity was clearly expressed, first by Wednesday and then later by Rosa's two boys. Once this was contained by the therapists' concrete and verbal containment a much needed shift could take place. The mothers could start to think and to talk, something they needed to do for themselves first in order to make room for the child in their minds. Our experience has taught us that this process is a vital part of the group: Unless the mothers come together to address what is so conflictual: i.e. their negative feelings about parenthood, their feelings of hate, anger, guilt and shame, like their wish to get away from their child, for example, they will be unable to enjoy being with their child. In short, they cannot play.

THE OUTCOME

All of these mothers and infants made substantial shifts in their way of being together over the ensuing sessions:

Dot and Wednesday

They became much softer towards one another and the "playing adult bit" of Wednesday totally disappeared. She no longer needed to climb on chairs to be as big and tall as an adult in order to protect herself against her needy, vulnerable and dependent self she so much needed to hide. She and her mother were helped to achieve that mostly through the Chiffon play (a big light-blue see-through cloth that is used to envelope them both in short intervals). Another very helpful component of their interactions was that mother allowed Wednesday to regress in her play to be a little baby and took part in that herself, i.e. played the mother of such a baby. We need to say here that initially Wednesday could not tolerate the physical intimacy with mother under the chiffon and got very frightened and moved away. Later, however, and **after** the regression she could allow it with the result that mother's body visibly moulded itself into her daughter's. Their togetherness lost the aggression and became much softer as a consequence.

Laura and Molly

It emerged that Laura needed to shift first before Molly had a real chance of being seen and heard. Once Laura understood that Molly had to cling and follow her because of her fear that Laura would leave her, Laura could start to think and make links to her past which contained multiple losses and father's traumatic suicide, something that was not addressed within her family. That freed Laura to see her daughter in her own right and things between them started to improve. For some time Laura struggled with her guilt towards Molly, something which, however, was much alleviated by interactive joyful play.

Again, it was the chiffon play in addition to the bucket play which helped their relationship to improve. (The bucket play is an exciting play. It consists of the use of the big toy container in which the infant is seated. The bucket is then raised slowly by two people with a chorus of our voices saying "up, up, up and up", gearing the infant towards the mother, so the infant can visually connect with the mother on the last exciting "up"). The sheer delight Molly displayed together with her great affection towards her mother in these moments jolted Laura out of her gloom of her guilt. Laura's statement "She still loves me" proved to be the turning point in their

relationship. From then on mother and Molly were actively working, playing to make things better.

The dummy disappeared, freeing Molly to vocalize. She was also able to leave mother and play in the "far-away" corner happily by herself. At home, so Laura reported, Molly now approached father whom she had avoided before.

Rosa, John and Don

The work with them was very difficult and at times they had an almost one to one therapy with one of the therapists whilst in the group. Again, it was the mother who had to come to some understanding of what was acted out between the boys first before their relationships could improve. This process was very painful for all involved, but most of all for Don for whom the pain and paranoid fears of being excluded were almost overwhelming at times. Rosa's negative view of Don changed gradually helped by the therapists' interpretation of Don's actions and reactions (Don was often set up by John to react violently).

Although we could observe some shifts in their relationships, in particular with Don, there still remained a lot of tension between the boys and unresolved issues for the mother who, after her perception of Don became benign, was now struggling with John whose anger at times targeted the younger and more vulnerable children in the group instead of Don.

We as therapist had to realize that given this mother's traumatic early history, the therapeutic playgroup could only act as a facilitating environment to allow Rosa to emotionally experience in a safe setting the boy's destructive acting-out of her internal and traumatic conflict. Before she came to the group both boys were not differentiated from these internal traumatically damaged aspects of herself. This much needed shift was also helped by the fact, that the group itself brought her two children's way of relating to others, i.e. to the therapists, mothers and the other children more clearly into focus with the other mothers assisting to develop the self-reflective function of Rosa.

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

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.

CAN YOU ASSIST ?

Pam Linke
email linke.pam@saugov.sa.gov.au
Fax: (08) 83031656,
Phone: (08) 83031566.

REGIONAL VICE PRESIDENT'S REPORT

by Campbell Paul
Regional Vice President

This year has been a very busy one again for the field of infant mental health. The major event this year has been the world congress in Montreal, Canada. This was large and an exciting event well attended by Australians. There was something like 40 Australians participating in this Congress. This augurs very well for the World Congress in 2004, which will be held in Australia. The Congress in Montreal was distinguished by its emphasis on multicultural issues and contributions to infant mental health. The range of presentations from colleagues from all continents and many countries around the world was truly impressive. We were able to make constructive and ongoing relationships with other infant mental health workers both from America and Europe but importantly from our own region in Asia and Australasia. Hopefully this will lead to ongoing collaborative work with other workers from places such as Japan, New Caledonia, New Zealand, Thailand, Vietnam and other countries. The Australian Association has an exciting future ahead both within our country and in forging links with our neighbors. In Melbourne, Liam O'Connor and others were able to present a very vibrant synopsis of the Congress and with the recent arrival of the printed abstracts in a special addition of the Infant Mental Health Journal. There is plenty of opportunity for us to go over material from the congress gaining and learning more as we do so. I had the privilege of being able to visit colleagues in Hanoi, Vietnam and the National Institute for Paediatrics. This is large hospital in Hanoi with a dedicated team of child psychiatrists, psychologists and nurses. They are working under difficult conditions with limited resources and a huge unmet need for mental health services. I was impressed however with the dedicated, creative and imaginative ways in which they have tackled their mental health problems of children within their communities. As they are working closely with paediatricians at the National Institute, Dr Tu and her colleagues have a special interest in the mental health needs of very young children and infants. I believe there are opportunities for ongoing collaboration and support, which we should develop as an organisation.

Within Australia there are other developments that require our interest and attention. The Commonwealth government has begun the process of establishing a large longitudinal study of Australian children. This will be particularly pertinent to development and its vicissitudes in infancy and early childhood. There will be much interest in the infant and child's own development as well as their relationships within the family and broader society. There is also a review underway of child and adolescent mental health services in Victoria. It is important in this context we speak loudly on behalf of the needs of infants.

At the World Congress in Montreal, it was confirmed that the World Congress for the year 2004 will be held in Australia in Melbourne. This provides an opportunity for a lot work. In addition however the exciting opportunities to forge new and ongoing relationships within our organisation and also with other agencies is evident. The conference committee and the national committee of the Australian association are keen to have any ideas from our members about how we can use the Congress to advance the cause of infant mental health here. Examples might be encouraging government departments who are engaged in providing services for infants and young children to sponsor workshops or symposia at the conference. This will have the added advantage of encouraging such departments and agencies to really consider their role contributing to the mental health needs of infants and young children. We hope to have collaborations across other disciplines such as paediatrics, social work and other professional groupings as well as service provided groups. So the next three years should see an opportunity for major contribution from all of our association members. Equally important will be the need to re-invigorate our trans Tasman connection and foster contacts with colleagues in New Zealand.

The opportunity to travel overseas and meet colleagues both in Montreal and other centers has allowed members of the Executive and other infant mental health workers to make connections with other overseas centers. We were able to visit Professor Colwyn Trevarthen in Edinburgh, Dilys Daws in London and attend a very interesting workshop by Beatrice Beebee from New York who was presenting at the Tavistock Clinic. New initiatives are being undertaken in Paris and we were able to hear first hand Antoine Guedeney and Bernard Golse who are both involved with clinical and academic departments of infant mental health. Other centers visited included Geneva, Montreal and Bolder, Colorado. All of this serves to reinforce the friendly and collaborative relationships that exists amongst infant mental health workers across the world. Brigid Jordan has been elected to the Board of Management of the World Association for Infant Mental Health and this will be one important further contribution to our international collaborations. We congratulate Brigid Jordan on this important appointment.

The highlight of the second half of this year is the National Conference in Adelaide in November and I encourage all members to attend and participate in this event. Again there will be opportunity for collaboration with overseas colleagues with Joy Osofsky from New Orleans and Klaus Minde from Montreal participating in this Conference. Robyn Dolby from New South Wales will provide a very exciting workshop on aspects of disorganised attachment of infant/parent dyads. We look forward to meeting with you there.

QUEENSLAND COMMITTEE MEMBERS:

President: Dr. Janet Rhind
Vice President: Dr. Elizabeth Webster
Treasurer: Michael Daubney
Secretary: Dr. Susan Wilson
Committee Members: Ms Debra Sorensen, Kathy Eichmann, Helen Baker, David Finchin

From: Michael Daubney

Since June there has been a number of activities associated with infant mental health in Queensland. Dr. Susan Wilson presented the Child and Adolescent Psychiatry Grand Rounds in July. The meeting was well attended by junior and senior Trainees as well as Child Psychiatrists. Sue presented an excellent overview of Infant Mental Health as well as a case presentation. The presentation was followed by a number of questions reflecting the interest generated by the talk.

In early October we had our AGM which was preceded by a lecture by Dr. Lane Strathearn. Dr. Strathearn is an Advanced Trainee in Paediatrics and is working in a full-time Ph.D. research position at the University of Queensland and in 1999 was appointed Fellow in Child Protection and Neurodevelopment at the Mater Children's Hospital. His presentation discussed the effects of Child Maltreatment on Brain Development in Extremely Low Birth Weight Infants. His research has investigated the relationship between child maltreatment and cognitive neurodevelopment in extremely low birth weight infants, adjusting for perinatal and parental risk factors. Results of his research include finding that The General Cognitive Index, adjusted for perinatal and parental risk factors, was significantly reduced in notified infants, with "neglect" having the major influence. Also, neglected infants had a progressive decline in their cognitive function over time, and infants with substantiated neglect had a significantly smaller head circumference at 2 and 4 years. Dr. Strathean's research has been recognized with a number of awards and next year he will be working with Dr. Bruce Perry.

At the AGM, the Committee for this year was elected. Ms. Margaret Rebgetz, stood down from the committee in her role as treasurer. Her contribution has been outstanding in many ways and we are very appreciative of her help, skills and advice.

On the last weekend in October , Dr. Louise Newman gave several stimulating and informative seminars. On the Friday night her presentation title was High Needs Families and High Risk Infants: Trauma in Early Childhood. At the end of the meeting Dr. Janet Rhind thanked Dr. Newman for her presentation, commenting on her clarity and her excellent overview of a wide range of information in a cohesive manner. On the Saturday morning, the presentation was on Clinical Interventions with Disturbed Parent-Infant Dyads. This presentation followed on from Dr. Newman's presentation last year and included video vignettes of cases with a rich and stimulating discussion by Dr. Newman.

NSW COMMITTEE NEWS

President: Mary Morgan
Vice-President: Kerry Lockhart
Secretary: Victor Evatt
Treasurer: Marianne Nicholson
Membership Co-ordinator: Patricia Glossop
***Committee Members:* Elke Andrews, Leanne Clarke, Ruth Craven, Judith Edwards, Sharon Laing, Isla Lonie, David Lonie, Beth Macgregor, Beulah Warren**

The Australian Association for Infant Mental Health Inc. NSW, with Gleebooks, 49 Glebe Point Road, Glebe, Sydney are collaborating in launching Lorraine Rose's Book - *Learning to Love: The developing relationships between mother, father and baby during the first year.* Lorraine's book is illustrated by Kylie McKellar and is published by ACER Press. Adele Horin, journalist and columnist with the Sydney Morning Herald and social commentator, is going to launch the book on Monday, November 27th at 6.30 p.m. The NSW AGM was recently held in preparation for the National AGM in Adelaide. Future planning includes an afternoon Seminar on Attachment next February, and the third intake for the Graduate Diploma in Infant Mental Health at the NSW Institute of Psychiatry is in February 2001. Details of the Graduate Diploma can be obtained by making contact with Agnes DeSouza, 02 98403833, or Beulah Warren, 02 98102986.

SOUTH AUSTRALIAN COMMITTEE

President: Elizabeth Puddy
Treasurer: Margaret Lethlean
Secretary: Pam Linke

Committee Members: Donnie Martin, Karen Fitzgerald, Terry Donald, Akhter Rahman, Ros Powrie.

From: Pam Linke (email: linkes@newave.net.au)

The South Australian Branch is mostly involved at the moment in the lead up to the National Conference and all of our focus has been around this. We are involved with the video conference with Fraser Mustard which is being relayed to Brisbane and Adelaide from Sydney. Some of us have been involved in the making of a video called "Right from the Start", a video about responding to babies and this will be presented at the National Conference. Order forms are available from Parenting SA, (08) 82267022. In this Newsletter there are order forms for the videos that were made of Bruce Perry's workshop in Adelaide and Martha Erickson's workshop. I can recommend the quality of both of these videos and they are excellent for teaching as well as personal interest.

VICTORIAN COMMITTEE OF MANAGEMENT

President: Michele Meehan
Secretary: Jeanette Milgrom

Treasurer: Kerry Judd
Scientific Program: Liam O'Connor

From:Sarah Jones

Victorians were well represented at the World Association of Infant Mental Health conference in Montreal in July. Ms. Brigid Jordan, Australia's AAIMH President, was invited to be a member of the board of WAIMH. We congratulate her on this high profile appointment and are sure she will contribute enormously. Dr. Campbell Paul, our Regional President, participated in a number of key activities during the conference. He was a discussant to a plenary talk and he also presented an excellent paper with Mrs. Frances Thomson-Salo. Both he and Brigid were very involved in near dawn meetings to confirm Australia's bid for the 2004 World Association conference. There was probably much more behind the scenes work that we did not see. We are fortunate to have such a strategic world player and thinker as Campbell in our association.

The Victorian Committee AAIMH were very well represented at the WAIMH conference! Many Victorians traveled to Montreal. It was exciting to see Australia so well represented, with evidently over 40 Aussies in the 900 delegates- and we traveled from literally the other end of the earth. Can I extend an invitation to any of them to write a few words on the conference for future Newsletters? Just a letter to the editors will suffice.

Dr. Liam O'Connor from Albert Road Clinic gave a splendid summary of Montreal conference at the State AAIMH August Scientific meeting. In true O'Connor style we were entertained and informed by his appraisal.

The most important message I received from attending the conference is that many of us are working with infants, trying to hold on to an infant centred practice model found validation of our approach. There were many speakers and many models of work from all over the world. However, continuing to develop direct clinical work with infants does seem to be one of Australia's most important contributions to the field.

NEW AAIMH NEWSLETTER EDITOR

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

Victor Evatt is set to become the new editor for the Newsletter.

We congratulate Victor and wish him success!

Please feel free to discuss any related matters with either Sarah Jones ((03) 9345 5511 or nickcarr@melbpc.org.au)) or Paul Robertson ((03) 9256 8366 or paujvd@netspace.net.au). Or Victor Evatt: vevatt@tech2u.com.au

The South Australian Branch of the Australian Association for Infant Mental Health presents:

A VIDEO OF A PRESENTATION BY DR MARTHA ERICKSON

Attachments Past and Present:

implications of attachment theory and research for family support and intervention

Dr Erickson is a developmental psychologist specialising in parent-child attachment, child abuse prevention, and community-based approaches to strengthening families. She developed STEEP (Steps Toward Effective, Enjoyable Parenting), a program for parents and infants and continues to do related training and consultation with professionals in the U.S. and abroad. Marti is the author of the book "Infants, Toddlers, and Families: A Framework for Support and Intervention" (Erickson and Kurz-Reimer, 1999) which is available from Guilford Press. Since 1994 Marti has worked closely with vice President Al Gore as co-sponsor of his annual family policy conference, Family Re-Union. She has a Bachelor of Science Degree in child development and elementary education, a master's degree in special education and Ph.D in educational psychology.

The South Australian Branch of the AAIMH presents

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Address____________________ Post Code_____

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The cost of the video is **$25-00** . Please add **$5.00** for postage and handling.

Cheque enclosed (payable to the Australian Association for Infant Mental Health, SA Branch.

Send orders to: **Martha Erickson Video**
C/- Child Protection Services
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King William Rd, North Adelaide SA 5006

Note: SA Branch of the Aust Association for Infant Mental Health is a non profit sub-entity of the national association. ABN 93045030281. GST does not apply.

ORDER FORM

AAIMH BILLBOARD

The South Australian Branch of the Australian Association for Infant Mental Health presents:

TWO VIDEOS OF PRESENTATIONS BY DR BRUCE PERRY

1. A Neurodevelopmental Perspective of Child Development: Theory and Research

2. A Neurodevelopmental Perspective of Child Development: Clinical and Policy Implications

Bruce Perry, M.D., Ph.D. is Chief of Psychiatry at Texas Children's Hospital and the Thomas S. Trammell Research Professor and Vice-Chairman for Research in the Department of Psychiatry and Behavioral Sciences at Baylor College of Medicine in Houston, Texas. Dr. Perry has researched many facets of brain development, including the effects of drug exposure and traumatic life experiences. His research has been instrumental in describing how childhood experiences, including neglect and traumatic stress change the biology of the brain. "Childhood experiences define the adult by shaping the developing brain…a neurodevelopmental view of childhood trauma provides novel directions for assessment, intervention, and policy".

The South Australian Branch of the AAIMH presents

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