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Newsletter Guidelines

The Newsletter is published quarterly in March, June, September and December. Submissions to the Newsletter are invited on any matter of interest to the members of AAIMHI. Referenced works should follow the guidelines of the APA Publication Manual 4th Ed. All submissions are sub-edited to Newsletter standards.

Articles are accepted as hard copy or as electronic versions. Preferred method of submission is a Word document attached to e-mail. Send to:

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The Family Partnerships Model for Building Helping Relationships

Dr Mary Hood

Senior Social Worker
Child and Youth Health, SA
Accredited trainer of Family Partnership facilitators.

The *Family Partnerships Model* has been developed over many years although it is known in the UK and Europe as the *Parent Advisory Model*. Developed by Davis Day and Bidmead, the approach is supported by its demonstrated usefulness to practitioners and by evidence from research studies, which strongly suggests that the Parent Adviser Training Program enables professionals to feel more confident and competent in relating to parents. Studies, including two randomised controlled trials, have also shown that the psychosocial functioning of both parents and children experiencing childhood disability and mental health problems improves when they work with practitioners trained in the Parent Adviser approach (Davis, Day & Bidmead, 2002).

The Parent Adviser [Family Partnerships] Model was specifically designed for the European Early Promotion (EPPP) that is currently operating in five European countries. The EPPP is concerned with the promotion of child and family mental health and the prevention of child mental health difficulties. It is a service initiated by primary health care professionals on a home-visiting basis, involving all families in the community, with the first contacts in the antenatal period. In addition to the Parent Adviser Model training, the home visiting staff are also trained to conduct antenatal and postnatal promotional interviews, to detect family needs and provide appropriate support for parents so as to prevent the onset of psychological problems in their children. The project integrates previous sets of work on promoting psychosocial development

including that of Davis (1993) on early intervention via the Parent Adviser Model.

Participants are encouraged to develop knowledge, skills and confidence in the processes of engaging and relating to parents and supporting them effectively. These processes are assumed to involve the development of a genuine and respectful partnership. This is supportive in its own right by facilitating parental self esteem and self efficacy, but is also the vehicle for the exploration of possible problems and joint problem-management.

The Parent Adviser/Family Partnerships Training Course uses an adult learning style, which recognises and makes use of the experience that participants bring with them. The course is ideally for 12 participants, working with 2-4 trained facilitators and consists of up to 16 sessions (of 3½ hours' duration) with assignments in between. Each session involves a seminar and a skills practice designed together to maximise participants' understanding, confidence and skills.

- The core Parent Adviser/Family Partnerships Training (10 sessions) program covers:
- The needs of parents and children.
- The parent-professional relationships.
- The processes of helping.
- The qualities and nature of communication skills needed in the helper to facilitate these processes.

The course is interactive, requiring the involvement of all participants. It is assumed that members of the group

Continued on page 2

Family Partnerships Model (cont.)

learn best by active discussion rather than passive listening and by actual practicing of their skills in a secure environment with constructive feedback.

Participants are required to carry out limited reading and observational tasks between sessions, with reading materials supplied. They are not assessed, but since the course is carefully constructed to build session by session, successful completion is dependent upon attending all sessions. Being absent for a day significantly reduces the understanding and value of subsequent sessions.

The Family Home Visiting Project in South Australia has engaged the Family Partnerships Model as a way of orienting staff to a partnership model of working with parents, families and communities. All Family Home Visitors in this program are clinical nurses with additional maternal-child health qualifications. They then undertake the Family Partnerships training before commencing their work as Home Visitors. Within Child and Youth Health, all Family Home Visitors have undertaken the 10-module training and are supervised in their use of the model through Reflective Consultation sessions held on at least monthly basis.

References

- Davis H (1993). *Counselling Parents of Children with Chronic Illness or Disability*. London: BPS Books.
- Davis H, Day C & Bidmead C (2002). *Working in Partnership with Parents*. Sydney: The Psychological Corporation/Harcourt Assessment.

Research Review

Effect of a consultation teaching behaviour modification on sleep performance in infants: a randomised controlled trial.

Brian G Symon, John E Marley, A James Martin and Emily R Norman.

Medical Journal of Australia, 182(5), 7 March 2005, p215-218

Critique 1**Robin Grille**

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In spite of the growing national and international interest attracted by our Position Paper, the practice of 'controlled crying' appears to have been granted an aura of medical legitimacy. In a recently published research paper by Symon et al., infants of two to three weeks of age were exposed to a sleep training technique based on withholding attention to their cries for accumulating 5-minute intervals. The result was, predictably, increased sleep for the babies. After a five-year follow up, researchers found that the divorce rate was lower in the treatment group.

It is not my intention here to critique this study in terms of the relative merits of the methodology, design or conclusions drawn. The AAIMHI position paper does not make the claim that controlled crying cannot cause babies to fall asleep all by themselves.

The problem with Dr Symon's study is that it asks the wrong questions. Like the study by Hiscock and Wake (2002), which indicates that controlled crying can bring about relief in maternal depression, this study evaluates a technique that is applied to infants, for its capacity to improve marital relations.

The authors make no mention of research literature discussing the long-term psychological effect of systematic deprivation on infants, and they are content with the simplistic assumption that with regard to infant sleep, more is better for all infants. Seeming satisfied with altered infant sleep patterns that are more desirable for the parents, the authors do not probe into the dissociative neuroendocrinological mechanisms that mediate the collapse of infants' reaching-out behaviour, nor do they inquire about possible long term effects of this defensive process on

children's nervous systems, their emotional development and social behaviour. Finally, the authors make no mention of alternative, interactive approaches to settling that support rather than jeopardise the parent-child bond.

Once again, research literature seems to have endorsed 'controlled crying' as a powerful technique aimed at reducing parental stress, while the evaluation of the impact on the baby remains superficial at best. The list of references leans towards behaviourist literature and tracts dealing with the issue of maternal depression. It does not touch upon the abundant literature relating to the negative psychological impact of some behaviour modification approaches to infant sleep.

The research project relied on grants from the Adelaide Women's and Children's Hospital Research Foundation and the Department of General Practice, Adelaide University. The MJA acknowledges an issue of 'competing interests' insofar as the principal author, Dr Brian Symon, is also the author of the books *Your Baby* and *Silent Nights*. These books contain the techniques that this study was designed to evaluate.

Reference

- Hiscock H & Wake M (2002). Randomised controlled trial of behavioural infant sleep intervention to improve infant sleep and maternal mood. *British Medical Journal* 324(7345), 1062-5.

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Research Review (cont.)

Critique 2

Shelley Reid

BAppSc(Nursing) BA(Psych)

Clinical Audit Officer

RPA Newborn Care, Sydney

Effect of a consultation teaching behaviour modification on sleep performance in infants: a randomised controlled trial.

Brian G Symon, John E Marley, A James Martin and Emily R Norman.

Medical Journal of Australia, 182(5), 7 March 2005, p215-218

This study is interesting for several reasons. One is that it addresses a subject about which there is much controversy and quite polarised opinions. There has been a medicalisation of a perceived problem that is developmental in nature, and an influence relating to our society's current view on children. The underlying philosophy for the intervention in this study seems to support a behavioural modification approach that is parent-centric with the perceived benefit for the infants not clearly defined. The possible psychological impact on the infants as participants in the process is not discussed and an assumption that there is an advantage to the infant without providing evidence to support this belief.

Another aspect is that the study contains some flaws that bias the results. The introduction states that infant sleep problems can have the serious consequences of postnatal depression, family breakdown and child abuse. However, there are many possible factors involved in these situations and it is not altogether reasonable to suggest that infant sleeping problems are to blame or even a factor. Sleeping problems may be more an outcome than a cause, for example when the mother has postnatal depression. Family breakdown occurs for many reasons and infant sleeping problems may well be a consequence rather than a cause.

The study has both selection and participation bias. The strategy of recruiting parents from birth announcements must inevitably yield a convenient yet biased sample. This was the case: the sample had a higher proportion of families from higher socioeconomic groups. The authors acknowledge this as a limitation of the study. There was no report of efforts to detect any other dissimilarity between the two groups.

Participation bias may also be present. Parents might more readily agree to participate if they have or expect to have an infant with sleeping problems, even

though randomisation would give them a 50% chance of not receiving the intervention. There is no information on the infant's order in the family. The parents of a first child might have different expectations than the parents of a second or subsequent child. Prior experience of parenting may influence choice on whether to participate. Two thirds of possible participants declined to enrol but little is known about why. Sometimes the reasons for non-participation can be as illuminating as the study results.

The study achieved the numbers required by the power calculation although it should be noted that this was based on an effect not supported by evidence that 15 hours of sleep per 24 hours was the optimal standard for all infants. There might conceivably be some acceptable variation in the amount of sleep required for normal growth and development and social expectations also play a part.

The results show a statistical difference between the two groups but the clinical significance is elusive. Does having 1-2 more hours of sleep per day make much difference? It is very interesting to note that there was no difference in crying between the groups. If infants weren't sleeping or crying then can we assume they were in a quiet alert state, ideal for positive caregiver-infant interaction? If so, this possibly would be as beneficial as an extra hour or two of sleep. Another obvious omission is any data on whether the parents considered their infant had sleeping problems during the three months of the trial. The record-keeping can give fairly accurate data for sleep times, but there is no value judgement by the parents on whether the infant met their expectations for sleeping behaviour (that is, whether the parents identified a problem or not).

The 5-year review data was collected for a diminished sample, approximately half for each group. It would seem that only the question of divorce was asked, as no information on other variables is

given. The investigators make no mention of setting up the hypothesis at the start of the study that behavioural modification to sleeping patterns in early infancy would lead to lower divorce rates. They correctly identify this spurious finding for fewer divorces in favour of the intervention group as a low frequency outcome that required a study with larger numbers to either support the inference or demonstrate that this was just an incidental outcome. There is also no supporting data from other variables such as marital satisfaction.

If divorce was the main secondary outcome at five years there is no reported attempt to eliminate other possible reasons for divorce. The authors do not explain why sleeping behaviour modification in the first three months might affect divorce rates five years later. This assumption rather stretches credibility, particularly as there is no reported data on whether infants developed sleeping problems or not during the intervening time, or even if the behaviour modification had an effect beyond the 3-month trial period. Presumably sleeping patterns may change over time as part of normal infant development and adjustments in family life. Problems identified by parents may resolve spontaneously and may be due to care that did not match their infant's needs at the time. It is not enough to adequately feed an infant and provide time for sleep; parents are continually learning more about their child as they interact with them. It isn't just the infant who 'learns', it is the parent too.

There is no attempt to study the other serious negative consequences mentioned in the introduction. Hopefully child abuse is a rarer event than divorce but postnatal depression might not be. There is no report concerning other significant morbidity claimed to be associated with infant sleeping problems.

In summary, this study is a rather biased attempt at finding evidence to support

Continued on page 4

Critique 2 (cont)

the efficacy of behaviour modification to lengthen sleeping times for infants up to three months. The researchers are not convincing as to why this is desirable and their conceptual framework is not adequately described. There is an assumption that the longer sleeping time had a positive benefit and no consideration of possible adverse effects associated with the intervention. While the behaviour modification did result in longer sleeping time for the intervention group, the researchers failed to show any real benefit from this in the long term. While there might be appeal in this probably short-term and rather superficial method, there is no evidence that this approach is better than others based on a different perspective.

State News Update**South Australia**

The South Australian Branch has just held a planning morning. We have been considering options to promote the AAIMHI Controlled Crying Position Statement as we continually hear of parents who are distressed by this common practice. We will be sending it to media for parents, hoping that some will consider printing it. A few of our members will be attending the attachment conference that is to be held 6-8 July 2005 in Paris, France - *Attachment: Therapeutic applications in infants, children, adolescents and adults*.

We are inviting Kent Hoffman back in February 2006 to conduct a 2-day introduction to the *Circle of Security* program followed by an in-depth 8-day training course for a smaller number of people. See details this issue. For expressions of interest please contact Pam Linke on (08) 83031566.

Pam Linke

Branch President

NSW Branch Report

The recent clinical evening (March 22nd) presentation shared by Belinda Blecher (former Tavistock clinician now living and working in Sydney) and Kim Warner (child and family psychotherapist), our inaugural Annual Professional Scholarship recipient, who shared her perspective of the adventures she had and experience gleaned from her recent travels to the USA, was an intimate affair as Sydney turned on some tropical cyclone weather. AAIMHI NSW has been involved over the past 18 months with the 'Making it Happen in Murdi Paaki' Initiative. This event has been planned to address some of the issues faced by Children's Services (Children's Centres, Family Day Care, Mobiles, Occasional Care Preschools and Vacation Care) in western NSW. The challenges faced by the Children's Services are causing concern across Australia. Education, early intervention services, childcare and child-related services have been coming under increasing pressure due to a number of factors. Nowhere are these challenges

Victoria

With the start of the new year Victorian members are looking forward to visits to the state by, among others, Daniel Siegel, Margaret and Michael Rustin, Colwyn Trevarthen, Lyn Barnett, and Valerie Sinason, which should promote great enthusiasm.

The Scientific Program for the year has begun with much enthusiasm and interest. Associate Professor Anne Buist (Director of *beyondblue* National Post Natal Depression Program, Austin Health and the University of Melbourne) presented *Barriers to Mental Health Treatment Perinatally*.

On March 15th Dr Mary Brown, Paediatrician, will present her research entitled *Do crying babies become cantankerous kids? - a follow-up study of infants admitted to hospital with severe colic until middle childhood*.

Scientific Meetings are held every third Tuesday of the month at 8pm at the Albert Road Clinic in Melbourne.

Jennifer Jackson

more highlighted than in the isolation of the Murdi Paaki region that covers two-thirds of the total area of western NSW (about the size of Victoria). We are delighted to announce that this initiative was kick-started by a grant of \$2000 put up by the NSW Branch. The Initiative will take place in Bourke on May 6th and 7th. Should anyone be interested in receiving more information on this event please contact me at email: vevatt@tech2u.com.au

We also welcome Robin Grille to our committee who has taken up the role of advocacy stalwart. Robin is a psychotherapist working on Sydney's Northern Beaches and is currently looking at developing another position statement to follow on from Controlled Crying. There will be wide consultation within AAIMHI once a draft has reached the discussion stage.

Victor Evatt

NSW President

The South Australian Branch of the Australian Association for Infant Mental Health presents: **Two Workshops with Dr Kent Hoffman**

Co-developer of the Circle of Security

What:

1. Two-day introductory course: *Understanding Attachment – Circle of Security approach.*
2. Eight-day intensive course: *Working with Parents – Circle of Security approach.*

Where:

Adelaide University.

When:

Two-day course – 13-14 February 2006

Eight-day course – 15- 24 Feb 2006

Participation in the 2-day course is a pre-requisite for the 8-day course, as current concepts of Circle of Security work will be discussed.

Cost:

2-day course = \$320 AAIMHI members at 31/3/05=\$300
8-day course = \$1200 AAIMHI members at 31/3/05=\$1000

Non-member participants in the full course who wish to join AAIMHI will be offered a free membership from July 2005 – June 2006.

Please see registration form on next page. Registration Forms also on the AAIMHI website www.aaimhi.org from 1/4/05

Dr Kent Hoffman is a paediatric and adult psychotherapist, working primarily with attachment disorders in children and personality disorders with adults. He serves as Co-Director of the Center for Attachment and Clinical Intervention at Marycliff Institute in Spokane, Washington and is a clinical supervisor with Tulane University, The University of Maryland, and The University of Virginia. Dr. Hoffman is also the Executive Director of the Children's Support Network (a non-profit child advocacy project) and serves on the faculty in the department of psychology at Gonzaga University.

Dr Hoffman, along with his colleagues Glen Cooper, Bert Powell, and Robert Marvin, is the co-founder of the Circle of Security Project at Marycliff Institute. They currently present their approach to clinicians and researchers throughout the United States, Europe, and Australia. Their project's goal is to integrate university-based attachment research into a video-oriented intervention to strengthen parent's capacity to observe and improve their caregiving skills.

Dr Hoffman and his colleagues were recently given the Child Abuse Prevention Award for "Innovations in Prevention" by Governor Gary Locke and The Washington Council for Prevention of Child Abuse and Neglect. Kent was also given the Year 2000 – Child Advocate of the Year Award – by Head Start, Early Head Start, and the Washington State Children's Alliance.

Dr Jude Cassidy at the University of Maryland, co-editor of *The Handbook of Attachment*, and one of the world's leading authorities on attachment theory has the following to say about this innovative approach to treatment:

"The Circle of Security Project may just hold the key to providing answers to the attachment problems that face some of society's most vulnerable families. I believe that John Bowlby and Mary Ainsworth, my mentors and the originators of attachment theory, would be most impressed. ... If, as appears likely, the Circle of Security approach becomes increasingly widespread, then at-risk, difficult-to-reach mothers and fathers will be better able to provide secure parenting for their children. The impact, in terms of healthy brain development, social functioning, and future citizen competency would be enormous, echoing for many generations."

Daniel J. Siegel, M.D.

Author, *The Developing Mind and Parenting from the Inside Out*
Faculty, Center for Culture, Brain, and Development
Associate Clinical Professor, UCLA School of Medicine

"The Circle of Security is circling the globe as an intervention to help parents raise their children with love, warmth, and emotional intelligence. The four researcher/clinicians who invented this important new and effective program are themselves filled with these positive traits and a huge dose of common sense and devotion to the well-being of others. These innovators have created a readily accessible and engaging approach to helping parents, young and old, to connect with their infants and toddlers in ways that break the old, destructive patterns of parenting that so often have been learned by difficult childhood experiences in the past. Cited from England to India, the Circle of Security offers new hope for making the hard earned wisdom of attachment research available to clinicians helping parents heal old wounds and building new options for the next generation."

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

Registration form and tax invoice – Circle of Security Workshops 2006

ABN 93045030281. GST does not apply

Registration can not be accepted unless accompanied by payment or deposit. Places in the 8-day workshop are limited and registrations will be on first-come basis.

Name.....Phone.....

Address.....

Email.....

Organisation.....Fax.....

Please attach:

Payment for Circle of Security 2-day workshop member \$300 non-member \$320

Non refundable deposit for 8-day workshop \$300

Full Payment for Circle of Security 8-day workshop must be by 30/9/05

Member \$1000 Non member \$1200

Payment for both the 2-day and 8-day workshops – member \$1300

Payment for both the 2-day and 8-day workshops – non-member \$1520

I am not a member of AAIMHI but I would like the year's free membership

Note: Credit card payment is not available.

Please make cheques payable to:

Australian Association for Infant Mental Health – SA Branch

Send to:

Attention: Cindy Choua

295 South Terrace

Adelaide SA 5000.

Ph. (08) 8303 1680

Inquiries to Pam Linke – (08) 83031566 email:linke.pam@cyh.sa.gov.au

Understanding Attachment - the Circle of Security Approach

Two Day Training

Rationale for workshop

The *Circle of Security Project* is an internationally acclaimed intervention protocol designed to support secure attachment in high-risk populations. Current university and clinical research is making it clear that for individuals with an unhealthy attachment the basic capacities for emotional health are severely compromised. For this reason mental health professionals throughout the world are showing a dramatic interest in evidence-based studies regarding attachment in children and adults. Proper diagnosis and treatment of this population is thus becoming a priority for those involved with intervention and prevention.

This two day video-based seminar will utilise the acclaimed *Circle of Security* approach to bring answers to the following questions:

“Just how important is a child’s quality of attachment with primary caregivers?”

“What are the essential characteristics of a parent/child relationship that will promote emotional well-being and mental health across the life span?”

“What are the danger signs and implications of an unhealthy attachment?”

“Once established, can unhealthy attachment patterns be altered?”

The objectives of the seminar will be to offer a comprehensive and user-friendly overview of attachment theory and its clinical implications. Particular attention will be given to the essential features of both healthy and unhealthy attachment and a description of interventions used to treat disturbances of attachment.

The findings shared will clarify how the *Circle of Security* approach can support parent/child relationships and alter negative patterns of behaviour. Medical professionals, mental health practitioners, educators, clergy, social workers, lawyers, Guardians-ad-Litem, child care providers, parents, foster parents, and other child service professionals can benefit from such a view by harnessing the fundamental interpersonal processes that promote emotional well-being and mental health throughout the life of every individual.

Goals of the Workshop

1. Provide a user-friendly overview of infant development and attachment theory
2. Offer video examples of specific attachment patterns, clarifying the characteristics of secure, insecure, and disorganised attachment
3. Integrate attachment theory with current research in brain development and affective neuroscience
4. Explore practical applications of the *Circle of Security* approach within basic treatment strategies for individuals and dyads that display struggles in attachment

Eight-Day Training

The *Circle of Security Project* is an innovative, first-of-its-kind parent education program designed to alter the developmental pathway of parents and their young children (birth to five years). This evidence-based protocol integrates over fifty years of attachment research into a video-based intervention to strengthen parents’ capacity to observe and improve their parenting. The use of videotaped interaction allows each parent to focus on specific personal strengths and limitations, rather than relying on the traditional ‘one-size-fits-all’ approach to parenting education. Attachment theory, taught in this way, gives each parent an individualised parenting ‘road map’, a clear pathway to providing a secure relationship for her /his child.

This eight-day video based training is designed to provide participants with an understanding of attachment theory, current affective neuroscience, and developmental psychopathology. This training is being planned for practicing clinicians who are interested in experiencing a “user-friendly” approach to the complexity and specificity inherent within these fields of research and treatment for infants and young children. The focus will be upon attachment-oriented issues in the client population, from securely attached parent/child dyads experiencing short-term crises, to those struggling with insecure and disorganised attachment.

The following themes will be central to this time of study:

- * Fundamentals of Developmental Psychopathology
 - Organised attachment (secure, avoidant, ambivalent)
 - Disorganised attachment
 - Diagnosis within the context of the Circle of Security

- * Fundamentals of Defensive Process
 - Understanding defensive process within the Circle of Security
 - Utilising differential diagnosis for building treatment plans

- * Fundamentals of Treatment
 - Building observational skills via video review
 - Building reflective functioning via video review
 - Dyadic regulation of affect as the foundation of treatment

continued on page 8

Understanding attachment (cont.)

Reflective Dialogue as the Conduit of Treatment

All training will be done within the context of the 'learner-friendly' accessibility provided by the Circle of Security Protocol. The underlying focus will be upon a practical application for the treatment of parent/child dyads (birth to five years). Central to this approach will be an emphasis upon differential diagnosis. An attachment oriented understanding of personality defences will allow for a specific and unambiguous means of communicating with the underlying capacities available beneath the defensive process for each parent.

Upon completion of this eight day training, participants will have access to a systematic approach for evaluating parental states of mind, identifying precise strengths and lynchpin difficulties in parent/child interactions, creating specific treatment plans tailored to the unique themes of each parent/child dyad, and a detailed protocol for the implementation of core treatment themes.

It is essential to emphasise that this training is not, in itself, a certification program for the Circle of Security Protocol. While the basics of the COS protocol will be clearly outlined, it is understood by its originators that certification requires additional training and ongoing supervision. Additional training will be arranged if sufficient interest warrants. Supervised videotape review will be available via telephone for a limited number of registrants upon completion of this learning program.

**Australian Association for Infant Mental Health
South Australian Branch**

proudly presents

a Saturday with Dr Kent Hoffman

ASK- Toward A Spirituality of Vulnerability

Whoever you are, no matter how lonely, the world offers itself to you . . . over and over announcing your place in the family of things. - Mary Oliver

How has our sense of God been impacted by our earliest relationships?

In what do our personal attachment histories impact on our sense of belief or non-belief; hope or despair?

How does our current spiritual practice support or get in the way of the vulnerability essential for intimacy with the Sacred?

What is it within each of us that must open before a sense of genuine connection with the Divine can be directly experienced?

What role does suffering play in religious identity?

Are either religious certainty or the denial of religious identity defensive processes, unconsciously keeping us away from a more intimate sense of God?

These and other questions will be explored in a daylong seminar exploring the nature of religious experience within the context of recent attachment research and affective neuroscience. Participants will learn a basic overview of attachment theory and current brain research and then be asked to apply these concepts to their personal journeys – both within the context of family history and current religious practice.

Where: Nunyarra Chapel, 5 Burnell Drive, Belair SA

When: Saturday 11 February 2006 – 9.30 am to 4.30 pm

Cost: \$75-00 including lunch

Further information from Pam Linke - (08) 8303 1566.

Saturday with Kent Hoffman TAX INVOICE ABN 93045030281. GST does not apply.

Cost: \$75-00 including lunch. To reserve a place, please return this slip with cheque payment to:

Cindy Choua for Australian Association for Infant Mental Health, c/ 295 South Tce, Adelaide, SA 5000.

(Cheques made out to: AAIMHI - SA Branch).

Name:..... Phone:.....

Organisation..... Email.....

Address:.....

Saturday with Dr Kent Hoffman: ASK– Toward A Spirituality of Vulnerability

The presenter, Dr. Kent Hoffman, is a psychoanalytic psychotherapist and researcher who has spent the past 35 years exploring issues of human suffering and the nature of God. He has worked extensively with prison inmates, terminal cancer patients, sexual abuse survivors, the homeless, and is now a part of the internationally acclaimed *Circle of Security Project* focusing upon treating attachment problems within high-risk families. As a lifelong Christian with over 30 years of experience with Zen Buddhism, Kent has focused his adult life on finding practical ways to experience meaning within the context of what Thomas Merton calls “our hidden wholeness”. The issues raised in this seminar are meant to provoke and to challenge, while at the same time to soothe and comfort those for whom the search for the Sacred is often painful and unfulfilling. At the same time, those with a strong sense of faith can expect new options in their journey toward and with God.

Dr. Hoffman is a clinical consultant for attachment related interventions in the United States at the University of Maryland, University of Virginia, Tulane University, and Tamar’s Children (a project in Baltimore, MD utilising Circle of Security interventions with incarcerated mothers). He is also on the psychology faculty at Gonzaga University and is a training and supervising psychotherapist with the Center for Clinical Intervention at Marycliff Institute in Spokane, Washington. Kent was recently given the Child Advocate of the Year Award by Spokane Head Start and the Washington Children’s Alliance. He is a clinical member of the American Association of Marriage and Family Therapists, the Society for Research in Child Development, and the International Society for Buddhist-Christian Studies.

Hardwired

“[I realized that my life] . . . was in the hands of One who loved me far better than I could ever love myself: and my heart was filled with peace.” – Thomas Merton

We are all hardwired for relationship. (Actually, we’re hardwired for love, but then I get ahead of myself.) In reality, we’re hardwired for lots of things that have to do with relationship, protection (knowing we are safe and secure), affirmation (knowing that we are wanted and delighted in) being two of the most central. When protection and affirmation are present, and we know this in our bones, we experience something that all of this hardwiring seems to aim us toward: trust. Trust (knowing that it is safe to openly share need; knowing that need will be responded to) is at the heart of what we all most require.

We are also hardwired for something that will happen reflexively should a positive relationship (with delight and trust not being very accessible) not be the case. We are hardwired for self-protection. It really is that simple. Give us a sense of trust in a relationship and we tend to feel safe and secure. Deny this sense of trust (and the affirmation that underlies it) and we will feel unsafe and find ourselves doing the heavy lifting required in an attempt to make ourselves feel somewhat safe and secure.

On the personality level, self-protection is the birthplace of the protective self: the “I’ll take control and figure out the best way to feel safe in an unsafe world” self. When genuine safety and affirmation aren’t available – when trust is denied as an open possibility – we have no choice but to turn to a built-in mechanism for finding a way to pseudo-safety and pseudo-affirmation. Limited, yes. Distorted, yes. But being hardwired for protection and affirmation, second or third or twenty-second best is better than nothing at all.

It seems that in any conversation about religious (re-connecting) experience needs to focus on these twin issues of trust and self-protection. It seems that these are, somehow, the duelling paradigms of our existence in this life. As I survey my own life, the most alive people I have known (the most vital, vibrant, grounded, stable, genuinely affirming, authentic, peaceful, altruistic, i.e. loving) have been those whose focus has shifted away from self-protection and toward trust. In every case, the deeper the trust, the deeper the capacity for authenticity, stability, and love. And, with few exceptions, these were not people who started out in life feeling that it was a safe and trusting experience. Many, in fact, had very difficult personal lives during the years of their upbringing. Painful, harsh, with a noticeable lack of affirmation and protection. Even so, they have found a way to approach life with deep peace and deep trust. In each case, this capacity came from an expanding of the equation regarding where trust might be found – beyond the personal to the transpersonal, a shift from a wounded past to a sacred present, in which resource and deep responsiveness were to be found.

To cut to the chase, for those of us who didn’t start out trusting all that well, for whom the creation of a protective self seemed like the only real option available, how do we find our way into a world we may know very little about? How do we discover what it means to trust? That is, how do we expand the equation and find a kind of connection/reconnection that can be experienced in a way that – until now – has not seemed possible?

Welcome to the human dilemma. This is the world where attachment and spirituality are joined: a journey of mystery, struggle, confusion, anguish, hope, surprise, and opening. It is a world where certainty is no longer an option, but where trust – deep trust – can be born.

Kent Hoffman
Marycliff Institute, Spokane, WA USA
April, 2005