AAIMHI Newsletter

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Guidelines for contributors

AAIMHI aims to publish quarterly editions in March, June, September and December. Contributions to the newsletter are invited on any matter of interest to the members of AAIMHI.

Referenced works should follow the guidelines provided by the APA Publication Manual 4th Edition.

All submissions are sub-edited to newsletter standards.

Articles are accepted preferably as Word documents sent electronically. Send to Shelley Reid at email:

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Opinions expressed in this newsletter are not necessarily those held by AAIMHI.

Australian Association for Infant Mental Health Inc.

A Few Words from the National President

AAIMHI National Executive Strategic Planning Day 13/11/06

On Monday the 13th of November members of the AAIMHI National Executive and a few NSW members held a strategic planning day in Sydney. The decision to hold such an event was developed by a broadly held belief by the national executive that the organisation was desperately in need of revitalising. The collective views, ideas and issues addressed during the day saw the development of a strategic plan for 2007 and beyond. The debate brought to the surface such things as:

* Revising and developing more beneficial services and support for members as well as increasing opportunities for members to interact at state and national levels.
* The face of the organisation needs to change for current members to keep pace with changes in society and the impact of such changes to the field of infant mental health.
* The need to become more of a spokesbody for issues we want to advocate and support. As membership grows and becomes more diverse so too will become national advocacy.
* The development of position papers is very important and takes an enormous amount of work.
* We need a strategic plan as we grow, otherwise it is difficult to make progress within the constraints of people's time and energy.
* A strategic plan allows the collective of the national executive and state branches to share the jobs.
* Need to update and embrace changes in technology – use it more effectively to make our presence more visible and easier for those doing tasks.
* Develop stronger international links with New Zealand, WAIMH and Asia as from an international perspective we are a strong national organisation.
* Support links with other areas.
* Website development is hugely important as it plays a vital role toward our identity both nationally and internationally.
* The continued development of effective and secure management of our finances.
* A strategic plan helps develop a clearer, more effective organisational structure.
* Importance of corporate memory – preserved by formal plans.

Over the course of the day it became clear that the common belief of all in attendance was that only as a national voice can we impact on the wellbeing and outcomes for infants, parents and health and mental health professionals. A number of new subjects for position papers were developed and have been taken up for further development by representatives from each state. This is very exciting and we look forward to observing the progress of these important policies. As soon as the stra-

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A Few Words (cont.)

tegic plan for 2007 is finalised all members will be mailed a hard copy. Should you wish to add any thoughts to the above list please contact me at victorevatt@bigpond.com.

On behalf of the National Executive I would like to wish you safe and happy time over the coming festive season and all best for the New Year.

With best wishes,

Victor Evatt

National President

Advance Notice

AAIMHI National Conference 2007

When Minds Meet: Pausing, Connecting, Relating

31 October – 3 November 2007

Novatel, Sydney Olympic Park

The Unspoken Truth: No love at first sight

Name of author withheld for confidentiality

About me …

I am just your average 30-year-old woman; married with two children, a dog and of course a mortgage! Before my career change to motherhood, my profession was and still is (part-time) physiotherapy.

I grew up in a single-parent family after my parents divorced when I was seven. Following the divorce, I had strong feelings of being let down by my parents and many other family members around me. The raw feelings of hurt and pain and poor role-modeling that my parents demonstrated, caused me to carry significant baggage and poor relational characteristics into my own relationships as a young adult. Furthermore, from a very young age, I set out to be independent and self-sufficient, with an attitude of self-reliance. If I could control my environment in a structured and methodical manner, then I felt like I could deal with any of life's challenges. This also led to me becoming somewhat of a perfectionist.

After marrying at a young age, I needed to work really hard on my relationship skills. I was acutely aware of some very negative characteristics that I had learned from my parents and needed to learn new skills in communication and conflict management to give my marriage a chance to be loving and healthy. This process took many years and was one of the main factors that saw us waiting to have children – I was determined not to put my children through the experiences that I went through as a child.

As a health professional, with character traits of being a perfectionist and needing to be in control, the thought of having children was nothing short of scary! My biggest fear was not knowing how I would look after this tiny helpless baby and the knowledge that I was at high risk for postnatal depression. In an effort to overcome my fears, I set out to prepare myself in the best way that I knew how – gather as much information as possible, look at the research and make an informed decision. I did find this useful in preparing me to make some informed decisions, but quickly learnt that babies don't come with their own instruction manual with explanations of what methods work for this model! Furthermore, I also sought antenatal counseling as a safety net for developing postnatal depression.

At 27 I had my first child, a beautiful healthy baby girl. I had an uneventful pregnancy and a fast natural delivery in the local birth centre. As soon as my daughter was born, I fell in love with her at first sight. I can still remember so vividly the day that she was born, and all that I could do was stare at her with adoration at the beauty that God had created in her. I didn't think that I could experience any deeper love.

Pregnant again!

When my daughter was 15 months old I fell pregnant with my second child. I was so excited although this time I had a few hesitations as I knew how difficult those first few weeks of caring for a newborn can be, not to mention that I think sleep deprivation is the cruelest form of torture! My pregnancy was much harder this time. During my last trimester, I started to sleep up to 14 hours per day (and still wanted more) and developed an unrelenting craving for ice. It was soon after that I was diagnosed with a chronic iron deficiency that after many attempts to treat during my pregnancy, did not resolve until after I delivered.

Along came baby number 2!

I had anticipated that I would have a speedy delivery given my first experience. How wrong I was! After enduring a labour that was some 16 hours longer than the first, baby number two arrived – a healthy baby boy. My husband was excited and overjoyed that we had had a son, but I was just physically and

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The Unspoken Truth (cont.)

emotionally exhausted after the labour. The feelings of love that I had for my daughter just weren't there.

How did I feel?

I can honestly say that I didn't feel much for my son at all. I felt like I was operating on auto-pilot (lucky that it was baby number two and that I had a good idea of what I was doing). Instead of enjoying my newborn son, all that I could think about was my daughter and how much I loved her and how much I wanted to be with her. I just wanted to take a trip to the park, play tea parties and give her lots of kisses and cuddles. Each night that my husband took my daughter home from the hospital, I sat in my room and cried because I didn't want her to go home. I was experiencing such a mix of emotions and guilt was coming to the forefront. I was feeling guilty that I didn't want to be with my son and longed to be with my daughter.

Coming home from hospital

Coming home from the hospital didn't see things improving much either. I still didn't have the overwhelming feeling of love for this baby and I began to feel very guilty that I didn't feel the way in which society tells me that I should. I was also extremely fearful of how I would cope at home with the demands of a newborn and a toddler and how I would manage the juggling act and still have my own identity. Throughout my hospital stay and on returning home I had many visitors, most of whom seemed more excited and in love with this baby than I was. I remember looking into the eyes of my son and feeling like I was looking at this little stranger that I barely knew. I had told my husband how I was feeling and he kept telling me that he could see that I loved our son, my only response was that he didn't really know or understand how I was feeling in my heart. But the guilt was overwhelming me and colouring my whole outlook on everything.

The unspoken truth

A wise person once told me that only 50% of woman fall in love with their baby at first sight. In knowing this, I knew that with the birth of my son, I was one of these women who fell into the other 50% of woman who would have to learn to love their child. Knowing this fact helped me to know that what I was experiencing is not abnormal, nor was it uncommon. I had to keep reminding myself over and over of this piece of information.

The thing that I found most frustrating is that no one ever talks about this kind of experience, yet many women feel this way. I happened to mention to some close friends the way that I was feeling and it wasn't until I volunteered this information that they admitted that they had gone through similar experiences as well.

What did I do to fall in love with my son?

I knew that I would have to work hard to fall in love with my son, so being me, I took active steps to make this happen. This included:

* Spending lots of time just holding my son, looking into his eyes, talking to him and cuddling him even when I didn't feel like it.
* Continuing to breastfeed him despite really not enjoying the first few months (now I am loving it!).
* Massaging my son and spending time touching and stroking him – this came easily with my physiotherapy background.
* Spending considerable one-to-one time with my son (I put my daughter back in child care – this was the hardest thing to do and I really pined for her the first few days).
* Praying that I would fall in love with him.
* Talking to friends and family about how I was feeling and their experiences even though this felt like taking a risk and even though it was always me who started this topic – though occasionally others then dared to share their own issues around their feelings for their babies.
* Looking after myself by eating and drinking right, resting when possible, getting some physical activity most days and accepting people's offers of help.

Looking back and how I feel now

My early life experiences have led me to deal with day to day situations with control and perfection. In having children I have had to learn to relinquish a certain level of control and accept lower standards of perfection. I have also had to learn that what I may want to achieve in a day or week may now be a plan for a week or a month, because with children, you have to expect the unexpected and be aware that it is impossible to run everything to plan! My health professional background has been both an advantage and disadvantage. On the positive side, it has given me the skills to critically analyse literature and research, therefore making informed decisions easier. I also have a reasonable level of medical knowledge which has allowed me to cope more easily with day to day illnesses with the children. On the negative side, being a health professional sees me being too informed sometimes; always looking and seeking answers and not just going with the flow. At times, being a little naïve and uninformed can make parenting easier, but unfortunately that is not me; I am the first to grab for a parenting guide.

Finally, as with any developing relationship, I took the time to get to know my son. As a result I did fall in love with my son and now think he is just adorable and my heart just melts at the sight of him. It was a process that took several months. When asked, do I love both my children given the different experiences? The answer is yes I do, but it is different, just as my children are two distinctly different individuals.

STATE REPORTS

Western Australia

The WA Committee officially took the reins after a very successful visit by Charles Zeanah in September. The new committee members comprise a vital and talented crew and include: Sue Coleson, Jane Doyle, Annie Mullan, Elizabeth Seah, Alison Scott and Ella Scott.

The Zeanah day stimulated considerable interest in the impact of trauma on children and also on the growing together of attachment theory and trauma. The presentation was followed by a talk pulling these topics further together by Dr Sarah Landy who is the author of the *Pathways to Competence* books and of many early parenting programmes in Canada. An outcome of this series of presentations was an AAIMHI-WA submission to the State Department for Community Development on the needs of infants within this system. Key input for this paper came from committee member Jane Doyle and members Aileen Kroll, Veronica Edwards and Corina Abraham, with Lynn Priddis pulling it all together for the final submission.

In November Lynn flew East to meet with the National Executive for the first time, at last learning which face goes with which name. One outcome for WA from this was the commitment to research on behalf of AAIMHI, a position paper on day-care issues from the perspective of infant mental health. We are planning to put some energy into this in the New Year. Another outcome was the move to put WA back on the list of affiliates with the World Association for Infant Mental Health.

WA hopes to have Rosemary White present at our next meeting in February since she will be coming to Perth for a Floortime training seminar. Rosemary is a Senior Faculty member of the Interdisciplinary Council on Developmental and Learning Disorders (ICDL), and has come to Perth in collaboration with Perth's Kathy Walmsley, D.I.R. certificate-trained Occupational Therapist. We look forward to a very stimulating evening as a follow up to the workshops she will be presenting.

Committee members

President: Lynn Priddis

Vice President: Gillian Fowler

Secretary: Anne Clifford

Treasurer: Lynda Chadwick

Corresponding member: Lynn Priddis

Future events

An Introduction to the Greenspan-Wieder DIR / Floortime Approach

22 – 24 February 2007

The Boulevarde Centre, Floreat Forum

Perth, WA

See: www.sensoryconnections.com.au

The 2nd Conference of the Australian Association of Maternal, Child and Family Health Nurses, Karitane and Tresillian Family Care Centres

Partnership in Practice

3 -5 May 2007

Sydney Convention and Exhibition Centre,

Darling Harbour, Sydney

See: www.corporatecommunique.com.au/partners

The Australasian Marcé Society 2007 Conference

Social Adversity and Resilience for Mothers and Infants in the Perinatal Period

7 – 9 June 2007

Crowne Plaza Hotel

Surfers Paradise, Queensland

Abstract deadline: 9 February 2007 See: www.conorg.com.au

STATE REPORTS (cont.)

South Australia

We had a planning day for next year and are planning a fairly full educational program. This will include a couple of days with Kent Hoffman when he comes for a Catholic Schools conference in August. If anyone else is interested I will check availability with him.

We have done a response to the *SA Keeping them Safe* report on children in care. A number of parents contacted various services about the baby listening program on channel 9. In view of this a short statement for parents was prepared and is on the Children Youth and Women's Health Website. I have attached it below in case any other members have queries from parents and would like to use it.

> *There was a recent program on Australian TV about a woman who has been working out the meaning of the sounds in babies' cries (e.g. different sounds for hunger, sleep and so on) so that parents can learn what the cries mean and how they can respond. The following information may help parents to think about the program in context.*
>
> *All infants have a range of sounds within their cries, and it is possible to pick out the sounds the baby listener identifies. There is no hard evidence (from controlled studies) at this stage as to whether the sounds have any particular meaning. Some parents have tried the model from the TV program and say that it helped them - this may be because it gave them confidence in handling their baby's unsettled period, which would make them feel better and so convey a sense of calmness to the baby. That would have to be helpful. It also helps babies if parents are taking time to think about what their cries mean and trying to help them - and 'baby listening' encourages that. There are also other ways that infants can tell parents what they need - especially over time, as parents get to know their own infants. The cues below have been shown in research to be useful guides to the infant's state and to help a parent respond to their baby. For example:*
>
> *Tired - grizzling, clenching fists, tense jerky movements, yawning, not smiling or responding easily.*
>
> *Hungry - rooting, hands in mouth, opening and closing mouth, fidgeting.*
>
> *Wanting to play/interact - Eyes wide and bright, face bright, making little noises, turning or reaching towards parent, gazing or smiling at the parent.*
>
> *Wanting to stop what is happening - looking away, eyes tightly shut or lots of blinking, yawns, hiccoughs, whimpers, fussing or coughing, back arching, going to sleep.*
>
> *Arching back - feeling uncomfortable, e.g. wind.*
>
> *Fully crying is a strong signal that can mean any of these things, and the infant needs attention.*
>
> *Parents can also use other cues, such as the time since the last feed or sleep, to work out needs. For example, if it is some time since the last feed, the baby is likely to be hungry, so you can put the cues together with other things you know about the baby.*
>
> *Note: It takes time to work out infant cues - it doesn't happen instantly with a new baby. And there are times when whatever parents do, a young baby does not stop crying, especially around the end of the day in the first few months. If this is happening, parents need to know that the baby will still know the parents are there to comfort him, and this can help the parent not to feel that they have failed if they can't find a solution. Just holding and rocking and comforting are helping your baby, even if he doesn't stop crying.*

Happy New Year everyone.

Pam Linke