

Perspectives in Infant Mental Health

Professional Publication of the World Association for Infant Mental Health

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Presidential Address

The Worldwide Burden of Infant Mental and Emotional Disorders



The WAIMH Task Force Report, "Worldwide Burden of Infant Mental and Emotional Disorder" (2017) has recently been published in the Infant Mental Health Journal (IMHJ). WAIMH hopes that this document will be useful for WAIMH members, WAIMH affiliates, and our wider global, allied professional community as we collectively join to: define our common mission pertaining to infant mental health and increase policy makers' understandings of what constitutes infant mental health and why it matters. Kai von Klitzing, President of WAIMH, offers commentary in his Presidential address to introduce the report.

By Kai von Klitzing, President of WAIMH

WAIMH's central aim is to promote the mental wellbeing and healthy development of infants throughout the world, taking into account cultural, regional, and environmental variations. With respect to this aim it is important to disseminate scientific and clinical knowledge not only in scientific journals, but also to the broader public. The affiliate structure of WAIMH provides us with

excellent opportunities to bring together knowledge and understanding from all over the world in order to ameliorate the living conditions of infants and families wherever these conditions are jeopardized. As we all know war, poverty, climate change, refugee crises, and many other conditions which currently characterize the social life in many areas of the world are the breeding grounds not only for infection epidemics, famines, and poor biological health of the youngest, but also for massive mental and emotional problems during prenatal and postnatal life. Therefore our view on infant mental health has to become global. Violence and neglect within distressed families in western industrialized nations and misery of the poorest families in regions of poverty, growing deserts, war, and emigration represent two sides of the same coin.

Most of the WAIMH members are not politicians, but scientist or clinicians and infant mental health workers. Nevertheless, we feel our responsibility to draw the attention of the broader public to the consequences of insufficient living conditions for infants. If young children do not receive sufficient support to



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develop trust in relationships, emotional homeostasis, and a sense for moral attitudes, they will be the violators, war hawks, and suppressors of the future. Without strong infant mental health support we run the risk of proceeding in a vicious cycle of transgenerational neglect and violence. WAIMH has established a working group with the task of putting all existing knowledge of our scientific communities together in order to describe the worldwide burden of infant mental health and emotional disorder and to characterize social consequences of this burden as well as possible interventions.

In the following you will find a brief summary of the resulting paper, the link to the complete version, and some hints of how to use it.

An Introduction to the article, *The Worldwide Burden of Infant Mental and Emotional Disorder: Report of the Task Force of the World Association for Infant Mental Health that was published in the the Infant Mental Health Journal, Volume 36 (8) in 2017.*

Authors: Karlen Lyons-Ruth
(WAIMH Task Force Report, Chair)

Jody Todd Manly (WAIMH Task
Force Report, Co-Chair)

Kai von Klitzing (WAIMH
President)

Maree Foley (WAIMH Affiliates
Council Chair)

The WAIMH Task Force Report, "Worldwide Burden of Infant Mental and Emotional Disorder" (2017) has recently been published in the *Infant Mental Health Journal* (IMHJ). WAIMH hopes that this document will be useful for WAIMH members, WAIMH affiliates, and our wider global, allied professional community as we collectively join to: define our common mission pertaining to infant mental health and increase policy makers' understandings of what constitutes infant mental health and why it matters.

The Task Force Report is written as a position paper to advance the case for increased attention to infant mental

health around the globe. The report notes that the early years are unique in the degree of embeddedness of the infant in a caregiving system. Current prevalence rates of disorders of infancy are described, as well as broader concerns about the worldwide effects of war, familial violence, family disruption, and poor quality or institutional care on infant neurobiological and emotional development. Existing data suggest that rates of disorders in toddlers are comparable to those of older children and adolescents. However, mental and emotional problems occurring among infants aged birth to three often go unrecognized. The lack of widespread recognition of disorders of infancy is particularly concerning due to the unique positioning of infancy as foundational in the developmental process. The report also discusses the wide range of effective, evidence-based treatments now available for young children and their families, and notes that these treatments often differ substantially from interventions for older children due to the need to involve both infant and caregiver. The report highlights, in bullet points, its key conclusions regarding infant mental health for easy access by policy makers, and concludes with three global priorities for actions to address and alleviate suffering among our youngest world citizens.

Those three priorities include

* Priority on global education regarding the signs of disorder in infancy and toddlerhood.

* Priority on enhancing the availability of treatment for infants and their caregivers.

* Priority on developing more reliable information on the state of infant and toddler mental health in developing and war-torn countries.

As an expression of this shared mission, WAIMH has negotiated with *Wiley* (the publisher of the *IMHJ*) that this article will be available for free download in perpetuity. WAIMH very much appreciates the generosity and support of *Wiley* in making this article freely available.

How to access the Report:

Copies of the Task force Report can be downloaded from the *Infant Mental Health Journal* (IMHJ) website at Here's the website with the updated center module (middle-right on the page): <http://onlinelibrary.wiley.com/doi/10.1002/imhj.21674/full>

If you need further information to access the report within the IMHJ website, you can enter: "World Wide Burden of Infant Health" into the search function.

Examples of how to use the Report:

The article can be posted on WAIMH Affiliate websites as a mission and policy statement regarding the need for increased attention to infant mental health worldwide.

Cite the article in infant mental health related domestic and international submissions.

Use as a discussion document in an affiliate meeting.

Freely share the link with your colleagues.

How to reference the Report:

Lyons-Ruth, K., Todd Manly, J., von Klitzing, K., Tamminen, TT., Emde, R., Fitzgerald, H., Paul, C., Keren, M., Berg, A., Foley, M. & Watanabe, H. (2017). The worldwide burden of infant mental and emotional disorder: report of the task force of the world association for infant mental health (2017). *Infant Mental Health Journal*, 38 (6), 695 – 705.

From the Editors

By Deborah J. Weatherston, Editor, Michigan, USA, dweatherston@mi-aimh.org

Maree Foley, Associate Editor, Switzerland/ New Zealand, maree.foley@xtra.co.nz

Hiram E. Fitzgerald, Associate Editor, Michigan, USA, fitzger9@msu.edu

This issue, the first of 2018, marks our new approach to publishing WAIMH Perspectives in Infant Mental Health. With the use of Social Media, WAIMH is able to post submissions as they are reviewed and ready to circulate. Regular postings on the WAIMH Facebook page and Twitter mean that busy readers around the world can take a look, one article at a time, read, and respond. We then publish Perspectives in full, quarterly.

Highlights from this issue include the following: Kai von Klitzing, President, reminds us of the central aim of WAIMH, the promotion of infant mental health. Karlen Lyons-Ruth, Chair of the WAIMH Task Force and Jody Todd Manly, Kai von Klitzing, and Maree Foley, members of the WAIMH Task Force, introduce the WAIMH Task Force Report, *Worldwide Burden of Infant Mental and Emotional Disorder* that appeared in the *Infant Mental Health Journal* Vol. 36 (8), in 2017, and can be downloaded by all on the IMHJ website. It is a strong, policy paper for all concerned about the mental health of all infants and very young children. We include a warm invitation to the WAIMH 2018 Congress from the local sponsoring association, the Italian Association for Infant Mental Health. Highlights from the affiliates include a Pre-Conference Institute, sponsored by Maree



Foley and Anna Huber, about training and professional development; a welcome to the newly formed California Association for Infant Mental Health; and, a profile of Astrid Berg, South Africa. Included, as well, is a response to the WAIMH discussion, "Must We Diagnose Babies?" by Clara R. Schejtman and Ines Vardy of the University of Buenos Aires and Delfina Miller from the Catholic University of Uruguay. We continue the focus on the World in WAIMH with an article by Niels Rygaard, "Bringing Bowlby to Caregivers Worldwide" and conclude with a celebration of the peaceful passing of T. Berry Brazelton.

We are thankful for WAIMH Board Members and authors who have worked to bring attention to the complex needs of babies, parents, families, professionals, and communities through scientific studies, policy papers, advocacy efforts, and programs from around the world. We continue to search for and welcome submissions that challenge the way we currently think about infancy and early relationship development, and offer fresh perspectives on parenting and early childhood. As always, we invite new articles and comments in response to what is published in WAIMH Perspectives in Infant Mental Health.

See you in Rome!

Must we diagnose babies? What does it mean diagnosing babies today?

By Clara R. Schejtman, University of Buenos Aires, Argentine Psychoanalytic Association, IPA member

Ines Vardy, University of Buenos Aires, Argentine Psychoanalytic Association, IPA member

Delfina Miller, Catholic University of Uruguay

If diagnosing gives the idea of labelling, sure the answer is NO. But, what do we do in front of a consultation? What do parents ask? Why do they consult us? What do we offer in a psychological consultation? Aren't they looking for assessment, expecting essentially our hypothesis about the possible, precipitants, and maintaining influences of their child's emotional, interpersonal, and behavioral difficulties? Don't we formulate some kind of joint explanation with the parents about what are the possible links to the difficulties that are disturbing the daily life of the child and the family? Don't we try to provide a succinct conceptualization of the case and thereby guide a treatment plan?

We understand diagnosis as a process of observation, analysis and conceptualization, that leads to identify phenomena according to a conceptual system that is taken as reference. Diagnosing is therefore not labeling but conceptualizing. It's a descriptive, comprehensive and inferential study of the behavior of the developing child, in relation to the specific personal, familiar and sociocultural contexts in which he/she develops his/her particular life story.

Ideographic and nomothetic, it starts from the dimensional and continuous character of the phenomena under study, not denying the existence of different thresholds, which mark clinically significant transitions between different disorders or between healthy and pathology. The causal and comprehensive explanations are considered both valid, depending on the type of problem for which they are used, their margin of validity is respected and it is not intended to assemble them into a unifying a priori knowledge about the human being.

Psychological development in early childhood involves a specific and dynamic

relation between many dimensions (genetic and environmental factors, biological, emotional, cognitive, sensory-motor, social-contextual...) that must be considered for a comprehensive approach, where disorders may represent a form of adaptive organization that needs to be understood and diagnosed, in order to facilitate development and a creative adaptation to each specific environmental demands each child and family are facing.

Diagnosing means capturing the unique qualities of each child and family in a profile that focuses on the healthy resources and on the difficulties in children functioning, as a guide to clinical interventions.

A primary diagnosis provides a systematic approach to depicting each child's specific pattern of functioning, a clinical judgment of the contributing factors that allow a unique intervention with much more chances of being effective. The clinical evaluation implies taking into account stages of psychic structuring, the consideration of a large number of contexts and assessment tools, but it seems essential that it concludes in a diagnosis that locates the child's expected development

A most useful kind of diagnosis is the case formulation. In clinical practice, formulations are used to communicate a [hypothesis](#) and provide framework to developing the most suitable treatment approach. We can do it being specific, brief, focused, and therefore limited in our intent, scope, and wisdom, but surely we tend to clarify the central issues and conflicts, differentiating what we see as essential from what we think as secondary.

A case formulation is not a diagnostic label but surely it includes our considerations about what could be expected for that child considering his age, his environment, and his specific conditions of development.

We can choose many perspectives that do not label the child. For example if we focus on children affective regulation, we can get a perspective that facilitates and integrates the consideration of different aspects: individual and interpersonal, psychological and biological, affective and cognitive... It implies a complex bio-psycho-social perspective that incorporates knowledge about development, understanding about

the evolution of the brain and the human mind and the unconscious conflicts in the parents and in the child, counteracting the atheoric fragmentation of diagnoses, such as Anxiety, Depressive, Bipolar, Personality Disorder, ADHD, etc. or excessively vague and abstract clinical concepts.

We suggest a more comprehensive approach to deal with disruptive manifestations in babies, and to focus on the assessment of specific developmental challenges and intersubjective and interactional conflicts in our clinical interventions.

The symptoms of mental disorders are highly sensitive to a large number of variables (neurochemical, interpersonal, cognitive, ...) that mediate and moderate the development, form and manner of the particular psychopathological profile of an individual. This complex etiological history and the psychopathological profile of each individual do not seem possible to be well described by a single diagnostic category, but at least we have to answer some elementary guiding question about the disruptive manifestation:

Is it part of the particular developmental history of this baby or is it a reactive defensive symptom related to particular familiar circumstances?

How do this family cope with developmental changes in this baby?

Is it a syndrome that alters development, is it a disorder?

Has this family enough support to face the baby's needs?

We must try to complete a profile that, through an explanatory formulation and using all the data of the child and caregivers, includes diagnosis, prognosis, suggestions and possible clinical intervention.

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Welcome to WAIMH affiliate pre-congress

Bridging infant and early childhood mental health training, competency and professional development

Chaired by: Maree Foley (PhD) and Anna Huber (PhD)

26 May 2018

9.00 am – 12.30 pm

Ergife Palace Hotel, Rome

[This half day workshop is being facilitated by the WAIMH Affiliates Council.](#)

In response to feedback from affiliate members, this workshop will provide in-depth information about infant mental health training programmes from around the globe. A breadth of programmes will be featured ranging from well-established formal programmes to those that are not well known but serve unique local/regional training needs. Details about how to access these trainings will be outlined. In addition, arenas of IMH practice and research competency will be discussed. A cross-cultural lens will be used to prioritise and contextualise competencies. The workshop will also include narratives and stories from infant mental health practitioners and researchers about their journey of becoming an infant mental health specialist. It will also include narratives from specialists about their experiences of establishing an infant mental health training programme.

Introducing the presenters

The workshop will be centre on a series of presentations from experienced providers of Infant Mental Health training/programs from around the world. The training programmes capture an array of contexts including online training, university-based training and community-based capacity building programmes. Current confirmed participating presenters and panel members include: Clinical Associate Professor Julie Ribaudo; Associate Professor Lynn Priddis; Emerita/ssociate Professor Astrid Berg; Dr Anusha Lachman; Professor Jane Barlow; Ms Catherine Maguire; Ms Catarina Furmark; Ms Nichole Paradis; and Dr Daphna Dollberg.

Below is a sample of some of the bios from the presenters.

Clinical Associate Professor Julie Ribaudo



Julie Ribaudo is a Clinical Associate Professor at the University of Michigan, School of Social Work. In the field of Infant Mental Health since 1986, she has worked in a wide range of community-based programs, including community mental health, child welfare, public health, Head Start and Early Head Start, education, and the juvenile court system. Julie has a Post-Graduate Certificate and Endorsement as an Infant Mental Health Therapist and Mentor. She served for many years on the board of the Michigan Association for Infant Mental Health, including as president of the association for three years.

Julie teaches a wide range of clinical courses on infancy, early childhood, attachment and parent-infant psychotherapy. In addition to her full-time faculty appointment, she continues to provide training, supervision, and consultation to IMH clinicians and programs. She is also involved in research and service delivery with the Women's Mental Health and Infants Programs through the Department of Psychiatry at UM.

Professor Jane Barlow



Jane Barlow (DPhil, FFPH Hon) is Professor of Evidence Based Intervention in the Early Years at the Department of Social Policy and Intervention, University of Oxford. Jane's main research interest is the role of early parenting in the aetiology of mental health problems, and the evaluation of early interventions aimed at improving parenting practices, during pregnancy and the postnatal period. She also undertakes research to evaluate the effectiveness of interventions aimed at preventing child abuse. She is currently President of the Association of Infant Mental Health, Editor-in-Chief of Child and Adolescent Mental Health (CAMH), and a member of PreVAiL (Preventing Violence Across the Lifespan).

Associate Professor Lynn Priddis (M.Psych., M.Psych (Clin), PhD)



Prof Lynn Priddis is a clinical and counselling psychologist with over 30 years' experience working with infants, children, adolescents and their families in health, education, and private practice contexts in Western Australia. Lynn currently works full-time as an academic at Edith Cowan University where she

coordinates and teaches in the Master of Infant Mental Health course as well as the Clinical Psychology programme.

As a past president of the Australian Association of Infant Mental Health (AAIMHI) and also of the West Australian Branch of AAIMHI Lynn has maintained a role in advocacy for Perinatal and Infant-Early Childhood Mental Health (PI-ECMH) with local and international organisations. Lynn is accredited to supervise in Mentalisation Based Treatment and to deliver training in the DCO-5 Diagnostic classificatory system. She facilitates and conducts training and supervision for practitioners and researchers from a range of disciplines in PI-ECMH.

Lynn is a mother of four adult children and lives in Perth Western Australia, where she is currently adjusting to and enjoying a recently emptied nest.

Ms Catarina Furmark



Catarina is a clinical psychologist working at the Karolinska Hospital Neonatal follow-up program and a PhD student at Karolinska Institutet studying parental aspects in families where the infant is at risk for Cerebral Palsy. She studies parental stress, anxiety and depression, internal representations, parental sensitivity and parent-child interaction.

Catarina trains, supervises and teaches within the field of Infant and Early Childhood Mental Health. She is a member of several international organizations in the Infant Mental Health field. Her main topic of interest is to teach and promote policy regarding attachment and the impact of early relationships as well as working directly with families.

Catarina is a mother of three, living in central Stockholm. As a parent, she considers some of the most inspirational and helpful ideas outside academia being those of Dan Siegel regarding parenting from the inside out, Alfie Kohn for unconditional parenting, LR Knost for sensitive parenting and Jesper Juuls ideas on building a close, authentic relationship with your child.

Ms Nichole Paradis, MSW, LMSW, IMH-E®



Nichole is the Associate Director and Endorsement® Director for the Alliance for the Advancement of Infant Mental Health. Nichole works to promote standards for workforce development in the infant-family field in 29 states, plus Australia and Ireland. Nichole's previous professional experience includes direct service and program development & administration for infants, toddlers, and families involved in child protective proceedings. She is endorsed by MI-AIMH as an Infant Mental Health Mentor - Clinical. Nichole's training includes a Bachelors degree in psychology and a Master of Social Work, both from the University of Michigan, and a graduate certificate in infant mental health from Wayne State University. Her chapter on providing relationship-based intervention to preschoolers and their mother appears in Case Studies in Infant Mental Health: Risk, Resiliency and Relationships, published by ZERO TO THREE. She is the co-author, along with Betty Tableman, of the 2008 publication Courts, Child Welfare, and Infant Mental Health: Improving outcomes for abused/neglected infants and toddlers. Nichole's most recent publication was co-authored with Deborah Weatherston and Faith Eidson in the November 2017 issue of the ZERO TO THREE Journal titled, "Building Competency for Providers in the Early Childhood Mental Health Field: An Early Childhood Mental Health Endorsement®."

Dr Anusha Lachman



Anusha Lachman is a child & adolescent psychiatrist and clinician researcher in the Faculty of Health Sciences at Stellenbosch University. She completed her subspeciality child psychiatry training through the Colleges of Medicine South Africa in 2012. She is currently appointed as a consultant child & adolescent psychiatrist and heads the paediatric consultation liaison service at the Tygerberg academic training hospital in Cape Town.

Her research and academic interests include paediatric neuropsychiatry and infant mental health in a developing world setting. She is currently working towards her doctoral dissertation in Infant Mental Health at Stellenbosch University under the co-supervision of Professor Kaija Puura at Tampere University, Finland.

Together with Prof Astrid Berg, Dr Lachman co-convenes the first Mphil degree in Infant Mental Health that is offered on the African Continent. She is involved in the clinical and research supervision modules of the degree and is a local key opinion leader in First 1000 days of life initiative by the Western Cape Department of Health, SA. She is keen on strengthening the research and clinical services supporting infant and maternal mental wellbeing in South Africa.

Emerita Associate Professor Astrid Berg



Astrid Berg is a Psychiatrist, Child & Adolescent Psychiatrist as well as a Jungian Analyst. She is an Emerita A/Professor at the University of Cape Town and A/Professor Extraordinary at the Stellenbosch University. She consults to and teaches at the Parent-Infant Mental Health Services and Child Psychiatry Divisions at Stellenbosch University and, together with Dr Anusha Lachman is the Convenor of the newly established M Phil degree in Infant Mental Health at Stellenbosch University. She is currently one of the Board of Directors of the World Association for Infant Mental Health.

Dr Neil Boris



Neil W. Boris, M.D. – Neil is currently Director of the Irving Harris Training Institute at the Center for Prevention and Early Intervention Policy at Florida State University and Project Director for Circle of Security International. In the 20+ years since graduating from residency at Brown University in pediatrics, adult psychiatry and child psychiatry, Neil has focused on the social and emotional development of high-risk children—including those under five years of age. His research, for example, has ranged from studying early intervention programs serving high-risk families in the U.S. to capturing the impact of community-based programs for orphans in Rwanda and Malawi. His clinical work has been equally wide ranging: from involvement with programs focused on young maltreated children to children with life-threatening illnesses or those with

substance-abusing parents. He attained the rank of tenured Professor at Tulane University where his passion for teaching and training was awarded with a Teaching Scholar Award. He has held several leadership positions, including being an associate editor of the *Infant Mental Health Journal* and being on the Board of Directors of the World Association of Infant Mental Health. Neil centers his life around his wife Adena and their three children. He's a spiritual person who views life as a grand opportunity; he loves laughter and the great wide open.

Ms Catherine Maguire



Catherine Maguire is a Clinical Psychologist, an Infant Mental Health Specialist & Clinical Mentor IMH-E® (IV). She works with Young Knocknaheeny (YK) Area Based Childhood Programme, based in Cork city. She is currently on secondment from the Health Service Executive, North Cork Child and Family Psychology Service, where she has 20 years' experience working with children and families.

As Clinical Lead for the YK Infant Mental Health and Wellbeing Strategy, Catherine's role involves supporting the development and integration of evidenced based infant mental health principles and practices into services for the pre-birth to three year population, and their families. Involved in this role, is the establishment of an interdisciplinary infant mental health team, consolidation of a service framework, provision of interdisciplinary master class trainings to build workforce capacity and supporting environments of continuous learning within community settings, through the establishment of Infant Mental Health Network Groups.

Catherine's academic interests include the development and evaluation of

community based infant mental health service frameworks, development and consolidation of interdisciplinary training models to advance workforce capacity and supporting programmes for transition to parenthood.

She is Co-founder and Past President of the Irish Association for Infant Mental Health.

Daphna Ginio Dollberg, Ph.D.



Dr. Dollberg is a licensed Clinical and Developmental Psychologist in Israel and the current President Elect of the Israeli Affiliate of the World Association of Infant Mental Health. The Israeli Affiliate combines over 200 registered professionals and holds yearly conferences addressing varied topics related to infants', toddlers' and parents' mental health. Dr. Dollberg earned her Ph.D. in Clinical Psychology from Teachers College, Columbia University in 1995, where she studied mother-child interactions among single, young, inner-city mothers and their preschoolers. Upon returning to Israel, Dr. Dollberg continued studying early development and parent-child relationships in high and low risk populations including mental health referrals, adoption, high risk pregnancy and prematurity. She holds a faculty position as a Senior Lecturer in the School of Behavior Sciences, Academic College of Tel Aviv Yaffo, Israel, where she serves as Head of the Graduate Program in Clinical Psychology and faculty member in the Graduate Program in Developmental Psychology. Dr. Dollberg also works as a therapist, treating parents and children facing relational and psychological difficulties by using parent-child interventions, parent psychotherapy and play therapy. She has been trained as a therapist and a trainer in Trauma Focused Child-Parent Psychotherapy (CPP) by Profs. Lieberman and Van Horn. She also teaches early socioemotional development and psychopathology in a newly established post-graduate program in parent-child psychotherapy initiated by the Israeli Association for Parent-Child Psychotherapy.

Dr. Cigal Knei-Paz



Dr. Cigal Knei-Paz is a Clinical Social Worker and Director of the Family Therapeutic Center, Social Services, Nethanya, Israel. Lecturer at Tel Aviv University School of Social Work and at Haruv institute

Dr Adena Hoffnung Assouline



Dr Hoffnung Assouline is a Senior Lecturer at the School of Social Work- Ashkelon Academic College, and a Coordinator of Early Childhood Education at the Ministry of Social Affairs (Israel). Her areas of special expertise include parent-child relations during the early childhood years, working with young children who have experienced traumatic events, and training and

supervising early childhood social workers. As both a clinical social worker and educator Dr Hoffnung Assouline focuses on developing training programs for social workers working with infants and young children at risk. Dr Hoffnung Assouline has a private clinical practice for treating children of all ages and their families.

[To attend the pre-congress, please go to the congress registration site.](#)

Sponsor a Delegate

Help a colleague to attend the congress and join the WAIMH community

The World Association for Infant Mental Health is kindly asking Individual delegates of the Congress, WAIMH members, other possible infant mental health professionals, affiliate associations of WAIMH and other possible associations or companies their help in giving to delegates from low income countries a chance to participate in the 16th WAIMH World Congress in Rome to learn about new scientific and clinical practice on infant mental health, to share their own knowledge and to meet colleagues working internationally in the field of Infant Mental Health.

You can make a donation as you register to the congress online, and if you want to donate a bigger sum, please contact the Congress secretariat EGA at (e-mail).

Organising Secretariat

Viale Tiziano, 19 – Rome, Italy

Registration: registration@waimh2018.org

WORLD ASSOCIATION FOR
INFANT MENTAL HEALTH

16TH WAIMH WORLD CONGRESS
WORLD ASSOCIATION FOR INFANT MENTAL HEALTH
Rome | May 26-30, 2018 | ERGIFE PALACE HOTEL

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Massimo Ammaniti
Chair of the Local
Organizing Committee

Giampaolo Nicolais
Vice-chair of the Local
Organizing Committee

An Introduction to Astrid Berg, newly elected for a second term as a WAIMH Board Member

Introduction: Astrid Berg's profile conveys her pioneering spirit and long-time commitment to the social and emotional well-being of babies, families and communities. Personal experience fuels professional commitment throughout her long and distinguished career where she has given voice in Africa for babies, families and communities, as well as those who serve them.

Astrid Berg, A Personal and Professional Profile

WAIMH Board Member

Cape Town, South Africa

I was born in 1950 in Pretoria, South Africa to immigrant parents. My father left Germany before the outbreak of the WWII in order to pursue his career as a botanist in South Africa. My mother was a war refugee from Eastern Prussia. I was the older of two children.

After qualifying with a medical degree, I trained as a general psychiatrist. This was followed by another few years of part-time sub-specialisation in child and adolescent psychiatry. I was the first student for the new M Phil (Child & Adolescent Psychiatry) degree at the University of Cape Town and graduated in 1992.

At about the same time, I trained in psychoanalysis and became a member of the International Association of Analytical Psychology. The reason for undertaking this extra training was my desire to understand myself better and, through this, to become a more skilled clinician and psychotherapist. It has always been of central importance to me to be able to establish a connection with the 'other', notably my patients, in order to truly gain an understanding of their worldview and their experiences.

In the early 1990s, I was introduced to the discipline of Infant Observation, which immediately drew my attention and interest, undoubtedly linked to my own experience as a parent of two children, but also linked to my early years with my own mother who suffered from war traumas. The interest in Infant Mental Health was a natural development from general child psychiatry into a more specific niche within which I could develop professionally. I



organized the first national conference in Infant Mental Health in Cape Town in 1995. This was the beginning of a national interest in the early years, as the concept of Infant Mental Health was not well known at that time in South Africa. In 1995 I founded the Western Cape Association for Infant Mental Health, a growingly active body, affiliated with the World Association for Infant Mental Health (WAIMH)

My passion for cultural diversity and my concern for 'the other', particularly the 'other' who cannot speak, that is, the infant, were the driving forces behind my engagement in long-standing community work in a periurban settlement outside of Cape Town. For over 18 years, I provided a Service to mothers and young children, but at the same time made it into an academic endeavour out of which much of my transcultural writing flowed and for which I gained international recognition.

Living in an ethnically diverse country and working across past political divides has made me realize that I have to understand the cultures in which the families that consult us are embedded. Psychoanalysis has provided me with a framework through which an in-depth understanding of different worldviews has been possible for me.

My involvement with WAIMH dates back to 1996 when I attended the 6th World Congress in Tampere and have since then been to almost every one. In 2012, I organized the 13th International Conference of WAIMH in Cape Town. This was a memorable experience for us, far away from the centres in Europe and the USA, and it marked another starting point for many younger colleagues in South Africa to pursue the path of early intervention.

This burgeoning of interest inspired me to develop an academic degree that would focus on the first three years of life. Stellenbosch University appreciated the idea behind this degree, regarded it as innovative and accepted it with alacrity. Approved by the Senate of the University and then by the National Department of Higher Education and Training in 2015, this is the first such academic degree in Sub-Saharan Africa and possibly in Africa.

In February 2017, we started our M Phil (IMH), a part time Master's Degree, with eight students from diverse health disciplines, different languages and unique cultural backgrounds. Three students have been fully funded by the Harry Crossley Foundation, a progressive body that enables the studies for postgraduate students who otherwise would not have been able to make use of the opportunity. Being involved with the shaping of the degree has been, and continues to be, an exciting, productive, 'soul searching' time, where we grapple together with the struggles of so many of our infants and their caregivers. The weekly Infant Observation seminars form a central pillar for the students' learning. We were also fortunate to have had several colleagues from abroad to teach and interact with us, amongst others Campbell Paul who visited in May 2017.

In South Africa, we face the challenge of re-thinking and re-evaluating many assumptions that have been engrained in our collective consciousness about the way things are done. This pertains particularly to infancy and to parenting – in a globalized world we can learn from one another, and together we should be able to work out what all our infants need and how each culture can contribute to our children's greater good.

I am humbled to have been re-elected as a member of the WAIMH Board of Directors. This is an honour and a huge responsibility that I will hold with care. WAIMH is close to my heart. It is a privilege to be part of an Association that acts on behalf of those who cannot speak, but in whom our world's future lies.

Greetings from AISMI (Italy)

Dear Colleagues and Friends from around the world,

Our 16th World Association for Infant Mental Health (WAIMH) Congress in Rome is now approaching!

As the hosting association of the 2018 WAIMH Congress, the WAIMH Italian Association for Infant Mental Health (AISMI) is getting ready. At the beginning of last December we had our two-day biannual national congress in Padua, where nearly 250 participants convened under a relevant and emerging theme for early development and mental health: The relational experience of the body in development and psychopathology.

On the first day, Italian and international keynote speakers impressed the audience with high-level plenary lectures. The President of WAIMH, Kai von Klitzing, opened the programme with a talk on of triadic relationships, showing their development from bodily experience to narrative processes, followed by Vittorio Gallesse lecturing on intersubjectivity, body and trauma. Stefania Zoia and Rosario Montirosso closed the programme with talks respectively on neonatal hand movements as early relational precursors and epigenetic variations following neonatal intensive care. During the second day of the congress, workshops and parallel sessions on the relevance of body and motor development for key infant mental health topics such as autism, feeding disorders and therapeutic intervention were highly attended and lively discussed. Lynn Murray's plenary lecture on the impact of abnormality in the infant face on the relationship with the mother closed the programme, ideally bridging to the opening of the Rome Congress, [where together with Pier Ferrari and Pasco Fearon she will be presenting at our pre-congress institute on "Early adverse experience, social development and neural plasticity"](#).

I am sure our Congress in Rome will offer a unique opportunity for all of us to meet and share knowledge and up to date practices of intervention in infant mental health. I can't wait to meet you all in Rome!

Regards to all,

Giampaolo Nicolais

President of the Italian Association for Infant Mental Health – AISMI

Bringing Bowlby to caregivers worldwide

By Niels Peter Rygaard, DPA authorized psychologist, Adoption expert for Socialstyrelsen VISO, Denmark

The millions of uprooted, placed and abandoned children call for professionals to develop large-scale education and training solutions. The paper, The Fairstart Theory of Change, by WAIMH member, Niels Peter Rygaard, describes how blended learning so far has trained the caregivers of 30.000 placed children and youth on all continents.

SUMMARY: The mission of the Fairstart Foundation is to create a mutual flow between research and practices among three groups: international researchers, organizations in charge of children and youth placed in care, and frontline caregivers. In two-year partnerships with NGOs and professional organizations, attachment based theory and recommended care practices are developed as blended learning group training programs, and four month instructor educations. In local language versions, adjusted to culture. So far, 18 free online language versions have been implemented in 20 countries on all



Picture by Morten Jacobsen co-director and Ingeborg Simoni Leere, relations manager at Fairstart.

continents.

This paper describes how blended learning designs can train large amounts of caregiver groups, support the rise of local expert trainer networks, and minimize an organization's budgets for quality care development. As one example, foster and kinship family training with SOS Children's Villages in six African countries is described, as well as research in blended learning compared to other didactic methods. [Link to paper at the Fair Start Foundation web-page.](#)

Readers and organisations interested in this concept are welcome to contact the author at info@fairstartfoundation.com

www.fairstartfoundation.com



Picture from the Italian Association for Infant Mental Health congress on early development and mental health (Padua 2016).

WAIMH at Zero to Three Conference San Diego USA 29th Nov-1st Dec 2017

By Anna Huber, Canberra, Australia

Recently WAIMH board members, Anna Huber, Astrid Berg and Jody Todd Manly represented WAIMH at the 40th Annual Zero the Three Conference in San Diego USA, presenting an invited session titled "The Universal Needs of Infants and their Caregivers: Viewing our Work through a World Perspective."

The session was framed around three questions designed to highlight the universality of infant, parent and staff needs, while keeping in mind the unique values and beliefs of families and workers from different cultural backgrounds.

1. What are infants' universal needs and rights?
2. What 5 items can enable staff to identify risk? A South African Basic Infant Mental Health Screen.
3. How can we work respectfully with families?

The three board members showcased the WAIMH Declaration on Infant Rights, raising awareness among conference attendees of WAIMH as an organisation advocating internationally for infants, their caregivers and those working in the field.

The session was well-received by several hundred conference delegates who attended the session, including several Zero to Three Board members. Dr. Huber, Berg, and Manly spent extra time after the session answering questions and talking with interested participants. The session marked the start of a working relationship between WAIMH and Zero to Three through shared confence presentations.

As Affiliate Representative on the Board, Anna also took opportunities to meet with Affiliate members of WAIMH who are members of the Alliance for the Advancement of Infant Mental Health, Inc.[®] and to give the newly approved Californian affiliate group an advance welcome.



Picture: WAIMH board affiliate representative, Anna Huber (centre), welcoming California Association for IMH representatives, Barbara Stroud (left) and Monica Mathur-Kelluri (right) to the WAIMH affiliate family.



Picture: WAIMH and Alliance members from New Mexico, Michigan, Rhode Island, Colorado, Minnesota, Arizona, and Connecticut enjoying dinner and welcoming Anna to the USA.

Peaceful passing of Dr. T. Berry Brazelton

Dear Colleagues and Friends,

As you probably now know, the world lost a true champion for children and families with the peaceful passing of Dr. T. Berry Brazelton on Tuesday, March 13th at his home in Barnstable, Massachusetts.

Wonderful obituaries have appeared in the website of [Harvard Medical School](#), [New York Times](#), the [Boston Globe](#), the [Washington Post](#), and the [Los Angeles Times](#), or another article in [New York Times](#) among others, while [NBC Nightly News](#) (video clip starts at 0:28), [National Public Radio](#), and other media outlets in the United States and around the world have profiled Dr. Brazelton and his accomplishments.

We are deeply touched by the outpouring of tributes, support and well wishes, and look forward to seeing many of you in Boston at the celebration of Dr. Brazelton's life on Monday, April 23rd. The Dr. T. Berry Brazelton Symposium and Celebration will focus on honoring the life and legacy of a true revolutionary, as we carry forward Dr. Brazelton's work into the future through the Center he founded two decades ago. More information about the event can be found at www.brazeltontouchpoints.org/honor or by contacting [Michael Accardi](#).

Dr. Brazelton's contributions have forever changed the lives of millions of children and families for the better, and together we will ensure that this is true for generations to come. On behalf of the entire Touchpoints family, thank you for all that you do, and may we all fondly remember our dear friend, colleague, and mentor, Berry Brazelton.

With warm regards,

Joshua Sparrow, MD

Director, Brazelton Touchpoints Center

Boston Children's Hospital, Harvard Medical School



PS: Many of you have asked about how you can honor Dr. Brazelton and celebrate his life:

Share tributes, stories, and memories of Dr. Brazelton's impact on the Brazelton Touchpoints Center's Facebook page – www.facebook.com/BrazeltonTouchpointsCenter

Send a note of condolence to the attention of kayla.savelli@childrens.harvard.edu or mail to Kayla, c/o Brazelton Touchpoints Center, Boston Children's Hospital, 1295 Boylston Street, Suite 320, Boston, MA 02215

Learn more about his extraordinary life and legacy – www.brazeltontouchpoints.org/about/our-founder

Watch one of the many videos we have online that pay tribute to Dr. Brazelton's life, work and legacy – www.brazeltontouchpoints.org/media/online-video

In lieu of flowers, memorial contributions may be made to the Brazelton Touchpoints Center - www.brazeltontouchpoints.org/support-our-work/donate to ensure that Dr. Brazelton's work continues on.