

Perspectives in Infant Mental Health

Professional Publication of the World Association for Infant Mental Health

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Losing Mentors

By Miri Keren, M.D., WAIMH President,
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In the last two years, several major figures in the field of Infant Mental Health have passed away: Dan Stern, Peter de Chateau, and Kathryn Barnard. This issue of *WAIMH Perspectives in Infant Mental Health* is dedicated to each of them.

They were three very different people, known for their research, their writing and clinical skills, with a huge number of studies, books and papers that have had an enormous impact on the development of our understanding of infant mental health for so many years. But their loss is so much more to us than studies, books and papers...for we have lost our early teachers and mentors, many of them our colleagues and friends.

Teachers and mentors may be viewed like parents, and for many of us, the relationship with each was, in a way, parallel to an attachment relationship with an early caregiver. Whenever we felt insecure in our work, we turned to them for advice, support, regulation of strong affects, reassurance, as well as limits and rules. Together, their containing capacity enabled us to hold our small patients and their parents, for, as Selma Fraiberg said, "one must be nurtured to be able to nurture."

When a loss affects our mentors and friends, such as Robert Emde's loss of his wife, Joyce, it affects us deeply, too. It is a reminder that everyone, even our teachers, are vulnerable. We grieve beside them, too.

At first, we can't believe those we have learned from may become sick and not recover...as a child cannot believe his parents are not omnipotent. With their deaths comes the feeling of loneliness and responsibility. Now it is our turn to teach, to hold and contain, to advise, to regulate. This is when transgenerational transmission comes into play. We internalize what we have learned from our teachers and mentors, perhaps asking, "What would Dan say about this new mother?", or "How would Katherine handle this baby?" or "How might Peter reflect on this relationship?"

In this way, we feel a bit less alone and they can rest knowing that we hold them in mind and do not forget them and their great ideas and contributions to the field.

And still I feel sad....



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This issue of WAIMH Perspectives in Infant Mental Health is a reminder to us that although separated by great distances, we share in common a commitment to the wellbeing of all babies, all children and all families through principles and practices promoting infant mental health. Miri Keren offers a poignant essay about loss in her President's Column. She remembers leaders of the infant mental health community who have passed away and to those left behind to carry the work forward in their absence. Bob Emde, Tuula Tamminen, Pia Mothander, and Joy Osofsky pay tribute to Peter de Chateau, offering personal and professional recollections, while T. Berry Brazelton, Sheri Hill, Susan Spiker and Hisako Watanabe give us warm and meaningful insights into their relationships with Kathryn Barnard. Hi Fitzgerald remembers both. Their writing helps readers to hold onto the memory and work of individuals who were world leaders through WAIMH.

The more personal tributes are followed by attention to mental health and the global agenda in the World in WAIMH column, Joshua Sparrow, featuring excerpts from the New England Journal of Medicine. Kai von Klitzing and colleagues from the University of Leipzig have written an article, "[Mental Disorders in Early Childhood](#)," [Deutsches Ärzteblatt International | Dtsch Arztebl Int 2015; 112: 375-86, which is introduced here and appears in full with permission on the WAIMH website](#). The Australian Association for Infant Mental Health, Inc. introduces an important policy paper, "Infants in Immigration Detention (2015).

We are deeply appreciative of the submissions this fall. We invite you to submit commentary or articles you have written that challenge us to think deeply about the importance of infancy and early childhood around the world.

What follows are deeply moving tributes to Peter de Chateau and Kathryn Barnard for their work and fellowship within the infant mental health and WAIMH communities. Dan Stern was remembered previously in Perspectives. Colleagues from around the world honor their memory in this edition of Perspectives.

Peter De Chateau

Remembering Peter De Chateau (1937-2015);

WAIMH Loses A Compassionate, Strong And Far-Reaching Leader

MEMORIES: By Bob Emde,
Tuula Tamminen, Pia Risholm
Mothander and Joy Osofsky

As we learned of Peter's death, occurring after his lengthy illness, and with family in Sweden, we wanted to share some memories of our dear friend and pioneer in our field. As is well known, Peter not only served on our Board for many years, but he also organized and hosted two of our World Congresses (Stockholm in 1986 and Amsterdam in 2002) and served as our President from 2000 to 2003). Before his illness, we always counted on his worldly and organizational perspectives and on his presence in WAIMH, sometimes taciturn and seemingly stern, but more typically soft and available to his wide network of friends who also treasured his playfulness, and remarkable sense of humor.

Peter was born in the Netherlands, but was fluent in at least 4 languages that we know of –Dutch, French, Swedish and English. He received his MD from the U. of Leyden, where he also trained in pediatrics and later in child psychiatry, receiving some of this training in Sweden where he spent most of his career. He served initially as Associate Professor of Pediatrics at the U. of Umea and was affiliated with the Karolinska Institute. He returned to Sweden for the latter part of his career after a period as the Chair of the Department of Child Psychiatry from 1989-2002 at the U. of Nijmegen.

Memories from Bob Emde

At this point I share some of my personal memories. At the origins of WAIMH, during the heady days of the Frontiers of Infant

Photo of Peter de Chateau
contributed by Hiram
Fitzgerald.



Psychiatry and at the first Congresses at Caicais, Portugal and Cannes, France, Peter came on the scene as a young passionate clinician. He was part of a new wave in the field of pediatrics, bent on humanizing newborn nurseries for babies, mothers and their families. In his early studies, in which he encouraged early skin-to-skin contacts, breast feeding and other continuous intimate interactions, he was part of an exciting small group who were stirring things up. These included Marshall Klaus, John Kennel, T. Berry Brazelton and others who were recognizing the adaptive and mental health needs of newborn infants and their parents and they were making changes in hospital practices so as to improve loving relationships going forward. During those days, I was involved in the emerging leadership in the precursor organization of WAIMH, then known as WAIP (the World Association of Infant Psychiatry) and a group of us decided,

over drinks, that we needed to expand the name to go beyond psychiatry since we were much more; we therefore decided at least to include "Allied Disciplines" in the name. That evening, we organized a voting block that would argue for such, propose it and vote (as a sort of surprise cabal) during the upcoming business meeting. Peter, the passionate pediatrician, was a major force for this and spoke up at the business meeting (as part of a group that included Joy Osofsky, Dan Stern, Tom Anders, Tiffany Field, among others). WAIP as a result became WAIPAD and began an expanding role across disciplines and countries that eventually evolved into WAIMH. Peter played a huge part in this early transformation.

A cascade of other memories, more personal, and fun-filled, also come forward. These include walks, joking, but also sharing our visions and experiences, touring together in many cities that were

new to us, and planning and relaxing with WAIPAD and WAIMH colleagues. I recall a fabulous crayfish-time party at Viveka and Peter's house near Stockholm when, after much toasting and hilarity, we waded into the edge of the Baltic with James Anthony (c. 1985). I remember after-work tours of sheep-herding ranches and wineries near Melbourne (c. 2003), of being introduced to the joys of watching tournament tennis by Peter at the Australian Open (and I also remember Peter unsuccessfully trying to calm some overzealous and noisy Swedish tennis fans cheering nearby). I recall that after presenting most of the day for the 1992 Scandinavian Mental Health Lectures in Stockholm, Peter's colleagues awarded me a modern colorful glass figure with a hollowed out cranial cavity. Exhausted, I laughed and voiced that I knew some of what I said must have seemed "empty-headed". No, they said, the hollowed cranium was to indicate "an open mind". I continue to value that piece in my study, done by the artist Ulrika Vallien, and think of Peter often.

I will share two other memories of Peter among many more. The first illustrates the remarkable planning skills and thoughtfulness he had. After the Stockholm Congress, he organized a sailing trip on a private yacht in which, a cardiologist colleague and his wife, expert skippers and navigators, led three other couples of us (Berry and Chrissy Brazelton, Peter and Viveka, Joyce and I) on a multiple day voyage through the incredible hundreds of islands of the Stockholm Baltic archipelago. We slept on the boat, swam and enjoyed ourselves thoroughly. We joked about sailing to Finland, or at least to the Åland islands, but the Swedish drinking ferries deterred us.

A final memory evokes some other aspects of Peter. When in 1996 I visited

him, consulting with his department in Nijmegen, I have a vivid memory of being with Peter in his house there. Due to circumstances then, it was necessary for him to live alone most of the time, commuting on occasion to his family in Sweden. A first surprise for me, was to learn that Peter was a chef. He spent much of his leisure time from his department assisting a major chef in town, and he prepared a favorite meal for me at his house from fresh ingredients we purchased together in the market. I then came to see that his sensitivities were not only gustatory, but profoundly aesthetic. While relaxing in his living room, we looked out through his picture window into the beyond of a vast open field at sunset as he explained how much that view meant to him; it was unusual in Holland. And as we filled our minds with the moments, we listened to the Adagietto of Mahler's 5th symphony. I can hear it and see it now. ... I imagine him thus.

Memories from Tuula Tamminen

Professor Peter de Chateau was well respected in medical field in Scandinavia, especially in Finland. Here child psychiatry has been an independent medical specialty ever since 1950 but sometimes it has been considered as soft science with all its psychosocial aspects and mental processes. Pediatrics has always been in the heart of hard science and Peter, who had a professorship in both specialties, was an exception who could widely promote infant mental health. Also, Peter succeeded to be both a real Scandinavian citizen and yet, at the same time an international person; therefore medical doctors in our northern countries listened to him.

I started my dissertation research on mother's pre- and postnatal depression, breastfeeding and early interaction in 1984. I was very motivated to study and videotape mothers and infants but I could not find any infant specialist in Finland to advise me. I had two supervisors, a professor of pediatrics and a professor of adult psychiatry, both wise men, but no-one helping me to understand early interaction. When I participated in WAIPAD's Stockholm congress in 1986 I felt I had found my professional secure base. Of course, I met Peter there and ever since he helped me with my research. In addition, he knew how to talk with both of my supervisors and how to convince them. So, Peter helped me to start the field of infant mental health in Finland.

Over the years Peter had many tasks and roles in WAIPAD and WAIMH, and again he supported me to meet colleagues around the world. As a Regional Vice-President he taught me to collaborate with Scandinavian and European infant mental health specialists from very different fields. He did all this in a simple, warm and plain way making everyone feel quite comfortable. I remember an occasion when WAIMH had to have an extra Board Meeting on short notice in New York and I informed him that I was unable to participate because I was lecturing in the same day in Tokyo. Peter phoned me and said that I should come and that there was a need to have European Board Members at the meeting. Peter ended the phone call by saying that he trusted that I will come. Indeed, my travel agency found a flight from Tokyo to New York over the Pacific Ocean, so that I arrived at New York two hours before I had left Tokyo. We did have a wonderful board meeting that had impact on WAIMH for several years afterwards.

I also recall that, after one of the many meetings we had in different parts of the world, Peter and I sat together and had a long discussion privately. Peter told me about traumas of his childhood family and himself as a child during and after the World War II. He talked so openly, warmly and with such wisdom that I will remember this discussion until the end of my time. Later on when I met Peter's wife Viveka, I also came to admire and respect her strength as well.



Photo of Peter de Chateau and WAIMH Board members in Åland in summer 2007 contributed by Minna Sorsa.

Memories from Pia Risholm Mothander

To me, representing infant mental health specialists in Sweden, the most important contribution of Peter was to bring forward the status of this field of knowledge in our country. His research on the long-lasting positive effects of early skin-to-skin contact, made in collaboration with psychologist Britt Wiberg in Umeå in the seventies, was new and quite controversial at the time. Today, when the capacity of the newborn to use somebody else's body to support his own early psychobiological regulation is well documented in the research literature, the importance of Peter's early work still counts. When Peter later organized the WAIPAD congress in Stockholm in 1986 he established the status of an interdisciplinary field that more clearly combined clinical knowledge with academic skills. He was a supportive person, and wanted us in Scandinavia to be connected with international research colleagues while encouraging us to take active part in infant research issues. He urged us to tell about the governmental support given to families with small children in Scandinavia and to act as missionaries and spread the message that infant families were important to society. Along these lines, he made it possible for me to become a Zero to Three Fellow (then named National Center for Clinical Infant Programs) and he acted as my mentor together with Berry Brazelton. I'm very grateful for the two fellowship training and discussion weeks that occurred then, as well as the new network of colleagues and the wider participation I could bring back to my group in Sweden. Peter also supported the creation of the Nordic Association of Infant Mental Health, bringing colleagues in Sweden, Norway and Denmark together to form the first local group to be affiliated with WAIPAD.

When Peter left Sweden for Holland and Nijmegen, we lost an important spokesman for infant mental health in the country, but we continued to benefit from his long lasting work within WAIMH, where he always supported the Nordic countries. Peter was a very good organizer, and he was determined, but he was most of all a soft and warm person. I will miss our conversations and lunch meetings in Stockholm and elsewhere. He returned to Stockholm after his retirement and my thoughts are with Viveka, his children and grandchildren of whom he was so proud.

A Tribute to Peter de Chateau by Joy Osofsky

Peter De Chateau was a major early leader in WAIMH, previously the World Association of Infant Psychiatry and Allied Disciplines (WAIPAD) and the International Association for Infant Mental Health (IAIMH). He served as President and, for many years, was a member of the Board of Directors. Peter was a pioneer in introducing new and innovative ideas about infant mental health in Sweden, the Netherlands, and other areas of Europe. He was Head of Child Psychiatry, at the Karolinska in Stockholm from 1984-1990. He then moved to the Netherlands where he was appointed Extraordinary Professor and together with other colleagues provided the foundation for Child and Adolescent Psychiatry in the Netherlands in 1998. I had the pleasure of working closely with Peter as Program Chair when he was planning the Third World Congress for WAIPAD in Stockholm in 1986. At that time, I not only learned about Peter's excellent organizational skills, but also his kindness, generosity and warmth. I remember enjoying a very special dinner at his home with his wife Viveca at one of the planning meetings during which he introduced me and other WAIPAD colleagues to Swedish crayfish which we all compared to Louisiana crawfish – accompanied by delicious aquavit!

It is very important that WAIMH members know about Peter de Chateau's important contributions to infant mental health and to our understanding of the early parent-infant interaction. In the 1970's, Peter, influenced by the work of John Kennell and Marshall Klaus, was involved in groundbreaking work related to neonatal care routines in hospitals, many of which are taken for granted today. He argued, as did Klaus and Kennell and others, notably John Bowlby and Berry Brazelton, that separation of mother and infant immediately after delivery is unnecessary from a medical point of view and can be potentially harmful to the developing relationship between parents and their infants. All of these major leaders in infant mental health proposed that much more attention needed to be paid to the neonatal period for the development of the early relationship. He was involved in early correlational studies showing that neonatal routines that were established related to more positive later outcomes.

In his role as President of WAIMH, he emphasized that in the by-laws, a major goal was to facilitate international cooperation among individuals concerned with promoting conditions that contribute to optimal development of infants and the infant-caregiver relationship.

We were very fortunate to benefit from Peter de Chateau's contributions to WAIMH and the field of infant mental health. He, like other early pioneers in child psychiatry and pediatrics, introduced new ideas that have become established principles in our field in 2015. In thinking about him, I also remember his warmth, humor and generosity, traits which are so important for this work. WAIMH has benefitted greatly from his commitment to the organization and his many contributions to the field. I feel very fortunate to have had Peter as a friend and colleague for many years.

Kathryn E. Barnard, PHD, RN, FAAN

Professor Emeritus, University of Washington, School of Nursing

April 16, 1938 – June 27, 2015

A TRIBUTE: By T. Berry
Brazelton, MD

Professor Emeritus, Harvard
Medical School

Founder, Brazelton
Touchpoints Center

Kathy Barnard was like a sister to me. We shared all sorts of confidences and ideas in ways that were almost unique. She was one of the most generous, caring, loyal and intelligent people I have ever known. We first met after we had started the National Center for Clinical Infant Program (NCCIP now Zero to Three) in 1970. We asked her to join for she was the most brilliant nurse in the USA who worked with infants, small children and their families. We fell in love and began to share ideas about working with parents of small children from birth to prevent the disorders that can occur later on. Our shared ideas have contributed to the work each of us has done in early childhood that is now used nationally and internationally. We were so close and eager to share that it didn't matter and often wasn't clear which idea was hers or mine! It was a unique relationship from which so much creativity emerged. I shall miss her terribly.

A TRIBUTE: By Sheri L. Hill,
PhD, IMH-E® (IV-P), CCC-SLP

"What are the top three things every infant needs? How do you sum up the field of Infant Mental Health in three words? ---- Relationships, relationships, relationships."
– Dr. Kathryn E Barnard

This was not only a wise statement, this was a mantra Dr. Barnard lived by. I had the privilege and honor of working with Kathy as a graduate student, a mentee, an Infant Mental Health student, a faculty colleague and then as one of two "acting daughters" over the last two decades of her



Photo of Kathryn Barnard contributed by Sheri Hill.

life. Throughout this time, the power of her deep commitment and skill in focusing on relationships to build a better world for babies, families and the professionals who serve them has been palpable. Her career highlighted this commitment from the outset from:

- bringing beds and chairs that allowed parents to touch and rock their babies in the Neonatal Intensive Care Unit in the late 60s and early 70s,
- to the development of the NCAST (Nursing Child Assessment Satellite Training) Teaching and Feeding Parent-Child Interaction Scales in the late 70s,
- to serving for almost four decades on the ZERO TO THREE Board and leading the charge to publish the Diagnostic and Classification of Mental Health and Development Disorders of Infancy and Early Childhood,
- to the founding of the Barnard Center on Infant Mental Health & Development and its Infant Mental Health Certificate Program.

Kathy never stopped her quest to improve the quality of life for babies via the important relationships in their lives. However, how much she valued relationships was in many ways most evident to me as we walked together along the last few weeks and days of her life journey. As messages of love and concern poured in from hundreds of people around the world, it was clear just how many lives have been changed by a relationship with her. I know I am only one of hundreds who found our professional calling, our life's work, simply because of Kathryn.

Part of Kathy's influence was due to a deeply generous spirit, always willing to help others professionally and personally. However, I believe that her impact on so many professionals was exponentially increased by her visionary mind. Not only was Kathy able to envision brilliant solutions to challenging scientific questions, she was able to envision people. As one colleague noted recently, many of us (including myself) found ourselves doing things we never thought possible simply because Kathy said it was so. She would fix that deeply penetrating owl

gaze on you, see and believe in the potential for you to be a leader or conquer some challenge, and then simply state it. Suddenly, you would find yourself rising to that vision in ways you never thought possible.

Kathy's visionary presence in our day to day lives will be sorely missed. Still, I am confident the seeds she planted via her work and so many relationships around the world, will continue to yield a bounteous harvest for decades to come.

****Please join us for a "Celebration of the Life and Legacy of Dr. Kathryn E. Barnard" on Saturday December 5th at 10:00 AM at the Washington State Convention Center. 800 Convention Pl, Seattle, WA 98101. A brief reception will be held afterwards from 11:30-12.**

All are welcome to join her Estate and ZERO TO THREE to learn about, and honor, her extensive contributions both to the field and to her many friends and colleagues.

Sheri Hill and Sandy Jolley "Acting Daughters" and Co-Personal Representatives for the Estate

Donations to the [Kathryn Barnard Endorsement Fund](#) at the Washington Association for Infant Mental Health ([wa-imh.org](#)) in lieu of flowers are welcome.

A TRIBUTE: By Hisako Watanabe, MD

Katherine Barnard has passed away; and we have lost one of the greatest founding members of the World Association for Infant Mental Health. When I first met her in 1986 at the 3rd World Congress of the WAIPAD (World Association for Infant Psychiatry and Allied Disciplines) in Stockholm, she was the founding treasurer of the executive board of the WAIPAD, the mother of the WAIMH.

In 1988, I met Kathy at the Pan-Pacific Regional Meeting of the WAIPAD in Hawaii, where I had brought a group of more than twenty Japanese professionals interested in infant mental health. The WAIPAD brought together divided professionals in Japan and paved a slow but steady way for the Yokohama World Congress in 2008.

Since then, I had the privilege of joining the board and seeing more of Kathy. As a newcomer to the board, I was very shy and quiet, but I was mesmerized by the intense commitment of the board members who proposed, discussed and explored numerous ideas for the benefit

of infants and families. Never had I seen such a genuinely motivated group of infant professionals dedicated and humble. Among them, Kathy was always quietly and intently listening. I fondly remember Bob Emde turning to Kathy now and then to seek her approval as the treasurer. When she firmly nodded, we would go on to the next agenda item. Even today, I can vividly remember Bob's voice appreciating Kathy on behalf of the board. "We are very fortunate to have Kathy as our treasurer. Kathy's dedication and meticulous work is the solid financial foundation of the WAIPAD." My experience on the WAIPAD Board sparked me to forego the ritualistic style of Japanese meetings and to open my eyes to a new, efficient, and liberal way of promoting infant mental health in Japan, hence the birth of FOUR WINDS Infant Mental Health.

Kathy was a great promotor of infant mental health and had created numerous relationships which spanned overseas and across generations. Through Kathy, I met Taiko Hirose, who was her first Japanese student nurse. Taiko brought NCAST to Japan. Through Kathy, I also met a sensitive withdrawn Japanese boy, an acquaintance of Kathy's close Japanese friend. His mother also shared with me her experience of Kathy as a genuinely sincere person.

As a mother, I am very grateful to Kathy for helping my daughter Haruko get started in the field of infant mental health, which only I learnt later. In spring 1998, Kathy and I, together with Serge Lebovici, Elizabeth Fivaz and others were invited by Dr Martin Maldonado-Duran to the Menninger Clinic Infant Mental Health Meeting. I had brought Haruko with me. Coincidentally, a week prior, Kathy had given a lecture at the Developmental Psychology class of the University of Washington, where Haruko was an undergraduate psychology student. Soon after the Menninger meeting, Kathy encouraged Haruko to take her graduate classes, and subsequently offered her a job coding NCAST teaching video recordings. Kathy often believed in others before they believed in themselves.

In February of this year, I visited Kathy at her apartment with Haruko and 4 month-old Umi, my granddaughter. Kathy was surrounded by her family and friends. Thank you, Kathy, for being a trail blazer in

the infant mental health field and for your immense support on relationships.

A TRIBUTE: By Susan Spieker, PhD

Director, Barnard Center for infant Mental Health and Development

We honor the life of Dr. Kathryn E. Barnard, who died at home June 27 after a long illness. She was 77. Kathy Barnard was renowned in her beloved field of nursing as a researcher, teacher and innovator. She was an internationally recognized pioneer in the field of infant mental health who served as a board member of the World Association of Infant Mental Health. Her life and many contributions to maternal and child health have been chronicled in obituaries in the New York Times, Boston Globe, and other international publications.

Here I add to the chorus by noting her generously supportive influence on students and younger colleagues, of which I am one, throughout her 43-year tenure at the University of Washington School of Nursing. Although Kathy retired in 2006, she remained keenly interested and involved in the field and in the work of the Center on Infant Mental Health Development, which she had founded in 2001. The center was renamed in her honor in 2012. The Barnard Center continues her vision and offers an interdisciplinary graduate certificate in infant mental health.

Kathy was my mentor and my work with her shaped my career. I arrived at her desk in 1983, a hopeful applicant for a postdoctoral fellowship with the newly funded John D. and Catherine T. MacArthur Foundation Network on the Transition from Infancy to Early Childhood. Kathy was Co-PI of the Seattle "node" of this multi-site network of infancy researchers. I was a new PhD with a keen interest in infancy, in particular attachment.

Kathy had other post-docs working with her at the time. All of us went on to independent research and teaching careers. At the time Kathy was PI of Clinical Nursing Models, a randomized comparative effectiveness study of two nurse-delivered home visiting programs to help pregnant women in adverse circumstances develop nurturing, enjoyable relationships with their infants. Relationship-based intervention and prevention is still my primary research focus.

Kathy was a visionary in interdisciplinary

professional development, beginning with the fact that she crafted her own PhD in the “Ecology of Early Child Development” in 1972 through the University of Washington’s Individual PhD Program. About the time she earned her PhD she became a tenured full professor of nursing and began a contract with the US Public Health Service, Division of Nursing, to develop a system for assessing behaviors of infants and caregivers essential to cognitive development. The Nursing Child Assessment Satellite Training (NCAST) parent-child interaction scales emerged from this work, as did NCAST as a unique training program that is still going strong. Since then over 21,000 health care and early childhood professionals have completed NCAST training. NCAST products for assessing and supporting caregiver-infant relationships are disseminated throughout the world.

As I reflect back on those years I appreciate how much Kathy did for many, many individuals, for families with infants and young children, and for the field of infant mental health. In her lifetime she garnered more than 20 awards from nursing and medicine, most recently from the International Society for Psychiatric Nursing, just three months before her death. Her remarks at that event included highlights from her life’s work and displayed her dry wit in excellent form. She will be greatly missed.

A TRIBUTE TO KATHRYN BARNARD AND PETER DE CHATEAU: By Hiram Fitzgerald

I had the opportunity to meet Peter de Chateau and Kathryn Barnard in 1987 when a committee of the World Association for Infant Psychiatry and Allied Disciplines (WAIPAD) gathered in Venice, Italy. The committee was invited to Venice to consider it as a site for the WAIPAD 1989 world congress. As part of a prior agreement between the International Association for Infant Mental Health (IAIMH) and WAIPAD, I was invited to attend the meeting in the role of chair of the congress program. IAIMH and WAIPAD were in the beginning stages of a planned merger (which became the World Association for Infant Mental Health in 1992), and Graziella Fava (Italy) arranged for WAIPAD leaders to meet in Venice to consider it as the site for the congress. With the exception of Bob Emde (WAIPAD President -1986-1988) and Joy Osofsky (WAIMH President, 1992-1995), I had never met any of the committee members prior to the Venice site visit. Among the WAIPAD leaders were Serge Lebovici (WAIPAD President 1989-1991), Bertrand Cramer, Justin Call (one of the co-founders of WAIPAD), Yvon Gauthier (WAIMH President, 1996-1999), Michel Soule, Massimo Ammaniti, Miguel Hoffmann, Peter de Chateau (WAIMH President, 2000-2003), and Kathryn Barnard (WAIPAD Treasurer). The bulk of our time during the first 7 days in Venice were spent visiting possible conference sites, hotels, tourist attractions, and local government officials. During our last two days, we returned to mainland Venice to hold final discussions about the congress site and arrangements. These discussions did not go well, and things folded with respect to Venice as a site for the congress.

Life often has a way of producing unintended consequences! In this case, unintended consequences involved two individuals who were precisely the people I needed to consult with regarding first a research project and second innovations in nursing practice. At the time that I met Peter, my colleague Lauren Harris and I were beginning to publish our findings from a longitudinal study of the organization of lateral movement from infancy through toddlerhood, and I was working on a dynamical systems model of the early organization of lateralization. I knew of Peter’s research demonstrating that depression negatively affected the organization of maternal lateral holding and I wanted to know more about the clinical implications of his work. We had

two long conversations in Venice, the last of which resulted in his agreement to participate in a symposium on the ontogeny of cerebral lateralization of function, a symposium that we presented in the 1989 Congress. Hanus Papousek, who I first met in 1966 when I was in graduate school at the University of Denver, also joined us in that symposium.

And, oh yes, we did have that congress, but not in Venice! Bertrand Cramer contacted Furruccio Bianchi in Lugano, Switzerland, and Furruccio agreed to organize and chair a committee to oversee local arrangements. His efforts contributed to make the Lugano congress one of WAIPAD’s most successful, at least from a financial point of view! Furruccio succeeded in getting the Canton to donate many, many services to support the congress which directly led to our ability to deposit over \$100,000 into WAIPAD’s accounts. And this provides a link to Kathryn Barnard, who was the WAIPAD treasurer!

Kathryn and I had independently arranged for a few travel vacation days after the Venice trip and we decided to spend one non-travel day on a boat to visit the islands of Murano and Burano. I knew Kathryn’s work developing an assessment tool for newborns and very young infants, but I had never met her prior to the Venice meeting. I had just recently been informed by one of Michigan State University’s nursing faculty members on research on the clinical implications of therapeutic touch. I must reveal that I was very skeptical about this work so as the boat left the shore, I broached the topic with Kathryn. Well, I went immediately into learner mode, because it immediately became clear to me that Kathryn was about to teach me a great deal about therapeutic touch! She also noted that the book that she Berry Brazelton were about to publish, titled TOUCH, contained three chapters on therapeutic touch. As I emerged from learner mode and Kathryn apparently concluded that I was transformed, we began to have a delightful conversation about touch and its importance for self-regulation and over-all human interaction and neuro-biological organization. When we arrived at Murano I don’t recall that either of us ended up purchasing any of the beautiful glass products, but when we hit Burano and its lovely lace, we were ready. I remember that when we entered the first shop, a whimsical but persistent sales person greeted us by asking whether she could help “the lovely couple.” Kathryn was quicker than I to point out, if I recall correctly, that while “we were lovely, we were not a couple, just friends.” We proceeded to buy lots of lace in all of its

many forms, and I think it was only when we presented separate credit cards did whimsical salesperson finally believe that we were truly not a couple. The cruise back to Venice consisted of a delightful bit of reflecting about our shopping trip and some serious discussion about the future of WAIPAD in the context of the possible merger with IAIMH!

During the 1989 world congress in Lugano, I was stationed at a table near the break session and refreshment area in order to handle on-site registrations (cash only in those days) and infant mental health journal subscriptions, to provide information about where congress events were located, as well as provide general information about Lugano. A one-stop shop for all attendees! Mid-morning of the first day of the congress, Peter came out to chat with me and he returned during every break session to help work at the one-stop shop! At the end of the congress, we truly had developed a personal friendship that strengthened during the subsequent years when he served as president of WAIMH. During the 1990's my wife, Dolores, also became friends with Viveka as they spent many WAIMH congresses touring museums, shopping, and traversing byways of exciting cities. So in 2001, when Peter invited me to

participate in his retirement lecture at the Catholic University of Nijmegen, the four of us had several days together, and Dee and I remember with great joy the wonderful cookout that Chef Peter prepared at his home. He forever teased me about my decorum during my presentation at the retirement presentation after I refused to stand behind a lectern and deliver a formal lecture. Indeed, at the reception that immediately followed Peter's final lecture, the Rector of the university shared with me that they were not used to such a passionate and free-wheeling lecture style. But, after all, I was talking about infants and how can one not be passionate!

The Lugano congress generated many on-site registrations and sales of many copies of the infant mental health journal and books. At the end of the conference, I had piles of currency of various sizes, colors, and denominations. So I went to Kathryn and asked her what I should do with all of that cash. She responded, "Well, take it back home and convert it and then send me a check that I can deposit into the WAIPAD bank account." I reminded her that there was a limit to how much cash one can carry back into the United States and that I had to go through customs. She gave me a really serious look and then a smile and said, "Hi, I know you will find a

way!" I dare say that when I went through customs I was about 1 inch taller, and just a bit heavier in various parts of my body, but I made it. Later when we had all of the money converted, I sent Kathryn a cashier's check for considerably more than the \$10,000 custom's limit. Thank goodness that scanning devices were not in operation in those days.

My journey in infant mental health provided me many opportunities to interact with an extraordinary number of scientists and clinicians, who despite theoretical and cultural diversity, shared a common commitment to improve the lives of infants, toddlers and their families through their research, practice, and policy efforts. I will always remember the fun that I had with Kathryn on our little cruise and then at the Lugano congress. I will always cherish the deep friendship that I was privileged to have with Peter de Chateau. His compassion, thoughtfulness and humor often stilled the organizational beast within me, and enabled my interactions with WAIMH colleagues to be more effective and gentle. He once told me that counting to 10 was not an effective way for me to calm down.... I needed to count to 30! Good advice that I continue to practice with his still-small voice in my mind.



Photo from Joint meeting in Chicago Palmer House Hotel in 1992 that launched the WAIMH. WAIPAD and IAIMH Board members met, with Bob Emde and Justin Call co-chairing the committee. Serge Lebovici was the outgoing President of WAIPAD and Joy Osofsky was the incoming president of WAIMH, Hiram Fitzgerald was the incoming Executive Director of WAIMH.

From left standing Miguel Hoffman, Hisako Watanabe, Charley Zeanah, Jo Sawyer, Kathryn Barnard, Justin Call, Robert Emde, Sonya Bemporad, Hiram Fitzgerald, Maria Cordeiro, David Lonie, Peter de Chateau, Yvon Gauthier. Sitting from left Eleanor Galeson, Serge Lebovici, Joy Osofsky and Michel Soule. Picture taken by Antoine Guedeney.

The World in WAIMH

By Joshua Sparrow, Brazelton Touchpoints Center, Boston, United States, E-mail joshua.sparrow@childrens.harvard.edu

In this issue's *World in WAIMH* column, we are republishing excerpts from A New England Journal of Medicine review article entitled Mental Health and the Global Agenda by Harvard psychiatrists Anne Becker and Arthur Kleinman.

Although infant mental health does not figure directly in this piece, it lays out the history of the growing attention being paid by international bodies to mental health, the growing recognition of the indivisibility of physical and mental health, and the persistent challenges to reducing the burden of mental illness worldwide. Among these challenges are many that affect infant mental health initiatives worldwide: lack of funding

for treatment, limited professional work force and training resources, unexamined assumptions about the universality of Euro-American generated treatment interventions which are largely untested in diverse contexts, and above all, widespread stigma that ranges from "subtle and structural" to an "abuse of human rights".

Mental Health and the Global Agenda

Anne E. Becker, M.D., Ph.D., and Arthur Kleinman, M.D.

For complete reference:

New England Journal Medicine

N Engl J Med 2013;369:66-73. DOI: 10.1056/NEJMr1110827

When the World Health Organization (WHO) European Ministerial Conference on Mental Health endorsed the statement "No health without mental health" in 2005, it spoke to the intrinsic — and indispensable — role of mental health care in health care writ large. Yet mental health has long been treated in ways that reflect the opposite of that sentiment. This historical divide — in practice and in policy — between physical health and mental health has in turn perpetuated large gaps in resources across economic, social, and scientific domains. The upshot is a global tragedy: a legacy of the neglect and marginalization of mental health.² The scale of the global impact of mental illness is substantial, with mental illness constituting an estimated 7.4% of the world's measurable burden of disease.³ The lack of access to mental health services of good quality is profound in populations with limited resources, for whom numerous social hazards exacerbate vulnerability to poor health. The human toll of mental disorders is further compounded by collateral adverse effects on health and social well-being, including exposure to stigma and human rights abuses, forestallment of educational and social opportunities, and entry into a pernicious cycle of social disenfranchisement and poverty.^{4,5} Advances in efforts to alleviate

the human and social costs of mental disorders have been both too slow and too few...

...Creating a Focused and Relevant Research Agenda

Deficits in the global delivery of mental health services reflect, in part, substantial gaps in scientific knowledge about virtually all aspects of the delivery of such care in resource-poor settings.⁴² Scientific publications relevant to global mental health lag behind those in other relatively well-researched and well-funded clinical domains, such as the human immunodeficiency virus-acquired immune deficiency syndrome (HIV-AIDS), malaria, and tuberculosis (Fig. 3, and the Supplementary Appendix, available with the full text of this article at NEJM.org). At the same time, studies of mental health in populations living in regions outside high-income countries are underrepresented in the psychiatric literature,⁴³ a problem that both perpetuates global health inequities^{44,45} and entails missed opportunities for important scientific research. A platform for scientific sharing and a research agenda honed to remediate deficits in the delivery of care are urgently required.⁴⁶ Finally, the augmentation of research capacity on mental health in low- and middle-income countries is vital to generating an evidence base that will guide strategic planning and implementation.⁴⁷

Research is needed to refine diagnostic tools and algorithms for deployment in community and primary care settings,

to identify mediators and modifiers of risk and resilience, and to measure the effectiveness of conventional and novel treatment-delivery strategies in a variety of health systems. Implementation and health outcomes research are particularly exigent.⁴⁸ Analyses of the collateral, economic, and social effects of mental disorders may inform policymakers who are interested in understanding the relative cost-effectiveness of various mental health interventions as well as the costs of withholding them. Child and adolescent mental health is a neglected area that is of great concern given the strong evidence that mental disorders are predictors of adverse economic, social, and health outcomes in adulthood,⁴ resulting in costs that are difficult to measure but easy to appreciate. Because adolescents with mental illness typically have difficulty accessing mental health care, interventions that effectively address the formidable barriers confronting them — and other vulnerable sectors of the population — are essential.⁴⁰ Another highly ranked research goal is the integration, to the greatest extent possible, of culturally informed screening for mental illness into primary care services.^{46,48}

Overcoming Barriers to Equitable Care

Even in regions in which mental health services are widely available, a sizable proportion of the population with mental illness does not receive care that is specific to the illness.^{1,12} Cultural practices affect the ways in which people cope with social adversity, manifest emotional distress and

mental disorders, and seek care. Economic and social vulnerabilities may make medicines, appointments with health care professionals, and transportation to a clinic unaffordable and time lost from work too costly. For example, even though most low-income countries include psychotropic agents on their list of essential medicines, in 85% of those countries these medications are not available at all primary health care facilities. Moreover, the high median cost of psychotropic medicines in these countries is often prohibitive (e.g., the cost of treatment with anti-psychotic agents would equal 9% of the daily minimum wage, and antidepressants 7%) and together with the expenses of other necessary care may impose economically catastrophic costs on patients.⁴⁹ Social adversity is both a risk factor and an outcome of poor mental health, and it compounds the disenfranchisement that exacerbates social structural barriers to health care.

The most basic cultural and moral barrier to the amelioration of global mental health problems continues to be the enormously negative, destructive, and almost universal stigma that is attached to mental illnesses, to patients with a mental illness and their families, and to mental health caregivers. At its worst, this stigma nullifies personhood and constitutes an abuse of human rights. But other forms of discrimination are more subtle and more structural. Psychiatrists, psychologists, psychiatric nurses, and psychiatric social workers are not the only professionals who are targets of discrimination; it is our experience that health policy experts are also adversely affected by stigma, with the result that many shy away from making mental health care a priority. This situation may at last be undergoing positive change. The Ministry of Health in China has begun to advocate for patients with mental illness and to advance their interests, and similar agencies in other countries have begun to do so as well. There is other evidence that the deeply institutionalized stigma surrounding the field of mental health is being challenged and overcome. This may be the most difficult barrier to quantify and yet the most important to address... According to virtually any metric, grave concern is warranted with regard to the high global burden of mental disorders, the associated intransigent, unmet needs, and the unacceptable toll of human suffering...

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The Australian Association for Infant Mental Health, Inc. (AAIMHI)

Infants in Immigration Detention (2015)

A Position Statement

Multiple immigration crises around the world place infants and toddlers at extraordinary risk. The Australian Association for Infant Mental Health, Inc. (AAIMHI) believes that we must give voice to these infants and their families. Members of AAIMHI recently completed a position paper to express concern about the plight of very young children and their families who, in seeking safety and security in a new home in Australia, are placed in immigration detention. This AAIMHI Position Statement aims to speak clearly and to be widely heard. The AAIMHI leadership has provided a brief explanation of the mandatory detention policy and has given permission to WAIMH to include an excerpt from their position paper. Both appear below, as well as reference to the full paper on the AAIMHI website.

A Brief History

In 1992 the Australian government introduced mandatory detention for any person arriving in the country without a valid visa. Since then, in order to stop boats of asylum seekers coming to Australia, the policy has hardened to become indefinite mandatory detention and offshore processing. Concerns have been raised regarding the negative mental health consequences for adults and children detained in this way but there is little information about the impact on infants who are born in detention.

An Excerpt from the AAIMHI Position Statement:

“A recent (May 2015) Senate Estimates session heard that one child had been in detention for 1774 days. It was also revealed that the average time a child is

held in detention is 345 days and that there were 231 children held in on-shore and off-shore detention facilities...Unpublished observational and anecdotal data, and verbal reports from the parents themselves, include a range of infant behaviours that are consistent with signs of disturbed social, emotional, and cognitive development.”

To view the entire paper, please go to the AAIMHI website:

<http://www.aimhi.org/viewStory/Policies+and+Submissions>

Author guidelines for Perspectives in Infant Mental Health

- APA, sixth edition, for style
- 12 point font
- Double spaced
- 250 words per page
- Articles of varying length are welcome, however, length should not exceed 15 pages Word-format
- Send pictures and tables in separate files, with a resolution of at least 72 pixels/inch
- Manuscripts are accepted throughout the year
- Articles much shorter than 15 pages are also welcome for submission
- Send the submission to:
Deborah Weatherston,
dweatherston@mi-aimh.org

Washington Association for Infant Mental Health

By Nina Auerbach, Executive Director
Seattle, USA

The Washington Association for Infant Mental Health (WA-AIMH) was founded in 2001 by a group of infant mental health practitioners and parents who experienced first hand the positive impact of infant mental health services for children and families and wanted to strengthen their skills as a community of experts. This group of professionals became a WAIMH affiliate at this time and received their non-profit status from the IRS. The first Board president was Colleen Huebner, PhD, a professor in the University of Washington's Department of Health Services.

For the first 11 years of operation, the organization functioned primarily as a learning community. It provided networking, educational meetings, and an annual conference with local and national speakers to a diverse group of professionals, primarily in the Puget Sound region of Washington state. In 2011, the Board embarked on an extensive planning process with its membership. As a result, the Board made two critical decisions to grow the role and impact of WA-AIMH:

1. Hire an Executive Director to lead statewide expansion efforts. This person would help the organization expand its scope to be statewide and to be increasingly interdisciplinary in keeping with the development of the field.
2. Bring Infant Mental Health endorsement to Washington. Endorsement is a way for professionals to validate their education and experience related to a set of competencies addressing dyadic work with very young children and families.

To advance these goals, a dedicated member of the Board stepped forward and provided a substantial five year declining grant that enabled the organization to hire its first Executive Director, Nina Auerbach, MSW, MBA. Ms. Auerbach came to the organization with over 30 years of administrative experience and solid expertise in early child development and

learning.

When the Executive Director was first hired, the organization was operating very much as a start-up. In a short time, the new Executive Director implemented a number of critical changes to formalize and build WA-AIMH including:

- Traveling throughout the state to engage people from many different disciplines who were working with young children and their families, including professionals from child care, public health, home visiting, early intervention, mental health, physical and occupational therapy, and caseworkers;
- Working with the Board to develop the organization's first Strategic Plan;
- Creating a work group from the Board and community that researched endorsement systems throughout the nation and ultimately recommended purchasing the Michigan Endorsement of Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®;
- Creating agency infrastructure so that the organization could better function as a viable non-profit;
- Raising significant funds in order to raise awareness about infant mental health, bring endorsement to Washington, and tackle policy issues in the field.

Members of the Board and other community colleagues were extremely supportive to the organization as it underwent this expansion. Dr. Lisa Menett, the Director of Cooper House, a collective of therapists working in the IMH field, donated space so that the Executive Director could have an office. Dr. Susan Spieker, Chair of the Board, and Director of the Barnard Center for Infant Mental Health and Development, provided excellent oversight of the Board and support to the Executive Director as she developed relationships in the community. Other Board members helped to make connections with important colleagues in the field. They tackled complex issues regarding endorsement and policy. In addition, state leaders from the Department of Early Learning, Department of Health and Department of Social and Health Services all engaged in collaborative discussions about integrating infant mental health into Washington's evolving early learning system.

A bright light in Washington has been the

presence of the Barnard Center for Infant Mental Health and Development that offers an on-line four-quarter graduate level certificate in Infant Mental Health. The Barnard Center was founded by Dr. Kathryn Barnard, a pioneer and leader in the field of infant mental health. Over the years, since its inception, the Barnard Center has graduated many well-trained practitioners in the field, helping to grow awareness of infant mental health and preparing the State for endorsement. The curriculum of this program was developed with endorsement in mind – the course work closely mirrors the competencies needed for someone to become endorsed. The Barnard Center continues to be an important resource in our State.

WA-AIMH launched its endorsement system in May, 2015, and in just the first few months had over 40 people register for WA-AIMH Endorsement®. In order to help candidates for endorsement receive the training that they need, the organization has begun to sponsor targeted trainings that map to the competencies that are foundational to this process. WA-AIMH has been focusing on bringing training that will help professionals develop their skills as reflective supervisors, learn the basics of infant mental health, and participate in training on working cross culturally with families there are adult mental health issues.

Although visibility of infant mental health and endorsement has increased substantially due to the efforts of WA-AIMH, there are still significant issues that



Nina Auerbach

need to be resolved so that the state's youngest and most vulnerable children and families get the support they need and deserve:

The state's mental health system is not solid in its recognition that very young children can have mental health issues that need intensive mental health treatment. Some of the state's Regional Service Networks (RSN's) do not accept Medicaid billings for very young children. The DC-03R crosswalk with the DSM has not been recognized throughout the state, and as a result, many young children are not meeting the state's Access to Care Standards. There is a working group of state and local leaders that are working on this issue, and WA-AIMH is involved in advocating for change.

There are pockets of the State, notably east of the Cascade Mountains and in rural areas, where there is a shortage of professionals with specific training and experience in infant mental health. Professional development opportunities need to be expanded so that they are readily available throughout the State.

In addition to training, there is a need to develop more professionals who can provide Reflective Supervision that meets the standards of WA-AIMH Endorsement®. WA-AIMH has been "vetting" supervisors and will make the list available on their website, but there is a need to train and support more supervisors. In addition, the cost of reflective supervision can be prohibitive for some.

In spite of these issues, there is great interest at the state and local levels in infant mental health and in endorsement, and WA-AIMH is playing a leadership role in supporting the emerging work force in infant mental health in Washington.

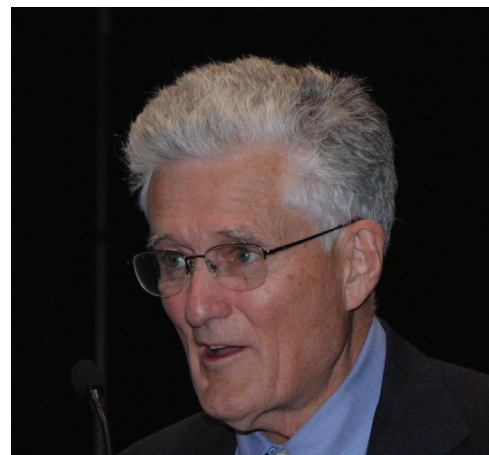
Bob Emde as a Plenary Speaker at 15th World Congress of WAIMH

Robert N. Emde, is Emeritus Professor of Psychiatry at the University of Colorado, School of Medicine, in the US, and currently serves on the faculty at the Centers for American Indian and Alaska Native Health in the Colorado School of Public Health.

His CV lists over 300 publications in the fields of early socio-emotional development, sleep research, infant mental health, diagnostic classification, early moral development, evaluation of early childhood intervention, psychoanalysis, behavioral genetics, and research education.

He served as President of the World Association of Infant Psychiatry and Allied Disciplines from 1986-1989 and currently serves as Honorary President of WAIMH. He has also served as President of the Society for Research in Child Development and on the boards of many organizations that deal with infant development, mental health and research training.

Bob Emde's Plenary is titled "Infant Psychiatry and the Origins of WAIMH; Remarkable early contributions that energized our field"



Bob Emde will be a Plenary Speaker in the WAIMH World Congress in Prague. Photo with courtesy of Bob Emde..

The presentation will address the following questions. Why did Infant Psychiatry, for many a worrisome designation, become a rallying point for our field? Why were psychoanalysts early leaders? Why were our congresses from the start international, being centered in Europe? The presentation will examine historical trends leading up to the first World Congresses of our organization and its two influential volumes "The Frontiers of Infant Psychiatry". It will also remind us of vital contributions given then of some pioneers who are no longer with us now, but continue to inspire and lead us with questions.



Rene Spitz 1970 with young Infant Mental Health investigator Robert Emde. Photo with courtesy of Bob Emde.

Diagnosing Infants and Young Children in the Emerging Field of Early Childhood Mental Health: A Controversial Topic

By Kai von Klitzing, Leipzig, Germany,

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In our regional affiliate (German Speaking Association for Infant Mental Health) we had a quite an intensive and controversial discussion about infant psychopathology during the past few years. One group of members clearly advocated in favor of strengthening infant psychiatry. In their view all major psychiatric disorders like depression, anxiety or behavioral dysregulations can be diagnosed during the whole life cycle – including infancy. Infant mental health specialists should help to establish developmentally sensitive criteria for the diagnostic features for the early age in order to help clinicians to detect disorders as early as possible. During the first years the diagnosing process should especially address the link between biological, psychological, and relational aspects of the disorder. The other group strongly disagreed with this approach, warning of a “psychiatrization” of infancy. In their view, diagnosing babies primarily leads to stigmatization that can harm further developmental perspectives. Infant mental health specialists should primarily address problems in relationships and not individual psychopathology.

The editors of the Deutsche Ärzteblatt (German Medical Journal) asked me to submit a state of the art paper on psychiatric disorders in early childhood. This journal is the official medium of the Bundesärztekammer (Federal German Medical Association) and is distributed weekly to approximately 300,000 German physicians, a huge readership. Medical doctors are encouraged to read the state of the art papers in each issue and complete multiple choice questions which address the content of the papers. If they are successful they receive CME points which they need in order to renew their license from time to time.

I thought that this offer was an opportunity and a challenge at the same time. The opportunity was that we could bring infant mental health issues to a huge number of doctors who work as practitioners, pediatricians, and hospital doctors etc. all over the country. The challenge for me was that I was aware of the controversy

and was not sure whether I would be able to integrate all views in a balanced way. Three colleagues and members of my team at the University of Leipzig child psychiatry department joined me in writing a first draft. Our paper underwent a very strict review by four reviewers who were all more or less experts in the fields of psychiatry or pediatrics. The reviews were critical and somewhat contradictory. For example, one reviewer asked to include more literature on attachment relationships and psychodynamic thinking. Another reviewer argued that the paper focused too much on not evidence based relational theories and not enough on new neurobiological findings on individual psychopathology.

With the help of a very supportive editor we managed to integrate as many approaches as possible without losing the central content line. With the kind permission of the Deutsche Ärzteblatt editor we are now republishing the English version of the paper that had originally been published in the online Deutsche Ärzteblatt international, in Perspectives. We would be pleased to receive other views about infant psychopathology in response to our line of argumentation so that we can open a debate among WAIMH and affiliate members and infant mental health specialists.

[What follows is the full paper with permission to republish in WAIMH Perspectives. The original source is:](#)

[Mental Disorders in Early Childhood.](#)

[von Klitzing K, Döhnert M, Kroll M, Grube M.](#)

[Dtsch Arztebl Int. 2015 May 25;112\(21-22\):375-86](#)

From the Kauppi Campus

-News from WAIMH Central Office

By Päivi Kaukonen, Executive Director,
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Kaija Puura, Associate Executive Director,
Tampere, Finland, congress@waimh.org
and

Minna Sorsa, Administrative Assistant,
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Dear colleagues,

2015 has been a year of unrest in large areas of the world. Due to armed conflicts and also difficult climate conditions the amount of people looking for safety and better living conditions has grown. In many countries governments and ordinary people have been forced to figure out how to help those in need. In these situations it is easy to get fearful of change and of people coming from other countries and cultures. We in WAIMH have a great opportunity now to promote understanding and sharing of experiences and emotions in order to support and protect infants and parents in dire conditions. Our network is already large and quite global, and when we launch our

social media presence, we will encourage you to speak for infants, very young children and families.

One of the ways for increasing understanding and respect between us is meeting each other and sharing our research and clinical experiences during our WAIMH Congress. The 15th World Congress of WAIMH will be held in beautiful Prague in the Czech Republic from May 29 to June 2, 2016. The theme of the World Congress is Infant Mental Health in a Rapidly Changing World: Conflict, Adversity and Resilience. The plenary presentations reflect the theme and are right on target. Come and learn how and what to do with or on behalf of infants, very young children and families under stress. Come share your experiences with other colleagues from around the world and increase our joint understanding of infant mental health.

Those of you planning to submit a presentation will be happy to know that the deadline for Abstract Submissions has been extended to October 30, 2015.

This Congress will be unique in many ways. The Local Organising Committee has

members from both Israel and Palestinian Authority, bringing Near East to Prague. Organizing the 15th WAIMH Congress has been a bit more challenging than usual, since the local organizing committee (LOC), the Professional Congress Organizer (Guarant) and the WAIMH Central Office are all situated in different locations. Thanks to modern technology and video connections everything is being readied for a great WAIMH experience in one of the most beautiful cities in Europe.

Hoping to see as many of you as possible in Prague and through WAIMH social media in the future!

15th World Congress of the World Association for Infant Mental Health

May 29 – June 2, 2016 | Clarion Congress Hotel
Prague | www.waimh2016.org

Theme – Infant Mental Health in a rapidly changing world:
Conflict, adversity, and resilience



WORLD ASSOCIATION FOR
INFANT MENTAL HEALTH

**Abstract submission deadline
has been extended until 30th October 2015!**

WAIMH Award nominations

WAIMH offers five important awards. The following award nominations are in conjunction with our biennial congresses call for proposals. WAIMH recognizes members from across the world who have made very important contributions to the infant mental health community. The WAIMH Awards Committee encourages nominations from a variety of disciplines and settings around the world, e.g. health, mental health, early care and education, early intervention, hospitals, colleges and universities, legislatures, to name just a few.

Nominations are invited for each of the following award categories: WAIMH Award, Sonya Bemporad Award, Serge Lebovici Award, Rene Spitz Award, and the New Investigator Award.

The deadline for nominations is *December 31, 2015*. There will be no exceptions.

Required nomination materials for the WAIMH Award, the Sonya Bemporad Award, the Serge Lebovici Award and the René Spitz Award

1. A 250-500 word statement indicating why the nominee should receive the award.
2. A copy of the nominee's resume, vita, or biographical sketch. If you are nominating a group, provide a complete description of the group and its members as well as a brief history of its relevant activities.
3. Three letters of support from individuals who endorse your nomination.
4. Submit all nomination materials in one packet and mail it to the WAIMH Central Office postmarked or e-mailed no later than *December 31, 2015*.

Please send the entire application packet to the WAIMH Central Office (office@waimh.org, Street address: Medical School, Laakarinkatu 1, Arvo C221, FIN- 33014 University of Tampere, Finland) or direct all materials to the WAIMH Central Office at office@waimh.org



WAIMH will forward applications to the awards committee.

Direct any questions to the awards committee via the Central Office (office@waimh.org).

WAIMH Award

Given in recognition of significant contributions to the World Association for Infant Mental Health, either directly or through one of the WAIMH Affiliate Associations.

2014 Recipients

Hisako Watanabe and Beulah Warren (2014)

Past Recipients

Catherine Maguire and Rochelle Matacz (2012)

Astrid Berg (2010)

Campbell Paul and Brigid Jordan (2008)

Sam Tyano (2006)

Dilys Daws (2002)

Joy Osofsky (2000)

Sonya Bemporad (1996)

Justin Call (1996)

Robert Emde (1996)

Hiram Fitzgerald (1996)

Eleanor Galenson (1996)

Serge Lebovici (1996)

Sonya Bemporad Award

Given in recognition of significant contributions to the advancement of social and public policies that contribute to the mental health and overall benefit of infants, toddlers, and their families. Nominees typically are not involved in service delivery or scientific or clinical studies of infants. Legislators, officials, advocates, media representatives, foundation directors, and concerned citizens may qualify for the award.

2014 Recipients

Natalia Trenchi and Miguel Aguerro (2014)

Past Recipients

Deborah Weatherston (2012)

Tuula Tamminen (2010)

Matthew Melmed (2008)

Pam Linke (2006)

Salvador Celia (2002)

Betty Tableman (2002)

Paul Steinhauer (2000)

Serge Lebovici Award

Given in recognition of significant contributions to the international development of infant mental health. Nominees typically are individuals who have been actively involved in collaborative efforts that have cross-national implications for infant mental health.

2014 Recipient

Heidelise Als (2014)

Past Recipients

Elisabeth Fivaz-Depeursinge (2012)

Charles H. Zeanah, Jr. (2010)

Daniel Stern (2008)

Michel Soule (2006)

Myriam David (2002)

René Spitz Award

Given in recognition of significant lifetime contributions to clinical and/or experimental research on topics related to infant mental health. Nominees typically are individuals who have made substantive scientific contributions to the interdisciplinary field of infant mental health.

2014 Recipient

Colwyn Trevarthen (2014)

Past Recipients

Peter Fonagy (2012)

Mechtild Papousek (2010)

Takeo Doi (2008)

Robert Emde (2006)

T. Berry Brazelton (2002)

New Investigator Award

The purpose of the WAIMH New Investigator Award is to recognize and encourage promising new investigators in infant mental health. The applicant must be a member of WAIMH or must be sponsored by a member of WAIMH. The applicant must have earned a university degree no more than eight years prior to the application deadline. The individual selected as new investigator receives a cash award, a plaque, and acceptance of his/her paper for publication in the *Infant Mental Health Journal* (this involves exposure to the peer review process as a way of assisting the investigator's professional development). In addition, the new investigator must be prepared to present his or her work at the following world congress.



The New Investigator Award recipient Sheri Madigan and President Miri Keren in 2014 WAIMH World Congress in Edinburgh. Photo: WAIMH archives.

Required application support materials for the New Investigator Award

1. A cover letter on institutional letterhead indicating that you want to be considered for the New Investigator Award competition.
2. One copy of the applicant's curriculum vitae or resume.
3. One copy of the abstract submitted to the program committee of the congress.
4. Four copies of an original unpublished version of the paper described in the abstract.
5. A sponsor's letter if you are not a member of WAIMH. The sponsoring letter must be written by a member of WAIMH.
6. Submit all nomination materials in one packet and mail it to the WAIMH Central Office postmarked or e-mailed no later than *December 31, 2015*.

Past Recipients

Sheri Madigan (2014)

Elita Amini Virmani (2010)

Wakako Sanefuji (2008)

Claire Vollotton (2006)

Kaija Puura (2002)

Laurie A. Van Egeren (2000)

Anne McDonald Culp (1996)