

Ann Morgan Prize 2015

Ann Morgan Prize, Australian Association for Infant Mental Health, Inc. Victoria

As a creative pioneer in the field of infant mental health, Dr Ann Morgan has provided immense support and leadership for those working with troubled infants and their families. She has been a passionate advocate for infants and parents, providing transformational interventions for them and inspiration for her colleagues.

To honour Dr Ann Morgan's contribution to the infant mental health field, the Australian Association for Infant Mental Health, Inc. Victoria has established an annual writing prize, the Ann Morgan Prize. It was first inaugurated in 2010 as a way of honouring Ann when she retired from her official role on the AAIMHI (Vic) committee as Vice- President.

The Ann Morgan Prize was created to invite contributions that would illuminate something about the infant's experience and also to be a forum for creative writing not bound by the rules and restrictions defining many professional publications. The invitation to submit is extended to all members of the Australian Association for Infant Mental Health.

Heather Warne received the Ann Morgan Prize in 2015. She was originally trained as an occupational therapist and has spent most of the past 35 years working with children and families in community health settings. Over the past 15 years, she has found her way into the fields of psychotherapy and infant mental health. Heather works as an infant mental health specialist with the Infant Therapeutic Reunification Service based at the Women's and Children's Hospital in Adelaide and maintains a small private practice.

The Infant Therapeutic Reunification Service is a collaborative health and child protection initiative working with parent/s and infants where the infant has suffered abuse or neglect. The service provides comprehensive parenting capacity assessment and where possible, therapeutic intervention that aims to increase the parent's protective and reflective capacities within the developmental time frame of the infant. The focus of the work is primarily on building relationships.

The service provides early assessment and intensive parent/infant therapy for infants under three and their parents, where

significant maltreatment and neglect has occurred, or is at risk of occurring. It was set up in 2011 in response to the high levels of infants coming into care and often experiencing multiple placements. Based on the Tulane Infant Team model, the success of the reunification work is higher than average.

Where reunification is not possible, timely long-term decisions that address the infant's developmental timeframe are made and therapy with foster parents and infants may also be offered.

At all levels of intervention the focus is to build reflective capacity to improve outcomes for infants.

The client in the story has generously given permission for the work to be published and presented.

First published in the AANZPA Journal, the article appears here with permission from the authors, Patricia O'Rourke and Heather Warne, and the publisher.

O'Rourke, P.M. & Warne H. (2015). Psychodrama and Infant Mental Health: An essay and a conversation. AANZPA Journal, 24, p.29-37.

Psychodrama and Infant Mental Health: An essay and a conversation

By Patricia O'Rourke and Heather Warne

Moments from inside an Infant Therapeutic Reunification Service...

He turns up regularly, weekly, though sometimes late. Today he's on time, and sits awkwardly in the waiting room. He's thick set, 24 years old, pumps weights and drinks Red Bull. He never wears a jumper. His baby, a girl, soon to be a toddler, sits in her pusher, face slightly dirty, big blue eyes alert, wispy hair awry and poking out from under a red and white knitted hat with red pom poms dangling from the ear flaps. Her feet are bare. Today she grins at me, a wide toothy smile – she has a big gap between those two front teeth, and she looks just like her dad. Although her

paternity is obvious, in the beginning it was contentious and required scientific verification.

He is less effusive in his greeting, doesn't directly say hello. He's a bit shy, and socially awkward. The greeting is important. Sometimes our parents can't share, not even with their infant, and it can be a mistake to greet the infant first; if the parent flickers, and turns away just slightly with dry displeasure, we're off to a bad start. This dad is not like that, but he is on the edge of his comfort zone, here under duress. Mostly he warms up as we trundle down the corridor, through the grey security door then right, left, left and into the playroom. He reminds me of a friendly but slightly inept bear with a dolly in a flimsy toy pusher.

Usually he connects with me, on his own terms, by way of cars. He relates his latest mechanical exploits – the new shockers he's just installed on the V6, the deal he's wrangled for good second-hand tyres, and after this (meaning the session), he's off to the wreckers with his dad because the timing belt is on its way out. I will ask him again, a little later, about where the baby will be and 'I'll say something like, 'Wow that's a long time for her to sit in the car ...' And he will say, 'Oh she's used to it,' and I will grapple with how much of a problem it is in the general scheme of things.

But today it's a bit different – he sucks on his can of Red Bull and fiddles with his phone as he pushes her along. He's not looking at me. Just as we get to the room his phone rings, and he says can he answer it? Perhaps he's remembering last