

# Book review

By Deborah Weatherston, Michigan Association for Infant Mental Health

"Nurturing Children and Families: Building on the Legacy of T. Berry Brazelton," B. Lester and J. Sparrow, Eds. (2010)

"Nurturing Children and Families: Building on the Legacy of T. Berry Brazelton," edited by Barry M. Lester and Joshua D. Sparrow, invites readers to reflect on and celebrate the remarkable contributions that T. Berry Brazelton has made to the advance of science and the nurturing of infants, children and their families. The book introduces us to significant concepts that have challenged how scientists and practitioners view babies and witness the relational nature of human development over the span of his 50 year career.

Concepts that are most important to mention here: individual differences in infancy and the dynamics of newborn behavior; the infant's contributions to his or her own course of development; the power of the parent-child relationship to influence health, growth and change; and the importance of shared observation and meaning making in early work with families. Brazelton's pioneering spirit has transformed practice, inviting pediatricians, nurses, psychologists, social workers, home visitors, early care and education professionals and many others to be open, curious, and thoughtful in their observations, interactions and affective responses to infants and families. Of great importance is Brazelton's therapeutic stance that has guided generations of parents to feel confident and competent as they cared for their babies in the early years.

The book is laid out in three separate parts. Part I discusses Brazelton's accomplishments in terms of behavioral and developmental research. Part II explores innovations in clinical intervention, including a section about infant mental health and the treatment of trauma. Part III discusses the implications of Brazelton's work for professional development, systems of care, and policy. Chapter by chapter, the book is a masterful collection of writings from among the most respected scientists and clinical leaders in the infant and family field. Each contributor invites readers to think more deeply about early development, relational contexts, and touchpoints for optimal growth and change. What follows is a brief introduction to each part.

Part I introduces the reader to the transformations in research and practice that are attributed to T. Berry Brazelton. Barry Lester describes paradigms that Brazelton challenged and praised the "new lens through which we see and study children based on his scientific contributions." p. 3. Joshua Sparrow follows with an illuminating chapter in which he examines Brazelton's transformative ideas about infants and observation, individual differences, culture and development, and collaborative consultation. Part I continues with a focus on advances in fetal and newborn behavior, self-regulatory and relational processes, regression and reorganization in infancy, and neuroscience perspectives on developmental models. The range of topics is stunning, reflecting the depth and breadth of Brazelton's thinking by colleagues and authors, Kathryn Barnard, Tiffany Field, Daniel Stern, Ed Tronick, Stanley Greenspan, Allan Shore, and Jerome Kagan, to name a few.

Part II includes discussions of innovative clinical interventions for infants and parents that are relationship based. Included are Touchpoints®, Nurse Family Partnerships (NFP), the care of preterm infants (NIDCAP), and the use of the Neonatal Behavioral Assessment Scale (NBAS) to encourage parent-infant interaction. Charles and Paula Zeanah, Joy and Howard Osofsky, Dante Cicchetti and Sheree Toth offer perspectives on infant mental health. They address core concepts that reflect Brazelton's considerable contributions to our understanding of the field. It is clearly a multidisciplinary field that focuses on strengths; it is relational; it is observational, collaborative and insightful.

The discussion about "ghosts in the nursery" and angels in this section, written by Alicia Lieberman and William Harris, has particular meaning for the infant mental health community. The authors align the thinking and work of two important pioneers, T. Berry Brazelton and Selma Fraiberg:

Brazelton observed, Fraiberg observed – and both intervened, each as a different segment of the health – pathology spectrum. Brazelton promoted awe, pleasure, and competence in parents who were often seeing the wondrous capacities of their babies for the first time. Through their babies' responses to them, parents developed a

reinforcing sense of self-efficacy. ..Fraiberg focused on parents whose capacity to connect to the unique individuality of their baby was thwarted by their negative attributions, rooted in their own childhood experiences of having felt unprotected and unloved. Brazelton was working through a lens of optimism, using the baby's competence to help parents discover their own; Fraiberg was focusing on the mother's psychopathology, using the baby's potential to help the mother escape from entrapment in her own past. Together, they created a chiaroscuro that honors the complexity of what Daniel Stern calls 'the first relationship.'" P. 243-44.

Their work led to relationship as a focus for the promotion and practice of infant mental health, a significant shift in the delivery of developmental and clinical services for infants, toddlers and families. We are challenged by the authors in Part III to take the principles of relationship work, so central to Brazelton and Fraiberg, and apply them across disciplines, systems, and organizations to effect continued growth and change through collaboration in this rich and rapidly expanding field.

Part III contributors discuss the implications of Brazelton's work across disciplines and systems of care. Libby Zimmerman offers observations about developing the infant mental health workforce. Jayne Singer and John Hornstein discuss Touchpoints® for early care and education providers. Constance Keefer examines early innovations in behavioral/developmental pediatric training. Change is the focus for the concluding chapters. Myra Fox addresses change in service delivery in hospital environments. Ann Stadtler, Julie Novak, and Joshua Sparrow present improvements in healthcare service delivery with relationship-based nursing practices. Daniel Pederson and Jack Shonkoff translate the science of early childhood development into policy and practice.

Sarah Lawrence-Lightfoot's concluding reflections about Brazelton are heartfelt:

As we honor and learn from the luminous life and work of Berry Brazelton, we take his lessons and make them our own, hearing

the echoes of his teachings and giving them our singular voice and commitment. Now is the time. Now is always. p. 362

When I turned the to last page of this extraordinary collection, I drew a deep, reverent breath. What a remarkable man T. Berry Brazelton is. He has contributed so much to shared understanding of the importance of infancy and the power of nurturing relationships to growth, health, and change. This classic collection will enrich every infant mental health professional's understanding of the legacy of T. Berry Brazelton and his influence on the infant and family field.

## NAIMH introduction

By Catarina Furmark, President, Nordic Association for Infant Mental Health

### Introduction

The Nordic countries - Denmark, Norway and Sweden - each have a relatively small population, totaling around 20 million. Reflecting the three individual countries differences in political structures, in social systems and in policies, the Nordic Association of Infant Mental Health, NAIMH, or NFSU in Scandinavian, is a diverse affiliate. The total membership of NAIMH fluctuates from around 200 to 350 members. Each country is responsible for hosting activities for their members and takes turns in organizing annual conferences.

### The Structure of NAIMH

Members elect board members for two years, with the option to be re-elected for two more years. The term of office is limited in time to ensure that all countries are represented in an equal manner. The President or Chairperson is elected, whereas the positions of Vice President, Secretary and Treasurer (the latter for each country) are decided by the elected board. The board consists of two representatives from each country, enabling a rich exchange of ideas and inspiration from the different parts of Scandinavia. The position as Chair alternates between the countries.

### Communication with the Members

The President is responsible for the publication of bi-monthly newsletters. Recently the affiliations' website underwent an overhaul and is now the most effective and up-to-date manner in which to communicate with the members. <http://www.nfsu.org> Occasionally a guest-blogger is invited to add an interesting glimpse into his or her professional world. But mostly the site is used for information on seminars, training, conferences and happenings worldwide as well as book reviews, updates on research articles. We even have a twitter account linked to the website with frequent «tweets» by the current President - @BarnPsykologen - as well as the current Secretary - @HanneCB.

## Affiliates Corner

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### Background

The idea of a Nordic network was first presented at the Lugano WAIMH-conference in 1989. When a handful of Infant Mental Health professionals got together in Sweden in 1991, they launched the Nordic Association for Infant Mental Health or NFSU in Scandinavian. One of the early aims was to establish a connection with the international body of infant research and professional training programmes. That year, the group presented the idea of a Nordic network at the WAIMH Congress in Chicago and received a very warm welcome. NFSU/NAIMH was one of the very first affiliates to be a part of WAIMH, and the connection with WAIMH remains a strong one. We encourage our members to take up dual memberships whenever possible. NFSU/NAIMH also continues to seek out ways to collaborate with other national organizations. For example, in Sweden, the "Psychologists in MCH-care", and in Norway, Regional Centers for Child and Adolescent Mental Health (the R-BUP/ the RKBU), along with others. The aim to be a part of the international infant mental health world is imperative to us. We seek collaboration and exchange in a multitude of ways, whether it is on a more formal level, in the area of training, in the field of research or more personal contacts and meetings with fellow professionals and friends within the network and around the world.

### Annual National Infant Mental Health (IMH)Conferences

NFSU has organized and held two-day IMH conferences each year since the Nordic network was formed. The three member countries take turns in planning and hosting the conferences, making it easier for all members from the various areas of Scandinavia to attend.

Our most recent NFSU conference was held in Bergen, Norway, with approx. 100 in attendance. Since our 20th jubilee conference in Copenhagen where Antoine Guedeney gave an honorary talk, the opening plenaries are held in English, followed by presentations in the Scandinavian languages the second day. The Scandinavian languages - Norwegian, Danish and Swedish- although distinct from one another, can be fairly easily understood by each of the different