

The Signal



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Babies Can't Wait

Infants and Toddlers in the Child Protective Services System

by Sonya Bemporad

Babies have profound developmental challenges related to their emerging sense of self. The most profound of these challenges is the attainment of an internalized object: a permanent and reliable introject of a good enough parent that enables young children to maintain their self organization and feelings of well being out of the actual presence of the parent. This achievement brings with it the capacity for impulse control and emerging conscience as the parental object is internalized. As the toddler and young child experience the parent as an inner voice they do not have to rely on external reminders of parental prohibitions.

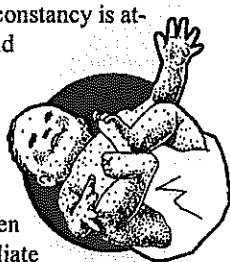
These achievements occur as libidinal object constancy is attained. Libidinal object constancy is distinct from perceptual object constancy. Perceptual object constancy is attained in the second half of the first year of life and indicates that the baby believes in the existence of the object even when not in the immediate visual field. Libidinal object constancy is accomplished in the third year out of intimate experiences with significant objects; parents, extended family, or other caregivers.

(Toddlers) hold their cup with milk or cocoa or whatever they drink from it, and handle it quite carefully and skillfully. But when it is empty, and if you are not very quick, they throw it away (it's very good to have plastic cups and saucers) ... Now what is the child doing there that we don't do? The child at the ripe age of eighteen months, evidently can give up his regard for the cup when the cup is empty. Then it is thrown away, it is no good; and this gives us a very good picture of the what the child does with his love objects, or at least up to that age. He cannot retain his

relationship to them when they are emptied of the satisfaction they could offer ... the child withdraws his libido cathexis from them, which is as good as throwing them away ... (at this stage) the relationship is inconstant and ceases with the satisfaction, and is begun again with the renewal of the need.

Then comes the next phase in the child's life, in which he behaves in relation to his cup and saucer as we do. We keep them for the next meal and handle them carefully or even cherish them, whether they serve monetary satisfaction or not. Now the child begins to do the same with his mother, his attachment to the mother, which means the libidinal cathexis of her, remains constant regardless of the need. This is the phase of object constancy. (Anna Freud, 1992).

The infant has a limit to the number of relationships she can experience as intimate and meaningful. Although this capacity varies from child to child, there is a limit to both the number of relationships and to their discontinuity within which the achievement of an internalized libidinal object can occur. This understanding of early intrapsychic development, by now widespread in infant mental health work, is what was the impetus for the formation of the "Babies Can't Wait" project in Dallas, Texas.



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It has only been in recent years that we have come to understand how to diagnose and intervene in the psychological problems of infancy that underlie many of the conditions that become manifest in later life. These advances in research and understanding are slow to be translated into changes in public policy and into changes in the structure and function of service delivery systems. This is unfortunately the case in child protective services throughout the country.

Currently, our child protective service systems deal with infants with the same kinds of intervention, the same time frames for making interventions, and the same range of treatment alternatives that are used for older children and adolescents. It is equivocal whether these modes of intervention work well, even for older children. It is becoming increasingly clear that these modes of intervention can be very damaging to the development of infants and toddlers.

The "Babies Can't Wait" project attempted to deal with these issues in a collaborative effort among the Dallas County Child Protective Services agency, Dallas County Mental Health and Mental Retardation agency, and the Texas Association for Infant Mental Health. In 1987, Russ Dunckley of the Mental Health and Mental Retardation agency; Linda Fleming, then head of the Child Protective Services agency; and I, as a representative of the Texas Association for Infant Mental Health developed a proposal to the Hunt Alternatives Fund for an initiative on behalf of babies in the Child Protective Services system.

The Hunt Alternatives Fund provided funds to carry out an initiative that had three objectives: 1) to educate systems that affect infants and toddlers in child protective services; 2) to establish a demonstration project, the Infancy

Project, within the Dallas Protective Services agency that would meet both the physical protection and the developmental, mental health needs of infants and toddlers; and 3) to provide support and technical assistance to the Child Protective Services agency in meeting the special needs of infants and toddlers. The "Babies Can't Wait" project attempted to put our understanding of the most critical psychological issues in infant development inside the policy and practice of child protective services in the Dallas Community.

Our approach was to assure an understanding throughout the child protective services system that by the time a child under the age of three has come to the attention of the State because of neglect or abuse, his early relationships are already highly problematic and the child's "best interests" have already been abrogated. We can no longer use a "best interest" standard in these cases. The best interest for any child includes good enough parents who do not treat them in ways that bring them to the attention of the State through its child protective agencies, i.e., their "best interests" are that we should never have had to identify them as victims of severe neglect or abuse. Their best interest also includes, perhaps even more importantly, that the State not have to be a party to their family relationships. When this happens, when the State intrudes in the family relationships because the infant or young child is in danger within those relationships, then the issues of the impact of State intrusion on developing relationships becomes paramount.

When the State becomes a part of decision making for the child, certain safeguards should prevail. They include, as Goldstein, Freud and Solnit indicate in *Before the Best Interest of the Child*:

1. respect for the child's need for continuity of relationships;

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2. placement decisions that are made in accord with the child's sense of time, not the adult's—parent's, case worker's, judges, etc.; and

3. placement decisions that take into account: a) the Laws (i.e., courts and agencies who act for the court) incapacity to supervise interpersonal relationships and b) the limits of our knowledge to make long term predictions.

In addition to the three standards, these same authors propose a "least detrimental alternative" standard to replace a best interests standard.

As described above, when a child has come to the attention of the State her "best interests" have already been denied. Her best interests would have dictated that her care was good enough so that no intervention was required. Given that intervention is required, then we should develop the "least detrimental alternative" as the standard, guided by the three principles we have stated: respect for continuity of relationship, the child's sense of time, and the difficulty in making long term predictions.

As workers in the field we must not beguile ourselves with fantasies of "fixing it" or making it perfect for a child whose best interests have been compromised. Neither can be done. The reality is that the baby had a parent or parents who could not and did not care for her in a good enough way to prevent State intervention. The additional reality is that any parent, including any new, non-abusing one, has limits, i.e., will not be perfect. These are two crucial "facts": that the child's own parents were not "good enough" to prevent State intervention, and that the replacement for those parents will not be perfect. Those replacements cannot be perfect, not only because nobody is, but by the very nature of their replacement status. We cannot

undo the harsh reality that this baby's own parents were destructive enough to warrant State intrusion. The State and the child will have to deal with these realities as the planning for each case proceeds.

It is clear that the State does not, for many reasons, always keep these critical considerations as primary in its decision making for babies in State care. There continue to be horror stories of young children who, having been with State-provided caregivers for a substantial part of their first three years of life, are wrenched from those relationships because of considerations other than the nature of that relationship. The grounds for removal of a child from the care



Every time a major disruption occurs in the bond between an infant and her psychological parent, we damage the foundation upon which the rest of the child's development will be built.

of the "psychological parent" should be the same as the grounds for removal from the care of a biological parent, abuse or neglect severe enough to warrant State intrusion.

A recent case in Florida (*New York Times* 5/9/93) illustrates just how far States are from using the child's need for the continuity of relationship with a primary caregiver as the standard for permanent placement. Baby J. had been in the continuing care of her foster mother since she was six months old. After two years in her care the State of Florida planned to place the child with a "relative." The foster mother fled with the

child, was subsequently apprehended and faces up to five years in prison on a felony charge. To quote the *Time's* article, "The goal of foster care, department officials said, is to have the child reunited with the parents or at least relatives, and they said foster parents should help achieve that goal."

The goal of foster care as described above is highly questionable from an infant mental health perspective. The goal of foster care should be to provide temporary care, (temporary in a child's sense of time, not an adult's) while a permanent placement is developed within the context of "least detrimental alternative." The goal cannot be formulated on the basis of worker, or agency, or family fantasies of giving the child a real, translate biologically related family. For the child, the real family is the psychological family and that reality is the one that must be protected.

Every time a major disruption occurs in the bond between an infant and her psychological parent, we damage the foundation upon which the rest of the child's development will be built. As child protective systems are now structured, disruptions in these bonds can and do occur repeatedly for infants already at high risk because of abuse or neglect. Too often when infants are removed from the care of their parents, they then are moved through emergency shelters, and a series of foster homes, and finally after all this State designed assault on their development, are placed either back with the parents, with relatives, or with adoptive parents.

As research on infancy and child development accumulates, it is becoming increasingly clear that the first three years of a child's life are critical as the foundation of a child's personality and later functioning. In order for personality development to proceed

optimally, it is essential that infants and toddlers are assured of a permanent and appropriate psychological parent so that attachment and bonding can proceed. It is becoming increasingly clear that the more frequently the bonds between an infant and the psychological parent are broken, the more likely it is that the infant will develop into an adult who has difficulty with impulse control, with the development of conscience, and with intimate relationships. These traits, impulse control, conscience and the capacity for intimacy, are the ground for constructive adult functioning.

Training has been provided to judges and attorneys on the principles of infant mental health described above and the use of those principles in child placement practice and policy. We have reviewed cases in the child protective services system in order to determine the number of times children in the child protective service system were moved, the length of time in foster care, and ultimate case resolution. We have helped the protective services agency in Dallas move toward "dual license" homes so that there can be foster homes that then become adoptive homes for a child in care, should that child's parents' rights be terminated. And, finally we have developed and made available a comprehensive training curriculum focussed on the needs of infants for timely, permanent placement.

As part of the ongoing commitment of the Texas Association for Infant Mental Health to babies in the child protective services system, we recently sponsored along with WAIMH and the North American affiliate of WAIMH, a regional "Babies Can't Wait" conference. Several hundred people from a

variety of professional backgrounds gathered in Arlington, Texas for the two day conference. The details of that conference are reported separately in this issue of *The Signal*.

In addition, the Executive Committee of WAIMH has asked me to chair an international study group on policy and practice related to infants and toddlers in child protective services and child day care systems. If you are interested in participating in this work, please contact me:

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Editor's note:

Sonya Bemporad, in addition to being a clinician and a tireless advocate for infants, is also a member of the Executive Committee of WAIMH and the Past President of the International Association of Infant Mental Health.

by *Tambra Riggs*

The U.S. Regional Meeting of WAIMH was held April 7-8, 1995 in Dallas, Texas. The conference, "Babies Can't Wait: A Collaborative Approach to Planning for Infants and Toddlers in the Legal System," was jointly hosted by the Texas Association for Infant Mental Health (TAIMH) and the Tarrant County Junior College Child Abuse Intervention Training Project.

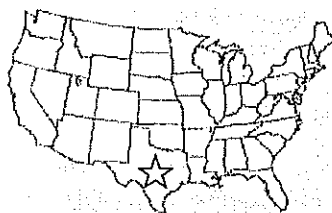
The "Babies Can't Wait" project of TAIMH continues to focus on the experiences of the youngest children in the legal system, ages birth to three years. Of specific concern is the child protective service/foster care experience and its impact on a child's healthy development, especially in these particularly critical early years.

The Conference attracted a multi-disciplinary audience of 125. Of the participants, 60% were social worker/DPRS and individuals/professionals from social service agencies; 12% were attorneys; 12% were teachers; and 16% were doctors, nurses, clergy, and students.

The conference was a great success, largely due to the seven highly informative and diverse workshops with many nationally-renowned experts in the early childhood and legal fields serving as faculty members.

Bruce Perry, M.D., Ph.D., Chief of Psychiatry at Baylor College of Medicine; a Thomas Trammell Research Professor of Child Psychiatry; Director of the CIVITAS Child Trauma Programs; Director of the Post-Traumatic Stress Disorder Clinical Research Team at Houston VAMC; and publisher of numerous articles about the effects of early trauma on brain development, presented a workshop entitled "Irreversibility

WAIMH Regional Conference: Dallas, Texas



of the Effects of Trauma." Dr. Perry emphasized the devastating effects of trauma during the critical and sensitive neurobiological periods in the early years of life. The research and clinical work of Dr. Perry was discussed, including his work with the surviving children of the Branch Davidian Compound in Waco, Texas.

A workshop entitled "Constitutional Rights for the 0-3 Population" was presented jointly by Judge John Specia, Barbara Rila, Ph.D., and M. Beth Krugler. Judge Specia is Judge of the 225th District Court in San Antonio, Texas, and is widely recognized for his work as a children's advocate and instructor in family law issues. Most recently, he drafted a major revision of Chapter 18 in the Texas Family Code which sets expectations and guidelines for periodic review of conservatorship cases. Dr. Rila is a private psychotherapist in practice with Child and Family Resources in Dallas, Texas. She specializes in working with traumatized children, evaluating children involved in disputed

custody cases, and evaluating children in children's protective service caseloads. Ms. Krugler is a licensed professional counselor and an attorney-mediator in Fort Worth, Texas. She is also involved with protective service cases on many professional levels. The above experts in the fields of law and psychotherapy presented concrete examples of children's needs from our judicial system and explored the issue of children needing constitutional rights for protection.

Anne Marie J. Lancour, the State Training Attorney for the American Bar Association's Center on Children and the Law in Washington, D.C., has been a litigator in all areas of protective service cases, and has written numerous legal training documents for child welfare professionals. She presented a workshop entitled "Using Mental Health Professionals in Legal Decision-Making," which explored how the legal system often looks at mental health issues "after the fact" and the reasons these issues must be examined at the front end of every placement decision.

The workshop entitled "Grief Reaction and Attachment Disorder" was presented by Michael Trout, Vice President for the United States of WAIMH, Director of the Infant Parent Institute in Champaign, Illinois, and a frequent lecturer on issues affecting young children. Because the issues of grief and attachment remain constant factors in any and all placements of children, this workshop challenged participants to weigh these factors properly in case management and planning.

Ruth McRoy, Ph.D., a faculty member at the University of Texas at Austin, social worker, author of numerous articles, and an expert in the field of adoption, particularly transracial placement, presented a workshop, entitled "Transracial

Adoption: In Whose Best Interest?" She focused on the major issues and factors in transracial placements, including the adoptee's development of self-concept.

"Advocacy for Children in the Legal System" was presented by Donald Duquette, author of *Advocating for the Child in Protection Proceedings: A Handbook for Lawyers and Court Appointed Special Advocates* and Clinical Professor of Law and Director of the Child Advocacy Law Clinic at the University of Michigan Law School. This workshop addressed the many dimensions of child advocacy, as well as role of the guardian/attorney ad litem and asked the question, "Who really is the child's champion in the legal system?"

Vera Fahlberg, M.D. is the author of *A Child's Journey Through Placement* and numerous other publications that have been used in the training of child protective service workers, foster parents, and adoptive parents throughout the last three decades. Dr. Fahlberg is one of the nation's most highly regarded writers and trainers in child welfare. Her workshop, entitled "The Importance of Early Decision-Making," discussed the sensitive developmental and attachment periods of the young child and the critical need for early decision-making with regard to placement. Permanency planning and alternative plans for permanency were among the issues explored.

In addition to the workshops, there were many other sessions which addressed a variety of relevant issues. A panel entitled "The Conversation: Conflicts and Issues Facing Young Children in the Legal System" with Sonya Bemporad, Jeree H. Pawl, Ph.D., and Judge John Specia of the 225th District Court in San Antonio, allowed conference participants to pose questions and to engage in an

open forum about current concerns. Ms. Bemporad is Vice-President of The Child Care Group, Dallas, Texas and is known throughout Texas and on a national level for her expertise on early ego development and separation-individuation issues. She is a graduate and former faculty member of Sarah Lawrence College and has served as a consultant to Dallas County Child Welfare from 1976-1990. In addition to her work with The Child Care Group, Ms. Bemporad is a psychotherapist in private practice. Dr. Pawl is the current President of the Board of Directors of Zero to Three/National Center for Clinical Infant Programs, Clinical Professor in the Department of Psychiatry at the University of California, San Francisco, and Director of the Infant-Parent Program at San Francisco General Hospital.

Charley Zeanah, M.D. of the Division of Infant, Child and Adolescent Psychiatry, Louisiana State University School of Medicine, New Orleans, and current editor of *The Signal* gave a most informative luncheon address about current issues in the field and described a new evaluation and treatment program for abused/neglected infants that his group has initiated in Louisiana.

A keynote address entitled "Making the Legal System Responsive to Children" was delivered by Donald Duquette, J.D. and a plenary session entitled "Impact of Loss on Young Children" was directed by Vera Fahlberg, M.D.

The wrap-up panel discussion was moderated by David Cole, an attorney and part-time associate judge in the Dallas County Juvenile Court, Dallas, Texas, specializing in abuse, neglect, and adoption cases. Panel members included Donald Duquette, Dr. Vera Fahlberg, Dr. Ruth McRoy, and Kristin Hanson, a family lawyer in San Antonio, Texas, specializing in

abuse, neglect, and adoption cases.

Current tasks by "Babies Can't Wait" project members include working to further intervention, education, research, and policy changes in this most critical area of concern to the youngest members of our society.

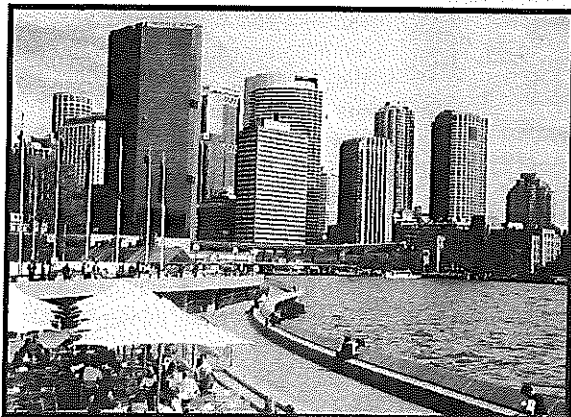
On a personal note, this conference was lovingly dedicated to the memory of Julie Ann Mason, Ph.D. (1961-1994), former chair of the Child Advocacy Committee of the Texas Association for Infant Mental Health and member of the Conference Planning Committee. Julie's enthusiasm for "Babies Can't Wait" as a concept to spur effective advocacy on behalf of young children was a motivating force in organizing this conference. Julie had an optimism that focused on human possibilities, a powerful sense of energy rooted in love, and a passion to make the world a better place, especially for children. Before her death, Dr. Mason was a research psychologist at the Timberlawn Research Foundation, specializing in young children and their families. Her teaching and research were infused with a vision for serving children by understanding how they can develop their fullest potential. A fervent advocate for infant mental health, Julie embodied the spirit of what we want for all children. She touched our lives deeply and continues to inspire and empower us to work even more diligently . . . for the children.

Editor's note:

Tambra Riggs is a Ph.D. Candidate in Educational Psychology at East Texas State University in Commerce, Texas. She is also Co-Chair of the Babies Can't Wait Advocacy Committee of the Texas Association of Infant Mental Health, a WAIMH affiliate.

by David Lonie

The third Pacific Rim meeting, held in Sydney, Australia from April 21-23, 1995, was organized by the Australian Association for Infant Mental Health. Two hundred thirty registrants engaged a full scientific programme with over 75 papers and workshops. Each day began and ended with a plenary session, with concurrent sessions binding the ends of the day together. There were a number of overseas visitors who presented at the plenary sessions, and these included the official representatives of WAIMH, Antoine Guedeney, Hiram



Fitzgerald, Hisako Watanabe, and Charles Zeanah.

The theme of the conference was "The Baby, Family, and Culture: The Challenges of Infancy Research and Clinical Work." The Plenary sessions served to provide a backbone to this theme, with the concurrent sessions affording an opportunity for smaller, intimate discussions of the areas of interest. The scientific committee headed by Campbell Paul produced a cohesive and balanced programme which allowed both for breadth and depth of interest.

In this report, because of

space limitations, I will report only on the plenary sessions.

Charles Zeanah (New Orleans, Louisiana) set the stage for the meeting in the first plenary with a paper on "Disorders of Attachment." He pointed out some of the difficulties associated with the current classification of disorders of attachment as used in the DSM IV and ICD-10. For example, the work providing the basis for this classification was done on children who had either been brought up in institutions, or had been severely abused. As a result, the disorders of attachment so described were seen as deriving from within the child

rather than from the interaction between the parent and the child, which might vary from one attachment figure to another. He presented a different view of attachment

disorders based on work he and Alicia Lieberman had been doing, now in the process of clinical trial.

In this schema the major categories are:

1. Non Attachment Disorders, which corresponds more or less to the present DSM IV and ICD-10 classification of 'disordered attachment.'

2. Disordered Attachment (or secure base distortions)

- a) with inhibition, which describes those couples in which the child is not able to move away to explore.

- b) with self endangerment,



in which the child presents as accident prone, with aggression directed either towards the self or towards the attachment figure.

- c) with role-reversal, where in general the child adopts a caretaking role towards a parent.

3. Disruptive Attachment Disorder, which occurs when the child has lost the primary attachment figure through separation or death.

He suggested that to correctly classify an infant and caregiver in these terms, it was necessary to observe the couple in a number of situations, and to look at a range of behaviours including how and when the child shows affect to caregivers; how the child seeks comfort; whether or not the child relies on the caregiver(s), and what degree of cooperation exists between the mother-infant couple; what exploratory behavior the infant shows; what controlling behavior; and finally, type of response upon reunion.

With regard to intervention in infants with attachment disorders, Charles suggested that the major step was to provide an emotionally available attachment figure; it is not clear, however, how effective interventions might



Charles Zeanah

be in changing attachment classifications.

There were a number of links between the paper presented by Charles Zeanah and that presented by Mary Sue Moore (Boulder, Colorado). Mary Sue's paper, "The Complexity of Infant Trauma: Representation and Transformation" also considered attachment disorders in infants, particularly the effect of trauma on attachments. Mary Sue's paper was based on collaborative work with Susan Coates and a paper to appear shortly in *Psychoanalytic Enquiry*.

The definition of trauma suggested by Susan Coates is what we might call *the experience of the individual when there is a perceived threat to the existence of the self*. Because attachment is biologically innate, a disruption to a child's primary attachment will be perceived as a traumatic attack on the self. Mary Sue went on to talk about those children and their caregivers who are categorized in the Ainsworth Strange Situation as having a disorganized attachment, an unfortunate use of a term she believed in application to situations where the attachment relationship had a background of trauma or the risk of trauma. She posits that in fact, these attachments were *highly organized*, and that the behavior was based on the hypervigilance of the children in a situation where survival might depend on an extreme sensitivity to the dangers of the situation. She proposed a

better term to describe this behavior—*traumatic attachments*, and hypothesized that the basis of the observed behavior could be related to brain function and to the physiological underpinning of what has been described as the freeze response. Thus, faced with overwhelming anxiety, the child may respond not with alarm, fear, or terror (according to the degree of threat in the situation), but with freezing, which is the most extreme form of these responses. Mary Sue suggested that children repeatedly traumatized become hypersensitive to threats of trauma, and so slide directly from alarm into terror. What follows then is behavior bearing no apparent relationship to



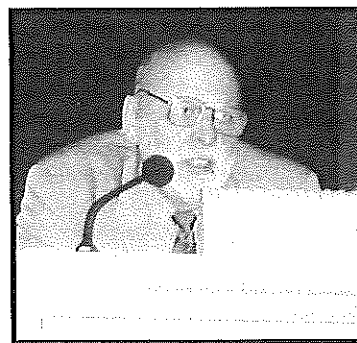
Mary Sue Moore

the mildness of the stimulus. She also pointed out that the DSM IV classification of Attention Deficit Disorder, Oppositional Defiant Disorder, and Conduct Disorder could hypothetically be understood on this basis; that, for example, behavior seen as oppositional could, in fact, be a 'mini-freeze' response of a child in a situation perceived as threatening. The impulsivity of conduct disorder then would be the result of a rapid slide from alarm to terror.

Mary Sue then spoke briefly about memory in relation to trauma and the re-enactment of trauma by the infant in a situation when the infant is unable to verbalize the trauma. She highlighted the

difference between declarative and non-declarative or procedural memory, which was the way in which memories were held internally before they could be verbalized. She illustrated this with drawings from a child spoken of earlier by Charles Zeanah. This child had witnessed major trauma in the first year of life and was able to represent something of that trauma in her drawings when she was six years old.

The second day of the conference opened with a paper by Eric Rayner, a British analyst, on his experiences with Bowlby and Winnicott, two major figures in the history of infant psychiatry. Eric highlighted both the similarities and the differences of these two pioneers, who worked at the same time in London. Although both were interested in the same area—the earliest stages of development—they came to their work from quite different backgrounds and points of view. He pointed out that each made very important contributions that were complementary. He illustrated his point with a comment once made by Bowlby that 'Donald [Winnicott] and I really had the same task of bringing home the importance for the child of the experience of the real external environment; only our approaches were different. He was the poet of the two; I was the scientist.'



Eric Rayner

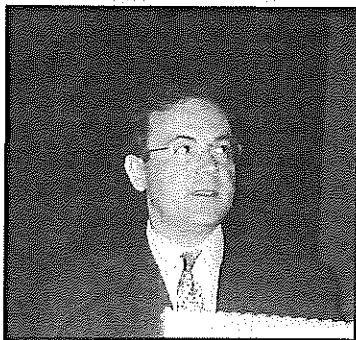
Eric's paper was followed by one from Antoine Guedeney, entitled "A Baby Alone Does Exist: Infant Depression, Recognition, and Evaluation." Antoine also was critical of the classification of infant disorders in DSM IV and ICD-10, and he drew attention to the diagnosis of infant depression. He suggested that it was time to look again at the child's role in the caregiver-infant relationship and at the possibility that depression in infancy was in fact a depression *in* the infant, not necessarily a reflection of the mother's affective state.

Antoine noted that there is no place in DSM-IV for a diagnosis of major depression in infancy; the consequent risk is that the diagnosis could be missed. Because there has been no further description of anaclitic depression and hospitalism since the work of Rene Spitz, the continuing relevance of this problem might be forgotten even though it does manifest itself in multi-problem, hard to reach families, especially among the poor and in families affected by migration and wars. Certainly in developing countries, and especially in those affected by drought and by war, marasmus and kwashiorkor is common, and these syndromes, along with anaclitic depression and failure to thrive could all be considered as manifestations of infant depression.

In thinking about the origin of infant depression, Antoine called attention to the importance of withdrawal in the infant's behavioral repertoire in response to stress. Spitz suggested that despite the similarities between anaclitic depression and depression in the adult, the two syndromes were different because in the infant there was an absence of precursors of the ego. However, we now know a lot more about these precursors and Antoine suggested that on the contrary, anaclitic depression may

be the prototype of adult depression based on separation anxiety and the rupture of attachment bonds.

Asking why infant depression seems to be so hard to recognize, Antoine argued that there is something about infant depression that hampers its recognition. In striking language he described infant depression as a black hole, as something which induces confusion and evokes in everyone deep and black memories. For this reason, it tends to lead to strongly



Antoine Guedeney

opposed points of view, sometimes to negation of the infant's individuality, as in the totally organic explanations where causes are sought exclusively outside the psychic world of the child, be it in experience or in obvious environmental causes, thus denying any influences from the child or from the child's condition.

In the final plenary session of the second day, Hiram Fitzgerald presented a paper called "Pathways to Behavioral Disregulation: Infancy, Alcoholism, and Context." He and his colleague Robert Zucker are conducting a major prospective longitudinal study exploring the influences in infancy and early childhood associated with the development of alcoholism in adulthood. Hiram acknowledged that both biological and psychosocial factors exist in the etiology of substance abuse, but that his paper would focus on the

psychosocial. Their challenge, he believed, was to understand the critical variables that guide individuals born into an alcoholic family onto developmental pathways, that shift individuals from one pathway to another, and that predict the life course at various time periods over the life span. Hiram reviewed four main areas: the effects of socialization, the increased incidence of behavior problems, the effects of temperament, and the effects of parental variables.

In regard to socialization, he identified major elements which led even the preschool child to develop a schema in which alcohol was seen to play an important and positive part in the everyday life of the family. He pointed out that children of alcoholics had a higher incidence of antisocial, impulsive, and aggressive behaviours, and that what was described as "difficult" temperament was also higher in this group. The infant's affective state was then linked to parental affectivity in that difficult temperament may negatively affect parental self-esteem and parental valuations of parenting skills. If devaluation of parenting skills leads in turn to decreased parental involvement with their children, it is likely to be associated with an increase in the severity of children's problem behavior, and thus creates a cycle of dysfunction that interferes with the orderly progressions of rule-learning.

In summarizing the findings to date, Hiram said that children of alcoholics, particularly alcoholics who are high in antisociality, are at high risk for behavioral disregulation and that evidence of such disregulatory behavior can be seen as early as three years of age.

On the final day of the conference, the topic for the morning session was parent-infant psychotherapy, with papers presented by Hisako Watanabe

(Japan) and Dilys Daws (Great Britain). Hisako said that because



Hisako Watanabe

it was the final day she was going to bring us back to the reality of our clinical roles, and she outlined her approach to parent-infant psychotherapy with its emphasis on protecting, retrieving, and reestablishing a positive context of daily life for the infant and family at a dyadic, family, social, and cultural level. She pointed out that in attempting to do this we had the powerful developmental forces of the infant working for us even when there was a severe risk of disability. She suggested that the model we used was similar to the model of intuitive parenting as

described by Hanus Papousek, but that any intervention also ran the risk of conveying to the mother that her baby deviated from the cultural developmental agenda.

In Japan because such an emphasis is placed on having a healthy infant, any talk about a baby's well-being can raise anxiety and lead towards a tendency to create a "false-self baby" in Winnicott's terms. The classical medical dictum *primum non nocere*, first do no harm, needed to be applied vigorously to our work. We must realize that anxious parents may have negative feelings towards the clinician who is seen as a potentially critical figure. She implied that positive mirroring between therapist and parent was needed and this in turn being a model for positive mirroring between the mother and her infant.

Dilys Daws, a psychotherapist from the Tavistock Clinic, presented a complementary view that brief parent-infant psychotherapy was a meeting point for psychoanalytic and family therapy concepts. She explained the framework for her therapy with infants who have sleeping and feeding problems. She sees these infants with their

parents over four to six sessions using a psychoanalytically based therapy. She listens to and reflects on what the parents tell her so that an understanding and integrative process can take place in her mind as well as theirs. She said that her principal hypothesis was that if the therapist gathered in for the parents, within the brief framework of a consultation, all the relevant aspects of a baby's life and its relationship to its parents, this itself was therapeutic. Any consultation, regardless of the symptoms, encourages people to free associate and make links.

She made a particular plea for parent-infant psychotherapy rather than mother-infant psychotherapy, pointing out the importance of the father, and of the oedipal triangle in allowing a space for the infant to observe and be observed, thus eventually providing a space for self-reflection. It was important also, she said, to pay attention to the parental relationship, and to ensure that the father's position in the triangle was acknowledged—there are potential problems about the therapist being the 'third person,' and great advantages to the triangle being contained within the family. Both Hisako Watanabe and Dilys Daws illustrated their points with clinical examples from their patient files.

The plenary sessions of the conference demonstrated the breadth and depth of research and clinical work in infant mental health in Australia and elsewhere in the Pacific Rim. The meeting allowed for a very rewarding interchange not only among the local participants, but also with our overseas visitors, and, as Antoine Guedeney remarked in the final session, provided a proper *meeting*.



Stephen's Corner

Stephen Bennett

Editor's Note:

I am sad to inform our readers that Stephen Bennett died suddenly and unexpectedly August 14th, 1995 while vacationing with his wife, Claire, in New Brunswick, Canada. He had nearly completed two columns which will appear in subsequent issues of The Signal. Any readers interested in sending written remembrances of Stephen to the Editor are encouraged to do so.

WAIMH

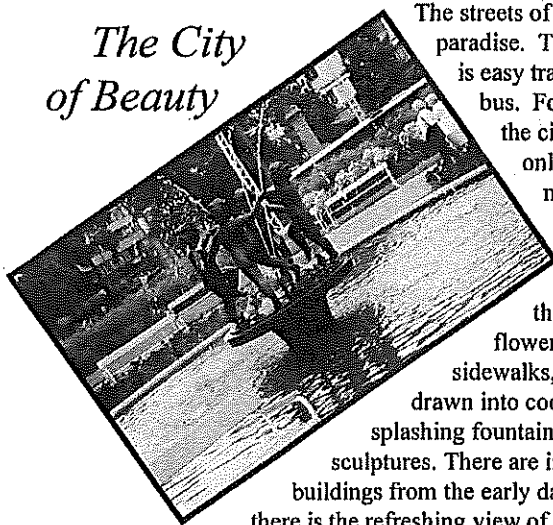
6th World Congress: Tampere



The City

Tampere, located in the Eastern part of the Province of Häme, was founded in 1779 by Gustav III, King of Sweden, as a city of commerce and industry. Located between Lake Pyhäjärvi and Lake Näsijärvi, two winding lakes connected by the Tammerkoski rapids, Tampere is a city of museums, universities, cathedrals, lake cruises, festivals, parks, and SAUNAS! Habitation of the Tammerkoski area dates to the 11th century. When King Gustav III founded the city, only about 200 people lived in the area. Now Tampere is a dynamic and beautiful city with about 180,000 citizens.

The City of Beauty



The streets of Tampere are a walkers paradise. The city is not large and is easy traveled by foot or by bus. For example, the heart of the city, Central Square, is only a comfortable ten minute walk away from the Congress site. Along the way, the eye is delighted by the riot of colors from flowers bordering the sidewalks, and the traveler is drawn into cool green gardens with splashing fountains and graceful sculptures. There are interesting and elegant buildings from the early days, and everywhere there is the refreshing view of blue water from the river and lakes in and around Tampere.

The creative spirit is alive and well in Tampere. The performing arts as well as the visual arts abound in both formal and informal settings.

One can find art to thrill the soul in the city's cathedrals like the modern murals in Tampere Cathedral by Hugo Simberg depicting the Resurrection, and

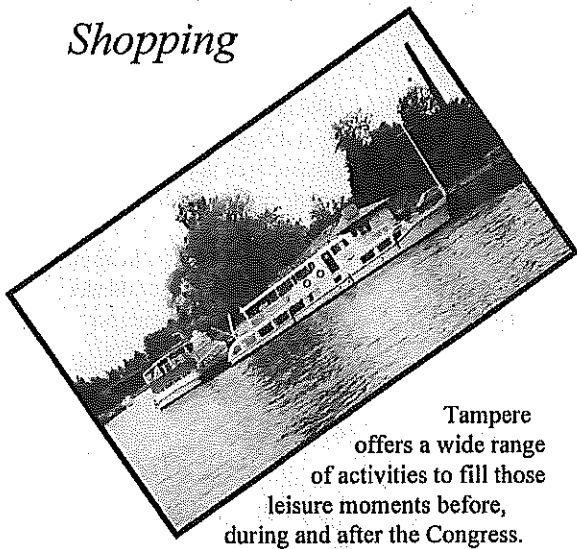


in its many art galleries. Visit the homes/studios of artists or the art shops and galleries located throughout Tampere such as the Sky Blue Graphics Workshop where you can view Tuula Lehtinen's extraordinary paintings. The Tampere Floral Festival takes place in July and August and over a 10 day period Tampere becomes a colorful carnival town of fragrant flowers and lively samba rhythms.

Music—and a variety of it from jazz to traditional, to opera and the classics—is everywhere: on the streets, on small stages of outdoor cafes, in the churches and of course, the concert halls.

Tampere is the capital city of Finnish Theater and is the venue for an annual international theater festival (mid-August). During the summer the Pyyrikki Open Air Theater brings to life the main characters of Finnish history, while other theaters in Tampere offer plays, comedy and dance.

The City of Recreation and Shopping

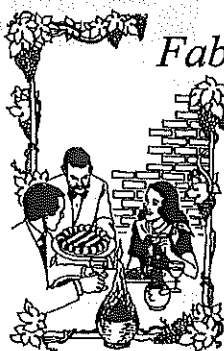


Tampere offers a wide range of activities to fill those leisure moments before, during and after the Congress.

Take a cruise down the river or on the two lakes, go jogging or walking in Pyynikki, a large park and botanical garden, sit in the saunas, or stroll along the river enjoying the many gardens, outdoor cafes, and live music. You could pay a visit to Plevna, a brewery pub located next to the iron gates of the Finlayson mills along the street called Satakunnankatu. The carbon filament light bulb, invented by Thomas Alva Edison, was lit for the first time in Scandinavia here. Activities for accompanying persons are being organized such as cruises, visits to restaurants, the amusement park, museums, art galleries, and a day-long outing cruise to visit the home/studio of Gallen-Kallela, the artist who brought the epic poem of Finland, the "Kalevalla," to life with his sculptures and paintings.

According to a Finnish travel guide, "Tampere is the most interesting Finnish town in which to go shopping: it has a large variety of shops and lacks the unnecessary sophistication that makes Helsinki more expensive." Shop the boutiques and stores for unique and beautiful gifts made in Finland. Discount shops such as Rihkama-Porssi, Super-Myynti and a few others sell glassware and useful items at reasonable prices. As a tourist you can even shop tax-free!!

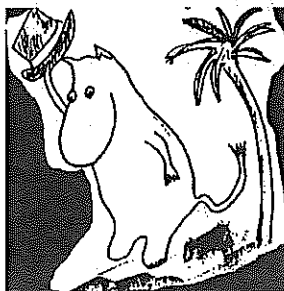
The City of Fabulous Food



Dining in Tampere can be a gastronomical delight. The food is fresh and exquisitely prepared. Of the many, many wonderful restaurants, visitors might try Tiiliholvi on Kauppakatu. Tiiliholvi began in 1901 as a bank, then became the

Student Union when the School of Social Sciences (1966) was renamed, the University of Tampere. This restaurant not only boasts superb cuisine, it has a charming history and decor.

A short ride from Tampere is Hakkarin Kartano, an enchanting old home converted into a restaurant with stunning cuisine. After dinner, walk in the botanical gardens along the river and engage the peace of nature that settles both the stomach and the mind.

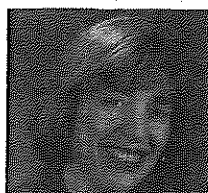


Children who come to Tampere are in for a fun time. Go to the library (shaped like a grouse—imagine that!) to visit the 7 foot high Moomin House built about 20 years ago by Tove Jansson, author of the Moomin stories. Follow the

The City of Fun for Children

tales of Snufkin, Moomintroll, Moominmamma and Papa, the Hattifatteners and the other wonderful characters in these delightful stories. Since Moomins sleep during the winter, chances are you will see one sometime during your summer visit.

Other fun places to go include the Dolphinarium with performing dolphins, an aquarium, a planetarium, a children's zoo, and an amusement park.



President's Perspective

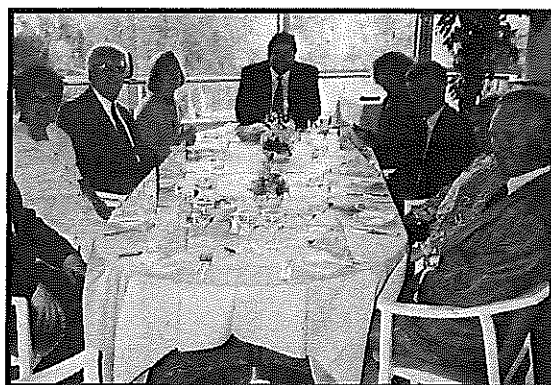
Joy D. Osofsky

For this President's Column, I want to focus your attention on the upcoming 6th World Congress in Tampere, Finland because I know that it will not only be an exciting meeting intellectually, but also one

during our visit. There is little question that the Finnish people we came to know are hard-working and very well organized; but their work time is tempered with fun, adventure, creativity, an important

sense of history, and much appreciation of the beautiful natural surroundings. We developed strong friendships during our visit that will endure long past the time and distance of the World Congress.

Why come to the Congress?



The Planning Team & Spouses (L-R): Antoine Guedeney, Dee Fitzgerald, Hiram Fitzgerald, Joy Osofsky, Pekka Anttila, Tuula Tamminen, Robert Emde, Joyce Emde, and Peter de Chateau

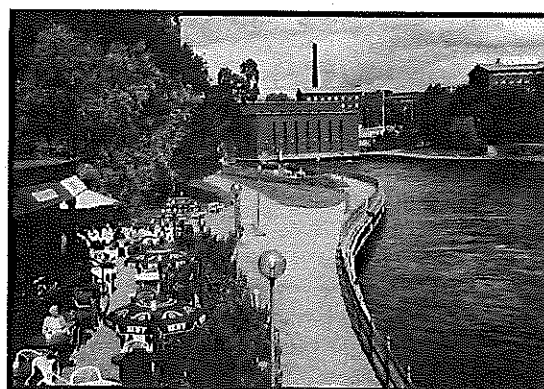
where there will be much opportunity for sharing with colleagues from around the world in a magnificent setting of lakes and forests. In this issue, you will see many pictures of fine times taken during our recent site visit in June 1995—a visit during which we worked on the Call for Papers and did much of the planning for the Congress including pre-and post-Congress tours and special events during the meeting.

The world's perception of Finnish people as very serious and hard-working, but having little fun (as was recently portrayed on a US television news program called "60 Minutes") was proven wrong

Why should you come to the World Congress in Tampere? Let me, as WAIMH's President, offer my perspective on why this will be a special meeting. First, we are focusing scientific attention on a very important theme world-wide that should have much interest for both researchers and clinicians—the importance of early intervention.

Second, you will have the opportunity to participate in a very special kind of international sharing both scientific and personal. You will meet colleagues not only from Western Europe, Asia, North and South America, but also from Eastern Europe including strong representation from the Baltic countries and from Russia. You will learn about programs and efforts in different parts of the world and will assist others by sharing your interests and experiences. WAIMH as an organization is strong in this part of the world; the Nordic Affiliate Group is one of the largest within the organization, and the newest affiliate group is from St. Petersburg, Russia.

In addition to the scientific aspects of the meeting, as you can see in the pictures from our site visit, there is much to look forward to in Finland. There will be long days and very short nights. Depending on your need for sleep—which rumor has it, and many of us who were visiting, came to believe, decreases when the light lasts so long. You will take in surroundings that are very different and



Cafe and walkway beside the Tammerkoski Rapids.

truly delightful. I enjoyed many walks on the streets of Tampere between 11 and 12 at night when it was still daylight and lots of people

sat by the rivers or in the charming bars enjoying the long evenings. There are wonderful opportunities for lovely boat rides on the many lakes surrounding Tampere. You will have the chance to learn about the "good" lake and the "bad" lake where legend has it monsters live.



The site visit crew cruises down the river.

The food is wonderful with fresh Nordic salmon, reindeer, herring, and many other delicious delicacies. The folktales from "Kalevala" about the many adventures of Finnish people are charmingly told through songs and art. Children can visit "Moomin Village" and take home stories about the adventures of these charming little creatures. We have been told that around the time of our Congress, there is an opera festival nearby, a flower show, and a jazz fest.

Other aspects of the Congress

During this visit we also learned about infant mental health in Finland from the General Director of the National Research Center for Welfare and Health, Dr. Vappu Taipale. Her report to the Executive Committee, which she will share at the Congress, speaks to the progressive policies in Finland: sixty percent of fathers take paternity leave, there is a low

rate of teenage pregnancies, and a strong emphasis on family planning and social welfare policies. Indeed, the tax level is high, but with it comes many proactive services for infants, children, and families.

Another very interesting development during the last year to be discussed at the Congress is the formation by Sonya Bemporad, a member of the Executive Committee, of an international Social Policy Task Force. The members of this new task force and others who are interested will have opportunities

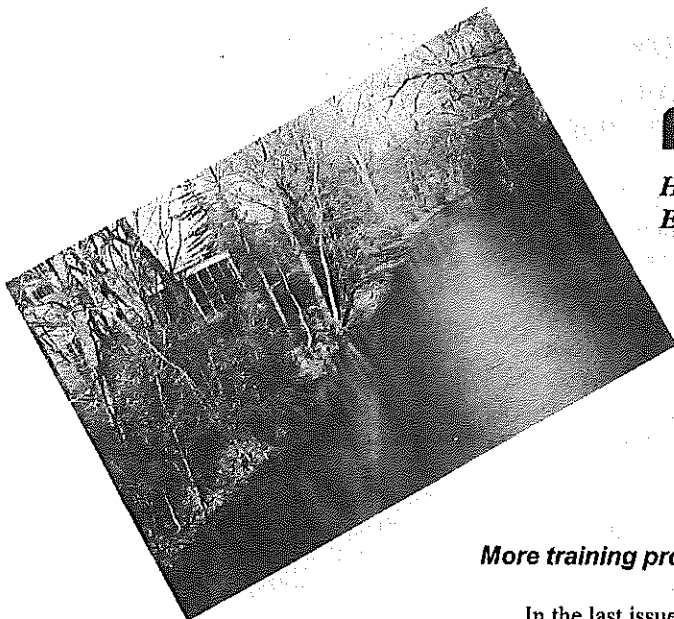
to convene at the Congress to develop strategies and to plan activities for the coming year. There has been considerable interest in addressing social policy issues related to infant mental health and I am very pleased that Sonya has taken this initiative in a well-organized and active way. There will also be opportunities in workshop settings for members of WAIMH to discuss their particular interests and goals for the organization with the Executive Committee. We anticipate special target groups attending the Congress from the Baltic Region, Eastern Europe, and former Soviet countries. We will be encouraging such participation and will be planning special meetings with these groups.

I feel personally after visiting colleagues in Finland and, after the site visit, in St. Petersburg, Russia with Tuula and Pekka Tamminen that the 6th World Congress will offer all of us not only an outstanding scientific experience from the fine program being planned by Peter de Chateau and Antoine Guedeney, but also a unique cultural experience. In addition, based on our experience with the hospitality of our Finnish colleagues, I know that we will have much fun. So, please join us, enjoy the pictures in this issue, and do not hesitate to contact or write me or Hi Fitzgerald in the US if you have questions, Peter de Chateau (Program Co-Chair) in The Netherlands or Tuula Tamminen (Local Arrangements Committee) in Finland. (My fax is (504) 568-



Russian WAIMH members, Elena Kozhevnikova and Rivkat Mukhamedrakhimov with Joy Osofsky and Tuula Tamminen.

6246, Hi Fitzgerald's fax is (517) 432-3694, Peter de Chateau's fax is 31 80 54 0561 and Tuula Tamminen's fax is 35 8 31 215 6164).



From the Red Cedar

Hiram E. Fitzgerald
Executive Director

Correction:

Infant Psychiatry Programme
Contact: Prahbha Reebye, MD
B.C. Children's Hospital
4480 Oak Street
Vancouver, B.C. V6H 3V4
CANADA

Dr. Reebye's email address is:
reeprati@unixg.ubc.ca

Call for Papers: Infant Depression

A focal issue of the *Infant Mental Health Journal* is being planned on the topic of infant depression. All types of articles may be submitted: empirical studies, clinical cases, research reviews, theoretical papers. Consistent with established practices of the Journal, all submissions will be peer reviewed. If space limitations demand exclusion of publishable papers, they will be considered for forthcoming issues of the Journal. The editor of the focal issue will invite commentaries on all clinical case studies and theoretical papers that are accepted for publication. Deadline for submission is June 15, 1996. Papers submitted for presentation at WAIMH's 6th World Congress can be submitted simultaneously for consideration in the focal issue. Send four copies of all articles to: Hiram E. Fitzgerald, Ph.D., Department of Psychology, Michigan State University, East Lansing, MI 48824-1117 USA.

More training programs

In the last issue of *The Signal* I included a list of world-wide training programs focused on infant mental health. Here are a few more we recently received:

McGill Infant Mental Health Association
Contact: Lee Tidmarsh, MD
Family, Infant, and Preschool Program
Montreal Children's Hospital
4018 Ste. Catherine St.
Westmount, P.Q. H3Z 1P2
CANADA

Infant/Preschool Psychiatric Clinic
Director: Joan L. Luby, MD
Washington University School of Medicine
4940 Children's Place
St. Louis, MO 63110
USA
email for Joan Luby:
lubyj@medicine.wustl.edu

Cornell University Medical Center
(Infant training is part of child & adolescent psychiatry residency)
Contact: Paulina F. Kernberg, MD
The New York Hospital/Cornell Medical Center
21 Bloomingdale Road
White Plains, NY 10605
USA

Less than a year separates us from the opening of the 6th World Congress in Finland and the pace of preparations is quickening. Under the very capable leadership of Tuula Tamminen, Local Arrangements Chair and Peter de Chateau and Antoine Guedeny, Conference Co-Chairs, plans are speeding efficiently along. A site visit and planning meeting in Finland this summer heightened our anticipation that this Congress would be extraordinary by any measure—beauty and suitability of site, program, entertainment for families, etc. The official Call for Papers has gone out and we are eagerly awaiting the response. At a second planning meeting in January in Finland, we will finalize arrangements for travel, accommodations and registration costs. Look for official notice of the Conference with those details at the end of January 1996.



UPCOMING CONFERENCES

Illinois Association for Infant Mental Health, Annual Conference, Friday, October 27, 1995. Chicago, Illinois. Gloria Johnson Powell, M.D. and professor of child psychiatry at Harvard will speak on "Cultural Relevance: Understanding Diversity in Families." Information: Barbara Byer: (708) 634-1141

Zero to Three, Tenth National Training Institute, November 30—December 3, 1995, Atlanta, Georgia, USA. For information call: 703-356-8300, or fax: 703-790-7237.

WORLD ASSOCIATION FOR INFANT MENTAL HEALTH
Institute for Children, Youth & Families
Kellogg Center, Suite 27
Michigan State University
East Lansing, MI 48824-1022

Tel: (517) 432-3793
Fax: (517) 432-3694

Call for WAIMH Nomination of Officers 1996-2000

According to our bylaws, a nominations committee has been appointed and is soliciting names for officers of WAIMH for the next four years. We solicit your suggestions for the offices of: President-Elect, Executive Vice President, Secretary, and Treasurer. Nominees must be members of WAIMH and the nominator should indicate that suggested individuals have been contacted and are willing to commit the time and effort involved in serving. The nominations committee appointed by our President includes: Hiram Fitzgerald, Serge Lebovici, Hisako Watanabe, and Robert Emde, Chair. Please send nominations to R.N. Emde, M.D., Department of Psychiatry, Box C268-69, University of Colorado Health Sciences Center, 4200 East 9th Avenue, Denver, CO 80262, USA

PACIFIC RIM CONFERENCE TAPES

- 001. *Attachment Disorders in Infancy* (Charles Zeanah)
- 002. *Infant & Family Trauma* (Elvie Kelley, Anne Morgan, Mary Sue Moore)
- 003. *A Baby Alone Does Exist—Infancy Depression, Recognition & Evaluation* (Antoine Guedeney, comments by Eric Rayner)
- 004. *Infant Psychopathology and Continuity. Pathways to Behavioral Disregulation: Infancy, Alcoholism & Context* (Hiram E. Fitzgerald)
- 005. *Aspects of Infant-Parent Psychotherapy* (Hisako Watanabe) and *Parent-Infant Psychotherapy—Remembering the Oedipus Complex* (Dilys Daws)
- 006. *Where Does Infancy Research and Clinical Work Now Lead Us?* Recommendations of the Conference. Closing address. (David Lonie)

Tapes are \$10.00 US
Send an international check
or money order payable to:

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