



The Signal

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FORMING AN ATTACHMENT WITH AN ADOPTED TODDLER USING THE THERAPLAY® APPROACH

by Phyllis Booth

Although it has been Spitz (1945) alerted the consequences of in-still faced with the repair the damage raised in institu-needs have been not at all. There is ways to help these parents. The 1999) approach to helping



more than 50 years since world to the dire stitutional care, we are challenge of trying to done to children tions where their met inconsistently or an urgent need to find children and their adoptive Theraplay (Jernberg and Booth, adoptive parents with their task will

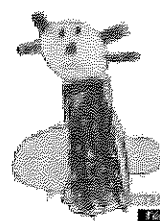
Theraplay is a treatment designed to help parents and children build better relationships through attachment-based play. Bowlby (1969) identified two important aspects of parenting related to the development of positive attachment behavior: 1) responsiveness to the child's signals, feelings and needs and 2) mutually enjoyable social interactions within the context of a warm, intimate and continuous relationship with a parent figure. Using these concepts, Theraplay is modeled on the kinds of responsive care that "good enough parents" give their infants and replicates as much as possible the pleasurable interactions that are an essential part of the healthy parent-infant relationship.

Parents hold their babies, rock them, sing to them, cuddle them, and feed them. They pick them up, toss them in the air, and play interactive games such as peek-a-boo, and patty cake with them. They bathe them, rub lotion on them, stroke them and calm them. When things go well, these many pleasurable interactions begin to establish a "goal corrected partnership" (Bowlby, 1969) that forms the basis of attachment and

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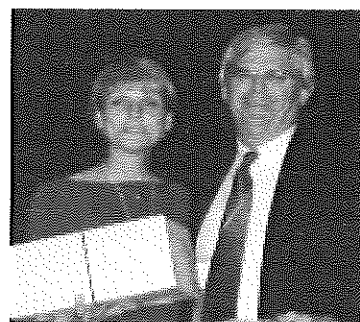
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(see page 10)

later self-regulation. Over the months, as she sees herself mirrored in her parents' responsive faces and affectively attuned gestures, the infant learns what kind of person she is. She learns that she is lovable, capable of making things happen and that she can expect good things from those around her.

The contrast between the responsive, playful caretaking that leads to secure attachment and that found in most institutions is striking. Caretaking is routine and geared to the minimal needs of a large number of babies. Caretakers come and go and babies have little opportunity to form an attachment to any one of them. A baby who experiences unresponsive care during his early months or years develops internal working models of himself and other people that can have long-term negative effects. Since no one was there to respond consistently to his needs, he learned that he must look out for himself. Because of this he will have difficulty accepting his adoptive parents' rules and structure. Since there was no one he could trust, he learned that it is dangerous to get close to adults. As a result, he will resist forming a relationship with his new parents. Since no one was there to nurture and soothe him, he became irritable, impulsive and unpredictable and he will find it hard to accept the loving care his new parents offer.

It is very difficult for adoptive parents to create an attachment with a toddler who insists on calling the shots, refuses all nurturing care, and is often angry and unhappy. Parents may need help to learn how to compensate for the early deprivation, to become the new objects whose active involvement will change the child's view of himself and others, and to become the loving, responsive parents he never had. Theraplay, with its emphasis on helping parents learn active, attuned,

and playful ways to meet the emotionally younger needs of their child, makes it possible for the parents to help their child experience a new way of relating.

Description of Theraplay treatment

The Theraplay approach is designed to help children and families with a broad range of relationship problems, ranging from mild maladjustment within otherwise healthy families to more severe problems, including those associated with early neglect, loss, or institutional care.

- Sessions are interactive, playful, physical, focused, and fun.
- Treatment is geared to the child's younger emotional needs and therefore includes, regardless of the child's actual age, many baby-like games and activities.
- Parents are included in the sessions and are coached to provide the kind of engaging responsiveness that fits their child's needs.

The goal of treatment is to enhance attachment, self-esteem, trust, and joyful engagement and to empower parents to continue on their own the health promoting interactions learned during the treatment sessions.

The dimensions of Theraplay

In order to assess the child's needs and to plan treatment the great variety of interactions involved in healthy parenting are separated into four dimensions: Structure, Engagement, Nurture, and Challenge.

Structure

In the "good enough" (Winnicott, 1965) parent-infant relationship, many activities have a beginning, middle and end. Time is sequenced, planned, and finite. Body boundaries are defined

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through touch, stroking, playing with toes and fingers, etc. Safety rules are enforced. These structuring activities provide a "holding environment" that conveys to the child that adults are trustworthy and predictable, that they can define and clarify the child's experience, that they can set limits and establish regularity. They communicate to the child "I am in charge here so you can relax. You are safe with me because I will take good care of you."

Examples of structured activities in Theraplay treatment include many turn-taking activities. With a particularly impulsive child, the adult may ask the child to wait for a signal before popping a bubble or dropping a beanbag into her hand. In many traditional baby games the element of structure is built into the chant or song, for example, This little pig goes to market.

Engagement

In the "good enough" parent-infant interaction many activities are unexpected, delightful and stimulating in order to draw the child into a relationship. The attuned parent also provides calming and soothing when needed in order to maintain an optimal level of alertness in the infant. Sroufe says, (2000) "by effectively engaging the infant and leading him or her to ever longer bouts of emotionally charged, but organized behavior, [caregivers] provide the infant with critical training in regulation" (p. 68). These engaging activities also provide opportunities for playful give and take that help the child be more aware of others and more confident interacting with them. Engaging activities communicate to the child "You are fun to be with. You are capable of interacting in healthy appropriate ways with others."

Examples of engaging activities in Theraplay include playing peek-a-boo,

playing face games such as "knock on the door, peek in," blowing bubbles, taking turns putting stickers on each others noses so that the child looks at and touches the mother's face and can accept her touch as well.

Nurture

In the "good enough" parent-infant relationship nurturing activities abound. Activities, such as holding, feeding rocking, and cuddling are soothing and reassuring. Through such activities the child learns that adults can respond to her needs and can make the world a comforting secure place. Nurturing activities communicate to the child, "You are lovable and I will respond to your needs for attention, affection and care."

Examples of nurturing activities in Theraplay include feeding snacks or juice from a bottle, rocking in a blanket, rubbing lotion on bruises and hurts, and making lotion hand prints.

Challenge

In the "good enough" parent-infant relationship, challenging activities help the child extend himself a bit, try a little harder and learn to master tension arousing experiences. They must be appropriate to the child's current level of functioning, so that the child can be successful. For example parents extend a finger to help the toddler take his first steps, or they lift the baby high in the air, saying "So big!" These activities encourage the child to take a risk and to become more independent. The activities are most helpful when they are cooperative rather than competitive. Challenging activities communicate to the child; "You are competent. You are capable of growing and making a positive impact on the world."

Examples in Theraplay treatment include asking the child to use his strong muscles to punch through a

piece of newspaper held taut by the adult. The torn paper can then be made into balls and the child challenged to throw the ball through a hoop made by the adult's arms. Another example would be to have the child balance a beanbag on her head and walk to her mother. The smile of the child as she comes toward her mother reflects her eagerness to share her justified pride in her achievement.

In short, Theraplay teaches parents to respond to the needs of their adopted child, using the Theraplay dimensions of structure, engagement, nurture and challenge, in the attuned and responsive ways that can compensate for the losses and deprivations the child has experienced. In the process parents come to feel better about the child and a positive relationship is fostered.

Case illustration¹

In order to illustrate the Theraplay approach, we first present the intake information. Following that we summarize the significant issues in toddler adoption that this case illustrates. Next we describe the typical course of Theraplay treatment and finally present the treatment for this particular family.

Intake Information

Luis was adopted at 17 months of age from a South American orphanage where he had lived since being abandoned at birth. His adoptive parents, Mr. and Mrs. L., had struggled for years with infertility problems before they decided to build their family through adoption. When the liaison person from the adoption agency brought Luis to the home, his adoptive mother was out of town caring for her own ill mother. For the first week he was alone with his new father. Because Luis was extremely

upset and anxious, and especially fearful of being put into his crib, his father held him most of the time. Just as he was settling down, his adoptive mother returned. Since this initial introduction to his new parents, Luis has always shown a preference for his adoptive father. When I asked his mother to tell Luis what it was like when he first came to live with them, she said, "You were so scrawny. You ate and ate and you scratched and scratched (because he had scabies). We've been trying to get used to each other ever since."

After a year in his adoptive home, when Luis was two and a half years old, Mrs. L. sought help because she felt that Luis was not attaching to her. "He's better attached to his father. John doesn't see the problem. He thinks I'm overreacting."

His parents reported that Luis was having frequent temper tantrums. Mrs. L. often interpreted his tantrums and his out of control behavior as angry defiance aimed directly at her. They also reported that "he can't handle changes. He won't let us take care of him. He wants everything his own way and when he can't have it he explodes. He is very sensitive to touch; he can't stand tight clothes or having a belt on his pants. He doesn't want his shoes on and often takes them off and throws them." On the positive side, his parents saw Luis as bright, funny, talented and fun. "He has a winning personality."

As is typical with international adoptions, there is no information about his birth family and very little about the care in the orphanage. Although when he first came to live with them he was very skinny, he now appears robust and healthy. When treatment began, he still drooled a lot and had a constant runny nose. Both gross motor and fine motor control

seemed normal. Language development was delayed.

Significant issues in toddler adoption

Such referral information illustrates many of the significant issues that must be addressed when working with families who have adopted toddlers from foreign orphanages. Many of these issues also apply as well to older adopted children.

Because mothers find it so difficult to connect with their adopted toddlers, they are usually the ones who seek help. They feel that the child is not connecting with them, or not "letting them in." Probably as a result, many mothers also report that they do not like the child or that he makes them feel hurt and angry. This was certainly the case with Luis's mother. She felt that he much preferred his father and that he often was angry and rejecting of her. Although Theraplay treatment typically includes both parents, in this case, the relationship between Luis and his mother needed to be the primary focus. It was important to help Luis accept the nurturing care his mother was prepared to offer. It was also necessary to make him seem more lovable and appealing to her.

Adoptive fathers are much less likely to recognize the problems that the mothers report. As in Luis's case the child may actually prefer the father. It is not uncommon for fathers to think that the mother is exaggerating or is "crazy" to be so upset. Since these children often are charming and outgoing with visitors and strangers, mothers get little sympathy or understanding when they share their concerns with family or friends. Mr. L. had established himself in the very first week as a source of comfort and soothing to his son. He was also much more relaxed about Luis's behavior

and set fewer limits than did Mrs. L. For both reasons he was not as often the target for Luis's anger. The focus of Theraplay with Mr. L. was to help him recognize the need for appropriate limit setting, as well as to help him understand why his wife was having so much difficulty. It is a great relief to adoptive mothers to learn that they are not alone in their experience of feeling rejected by their child and in not feeling truly drawn to or attracted by the child they have worked so hard to adopt.

Many adopted toddlers express their distress in ways that parents find difficult to empathize with. Because their needs were not met, they have learned not to cry and show distress, but move very quickly to expressing anger. When most toddlers would be sad and seek comfort, these children are angry and push their mothers away. Many seem to be out of touch with their own feelings, may have very flat affect, or may show inappropriate feelings. Many seem impervious to pain. During the first observation of Luis, the pattern of moving quickly to anger was very clear. However, he also very quickly lapsed into a cry that sounded desperate and hopeless. Much of the focus during treatment with Luis was on helping his parents read his true feelings. At the same time we worked on helping Luis become more aware of his own feelings and better able to accept the comfort that his new parents were offering him. He also needed help becoming more aware of his body and of physical feelings of pain and pleasure.

Many adopted toddlers are well into the exploratory stage of development without having formed a secure attachment to anyone and therefore show a preponderance of exploratory over attachment behavior. They do not use their adoptive parents as a secure base to turn to when in distress.

Instead they refuse to stay long with any interaction, they avoid being close, or they wander away. Often they do dangerous things. Although Luis could use his father as a secure base when upset, his typical impulse was to move away after the briefest of interactions. His mother, in particular, found it hard to feel empathic and connected while constantly having to set limits on Luis's dangerous exploratory behavior. In treatment it took a large repertoire of engaging activities to help him learn to tolerate closeness and begin to accept his

feelings of shame. Adopted toddlers are ill prepared to handle this experience, since they cannot quickly reconnect with their new parents. Luis would go into explosive, panicky rages when faced with restrictions or a reprimand. Part of the work of treatment was to help his parents understand his frantic response to having limits set for him. His mother in particular had to learn how to set limits and still reconnect with him following an explosive outburst that made her want to reject him even more.

Because they missed out on the

activities that would provide the calming, soothing, nurturing experiences that he needed.

With all adopted children there is a strong temptation to help the child "catch up." Parents inevitably have expectations geared to the child's size and chronological age, without taking into account the emotional delays that result from orphanage rearing. They are often disappointed when the child fails to live up to their expectations. While many children can rise to the occasion and do very well, they are often inconsistent. One day they seem



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mother as a source of comfort.

Because their needs were not met in a consistent manner, most adopted children have learned that it's up to them to get what they want. They struggle to stay in control and are not comfortable unless they are doing things their own way. This was certainly true of Luis. He constantly resisted the structure and limits that his parents attempted to set. However, both parents needed help to provide the kind of structure that he could respond to. His father was casual and inconsistent in setting limits and often overstimulating; his mother was more strict and prone to using verbal lectures rather than hands-on guidance. Part of the focus of treatment was on helping them arrive at a more consistent and unified approach to setting limits with Luis.

In the normal course of development, parents must set limits as their toddler explores the world. Being told, even in the gentlest terms, that their behavior is not acceptable stirs up

kinds of responsive, nurturing experiences that help babies establish good self-regulation; many adopted toddlers have severe regulatory problems.² Luis's inability to regulate excitement made it very difficult to engage him without over-stimulating him. Luis's regulatory difficulties included tactile defensiveness that made him draw back when touched, a short attention span with extreme impulsivity, and a tendency to become too easily over-stimulated. The fact that as an infant he was undernourished and suffering from scabies suggests that he had experienced a good deal of discomfort that no one was able to soothe. The picture was complicated by the fact that Mr. L. likes and even fosters his "high spirits" and does not easily recognize the need for calming. On the other hand, Mrs. L. interprets his excitement and wild gestures as personal threats. Since Luis resisted many attempts to comfort and soothe him, a major focus of Theraplay treatment was to find

very grown up and capable, the next day they are like helpless infants. These children can't accept disappointment, can't take "losing" in a game, and can't be expected to maintain the self-control of securely attached children their age. As you will see,

Luis's parents had very high expectations in terms of his ability to respond to verbal instructions and lectures about good behavior. While Luis's language is developing rapidly, he still does not always understand verbal instructions and commands. Treatment focused on helping his parents keep in mind that he was emotionally like a younger child and needed their help to maintain the self-control that they expected of him.

Although we assume non-attachment in orphanage reared children; some toddlers have formed an attachment with one special caretaker. It is important to recognize and comfort them for their grief over this loss. Parents often miss the fact that their children are grieving over the loss of a favorite caretaker, of other children they became attached to, and even over the loss of the stark but familiar orphanage setting. Part of the work with these children includes helping them mourn their loss. While it was not a focus of treatment with Luis,

it is certainly part of the picture that he presented during his first weeks in his new home. At some later time, Luis may need an opportunity to work through the many issues involved in being given up by his birth mother and then having to lose whatever familiar surroundings he had.

A final point to remember when working with parents of adopted toddlers is the importance of providing support, particularly for the mothers. Many have struggled with infertility problems. Many are disappointed that their dream child is so ill, so unresponsive, so angry and hard to feel good about. A large part of the work with this family focused on these issues, particularly for Mrs. L.

Having outlined the issues common to all adopted children we turn now to outline the typical sequence of Theraplay treatment before describing the L. family's treatment.

Typical course of Theraplay treatment

Theraplay treatment includes a three or four session assessment period, twelve to twenty treatment sessions and monthly or quarterly follow-up sessions over one or two years.

The first step in the assessment is an initial intake interview with the parents. In addition to obtaining a standard developmental history, the focus is on obtaining as much information as possible about the child's attachment history, including whatever is known before he came into his family as well as his progress toward attachment with his new parents. Information about the adoptive parents' relationship with their parents is also gathered.

After the initial intake interview, we use the Marschak Interaction

Method (1960), a structured observation technique, to assess the nature of the relationship between the child and each of his caretakers. Each parent is given a set of cards with instructions for simple activities to do together, for example: "Have two squeaky animals play together," "Rub lotion on each other's hands," "Teach child something he doesn't know," "Tell child about when he first came to live with you," "Parent leaves the room for one minute," "Play a familiar game together," and "Feed each other."

The Marschak Interaction Method (MIM) is not used to classify attachment categories—insecure, disorganized, secure base distortions or non-attachment (RAD)—but to identify areas of strength and of difficulty in the relationship in order to provide treatment. We look not only at the child's behaviors in response to his caretaker, but at the behavior of the caretaker as well. Thus we are able to assess the potential for change in the relationship.

In analyzing the MIM we look at the four dimensions of caretaker-child interaction outlined above. We look at how willing the child is to accept adult structure, whether the child will allow himself to be genuinely engaged, how willing he is to accept nurture, and how he deals with challenge. An equally important part of the assessment is the caretaker's ability to respond in an attuned manner to the needs of the child in each dimension. A child raised in an orphanage is likely to have difficulties in all four dimensions. A caretaker who is unable to provide his or her part of the interaction will find it difficult to provide the kind of care that leads to secure attachment with such a child.

Following the videotaping of the MIM interaction, we carefully analyze the interaction in order to give feedback to the parents. Parents are

helped to see that the problems and difficulties in the relationship are not all their fault. We point out that the child's early history has made it difficult for him to accept the many helpful things they have to offer. We also point out that in order to accommodate to their child's needs, the parents may need to change their approach.

At the end of this session an agreement is reached about beginning Theraplay treatment. Goals are set and plans are made for twelve to twenty weekly sessions that will include both parents. It is understood that the number of sessions can be increased or decreased depending on progress. Parents are told that they will be actively involved in the sessions, that they will be coached to interact in new ways with their child that meet his special needs, and that they will be asked to do home-work between sessions based on what they have learned in the sessions. At the end of treatment a good-by party is held designed to celebrate the family's achievements. During the next year or more, follow-up sessions will be scheduled at monthly and then quarterly intervals to help the family sustain what they have learned.

MIM Observations with L. family

Luis is a sturdy, handsome, two and a half-year-old boy. His shiny black hair, sparkling brown eyes and winning personality attracted me immediately. Mrs. L. had picked up Luis from the baby sitter after she finished work to bring him to the session. He had responded to leaving the baby sitter with frantic crying and his face was tear-stained and puffy. When he saw his father, he shrieked in delight and rushed into his arms for a big hug. He then gave me a big hug as

well. But the moment he had to leave his father and go with his mother into the observation room, he again became upset.

Luis and Mother

It took Luis some time to settle down and he asked after his father several times during his twenty minutes alone with his adoptive mother. When she tried to seat him in the chair beside her, he screamed and clung to her. Sensitive to his distress, she quickly took him back on her lap where he remained for most of the activities. Throughout the session it was obvious how hard she had to work to engage him. For example, in playing "Peek-a-boo," she tried a variety of approaches to capture his interest, first covering her own eyes, then the eyes of a toy animal, and finally trying to cover his eyes with her hand. At that point he flinched as if being touched on the face might be painful. In spite of his mother's imaginative efforts to engage him, he remained unresponsive, avoided eye contact and focused on his own interests rather than joining her in this traditional baby game. In the "Lotion" task, his jumpiness and tactile sensitivity got in the way of his allowing her to nurture him. At first Luis was intrigued by the lotion and happy to rub it on his mother. But when it was his turn to have lotion put on him, he drew back. Again she tried a variety of approaches to help him get used to it, including holding her hand up to let him smell the lotion. But again he cringed away as if he feared that she would touch his face with it. When she put a bit of lotion on his leg, he broke down into a helpless, despairing cry. In the task, "Leave the room for one minute," his anxious/avoidant relationship to her became clear. Knowing that he often is upset by separations she explained to him that she would be

gone for only one minute and told him he could play with the blocks while she was away. At first he seemed unconcerned at the prospect of her leaving, but when she actually closed the door he wailed pathetically. She immediately returned to the room, but instead of going to her, he wandered away, as if she didn't matter to him.

Luis and Father

Although it is clear that Luis is more comfortable with and more easily engaged by his father, their interaction is often overexcited. In spite of his apparent preference for his father over his mother, he asked for her several times. When his father tried to "Teach him something he doesn't know" (Mr. L. chose to teach him how to blow his nose), Luis became silly and resistant, shaking his head so that his father couldn't keep the handkerchief by his nose. He then distracted his father by demanding juice and finally with an impulsive gesture he hit his father. When his father attempted to "Leave the room for one minute," Luis immediately became hysterical and his father did not leave. However, rather than turning to his father for comfort, he demanded the juice cup and comforted himself with a sip of juice. When his father attempted to play "This little pig went to market," Luis responded with panic about having his socks taken off.

When both parents were in the room, Luis complained about sitting in the chair between them and crawled into his father's lap for comfort. From that vantage point he could accept food from his mother and father and play a simple game with them.

Summary of Observations during the MIM

- It is very difficult for Luis to accept structure. He resists most of his

parents' suggestions and is determined to do things his own way. His parents' efforts to direct his activities often are aimed at a level beyond his capacity to respond. For example, they rely on talk, lectures, and repeated requests rather than making simple requests and then following through to help him respond.

- Engaging Luis is also difficult. He shows momentary interest and pleasure in an intriguing new activity, but he turns away very quickly. When his father managed to engage him in an exciting activity, he very quickly escalated and became overstimulated, throwing his body around and risking hurting himself or others.
- In spite of their imaginative efforts to get close to him, Luis rejected many of the soothing, nurturing activities that his parents offered. Although he turns to his father for comfort when stressed, he often wanders off immediately as if he can't fully accept the comfort. Contrary to his mother's impression, he showed some signs of attachment to her. He preferred sitting in her lap to being on the chair beside her and twice he turned to her for comfort.
- Luis's parents find it hard to find the right level of Challenge for him. Their expectations are very high, particularly in regard to his ability to respond to their verbal instructions and to maintain self-control.

Treatment with the L. family

Each session consisted of two parts: a thirty-minute Theraplay session with Luis and his parents and a thirty-minute discussion session with the parents. During the discussion session an assistant who was present for most of the sessions would play with Luis in the playroom while

his parents and I talked in the observation room. When the assistant was not available, his father would play with him while his mother and I talked. Some blocks and a simple plastic playground set were available for this play. His play is focused and productive. He does not engage in much imaginative play, but enjoys letting the ball fall through the slide or the little people swing in the swings. He seems

I wanted him to experience many nurturing, calming activities so that he could begin to accept his parents' help in regulating his out-of-control feelings and behavior. We tried rocking him, putting lotion on his hands, feeding him snacks and having mother hold him and give him a bottle. During the early sessions Luis often became upset and angry when not allowed to "do his own thing." The

pointed to a spot where he wanted the Band-Aid put. Once he suggested his nose (we had put Band-Aids on his parent's noses as part of our effort to get him to look at them and interact with them), but when the band-aide came close to his face, he changed his mind and offered his hand. Gradually he was able to accept his mother's help opening of the package. During the eleventh session, sitting between his parents, he held out his hand with a band-aide on it and pointed out that they all had band-aides on their hands. He was beginning to see himself as part of the family.

Throughout the sessions we had looked for activities to help with his regulatory problems. Providing him with opportunities to rock and jump in an organized fashion was helpful. Activities that required strong pressure such as pushing against his father's shoulders with his hands or playing tug-of-war, at first too exciting, gradually became calming to him. He responded very well when we made handprints with Play Doh. His mother would squeeze his hands firmly together around a ball of Play Doh. He enjoyed it and would look at her, sharing her pleasure. He responded very well to the deep pressure and loved seeing his fingers outlined in the Play Doh.

From the beginning, I coached the parents to provide the structure that would make the activities calmer, more settled, more organized and more interactive. For example, in the second session, I brought out a cardboard tube to encourage Luis to peek at his parents and to make sounds in their ears. He grabbed it and pulled away, but his mother had the idea of getting him to watch a raisin slide down the tube. I asked Mrs. L to have him aim the tube toward his father and then suggested that Dad hold him in his lap so that they could make this into a



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to enjoy having an adult with him, but usually does not engage them in the play.

Because our primary goal was to consolidate a more secure relationship with his parents, especially his mother, I included both parents in sessions from the beginning and began immediately to coach them to interact with Luis in ways that would foster the relationship. In order to focus more specifically on his relationship with his mother, some sessions were conducted without the father.

In the early sessions it was a constant struggle to find activities that would engage Luis and at the same time keep him calm enough to interact with his parents. We did many playful give and take activities, such as peek-a-boo, patty cake and rolling a ball back and forth, that helped extend his attention span and helped him become more aware of their presence. In the beginning, they let him go the minute he protested, so I often had to retrieve him when he resisted their efforts to engage him. I would then ask one of his parents to hold him and help him calm down.

most effective way to calm his frantic crying was to have his mother hold him and give him a bottle. However, as soon as the bottle was finished, he would struggle to get away. Later the bottle became what it should be, an opportunity to enjoy being taken care of by his mother. Although either parent could have held him, I chose to have his mother do it in order to have her become a source of comfort and nurture for him. I also asked her to schedule regular times at home when she would hold him and give him his bottle.

As part of our attempt to help him become more aware of his body and to value it more, each session began with a "Checkup" during which his mother would look for special freckles, rub lotion on bruises and scratches and check whether his cheeks and nose were warm or cold. To vary these activities we put Band-Aids on hurts rather than lotion. The first time we brought out the Band-Aid, he grabbed it out of his mother's hand and frantically tried to open it, screeching in anger for fear that she would take it away when she tried to help him. Once the Band-Aid was opened, he happily

more settled give and take game. This activity intrigued Luis and he stayed with it for several rounds of the game. Without this careful structuring of the situation, Luis would have gone off by himself to explore the raisin slide.

In the third session, I suggested that we rock Luis in a blanket, an activity that is nurturing and calming for most children. He was intrigued with the idea and allowed his father to put him in the blanket, but as we rocked him toward his mother, who was seated on the sofa where she could see him as he swung toward her, he became very excited and soon wanted to get down. In an effort to extend his attention span, we sang one round of a familiar lullaby to him before we ended the rocking. For a very brief moment he settled down and seemed to enjoy the rocking. As soon as we finished, he was up and running to the mirror to explore his image there.

During the fourth session, his mother was distracted by a business phone call and Luis became distressed. Rather than let him escape, I held him while she finished the phone call. He was unhappy and struggled to get away, hitting me in the process. As I held his hands to make sure that he didn't hurt me, I told him I wouldn't let him hurt me and that I wouldn't hurt him. His mother commented, "This is why I don't want to do things with him. It always breaks down into his being angry and trying to throw things or hit me." I held him for a moment until he was calm enough to allow me to put him in his father's arms where he was able to settle down. Then I began a ball rolling game to reengage him in a more settled give and take activity. At first he threw the ball to his mother in an intense, overhand gesture that almost hit her on the head (the ball was foam rubber so it would not have hurt). I asked her to tell him to wait for a signal and to roll the ball. I coached

his father to help him wait and to guide his hands so that he could roll the ball. With this focused guidance from his parents, Luis was successful in rolling the ball and for several turns the ball went back and forth on signal. This was the first of many similar efforts that began to be more successful.

Because Luis was constantly turning to his father for comfort when distressed, I decided to have his father stay in the observation room during the fifth session while his mother and I played with him. This was very upsetting to Luis and he cried inconsolably. At first when I put him into his mother's arms for comfort, he was furious with her. She offered him a bottle but he angrily rejected it. However, as soon as his mother said, "That's all right. You don't have to have a bottle," he demanded it. Then he settled down to drink the juice and gradually calmed down. As soon as he was calmer, I suggested that his mother try to get him to look at her. She asked him to touch her nose, her ears and her cheeks. He did this for a moment before he turned away. But for the first time, she had been able to be a source of comfort to him.

During one session while I was talking with his mother in the observation room, Luis and his father began rough-housing on the pillows in the playroom. The play was very exciting—a teasing ball game that quickly made Luis laugh hysterically. Fortunately, the video camera had been left on and I was able to show the tape to Mr. L. at the next session. As we watched the scene, it was clear to his father that Luis was frantically overstimulated. He reported that he had thought that Luis' laughter simply signaled his pleasure in the game. I asked Mr. L. to pay attention to when Luis was beginning to get too excited and to find ways to help regulate his excitement.

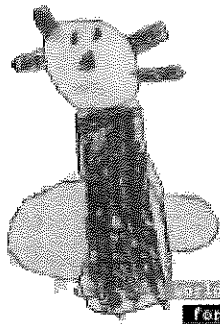
From the beginning there was a disagreement between the parents about limiting Luis's playful behavior. Mrs. L. found Luis' noisy, excited play troublesome and wanted to set limits on it. Mr. L. thought the play was just normal "boy" play. Part of the work of treatment was to bring them closer in their understanding of the nature of the play. Mrs. L. needed help to increase her tolerance for Luis's active play, but Mr. L. needed to recognize when the play was escalating out of control and find ways to help Luis settle down.

At the 8th session, following the Thanksgiving holiday, Mrs. L. reported that she was very pleased with the changes she was seeing. Luis had been calm and happy during the family holiday and she was beginning to feel more connected with him.

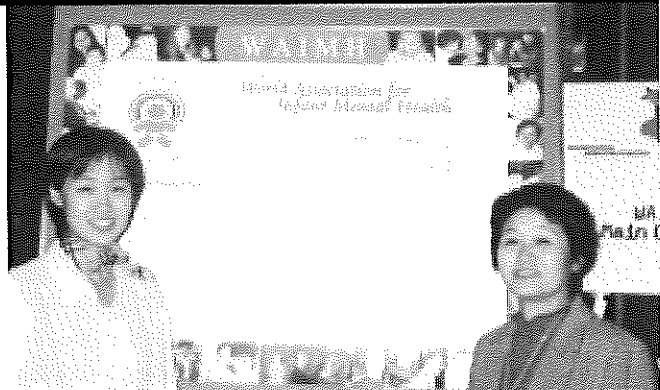
By the twelfth session Luis was much calmer. He no longer rushed away after one or two turns at an activity. He looked to his mother for comfort more often and even when his father was in the room, he would turn to her. The following is a sample of the activities during this final session. As part of our effort to help Luis be more aware of his body and to help him accept touch in a playful activity, his parents measured body parts using fruit-tape. After measuring his hand from wrist to tip of finger, his mother showed him the three-inch long piece of fruit tape and then fed it to him. She measured his smile, his ears, and the circumference of his head, feeding him the fruit-tape after each measurement. Luis accepted her touch and seemed very interested in the length of each body part. In contrast to his earlier impatience and need to go on to other activities, he stayed with this activity a long time, thoroughly enjoying the attention his mother was paying to him

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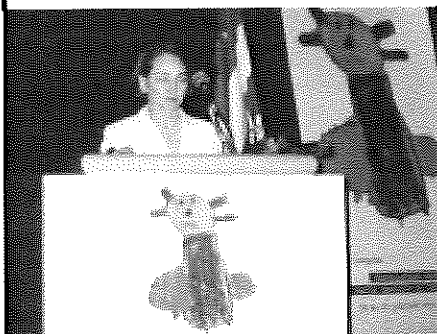
Montreal Memories



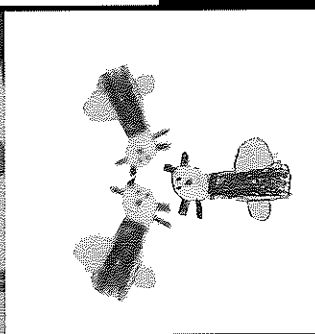
9th Congress
is Association
for Infant Mental Health
July 28-30, 2000, Montreal



Conference participants check out WAIMH's poster.



Mme. Chretien, wife of Canada's Prime Minister, speaks to the audience during the opening ceremonies.



Yvon Gauthier gives his farewell Presidential address.



Children from a school dedicated to the arts give a spectacular performance of music and dance during the opening ceremonies.



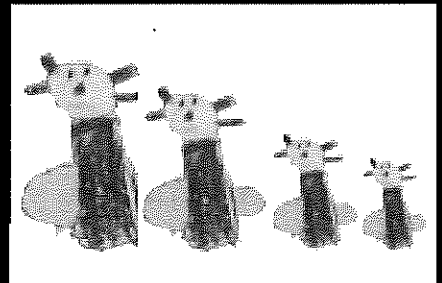
Peter Fonagy, MD, gives his plenary address



Regional Vice-Presidents and the Executive Board gather for a morning meeting. LFront: Campbell Paul (Australia), Peter de Chateau (President), xxx, Hisako Watanabe (Japan), Deborah Weatherston, (USA), Antoine Guedeney (France, Vice President) Back: Hi Fitzgerald, (USA, Exec. Director), Yvon Gauthier (Canada, Past President), xxxxx, Joy Osofsky (USA, Past President), Tuula Tamminen (Finland, President-elect), Elizabeth Tutters (Canada, Secretary), Robert Emde (US, Scientific Advisor)



Fun on the river boat cruise.



A group of friends gathers around xxx a workshop presenter from Senegal.

Dr. Joy Osofsky stands by as research is presented at a poster workshop.



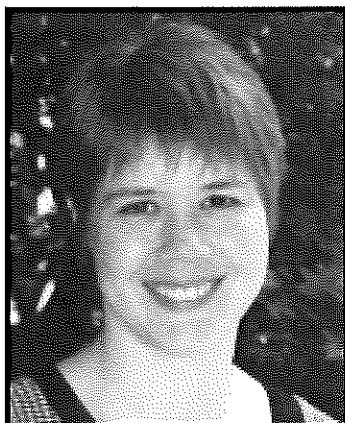
Preparing for a poster presentation.



Networking in the hallway between sessions.

The Young Investigator Award

This year's recipient is Laurie Van Egeren, a post doctoral fellow at Michigan State University.



Dr. Van Egeren's research was presented in the form of two different papers. In "The development of coparenting over the transition to parenthood: Associations with the pre- and post- birth marital relationship" her purpose was to investigate the construct validity of the coparenting relationship as a separate but related dimension from the marital relationship, and to identify ways in which the pre- and post-birth marital relationship affects coparenting development.

In the second paper, "Pre-birth predictors of parenting alliance trajectories in early infancy," her aim was to identify the average trajectory and pre-birth predictors of the subjective component of coparenting, the *parenting alliance*, as a newly emergent relationship during the transition to parenthood. She indicates that her research took this direction because: "Despite burgeoning interest in coparenting, no published studies have examined the development of coparenting at the time at which it is initiated, upon the birth of the first child."

Dr. Van Egeren received her master's degree in Child and Family Clinical Psychology in 1996 and her doctorate in Developmental Psychology in 1999, both from Michigan State University.

Currently, she is a post-doctoral Research Associate at the Institute for Children, Youth and Families at Michigan State University. Her research is taking her in several different, but interconnected directions. One strand is concerned with examining the microprocesses involved in mutual interaction between mothers and infants across the first year of life. In a related vein, she is developing a microanalytic coding system to study processes of interaction in the family triad, with particular focus on how parents work together during play with their infant.

She is now beginning a three year follow-up study of coparenting processes and child outcomes in families studied since the transition to parenthood. The effects of the birth of a second child upon coparenting and family interaction will also be studied for a subset of families.

Another strand of research is nearly finished. It focuses on behavioral change in child and adolescent psychiatric patients while in the hospital in terms of predicting length of stay and post-discharge outcomes.

The Young Investigator Award is given at each World Congress. The recipient receives an honorarium and is invited to present an up-dated version of his/her paper at the following World Congress. The winner in 1996 was Dr. Anne McDonald Culp. At the Congress in Montreal she presented her paper: "From Finland to Montreal: Four Years of Focus, Facts, and Fervor in Early Intervention Research."

On the Importance of Relationship to Infants, Parents, and Practitioners

by Deborah Weatherston, Ph.D.

I have recently had the experience of revisiting articles and ideas that have been important to my understanding of relationship development, optimal health and growth. My reading took me back to a very early work by Sally Provenance and Rose Lipton entitled "Infants in Institutions" written in 1962. This slim volume was significant for the attention it drew to the influence of caregiving on a child's development and well-being. Infants who were deprived of consistent, affectionate mothering care were gravely affected when compared to infants whose mothers were able to nurture and care for them in their own homes. Their major conclusion, made over 35 years ago, was that an infant develops optimally within a relationship, at least one, within the context of a family's protective care.

Provenance and Lipton paid exquisite attention to the details of development, assessing infant capacities to move about, communicate, interact with others, and establish close and affectionate ties. Infants who were well held and handled and responded to learned that their needs would be predictably and reliably met. They developed trusting relationships with at least one person that grew more complex as each month passed. The infants deprived of adequate nurturing in the first year appeared delayed in motor development, were quiet, unable to communicate wants or needs. Their responses to people were odd—staring in regard of adults, but unable to establish personal attachments or to seek out the attention of any adult for comfort when distressed. They had a diminished interest in playthings and

showed little pleasure in response to objects or toys. Sally Provenance and Rose Lipton showed that how we care for children, in infancy, did (and does) matter and could be measured in social, emotional and cognitive terms.

I was also drawn to a review of literature related to attachment. I began with John Bowlby's work on early emotional deprivation, developmental failures and relationships (Bowlby, 1953; 1958). His theory of attachment strengthened our understanding of the significance of responsive caregiving to the organization of behaviors in infancy and healthy development throughout one's life span (Bowlby, 1969). Devoted to a baby's needs, an attentive caregiver (mother, father, grandparent, aunt, etc.) responds with sensitivity and warmth. Confident that the caregiver will consistently meet the baby's immediate needs for food and holding and talking and affection, the baby feels well-nurtured and secure. Within the context of the trusting relationship that develops, the baby builds a confident sense of self and becomes able to explore people and playthings with curiosity and investment. He or she is ready to attend and learn. By about 12 months, the baby knows the caregiver (at least one) as a safe haven and a safe base from which to move and to which to return, refuelling, beginning again to investigate, try something new or explore. Out of this felt security, the baby builds a model, internal, for relationship that is carried into future interactions and exchanges with other caregivers, siblings, teachers, friends.

Mary Ainsworth carried John Bowlby's work a bit further, identifying very specifically attachment patterns at

12 months—secure, avoidant, anxious/resistant (Ainsworth et. al, 1978). Caregivers who were helpful, responsive, and emotionally available were identified as having infants who were secure. Caregivers who were consistently unavailable, rejecting, unable to comfort, and offered little protection or support were identified as having infants who were avoidant, less able to explore, and less able to interact or engage pleasurably. Caregivers who were unpredictable, inconsistently available and inconsistent in the help they could give had infants who were in turn uncertain, clinging and anxious about exploring their world. These categories helped to define what kind of care babies need in order to develop more confident, curious, affectionate selves.

More recent works by Mary Main (1995) and Peter Fonagy, Howard Steele and Miriam Steele (1991) confirm that parents carry working models of those early relationships that in turn affect the quality of relationships with infants and toddlers in their care. If the adult model was described as "secure" a parent would be most likely to have a baby who, at 12 months, is described as "secure."

As home visitors we work in a variety of ways. Depending on the programs in which we work, we offer modest, moderate to intensive child and family support. In all of these programs, we have opportunities to enter into relationships. We have a front row seat—as invited guests—to watch how it is that a child approaches his parent, how the parent responds, what they enjoy, what they cherish, what they do well for and with one another, and what may not be going so well. We are there because they bravely let us in. We experience the highs and the lows, the pleasures and the pains. It is such a magnificent display of hope and trust that we will help and guide and understand. Our goals may suggest dif-

(continued on page 19)



WAIMH

Affiliate News

First meeting of the European WAIMH groups

by Bernard Golse, MD

On January 22, 2000, the first meeting of the European affiliated WAIMH groups took place in Paris at the initiative of the WAIMH-French-speaking group. The meeting was at held the Parisian hospital named Cochin/Port-Royal. Among the actual nine European affiliated groups, all but the Greek Association had representation. We are hoping they will participate in future meetings.

Several members of each group came to Paris. Undoubtedly this meant that everybody wanted to know each other better and to have the opportunity for mutual exchanges. The following groups participated:

- English group (Robin Balbirni and Ashia Phillips)
- Austrian group (Marguerite Dunitz-Scheer and Peter Scheer.
- Belgian and Luxembourg group (Dominique Charlier and Claire Devriendt)
- Finnish group (Palvi Kaukonen)
- Two Italian groups one from Rome (Massimo Ammaniti) and one from Padova (Grazziella Fava Viziella)
- Nordic group (Hanne Munck and Marissa Alvarez)
- Israeli group (Sam Tyano and Miri Keren participated in the meeting and presented their future Israeli group.)

The session took place in the presence of WAIMH President, Yvon Gauthier. Peter de Chateau was unable to be there due to illness. However, I told him what happened during the session, so he was very happy. He

wrote me a few days later encouraging us to go on in such a way.

The morning was devoted to presentations by the different groups regarding a central question "What are we waiting for about a European common work?" Different issues of organization were pointed out including the number of members (great or small groups) and the nature of the links between each group and the international association. A special and important question concerned what to do in order to make the members of each group aware of their affiliation to WAIMH. For my part, I tried to explain how it is important to underline, if there is, a European point of view about clinics, treatment and research in the field of prime infancy and to clarify European positions about psychopathology, for instance. All of us seem very comfortable in the frame of WAIMH but I really believe we could reach a new level of functioning if we increase the links between our different European groups which are so close geographically.

In the afternoon a case was presented by Christine Anzieu. It concerned the first session with a thirteen month boy with a serious disorder of development, depression or autistic risk. Many discussions occurred, especially a discussion by Marguerite Dunitz-Scheer and Antoine Guedeney of the case from the perspective of the "Zero to Three" classification. It was very interesting to observe the different approaches, particularly the differences between the groups about the place of a

psychoanalytic understanding of the case. Reflections about ethical, technical, therapeutical and research thoughts were also engaging.

At the end of the session, Yvon Gauthier, President of WAIMH reacted to what he had heard that day. Dr. Gauthier proposed that we have a business meeting of the European groups during the Montreal congress.

An evening party concluded this historic gathering. It took place in the cloister of the Port-Royal Hospital, the remaining part of the abbey of Port-Royal. It is a very important place in the history of the "Jansenisme" austere code of morals elaborated by the Bishop Comeille Jansenius during the seventeenth century in France. The Jansenisme is the most rigid version of the theories of Saint-Augustin and, in some way, a dogma around the question of the grace of God. Through the debate about grace of God, it is possible to find the precursor of our contemporary discussions about the innate or acquired components of the psychic life. In this magnificent cloister, guests could dance and also listen to some beautiful pieces by the young harpist Margaret Varet.

Many thanks again to all the participants in this meeting. I hope everyone enjoyed it and will keep a good memory of Paris and of our very vivid work. It was perhaps the first step of a new common history for the different European affiliated WAIMH groups.

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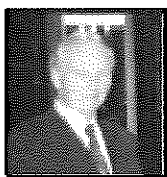
Congratulations and Best Wishes, Tuula



**T u u l a
T a m m i n e n**,
President-Elect
of WAIMH,
has received
one of the most

prestigious awards granted in Finland. On March 12, 2000, The V. Tanner Foundation recognized Tuula's extraordinary work on behalf of children, and her scientific and clinical achievements in the field of infant mental health throughout Europe. Tuula has earned the respect and admiration of the citizens of Finland for her tireless efforts to enhance the quality of life for children of all ages, as well as promoting the quality of the caregiver-infant relationship. Tuula was invited to be a life-long member of the Academy of V. Tanner, which counts among its many distinguished members, President Tarja Halonen of Finland. One of the Academy's important goals is to promote comprehensive cultural, social and scientific discussions about the spiritual maturation of Finnish society. Tuula's vision for international collaboration, her passion for children, and her quiet, firm resolve to bring about change in the lives of children will not only help to inspire the people of Finland, but also the members of WAIMH. At the 7th World Congress in Montreal, Tuula's equally distinguished service to WAIMH was recognized when the Board of Directors elected her to the office of President-Elect.

*Congratulations for all of your
accomplishments and many warm
wishes for future success.*

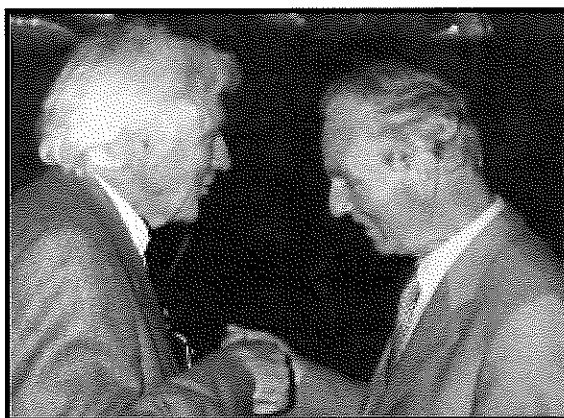


President's Perspective

Peter de Chateau

It most certainly was a wonderful experience to be in Montreal during the VIIIth World Congress of WAIMH. For me it also was a special occasion as I became the President of our Association. As such I would like from this place to thank everybody involved in the congress and express my sincere gratitude. During the congress a new Executive Committee was chosen, the names of the new officers are published elsewhere in this newsletter. I wish them good luck and wisdom in their work for WAIMH and I am confident that the coming years will be successful and prosperous for our organisation.

During the latter part of Yvon Gauthier's presidency a number of new initiatives were taken concerning the structure of our organisation. One of the more important issues was that of the representation of the affiliates at the central level. The affiliates together have some 3000 members, whereas the membership of WAIMH is approximately nine hundred. This has to do with two matters. Firstly, the different policy among the affiliates. In some one has also to be a member of WAIMH, while others do not take this position. Secondly, many affiliate-members maybe do not find a WAIMH-membership beneficial to them or maybe the fee is too high. In order to increase the influence of the affiliates one of the presidents of the affiliate-groups has been appointed member of the Executive Committee. Also a discussion has been started



The changing of the guard: Yvon Gauthier hands his Presidential duties to new President Peter de Chateau

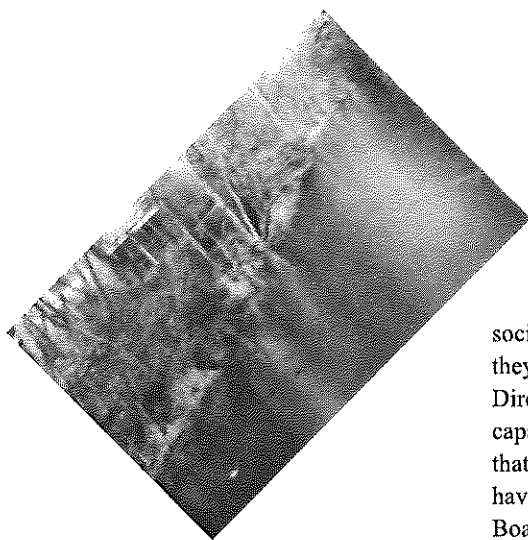
about the level of the membership fee. With more members it could perhaps be lowered?

In the years to come the position of WAIMH and its influence in society will be the subject of discussion. In the past 20 years WAIMH has confined itself mainly to scientific, clinical and developmental work within the scope of the mental health area. It has been the leading body within the field of infant mental health and the *Infant Mental Health Journal* is one of the finest of its kind. However, its influence on social and community policy matters has been very limited. Prior to our last two congresses in Tampere and Montreal, one whole day was dedicated to a workshop on social policy and infants and their families. Both days had a very good attendance and important information was gathered. This information will be published in a special issue of the

Infant Mental Health Journal in the near future. Hopefully this knowledge can be used in our communications with politicians and other decision makers. It is of utmost importance that children should be raised in a democratic spirit of responsibility and the foundation created for their will to participate in the future develop-

ment of our societies.

A further possibility for WAIMH is not only the cooperation with other professional associations on these matters, but also to try and reach those international agencies and bodies working for the best interest of families and children at a socio-political level. Maybe among our membership such initiatives already do exist. I would very much like to invite you to give your reaction and share your experiences with us.



From the Red Cedar

Hiram Fitzgerald
Executive Director

2000 has already been a busy year for WAIMH. We held the 7th WAIMH World Congress and set our sights on World Congress 8 (Amsterdam) and 9 (Melbourne). We welcomed 3 new Affiliate organizations (Israel, South Africa, Indiana [U.S.]) and granted provisional status to Affiliates in Florida and Ohio (U.S.). I wanted to take just a little journal space to inform members of other business activities of the association.

Organizational Structure

From the beginning, WAIMH has been governed by a board of directors, that was assisted in its governance by a variety of non-voting members, including Regional Vice-Presidents and members of various committees. However, now that WAIMH has nearly 30 Affiliate societies the role of the regional vice-president seems to have diminished in relation to the role of the affiliate organizations. Over the past several years, the Board has engaged in discussions about its governance structure and in Montreal met with Regional Vice Presidents and with representatives from the Affiliates to discuss alternate strategies for broadening the voices involved with setting WAIMH policy. This fall you will be receiving a set of revisions to the by-laws. The proposed revisions will bring about several changes in the

society's governance structure: First, they will clarify that the Executive Director serves in an ex-officio capacity to the Board. This means that the Executive Director will not have a vote on anything before the Board. The recommendation for this change came from the current Executive Director as a matter of good organizational policy. Second, the Board recommended that the Executive Director's position be replaced by an individual who directly represents the Affiliate societies. At first, this individual is to be appointed, but by 2002, the Affiliate groups will elect their own representative to the board. The Board believes that this change in structure will allow for more effective executive management of the society, and will broaden affiliate input to decision making. Although not part of the by-laws, the Board will meet biennially with Affiliate Presidents (or their representatives) at the World Congress. This meeting will allow affiliates to play a direct role in advising the board on matters of policy and action. Moreover, it will provide a structure for affiliate development and cross-cultural exchange.

Elections

The Board elections produced a slate of candidates that was truly outstanding. Moreover, it brought some new names to the membership, names that will likely be seen often in the future. Following the elections, the Board of Directors met to elect its new slate of officers with the result that the Board has a rich international

and interdisciplinary flavor, the presence of some wise and experienced veterans, and some new voices in the leadership hierarchy:

President: Peter de Chateau, MD, Netherlands

President-Elect: Tuula Tamminen, MD, Finland

Vice President: Antoine Guedeney, MD, France

Secretary: Elizabeth Tuters, MSW, CSW, Canada

Treasurer: David Oppenheim, Ph.D., Israel

Past President: Yvon Gauthier, MD, Canada

Member at large: Massimo Ammaniti, MD, Italy

Member at large: Brigit Jordon, MSW, Australia

ex officio: Executive Director

Hiram E. Fitzgerald, United States

Advisor: Clinical Issues, Joy D. Osofsky, United States

Advisor: Scientific Issues: Robert N. Emde, United States

For information about contacting any member of the WAIMH Board, please consult the WAIMH Web page: www.msu.edu/user/waimh or email waimh@msu.edu

Infant Mental Health Journal

WHAT A DEAL!!! The *Infant Mental Health Journal* (IMHJ) slowly is edging into that arena known as "been around for a while." In 21 years, the journal has had three publishers (Human Sciences Press, Clinical Psychology Publishing Company, and John Wiley & Sons), four editors (Jack Stack, Sharon Johnson, Hiram Fitzgerald, and Joy Osofsky), and has moved from 4 to 6 issues per year. Moreover, the price of the journal has

remained amazingly low from the beginning. AMAZINGLY LOW! Yes. Consider the following information from the Faxon Company concerning journal subscription prices for the year 2000. For 226 journals in their survey sample, the average price for a subscription in the United States was \$164.04, and the average price outside the U.S. was \$183.23. The average number of issues per year was 6.8. Considering only 123 journals that raised prices from 1999 to 2000, the average price for 2000 was \$205.37 (which amounted to a 12.4% increase). Now let's look at the average 2000 price for journals within selected fields. The average journal in medicine was \$663.21; in psychology, \$219.46; and in home economics, \$115.57.

The prices above are all institutional prices. Where does the Infant Mental Health Journal stand in relation to the above: An institutional annual subscription in the United States is \$224.00; \$260.00 in Canada and Mexico; and \$198.00 outside of North America. Personal rates are \$79.00 in the United States, Canada, and Mexico; \$115.00 outside the United States.

BUT your subscription to the Infant Mental Health Journal only costs \$37.50 (plus postage for outside of North America) because you are a member of WAIMH. A savings of \$41.50. Yes, you receive an annual subscription to the IMHJ for less than 50% of the cost for a non-member personal subscription, plus you receive 4 issues of *The Signal* as part of your membership dues. What a deal! Share this savings message with your colleagues!!!!

Perhaps the best deal of all, however, is that the IMHJ has been so ably edited by Joy Osofsky since 1988. Moreover, she has tentatively agreed to serve at least one more 5 year appointment. All of the members of

our society and all of the subscribers to the journal who are not members will be well served by Joy's generous offer to continue as editor. Managing a journal is not an easy task. What is published in the journal ultimately is a direct result of editorial policy.

Regardless of the amount of responsibility that is delegated down the line, it is the editor who appoints associate editors and members of the consulting editorial board, oversees the peer review process, approves special issues on selected topics, corresponds with every author and many would-be authors, and oversees the content of every single issue that appears in print. Joy's experience, competence, and sound judgement will be extremely beneficial as WAIMH begins to make increasing use of electronic media for journal operations.

The Signal

WAIMH has been doubly blessed with extraordinary leadership in editorships. For the past 8 years, Charles Zeanah has served as editor of WAIMH's newsletter, *The Signal*. Originally a tool for informing members about association activities, under Charlie's mentorship, *The Signal* has increasingly become a forum for presentation of clinical, prevention, and policy issues. Although not a peer review journal, *The Signal* has become a "must read" periodical for nearly all of WAIMH's members. Indeed, it is likely that more members read *The Signal* cover-to-cover than read each full issue of IMHJ. Interdisciplinary debate, clinical application, program prevention descriptions, social policy essays, form the core content of *The Signal*. The transformation of our newsletter from small societal newsletter to a quarterly periodical dealing with substantive content was solely through the efforts of Charles Zeanah. We are thankful

for all of his efforts on behalf of the society and wish him well in his new administrative position at Tulane University School of Medicine.

We are also delighted that Paul Barrows (United Kingdom) has agreed to serve as the new editor of *The Signal*. Those of you who follow the literature on fathers know that Paul has written extensively on this topic, including an article in the IMHJ that has been re-published in at least three languages. The Board was unanimous and enthusiastic when accepting Paul as the new editor. Paul's term as editor officially begins January, 2001, but I am certain that he would welcome inquiries from any prospective authors who might want to contribute to *The Signal*.

Administrative Assistant

Several issues ago I wrote an article about transitions and change. One of those changes is taking place as I write this article. Melanie Smith is leaving her position as administrative assistant in WAIMH's office. For the past seven years Melanie has been the front line contact for everyone reaching out to WAIMH. Melanie has been responsible for the day-to-day operation of WAIMH: accountant, banker, postal worker, layout specialist, organizational efficiency expert, editor, librarian, and data base manager are but a few of the sub-titles that characterize Melanie's work activities. Melanie is moving on to new challenges in her life. In recognition of her service and commitment to WAIMH, the Board of Directors honored her at the World Congress for her exemplary service to the association. Melanie's deep belief that the world continues to evolve and move toward balance, harmony, peace, and systemic wholeness, and her passion for human beings and the human condition have prompted more engaging, intellectually

stimulating discussions than ordinarily take place "in the office." All will miss her, but none will miss her more than I. She has graciously agreed to help select her replacement and to help that person adjust to the job. We expect to have WAIMH's new administrative assistant in place by early October.

Coming Attractions

In forthcoming issues of *The Signal*, members can expect *By the Red Cedar* reports on WAIMH's financial status, Beacon Club recipients, information about World Congress activities, and a special section of WAIMH Awardees and Awards. Until then, take just a moment from your busy schedule and tell a colleague about WAIMH (you might just mention that super price for the IMHJ!).

(Relationships, continued from p. 13)

ferent intents: that we will teach parents new skills or follow a developmental curriculum or intervene when there have been allegations of abuse or neglect. Regardless of our differences, we each can hold RELATIONSHIPS or FAMILY TIES at the center of our home-visiting work. If we believe that relationships provide a context in which children blossom and families grow, that can be the over-arching rule that governs how we behave and what we do.

Relationships were celebrated at this year's Infant Mental Health Conference. Relationship development was addressed in every plenary and workshop that I attended. I returned to work with a renewed commitment to encourage and support the development of relationships as central to my understanding of infant mental health work. It was a deeply meaningful few days and I thank all who were part of this year's Conference.

(reprinted from The Infant Crier, MI-AIMH, April-June, 2000)

(Theraplay, continued from page 9)

as well as having her feed him the fruit treat.

In a game of give and take, Luis calmly took turns blowing a feather back and forth across a pillow toward his mother. He looked at her, smiled and was very happy sharing his pleasure in his success with her. Next he relaxed in the blanket as his father and I swung him toward his mother who smilingly touched his knee, his shoulder and his ear. He loved this activity so much that we switched to holding him by his arms and legs and swinging him directly into her arms. This activity had a very calming effect, probably because it provided him with much needed rhythmic activity and deep muscle pressure. Following the final swing into his mother's arms, he settled down comfortably while she gave him a bottle of juice. As he lay there, his body relaxed completely. And like a small infant, who explores his mother's face as he nurses, Luis reached out to touch her cheek with his hand. He then gently lifted his leg so that his toes could play with her hair. No longer was he the frantic toddler who could stay in her arms only as long as there was juice in the bottle. He was now happy and relaxed, sharing eye contact, and loving every minute of the tender interaction. As she looked at him, she mirrored his pleasure and reflected back to him her newfound love and appreciation for him.

As he sees himself mirrored in her loving eyes, Luis is forming a new internal working model of himself and the world. No longer is he the scrawny, unhappy, impulsive, angry toddler that she saw before. He has become a tender, lovable, engaging, and competent little boy. His view of the world is no longer of an unresponsive, frightening place. He now knows that

his mother can meet his needs and that she can make the world a safe place for him. They have made a connection.

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Editor's Note: Phyllis Booth is the Director of Training at the Theraplay Institute. She can be reached at the Theraplay Institute, 180 N. Michigan Avenue, Chicago, IL 60601. She presented this work at the 7th World Congress in Montreal, 2000.

Identification has been disguised. Permission for using the example has been obtained.



Canada

November 20-21. Vancouver, British Columbia. A two day workshop entitled *Creating Connections: Innovative approaches to promote the mental health of the young child with autism spectrum disorder and with developmental and emotional challenges*. Dr. Serena Wieder will present. She is co-author with Dr. Stanley Greenspan of *The Child with Special Needs*. For information call: 604-875-2719; Fax: 604-875-2099.

Jerusalem, Israel

October 29-November 3, 2000. Jerusalem 2000 Congress. The conference theme is "The Promised Childhood." The Congress will offer professionals involved in the care of infants, children and adolescents a

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United States

October 27, 2000. The Illinois Association for Infant Mental Health will host its annual conference. The theme is *Fostering Families, Fostering Development*. For information contact Marsha Hawley at 312-578-9956x19.

November 6-8, 2000. Developmental Interventions in Neonatal Care, 16th Annual Conference. New Orleans, Louisiana. For information call: 925-828-7100x0.

April 5-7, 2001 in Charlottesville, Virginia. The conference: *Frontiers of Practice: The New Dialogue Between Attachment Theory and British Object Relations* is sponsored by the Under Fives Study Center of the University of Virginia Health System. Using case

material and research findings to inform their theoretical views, speakers from England, Canada and the USA will present their perspectives on how to use these two traditions in working with children. For more information, see the website at <http://faculty.virginia.edu/underfives-conferences>; e-mail: uvaseminars@virginia.edu; or call 1 (800) 346-3882.

New email for the Illinois Association

www.ilaimh.org/main.html

Head Start looking for reviewers

The National Head Start Bureau is expanding its pool of peer reviews and consultants who will assist with the review of current and future activities, policies, and research. Individuals who respond will also receive announcements concerning the availability of funds for grants, fellowships, and programs. Contact: Ellsworth Associates, Inc., Attn: Reviewers and Consultants, A-003, 1749 Old Meadow Road, Ste. 600, McLean, VA 22102; email: biblio@cainet.com

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