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The Sunderland Infant Programme (UK): Reflections on the first year

Background

Questions about the precursors to secure attachment, their nature, relative importance, combined effects, and external verses internal sources have abounded since Bowlby's original ideas were put forward. The Sunderland Infant Program outlined in this paper is attempting not only to utilize our current knowledge to develop a primary prevention program, but also to use the data generated to consider further precursors of attachment.

Research findings suggest that secure attachment predicts resilience and that insecure attachment – particularly of the disorganized variety – predicts later problems in childhood (Fonagy et al. 1994; Karen, 1998; Luthar & Zigler, 1991; Sroufe, 1997).

Studies have also shown that resilience predicts mental health in both childhood and adulthood enabling the child or adult to better cope with the "slings and arrows of outrageous fortune", which most of us are likely to encounter at some time or another in our lives. (Bloom, 1997; Cowen & Work, 1988; Dulmus & RappPaglicci, 2000; Garmezy, 1991; Rae-Grant et al. 1988)

Those within the child development and child mental health fields continue to pursue the question of what leads to secure attachment. Sensitivity, warmth, synchrony, and the reparation of ruptures are all factors found to be associated with secure attachment. It also seems that the infant's attachment is associated with the mother's representational working model (De Wolff & Van IJzendoorn, 1997; Kogan & Carter, 1996; van den Rijt-Plooij & Plooij, 1993; Main, Kaplan & Cassidy, 1985).

Finally, some studies have shown that intervening during the first year of life can facilitate the development of secure attachment in "at risk" groups. (van den Boom, 1995; Bakermans-Kranenburg et al. 1998; Heinicke et al., 2000)

Building on the findings to date, the Sunderland Infant Program aims to ascertain whether it is feasible to screen routinely for mother-infant relationship problems in the making and then to tailor-make interventions accordingly. The overall challenge is to develop a program that offers universal screening but a targeted, cost-effective intervention to support and facilitate parents, enabling their offspring to develop secure attachment.

Primary Prevention Model

The program is anchored in a primary prevention model, which is systemic, developmental and psychodynamic (Fitzgerald & Barton, 2000). A simple metaphor would be that the model conceptualizes the process of living one's life as "orienteering", negotiating the pathways of life through adversities and obstacles to the "sunny uplands".

In this model the purpose of primary prevention is to provide the psychological equivalent of "a compass, warm socks and tomato soup" to help the infant and his or her parents when they are setting out on life's pathways.

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Traditional services, on the other hand, tend to function much more as - very expensive - road rescue services. In this context it is interesting to note that Robert Caldwell in Michigan calculated that for every dollar spent on primary prevention for child abuse there would be a saving of $19 further "down the road" (Caldwell, 1992). A recent article costed the expenditure for a child with externalizing behavior problems to age 28 for society as a whole and arrived at a sum of £70,000 (Scott et al, 2001).

The Infant Program is part of a city-wide primary prevention strategy for supporting Sunderland's children which grew out of a multi-agency conference in June 1997 and a subsequent series of working groups, which involved participants from health and social services, education and voluntary bodies. The strategy is intended to be as comprehensive as current knowledge allows and to provide a blueprint for service development into the new millennium (Svanberg, 1998). It recognizes that only a proactive, multilevel, systemic and ecological approach which involves all relevant agencies is likely to be of lasting benefit (Aber et al. 1989). It also recognizes that different parents will need different kinds of help. As a rule of thumb and reflecting differing needs this can be understood as:

- families needing educational advice
- families needing social or emotional support or
- families needing psychological treatment or therapy.

Infant program, Basic principles

The purpose of the program is to increase the proportion of children who are securely attached, socially competent, and ready to access education at age 4. The means to this proposed end is based on the development of collaborative, community work between health visitors, midwives, and clinical psychologists working in partnership with the families.

The family's health visitor undertakes a video-recording when the infant is 8-12 weeks old, having discussed the program at the primary home visit and in later clinics and obtained consent. The instructions for this video-clip are very simple (i.e. "I would like you to play and talk with your baby the way you normally do"). This 3-4 minute video clip is analyzed using Crittenden's CARE Index protocol (Crittenden, 1988; 1997. See also www.soton.ac.uk/~aoh/pmc.htm). The CARE Index is derived from Mary Ainsworth's work and provides coding dimensions for both mother and baby. It can be used for caregivers and children up to the age of 2.5 years. The procedure is taught in a very intensive training week and finishes with a reliability test. Consultations between the health visitors and clinical psychologists occur twice weekly, which also provides an opportunity for supervision and support. Each consultation generates a formulation and, if necessary, an intervention plan.

The CARE Index, as well as the routine information the health visitor has collected (such as medical problems, family composition, major life events, obstetric issues etc), provides the information for the formulation, recommendations and potential interventions. However, before discussing interventions, first a focus on the antenatal aspects of the infant program.

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Antenatal program

The purpose of the antenatal program is to facilitate early bonding by applying the research of Klaus, Klaus and Kennell (1995), de Chateau (1976) and others.
In the antenatal prevention program, and according to the protocol, the midwives will minimally:

• Screen for anxiety or depression in the antenatal phase using the Hospital Anxiety and Depression Scale and refer to the clinical psychologists if appropriate.

• Be sensitive to the mother about the central importance of early "conversation" and imitation and advise her accordingly (Trevarthen, 2001)

• Undertake the Brazelton Scales with parents present and discuss the outcomes of this assessment with the parents to attempt to support attunement. (Brazelton & Nugent, 1995)

These developments are in addition to the UNICEF program " Say hello the baby friendly way" which had already been implemented in the local maternity services.

Interventions

Clinically, we attempt to combine the best of available models (Robert-Tissot et al., 1996; Muir et al. 1999) within our limited resources.

At the least complex level the health visitor returns to the mother with the video clip, shows it to the mother and discusses it with her. This can provide straight forward positive feed back when the interaction is playful and mutually rewarding. An example of this is when a young, somewhat anxious but very sensitive mother is validated by the joyful intersubjectivity in the video clip of the interaction with her daughter.

If this is not the case the aim is to provide an intervention, which is tailor-made to the interactional difficulties revealed through the CARE index analysis. The interventions essentially fall into three categories: developmental guidance, interaction guidance, and parent-infant psychotherapy.

Developmental guidance aims to educate and advise the parent and is provided by the health visitor. It is based on a review of the infant development literature and is complemented by a hand out "Positive Parenting".

Interaction guidance. Guided by the CARE Index analysis, the aim is to accentuate the positive in the interaction and build on the snippets of sensitive interaction, which are almost invariably present in line with previous research (McDonough, 1993).

In accordance with the protocol and in these somewhat more complex cases the health visitor can visit up to an additional four times to focus on the interaction between the mother and the infant. Essentially this "less than sensitive" interaction breaks down into three different – but fairly common - patterns:

• The first and most common pattern is the intrusive and controlling mother who overwhelms her infant. This quickly establishes a vicious spiral in the interaction with baby becoming either fussy or difficult or avoidant/switching off and mother often feels rejected.

• The second pattern is the unresponsive/passive one where mother is unable to engage the infant so that a conversation never begins. This is common in postnatal depression.

• The third pattern is the inconsistent one when mother switches between the other two patterns, leaving the infant insecure about her emotional accessibility and availability and unable to predict her behavior (Crittenden, 1995).

Parent-infant psychotherapy

The third type of intervention is parent-infant psychotherapy based on the pioneering work of Selma Fraiberg (Fraiberg, Adelson & Shapiro, 1987). This tends to be with the more complex cases, where unresolved loss and trauma are to the fore. The clinical psychologist meets with mother and baby, exploring the mother's own experiences of parenting and when appropriate making links between this and what is observed of the interaction between mother and baby in the room. Additionally, within the limits of our competencies, we may also provide couple therapy or individual psychotherapy when the parent's own psychopathology completely compromises her ability to care for her child. This is often in very close collaboration with Child Protection Services.

Evaluation

In order to be able to answer the central question of whether the program is effective, we also have a comprehensive evaluation under way. The baseline assessment includes the CARE Index, brief and very simple scales measuring social support, mother's self esteem and mental health as well as parenting stress. These are re-administered at the one year follow-up when, in

addition, we also employ the Strange Situation, a Service Utilization Questionnaire (Browne et. al. 1990) and the Infant Toddler Social Emotional Assessment (Briggs-Gowan & Carter, 1998). A six month follow up specifically compares a group of dyads who have received health visitor intervention with a control group. If we are around as a project in three years time, we also hope to follow the children up at the start of school using the Child Behavior checklist.

Reflection on the first year

During the first year some 205 mother-infant dyads were invited to participate. Of those asked 65% agreed and 35% refused. The most common overt reason for refusal was mother's great reluctance to be photographed/videotaped. However, as the program has begun to develop "street credibility", the rate of participation has been going up.

Of the total group of 126 who participated in the first year, 54% scored at or below the agreed cut off point on the CARE Index and were thus offered various interventions. Although we have no follow-up data at present an interesting observation was done by a secretary/ receptionist who noted a substantial reduction in the numbers of mothers telephoning the health centre for advice or requesting a health visitor visit or a doctor's appointment in comparison to previous years.

The Infant Program runs as part of a large Sure Start program. Inevitably a new organization with professionals working together for the first time has led to some interesting dynamics. In addition to this, working with babies and infants seems to generate a certain kind of anxiety within and between professionals. This must surely reflect something about the very strong, primitive anxieties that emanate from the mother-baby relationship, where keeping one's baby alive is often the most significant - if unconscious - worry around (Stern et al. 1998). Consequently the importance of clinical supervision for all professionals cannot be overstated.

With families not necessarily recognizing any need for intervention following the screening, we have encountered particular problems in engaging highly defended mothers. In many cases the primary coping mechanism of the mother, developed over many years and learned often in her own childhood, is to deny and to defend against the pain of rejection. Exploring her own hurt and/or traumatized child self would be perceived as too risky and often calls for a very gentle and prolonged engagement process.

Finally, the program does not yet focus on potential problems resulting from the infant's emerging autonomy at 7-8 months, which has resulted in a few dyads presenting with sleep or feeding problems at that age.

In Conclusion

By identifying mothers and infants at risk of developing insecure attachment patterns as early as possible and by providing the appropriate skilled and focused help, we hope to be able to facilitate these children becoming securely attached and psychologically resilient. Providing a psychological "inoculation" may be too fool hardy a term to use for the process, but it best conveys the opportunities now available to us.

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CHANGING HISTORY, ONE BABY AT A TIME

THERAPISTS ATTEMPT TO RESURRECT PARENTS' ANCIENT WISDOM

By Larry Shook

When parents gaze into their infants' eyes a mysterious thing happens: it helps the young brain develop. Caressing a baby lowers a stress hormone known to damage the developing brain. And caregiving, the evidence now shows, even influences DNA production during the first year of human life.

Findings like these have been among the more electrifying discoveries of neuroscience over the last decade or so. To Spokane psychotherapist Dr. Kent Hoffman they suggest a new understanding of the human condition.

"It's nature and nurture," says Hoffman. "With eleven million neuron pathways developing each second in an infant's brain, you could say that caregivers are literally co-creating galaxies of neuro-connections with their children."

Those connections play an important role in events that follow. Apparently, they affect a person's ability to lead a satisfying life, to form healthy relationships, and to make ethical decisions. However, this bright new neurobiology coin has two sides: it also offers hard evidence about why disrupted childhoods set the stage for big ticket government programs. Mounting evidence clearly implicates inadequate early caregiving as a root cause of exploding prison populations, teenage pregnancy, runaway divorce rates, drug abuse.

Hoffman and two of his colleagues at Spokane's Marycliff Institute, Glen Cooper and Bert Powell, spent most of the 1990s intensely studying the new data on early childhood's importance. At midlife, all three therapists had reached the same conclusion. By practicing psychotherapy with individuals, in their entire careers they could only really help a handful of people. Was there any way, they wondered, to be more helpful than that?

Their inquiry led them into the field of psychology known as "attachment," a large body of data describing the process by which children bond with their parents. By the mid-90s they were applying their new understandings to experimental classes for young mothers and fathers in Spokane. The work was being done in the eye of a revolution—an international childhood development movement focusing on the first years of life—and it got noticed.

The preliminary Marycliff results were so promising that, with the encouragement of Patt Earley, district director of Spokane county's Head Start programs, the researchers received a small federal grant to help develop their work. The Marycliff colleagues enlisted their mentor, Dr. Bob Marvin of the University of Virginia, one of the world's foremost attachment authorities, to lead the project.

Attachment research began in the late 1940s and early 1950s with British mental health professionals. They began to study problem behavior in children separated from their parents, war orphans, and juvenile delinquents. According to Marvin, the common thread was "a history of very disrupted or maltreating relationships with their caregivers."

Three decades of rigorous scientific inquiry produced evidence so compelling that it launched the early childhood development revolution that swept up the Marycliff therapists. Now, another 10 years have passed, and the body of evidence just keeps growing.

By understanding what happens when early caregiving relationships go well, says Marvin of the original impetus for attachment research, "We'll be in a much better position to say something about what happens when they go awry."

Beyond that, today's researchers want to know, "What can we do about it?"

Marycliff's Head Start-funded three-year research project was launched in 1998 to try to help answer that question. By the end of this year at least 75 Spokane parents, with their toddlers and preschoolers, will have participated in the study. The eyes of the world are on them.

STRANGE SITUATION

One fall morning during the project's first year, a young Spokane mother and her three-year-old daughter arrived at the Marycliff Institute—a refurbished basalt gatehouse under the towering pines of a century-old Age of Elegance estate. There they found a big, soft-spoken man waiting for them. The man was Glen Cooper. In tones pitched deep in reassurance, Cooper quietly reminded the mother what was about to happen.

Downstairs there was a room with a two-way mirror. In front of that mirror were surroundings simulating a pleasant living room, with a chair, couch, and box of toys. On the other side of the mirror, in a darkened observation area, was an unseen video camera and microphone system. The mother and her daughter, and in a few minutes a strange visitor, would spend a little time together in the room. Their interactions would be recorded. It would take only about 30 minutes.

The mother, who was 20 years old, listened to Cooper attentively. She was slightly nervous, but Cooper's manner inspired trust, and she followed him down the stairs with her toddler.

Cooper had a budding faith in the drama that was about to unfold. His friendly banter belied his expectation that in a few minutes a kind of x-ray of the psyche would reveal what he and his colleagues consider the primal force in human history. This force, not at all subtle, would be easily captured on videotape.

In psychology circles, the encounter that followed is known as an Ainsworth Strange Situation[1]. Named for its inventor, attachment pioneer Mary Ainsworth, it was developed as a technique for precisely meting out mild doses of psychological stress—a kind of treadmill for the nerves—in ways that reveal caregiving and coping strategies among parents and children. Over the last four decades, thousands of Strange Situations have been conducted by specially trained professionals "on every continent but Antarctica," as Cooper puts it. The results are remarkably similar; the map of a hidden world has emerged.

Researchers consider the technique's revelations to be so accurate that one respected authority, clinical psychologist Dr. Robert Karen, calls the Strange Situation "a Rosetta stone of sorts," enabling researchers to "decipher the traces of an infant's experience with his parents." Karen, an award-winning author and clinician at Adelphi University, has written that the Strange Situation allows researchers "to correlate attachment style with self-esteem, cognitive abilities, with persistence in solving problems, with peer relations, with romantic love, with maternal depression, and with just about everything else that seemed relevant..."

In all cultures, Strange Situations expose attachment-related behavior patterns ranging from healthy to nettlesome to potentially serious. While poverty doesn't help, by no means does affluence guarantee secure attachment. In western societies, according to the definitive text, The Handbook of Attachment (Cassidy & Shaver, 1999), "a considerable number of infants (up to 40%) have been found to be insecurely attached." There is evidence that such endemic insecurity results, not just from the stresses of economic disadvantage, but also from social values - prioritizing career over family - and parenting methods that are simply uninformed.

For instance, a survey published in October 2000 by pollster Daniel Yankelovich contained findings which appall child psychology experts. Called "What Grown-ups Understand About Child Development," it showed, among other things, that 44 percent of the nation's parents believe a crying three-month-old infant will be spoiled by picking them up. Attachment research suggests that nothing could be further from the truth. The October 16, 2000 Newsweek quoted Dr. David Fassler, chairman of the American Psychiatric Association's council on children, adolescents and families, as saying, "You can't spoil a baby at three months of age. It's impossible."

My notes on that mother and toddler who walked into Marycliff two years ago, camouflaged to protect their privacy, read this way:

Mom and child enter room. Mom sits in chair, child goes directly to toys, begins play. Child seems a little rough. Mom—gentle manner—picks up a toy, makes overtures. Child mostly ignores her. Toys, though, don't really seem that interesting to child; she seems to use them to avoid interaction with mother. Stranger enters, child ignores stranger, too, but she picks up a hand puppet. "You go on!"

the puppet orders a dinosaur. Dinosaur bites another toy.

Stranger sits on floor with child. Child interacts with stranger agreeably enough, but her play with the toys retains a certain sharpness, not destructive but aggressive...

Mom gets up to leave. "Good-bye," she says. Child ignores her. As soon as door closes child picks up toy phone. "Mommy," she says into receiver. "Gone," she says wistfully. Child seems reassured by stranger's presence. Interacts pleasantly enough but not extensively.

Doorknob turns. "Mommy!" cries the child, but she doesn't look up. Mom enters, stranger leaves. Child plays with toys. "Watch me," she commands her mother. But child doesn't seem to want interaction with mother. Mom begins to play. Play quickly becomes competitive. Child snatches at toys in mom's hand, mom pulls them back. Mother and child parry each other with toys. Child mostly ignores mom. Mom says she has to leave again. Child tips over bed frame in protest, turns back on mom as mom leaves. "No," says child as door shuts. She begins fussing. "No, no," she says. Goes to door, kicks it, slaps it, cries weakly. Then, angrily: "Come back, Mommy!" Then plaintively, "Please, Mommy! I want you, I want you, I want you! Mommy, come back!" Child flings herself on couch. Gets up, picks up a toy, throws it to floor. Stomps toy until it breaks.

Mom has stepped into the darkened room with Cooper. She watches this scene through the mirror, and she is confused. "I didn't know she would do that," she says.

Until this moment the mother has never noticed evidence that her child needed her. In fact, as she will later confide to five other parents in the follow-up parenting group sessions facilitated by Cooper, she felt rejected by her little girl. She believed the rejection was caused by her own shortcomings as a parent. But now Cooper has brought her face to face with what the Marycliff researchers see as the primal force - need. The human need for connection. With her own eyes the mother has seen its raw truth.

HIDDEN WORLD

They meet for an hour and 15 minutes once a week for 20 weeks. Each week is a careful blend of theory and practice. There are six parents, the group leader (Cooper, Hoffman or Powell), and a Head Start family service counselor or two. The parents are given a crash course in the hidden world of children's needs, coupled with pointers in how to meet those needs.

In the first session, the VCR shows selected scenes of real life, taped during the Strange Situation. A medley of images from each of the six parents' experiences with their children captures the bedrock truth of humanity's story: kids need their parents.

For each of us, explains Powell, the universe first comes into focus in the reflection of a caregiver's eyes. The intensity of an infant's need to get its bearings there, the inclusiveness of that need, is so absolute, so transcendent, says Powell, that words can't convey it. Videotape can show it, though, and the therapists put it right there on the TV screen for the parents to see in living color. There's no mistaking the language of the children's gestures and expressions. That first tape segment is accompanied by theme music—Joe Cocker singing "You Are So Beautiful."

"This is the song your children sing to you," the leader tells the parents.

The parents always get it. "It's kind of magical," says Cooper.

The parents leave the introductory session jump-started with key ideas. They have been introduced to the secure attachment formula: "Always be bigger, stronger, wiser, and kind. Whenever possible, follow your child's need. Whenever necessary, take charge."

They also receive the "Circle of Security" schematic (see pg 14) reflecting the organizational framework of the course. The "Circle of Security" premise is that kids have two basic types of needs. First, they must feel supported to explore the world. Second, they need to know a safe haven always awaits them when each episode of exploration is complete. Childhood learning is a saga of these episodes.

The first week's homework is for the parents to take home the children's book "*Bunny My Honey*" and read it to their kids.

Hoffman ended a recent introductory class by reading the little book—a sweet, emblematic tale—to his students. For the first few pages a mommy bunny and a baby bunny delight in each other's company. Then the baby goes out exploring, gets lost and scared, and

cries out, "Mommy! Mommy! I want my Mommy!"

Over a bush the tips of rabbit ears appear. "Bunny my honey," calls the mother's voice. The story ends happily with a safe reunion.

"Why do you think I read that?" asked Hoffman.

"Because it's about exactly what you've been telling us," answered a young father.

Midway through the Marycliff training a pivotal concept is introduced. The leader presents the new material with a handout called "Welcome To The Club."

The point is that every parent struggles, no parent is perfect, and every parent is weaker on one half of the "Circle of Security" than the other. Some parents are more comfortable giving their kids the freedom to explore, but for some reason aren't as effective at helping them handle their emotions when upsets come along. Other parents face the opposite challenge: letting go is hard, but offering emotional support comes naturally.

Almost always, the reasons have to do with parents' own childhoods, with the way they themselves were parented. The Marycliff researchers want the parents to understand that this is normal. They don't want them to feel guilty - in fact, Cooper stresses that all of this information can be so emotionally laden for parents that it should be rated PG, for "Parental Guilt." Join the club, say the therapists.

The way to overcome the guilt, the way to build parenting skills, and the way to change the future, is a two-step process. Step 1: learn how to recognize and meet your child's needs. Step 2: recognize that your natural interpretation of a child's actions—or anyone else's for that matter—can be wildly inaccurate based on your own childhood experiences. A mother whose own mother repeatedly told her to "stop whining" may have learned to repress her own needs to be comforted. That could cause her to unintentionally do the same with her own children. Similarly, a parent reared by a fearful, overly protective caregiver is likely to repeat that pattern unless a conscientious corrective effort is made.

Marycliff uses videotape to, in effect, turn time against itself, to loosen the grip of the past. The researchers do this by showing parents that yesterday does not necessarily mean what they thought it did.

During the "Welcome To The Club" segment the group leader shows a video clip of a beautiful coastline accompanied by soft music and he asks the parents what they see. Restfulness, serenity, the gentleness of nature—these are typical answers. When the same scene is shown again to the soundtrack of Jaws, the mood turns menacing. In this way parents learn how subjective their perceptions can be, how their minds are full of old pictures. Those pictures tell old stories. Parents (not researchers) call this their "shark music." The parents learn to recalibrate their perceptions based on improved understanding of their children's emotional needs. They learn to change their stories. This helps them become "bigger, stronger, wiser, and kind."

Such insight isn't as elementary as it might seem. The Yankelovich survey, for instance, found that "40 percent [of parents] believe a 12-month-old who turns the TV on and off repeatedly while her parents are watching is 'trying to get back at them.'"

In the Marycliff argot that is an example of "misinterpreting a child's cue."

"This class teaches you to see parenting through your child's eyes," one of the young mothers told me.

Another said the class "has made me more aware of my relationship with my daughter."

"Why is that important?" I asked.

"Because that's all there is," she said. She explained that without being aware of the relationship itself, as something parents create with their interactions with their children, "you're not noticing and responding to what's happening in the moment. You're just going through the motions."

The Marycliff parents I spoke with all said the training opened their eyes to their children's needs.

"It's scary to think that if I hadn't seen that - what could I be doing to damage her? Who would she become, and how many insecurities would she have because I constantly pushed my needs and insecurities on her?"

Other comments:

"A lot of parents think they'll learn as they go along. This is a way to learn to follow your child, not your parents."

"I didn't always look at my son, or make facial expressions. Now I try to look at him more. If I'm feeling happy I try to really smile. He used to get really frustrated, then start crying. Then I would get irritated. I realize now that if he's asking me something, if I look at him and talk to him, he doesn't have as much frustration."

"It helps me understand why if I just hold my daughter for five minutes before I put her in the car seat, we'll have a good ride home."

"It helps me break the cycle and not pass on certain things from my parents."

"It re-routes your thinking."

For 20 weeks Marycliff's parents watch themselves on videotape in front of other parents. The tapes have been edited to showcase the parenting strengths they already have, plus the areas where improvement would help. They take turns sitting in what they call "the hot seat" (the researchers don't call it that), as everyone evaluates their taped interactions with their child. They play games like "Name That Need" - as the group leader freeze-frames the tape every few seconds while the parents study eye contact, expressions, gestures, and interactions. They begin identifying what had been invisible at life's normal pace. They learn that children's needs, and parental opportunities for meeting those needs, are like a flowing river.

In theory it sounds overwhelming. In practice, a little coaching soon triggers latent parenting instincts. In no time, understanding and handling the children's needs starts coming naturally.

But isn't it scary? I asked a group of parents. What about that PG, parental guilt warning?

"This isn't scary. It's awesome."

"Any parent could do this. We had one girl [mom] who was 100 percent reserved. Now she's probably one of the most outspoken. It's such a safe environment. You're not put on display."

"You are never criticized as a parent. Situations are analyzed. Questions are asked. It gives you different ways to look at things, more solutions. Things go smoother with your child."

"It helped me understand other parents have the same struggles I do."

"It's nice to learn from each other."

"It's impossible to put this class in words."

"Bert makes it really easy. He's not some quack who sits there and judges you. He was more like our friend."

"Yeah, I might feel guilty about some part of my parenting, but now I have the tools to change it."

"No emotion is 'bad.' It's just a signal for looking at something and asking yourself, 'Why?' "

"It's so not heavy. It's fun. You have intense moments, but they make you feel good. They make you feel like you can be a good parent."

"It's a purely positive program."

FOUR MILLION YEAR-OLD GENIUS

Veteran attachment experts like the University of Maryland's Dr. Jude Cassidy, co-editor of the prestigious Handbook of Attachment, consider the documented rate of learning of the Marycliff parents nothing short of stunning.

"At the end of five or ten minutes [of analyzing tape]... these moms have gotten this incredible message that their babies' behavior is something that can be observed, that it has meaning, that they are central to their child's life."

Cassidy says the Marycliff work shows that parents can quickly become so adept at understanding and appropriately responding to their children's actions that it's as though they're demonstrating a graduate school level of application skills.

"I've never seen such a transformation from an uneducated eye to a very sophisticated level of analysis of what's going on so quickly."

One particular tape series, Cassidy says with a chuckle, made her "feel like I was in the presence of, 'I was blind but now I see...' I mean, they just got it."

What the Marycliff parents are "getting" is appearing with startling clarity in the preliminary findings of the first two years' classes. "We're seeing statistically robust indications of dramatic improvements in parenting skills with attending benefits to the children's emotional security," says Marycliff's Bert Powell. "I think it's safe to say that if society as a whole could

experience such parenting gains, it would be good news for the trajectory of our species."

That hardly seems an overstatement when the known costs of disrupted childhoods are considered. A widely reported 1998 Rand Corporation study found that 30 years of evidence proves that early intervention programs like Head Start unquestionably improve parent-child relationships, the emotional and physical health of children, their thinking skills, and their educational performance. Because of that, such "negative outcome indicators" as welfare usage, criminal activity, maternal substance abuse, and child abuse dropped significantly. The Rand authors documented a host of studies suggesting savings of $20,000 to $25,000 per child in government spending on welfare, education and criminal justice. The report also showed that every dollar spent on early care and intervention for children eventually saved taxpayers a minimum of $7.16.

America's current rate of imprisonment is the highest in the world. Between 1985 and 1996 the country's prison spending jumped from $13 billion to more than $27 billion. Two percent of the nation's parents now are in jail. Against this backdrop, the significance of the Marycliff project is not lost on others.

The "Circle of Security" project has been labeled an "exemplary practice" by the national office of Head Start, has won a Washington state early childhood development governor's award, and is attracting such notice from leaders in the early childhood development field that Jude Cassidy says she expects Marycliff's work to be adopted internationally. Cassidy has incorporated the "Circle of Security" in a major National Institute of Mental Health-funded study she has underway, and already the model is being promoted in England. "We have felt greatly inspired by the project's early positive findings, and elegant protocol," Drs. Howard and Miriam Steele wrote of the Marycliff efforts recently. "In fact, we are promoting it as a model for early intervention work in the United Kingdom, as for example through our consultation work to the Pen Green Center of Excellence in early childhood care and education."

Miriam Steele is a lecturer in Psychology at University College London and a Child Psychotherapist and Research Fellow at the Anna Freud Center, where she is applying attachment theory and research to work with foster carers and adoptive parents.

Howard Steele, who is based at University College London (UCL), edits the journal Attachment & Human Development. His Attachment Research Unit at UCL, together with the International Attachment Network, is sponsoring a conference on 'Promoting Attachment Security' to be held in London, June 8th and 9th, 2002. At this conference, Hoffman, Powell & Cooper from Spokane, as well as their colleague Marvin from the University of Virginia will present their "Circle of Security" clinical approach and research findings. There will also be a keynote address from Daniel Stern on the 'nature of the therapeutic alliance in parent-infant work'.

Officially, the Marycliff study is called "Attachment-Based Interventions In Head Start Child-Parent Dyads." A dyad is a pair, in this case a parent and child. In the world of attachment theory, there are only dyads. As British pediatrician and psychoanalyst Donald Winnicott put it, "There is no such thing as a baby," because babies don't exist by themselves. They are found only in caregiving relationships. Babies are products of those relationships, as are the children and adults they grow into. As is the world those adults create.

Or, as the young Marycliff mother put it, "My relationship with my daughter... is all there is."

The Marycliff researchers don't take credit for the "elegant protocol" of their project. That, they say, is due to their many mentors and to the enormous body of attachment research upon which the project is based.

Clinically speaking, Bert Powell attributes Marycliff's success to what he and his colleagues refer to as the "empathic shift" experienced by the parents.

"With the group as a secure base, attachment theory as a map, and increased observational skills, parents are able to enter into a reflective dialogue with the group leader. That means they can talk about what they see themselves experiencing with their child. This is important, because it's only reflecting on experience that teaches us. It's easy to make the same mistakes over and over if you don't stop to think about it. It's this reflection that triggers the empathic shift. It helps parents feel what their

Continued on Page 14

AMSTERDAM 2002

By Hiram Fitzgerald

We are fast approaching WAIMH's 8th World Congress, and the first to be held in The Netherlands. Readers who want to feast on infant mental health research and practice will have a bountiful meal. Nearly 500 presentations are organized into plenary sessions, clinical teach-ins, symposia, workshops, poster sessions, poster workshops, conversation hours, mentoring lunches, and video sessions. Participants come from at least 45 countries, with 888 names currently listed on the congress program. What an extraordinary opportunity to interact with colleagues from throughout the world, share stories and research projects, and discuss the state of clinical practice throughout the world.

Several years ago, WAIMH began to sponsor pre-congress events in an effort to highlight special research topics, clinical problems, or policy issues relevant to the 0-3 age period. The institutes were open only to individuals who registered for the congress. This year, the pre-congress institutes are open to congress registrants, as well as to the general public (for a small fee). We will assess the success of this initiative and determine whether it will become a standard feature of congress planning.

The pre-congress institutes promise to be extraordinary. In the morning, Institute I: T. Berry Brazelton, Ed Tronick, and Joshua Sparrow provide an overview of the Touchpoints Model of Development; Institute II: Avi Sagi and Sarah Friedman report on quality of early child care, with commentary by Penelope Leach, Yvon Gauthier, and Peter de Chateau. In the afternoon: Institute III: M. van Ijzendoorn, M. Bakermans-Kranenburg, F. Juffer, and G. Stams, explore parameters of insecure and disorganized attachment disorders, with commentary by Avi Sagi; Institute IV: Jean M. Thomas, D. Knauer, D. Deboutte, and T. Houmann and all of their colleagues focus attention on the DC Zero to Three diagnostic classification systemB the third consecutive congress to feature discussion of this important diagnostic system.

Combining intellectual challenge with the charm and excitement of Amsterdam holds forth promise of a week that will not be forgotten. I look forward to seeing all of you in Amsterdam. If anyone has any difficulty registering or securing a hotel room, please contact the WAIMH central office so we can help resolve any conflicts.

See you all in Amsterdam!

The Touchpoints Model Of Development and Relationships

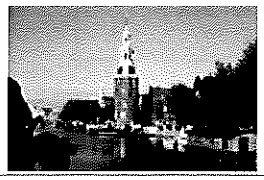
Chair and Discussant: Joshua Sparrow, M.D.
Presenters: T. Berry Brazelton, E. Z. Tronick. PhD
The Brazelton Touchpoints Center, The Child Development Unit, Children's Hospital, Harvard Medical School, Boston

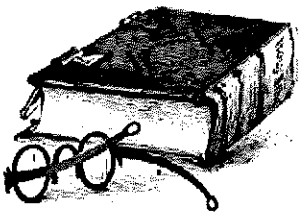
This WAIMH Institute will focus on Brazelton's Touchpoints model of development and relationships, and the role of the clinician. There will be presentations by Dr. Brazelton and Professor Tronick. These presentations will be illustrated with slides and videos. Dr. Sparrow will Chair the symposium, discuss each of the presentations and then lead a discussion with Drs. Brazelton and Tronick and the audience.

Dr. T. Berry Brazelton: Touchpoints: The Model and the Opportunities for Clinicians. This presentation will focus on the concept of "Touchpoints". Touchpoints represent opportunities for clinicians to help parents and children through the difficult and predictable disorganizations and regressions of a child's development. These regressions are anxiety-laden for parents. However, when parents understand the underlying reason for their infant's regressive behavior, they can support and comfort their frustrated child, and not just be baffled by him. Importantly, clinicians can join with parents

in their struggle to understand their child's regression by sharing with parents the concept of the regression in the service of development, the predictable coming of the next spurt, how powerful these spurts are, how critical they are to development and why they lead to a child's unwanted behavior. Thus each of these biobehavioral shifts or "touchpoints" becomes a powerful opportunity for entering into the system of the parent and child.

Dr. E. Z. Tronick.
Touchpoints: Connections and Disconnections and Work with Parental Depression.
This presentation will focus on the critical importance of parent-child mutual regulation for working through the disorganizations and regressions of the bio-behavioral shifts. There will be a focus on the capacities of healthy children's capacities for coping with these disorganizations and their need for parental scaffolding to successfully resolve them and maintain their developmental trajectory. By contrast, the perturbation of the relational system associated with maternal depression and the synergistic effect of depression on the disorganization of Touchpoints will be examined. A newly emerging therapeutic intervention with depressed mothers based on the relational and developmental components of Touchpoints will be offered for consideration.





LITERATURE MONITOR

Books

Eliot, L. Early Intelligence: How the brain and mind develop in the first five years of life. Originally published in 1999, but available as a Penguin paperback from 2001 (ISBN: 0-14-025642-3). "A highly readable book that synthesizes the past few decades of research on child development and the brain" Geraldine Dawson, Professor of Psychology, University of Washington.

Field, T. (2001) Touch. Contents: Touch Hunger/Touch as Communication/Touch in Development/Touch Deprivation/Touch messages to the Brain/Touch Therapies/Infant Massage/Massage Therapy for Children, Adolescents and Adults. The MIT Press, Cambridge, Mass. ISBN: 0-262-06216-X.

Manzano, J., Palacio Espasa, F. and Zilkha, N. (1999) Les scénarios narcissiques de la parentalité. Clinique de la consultation thérapeutique. Presses Universitaires de France: Paris. ISBN 2-13-0496334

Raphael-Leff, J. Psychological Processes of Childbearing (Foreword by Marshall Klaus) 'This book is both a textbook for primary health carers (midwives, health visitors, GP's, etc) and an easily readable source of psychodynamic understanding for the interested lay woman/couple anticipating pregnancy or engaged in childbearing.' It has been out-of-print for some time but has recently been revised and reprinted. Revised edition: University of Essex, 2001. To order: jrleff@essex.ac.uk

Trowell, J. & Etchegoyen, A. The Importance of Fathers: a psychoanalytic re-evaluation. Considers a variety of topics including: the role of the father at different stages of children's development; the missing father; loss of a father; grandfathers. In 'The New Library of Psychoanalysis' series pub.: Brunner-Routledge: Hove; Taylor & Francis: New York. ISBN: 1-58391-174-X

Journal Articles

Schore, A. N. (2001) 'Effects of a secure attachment relationship on right brain development, affect regulation, and infant mental health.' Infant Mental Health Journal, 22 (1-2): 7-66. This paper comes from a special double issue: Contributions from the decade of the brain to infant mental health. It also contains another paper by Schore relating to the impact of trauma on brain development, and papers by Siegel and Trevarthen. The whole issue is highly recommended.

children feel, and that's when things change. In other words, children are no longer aliens that have to be managed, they are human and need to be treated as you would want to be treated."

Still, Glen Cooper thinks the real force behind Marycliff's promising early results is what he calls "the four-million-year-old genius." It's the mysterious genetic knowledge, latent though it may be, that allowed humans to become human in the first place, he says. As thirst proves the existence of water, the fiery need children have for their parents proves that nature entrusted parents with an amazing power to respond. It's an inherent circuitry, part of the natural scheme of things.

"We just need to set the genius free," says Cooper.

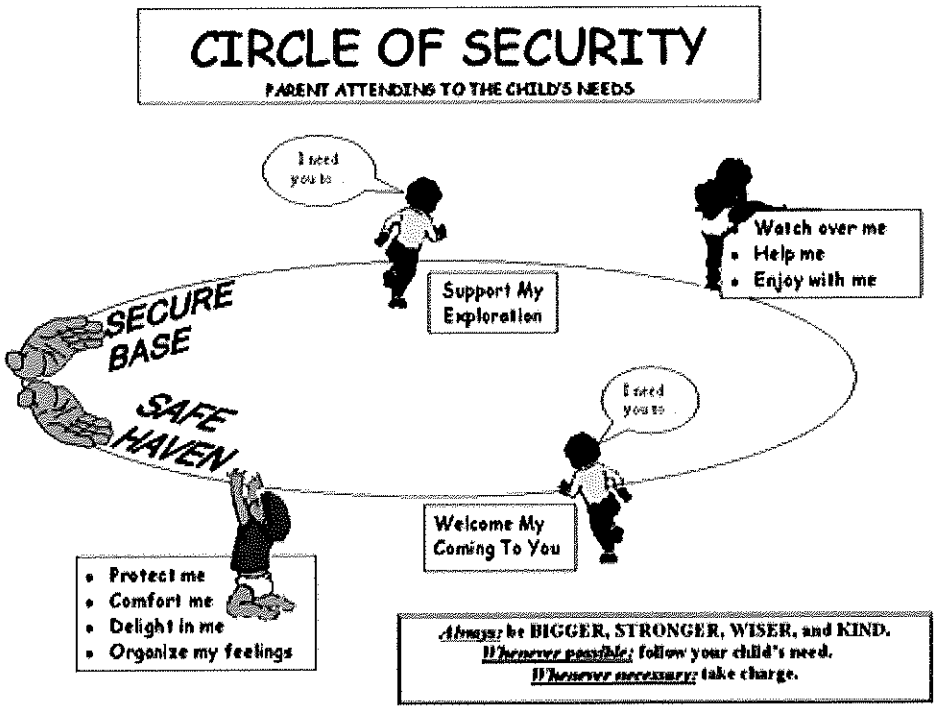
References

Cassidy, J. & Shaver, P.R. (1999) Handbook of Attachment. New York: Guilford.

Further details of the Project are available from:

Circle of Security Project
807 W 7th Ave
Spokane, WA 99204
USA
e-mail: b-spowell@mindspring.com

[1] The Strange Situation is not, of course, generally used beyond about 18 months and this project uses the modified Strange Situation procedure (for 2.5-4.5 year olds), developed by Jude Cassidy & Bob Marvin together with MacArthur Network on transitions from infancy to early childhood [ed.]



Editorial

As well as providing readers with papers at the cutting-edge of developments in Infant Mental Health, one of the aims of the Signal is to encourage contact and interchange between the world-wide community of those working in this field. To this end we would like to make more use of the Signal as a vehicle for the exchange of news and information from its various affiliate organizations. We welcome submissions from these groups for inclusion in a separate section of the Newsletter - they can take any form you wish. Please email to: paul@pbarrows.freeserve.co.uk.

Many thanks.

The next edition of the Signal will be a double issue devoted to the topic of the contribution of infant observation to Infant Mental Health training. I already have a number of papers lined up, but it would not be too late to send in more and they would be very welcome. Please email to the address above.

Finally, please let me know of any interesting articles, books or videos you come across for inclusion in the Literature Monitor section - preferably with details of how they can be obtained if this is likely to prove difficult.

Paul Barrows

UNIVERSITY COLLEGE LONDON

THE ATTACHMENT RESEARCH UNIT

with

THE INTERNATIONAL ATTACHMENT NETWORK

PRESENT: ON 8-9 JUNE 2002 (SATURDAY ALL DAY AND SUNDAY MORNING)

PROMOTING ATTACHMENT SECURITY: INNOVATIONS IN PARENT-INFANT WORK

DANIEL STERN

WILL SPEAK ON

'THE NATURE OF THE THERAPEUTIC ALLIANCE IN PARENT-INFANT PSYCHOTHERAPY'

DISCUSSANTS: Tessa Baradon, Anna Freud Centre, London

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and

Glen Cooper, Kent Hoffman, Robert Marvin, and Bert Powell

will present material based on their

'CIRCLE OF SECURITY PROJECT'

US Government-funded programme integrating over 30 years of attachment research

Discussants: Dilys Daws, Tavistock Clinic, London

Plus a report on how attachment theory and research is informing current work with children and their parents at the UK center of excellence in early childhood care and education at the Pen Green Center, Corby.

Fee: £120 – late registration (after 1.4.02): £150
Students: £60 – late registration (after 1.4.02): £75 (limited availability)
10% discount for IAN members and group bookings (minimum 10 registrants)

For further information: Paula Barkay, Attachment Research Unit, UCL, Sub-Dept. of Clinical Health Psychology, Gower Street, London WC1E 6BT
Fax +44 (0)20 7916 1989 or Email h.steele@ucl.ac.uk

WAIMH *Affiliate News*

Dear Fellow WAIMH Affiliate Presidents:

I am writing to introduce myself as the Affiliate Representative on the WAIMH Board of Directors. You may be aware that I was appointed for a two-year term at the end of the Congress in Montreal. Representation of Affiliate views at the Executive level of WAIMH is seen to be of crucial importance by the Board.

The appointment of an Affiliate representative reflects the continued change in the nature of the organization since the coming together of the original Association for Infant Mental Health (which had a strong affiliate structure), and the World Association for Infant Psychiatry and Allied Disciplines (which had individual members and no affiliate structure) into our current World Association for Infant Mental Health. Since the amalgamation there has been a growth both in the number and strength of the Affiliate organizations. Although WAIMH has approximately 800 members, the total Affiliate membership numbers more than 3000.

The first meeting of the Board, since Montreal, was held at the WAIMH office in Michigan in November 2001. The Board recognizes that most of the activity happens at the Affiliate level and many members feel a stronger sense of affiliation to the Affiliate organization than WAIMH. The paradox is that for individual members, the more active a local organization is, the less there may be a perceived need to belong to the international organization. The needs of members will differ according as their career develops (i.e. newly qualified clinicians have different needs to mid career or senior clinicians or educators or academics) and newly established Affiliates may have different needs from those organizations that have been active for a long time and have a large membership. The Board wishes to strengthen the relationship between the Affiliate organizations and the Board, and strike the right balance between a 'top down' and a 'bottom up' organization as well as facilitate communication between Affiliate organizations.

The first step in this endeavor was the appointment of the President of the Australian Affiliate to the Board for a two-year term with the next Affiliate Representative to be elected by Affiliate Presidents at a meeting in Amsterdam. My understanding is that the Board chose the Australian Affiliate President because it is an elected position that represents the 400 members of the Australian Affiliate. Australia is hosting the next Congress and the Asia- Pacific Region did not have any representation on the Board.

There is a rich diversity among and within the current 25 affiliates in terms of clinical and theoretical interests and traditions, language, training needs, geographical proximity or isolation from other affiliates, funding bases for programs, internal organization, as well as many other dimensions. The challenge for me, as your Representative, is to ensure that this diversity is represented at the Board level rather than reduced to a singular voice.

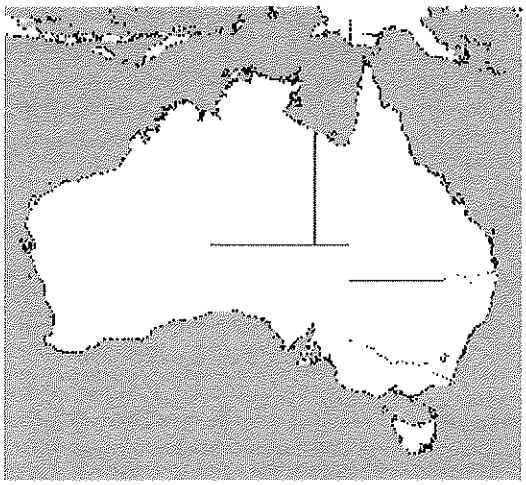
The Board was prompted by the WAIMH Francophone (Paris) group and the decision was made in November to remit $5.00US from each individual WAIMH membership to their local Affiliate. Thus symbolically and practically linking the activities of WAIMH with recognition of the importance of Affiliate activities.

The Board is very keen to see The Signal further develop its role as a vehicle for communication and dialogue between Affiliates. Affiliate members are encouraged to write to the Signal to share with other Affiliates the questions, activities, and issues they are engaging in. We would like to profile at least one Affiliate organization in each edition of The Signal and for this edition I have prepared a profile of the Australian Association for Infant Mental Health. This level of exchange can inform us about the approach of different affiliates to similar questions of theory or clinical practice as well as provide information about affiliate structure and governance that others may find useful as well. As the web page is developed further it is hoped that electronic means of communication and information exchange will also be of use to Affiliates. It is proposed that in Amsterdam there will be an opportunity for an extended meeting of Affiliate Presidents and a separate opportunity for attendees from countries that do not have an Affiliate organization to meet to discuss how the development of a local organization might be facilitated.

Please feel free to contact Antoine Guedeney or myself, if you have any matter you would like communicate with the Board.

Brigid Jordan, PhD.
Affiliate Representative
WAIMH

Antoine Guedeney
WAIMH Vice President



The Australian Association for Infant Mental Health (AAIMH)

This is first in a series of profiles of Affiliate Organizations.

Introduction

Australia has a relatively small population (approximately 19 million), given its large landmass. This population is concentrated around the coasts because of the harsh and dry inland conditions. Reflecting our country's political structure as a federation of states, AAIMH is a National Organization with State Branches and most of its activity happens at the State level. The total membership of AAIMH is approximately 400 and there are five state branches – New South Wales, Victoria, South Australia, Western Australia, and Queensland. Members join through their State Branch and each State is responsible for local activities, principally educational, scientific and advocacy, and most State branches have regular scientific/clinical/research meetings for their members. For example, Victoria has a monthly meeting for members from February to November providing a forum for members to discuss a clinical, research or scientific presentation. State branches forward an agreed percentage of the membership fee (about 60%) to the National Committee to fund their activities (primarily the newsletter and committee teleconference meetings). There are a small number of members from countries without an Affiliate (ie: New Zealand and Indonesia).

Structure of AAIMH

Members elect State Branch Committees. In some states each office, (President, Secretary, and Treasurer) is elected and in other states these positions are decided by the newly elected Committee (which can have up to 10 members). The National Committee is made up of one representative from each state. This representative is the State President or their delegate, to ensure that the National Committee is representative of the views of grass roots members. The National Committee office bearers are President, Vice President, Secretary, and Treasurer. The term of office for National Presidents is limited to two years – the latter to ensure that no one state dominates the National Agenda.

Newsletter

The National Committee is responsible for publication of the quarterly newsletter. The Editor is selected from a state branch and we try to rotate this between states every 2-3 years. Correspondents from each state summarize the happenings in each state to be reported in the newsletter under a column called "Network News".

Annual National Conference

The Australian Affiliate has a National Conference each year and state branches take turns organizing this event on behalf of the national organization. As traveling costs for Australians to other parts of the world are prohibitive (although about 40 did attend Montreal), we usually try and arrange plenary speakers for the conference from overseas. In 2001, the conference was held in Freemantle in Western Australia and plenary speakers included Alicia Lieberman, Dilys Daws, Mary Sue Moore and Peter Fonagy. Joy Osofsky and Klaus Minde addressed the 2000 Conference in Adelaide. In 1999 the conference was held in Melbourne and the plenary speakers were Bernard Golse, Colwyn Trevarthen, and Stephen Seligman. National Conferences are attended by a wide cross section of professionals who work with infants.

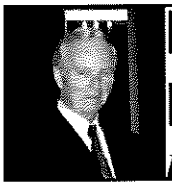
Advocacy

Advocacy on issues of concern to infant mental health is undertaken at state and national level depending on which of these levels of government need to be addressed for the particular issue. These range from micro clinical practice issues – eg concern about the practice of 'controlled crying' for infants with sleep disorders to major political issues. We are currently preparing a submission to the Australian Human Rights and Equal Opportunity Commission of Inquiry into Children in Immigration Detention in Australia. This submission is focusing on the experience of infants and their families in mandatory detention centers.

2004 Congress in Melbourne

Australia will be hosting the 2004 WAIMH congress in Melbourne. The local organizing committee is primarily based in Victoria. It is likely to be in January and we look forward to seeing as many of our colleagues as possible.

Brigid Jordan PhD
Past President (1999-2001),
Australian Association for Infant Mental Health and Affiliate Representative, WAIMH Board



President's Perspective

Peter de Chateau

During our annual Executive Committee (E.C.) meeting in November 2001, held at our central office in East Lansing, Michigan some very important issues were discussed. Among them was a statement about our organization's goals and guidelines. They were proposed and worked out within the E.C. and contain the following: The World Association of Infant Mental Health (WAIMH) is a nonprofit organization that exists for scientific and educational purposes. As such, its goals center on the promotion and transmission of clinical and scientific knowledge related to infant mental health. They include:

1. Studying mental development and disorder in children from conception to three years of age, throughout the world;

2. Promoting the development of scientifically based programs of care, intervention and prevention of mental impairment in infancy;

3. Facilitating international cooperation among individuals concerned with promoting conditions that will bring about the optimal development of infants, infant caregiver relationships and the mental health of caregivers;

4. Promoting education and research concerning the effects of mental development during infancy on later development.

The above goals have been a central focus of WAIMH's by-laws from its beginning in 1992.

The Executive Committee (E.C.) discussion went a step beyond re-affirmation of WAIMH's goals, however. We discussed ways to achieve these goals organizationally. We identified seven content domains within which scientific and clinical studies could address the broader conceptual goals of the organization. "Studies" is defined broadly to encompass basic scientific work, preventive interventions at a community level, and/or individual clinical studies of families (ie: parent-infant dyads, triangular relationships, etc.), by using the full range of qualitative and quantitative methodologies available.

The content domains are:

A. Studies of infant and family development;
B. Studies of the origins and expression of psychopathology during infancy and toddlerhood;
C. Studies of interventions, both preventive and therapeutic;
D. Studies of the impact of training approaches, teaching models and learning paradigms;
E. Studies of the impact of cultural influences on early development;
F. Studies of the impact of biological influences on early development
G. Studies of the impact of social policies on infant and family development

As can be seen from the above text, the goals are rather generally formulated, but at the same time they encompass essential parts of what our organization should work with now and in the near future. They also emphasize the marked importance of clinical and scientific knowledge in the field of infant mental health. It should be possible to generate programmatic objectives for each of the content domains, and to the content areas A through G. It should be possible to incorporate them into our daily work, handing us a tool to be used in evaluations, including our studies that use longitudinal methods to study changes in infants, toddlers, and families over time. Especially long-term outcome studies are scarce and difficult to interpret and need better evaluations.

Also during our E.C. meeting we continued our discussions about the Affiliates organization and development. During our upcoming Congress in Amsterdam, plenty of time is reserved for further enlargement of these proposals, personal discussions as well as influence on the further development in a democratic fashion. We want to emphasize the importance of The Signal for presentation of Affiliate activities and discussion of issues relevant to Affiliates throughout the world. To that end, the first presentation of an affiliate in the Signal comes from Australia (see page 17). We encourage other Affiliates to follow up in becoming active and regular contributors to The Signal. Paul Barrows, editor, supports this initiative and welcomes your contributions. Our goal is to have an Affiliates column in every issue of The Signal. It is the intention to follow up this initiative by other affiliates so that every issue of the Signal in the future will include a presentation of one of our affiliates.

Finally, some news about our upcoming congress in Amsterdam. The local organization is working very hard and is dedicated to make the meeting a great success. The number of submissions to the scientific program is more than satisfactory, the social program and special events during the Congress look very promising and Amsterdam is ideally situated for pre-and-postconference activities. The city and its nearby surroundings offer a great variety of museums, musical performances, exhibitions and the beauty of the landscape and the flowers should be enjoyed. I am very much looking forward to meeting you this summer and am certain that we together will accomplish a wonderful world congress.

NEWS & VIEWS

Infants in changing cultures – Infant Mental Health Conference, 3rd - 5th April, Cape Town, South Africa

The first conference on Infant Mental Health to be held in South Africa was in 1995, soon after the country's first democratic elections. It was a very fruitful conference and resulted in important developments.

This second conference was organised by the Western Cape Association of Infant Mental Health in conjunction with the University of Cape Town. It was met with a similar enthusiasm as the previous one. The 3 days were structured around the themes of: Risk and Resilience, Research and Psychotherapy and Other Interventions. Contributions were from local colleagues as well as speakers from abroad – the UK, the USA, Italy and Israel were represented. The standard of all the papers presented was very high, as was the level of the discussions.

The audience remained in the same venue throughout, as we elected not to have parallel sessions. The reality of being one group that was addressing the different aspects of infant mental health created an atmosphere of talking and working together.

The HIV pandemic that is affecting South African mothers and infants was very much in the foreground. The conference ended with a joint statement from the Delegates calling for unity in the fight against the disease.

We are grateful for the energy, commitment and support that all participants brought to the conference. It augurs well for Infant Mental Health in South Africa.

Astrid Berg

Frontiers of Practice II: The New Dialogue between Attachment Theory & British Object Relations - Clinical Application

September 12-14, 2002
Bellevue, Washington, USA

Witness the aliveness of theory in practice! Join proponents of the major schools of psychoanalytic thought, which inform work with mothers and infants in a dialogue about how we apply these theories in clinical practice. Case material from both adult and infant-mother therapy sessions will be discussed by leaders in the field and then in participant groups facilitated by expert clinicians. Participants will enhance their skill in addressing attachment issues and primitive mental states in work with patients of all ages, from infancy through adulthood.

Presenters include Kathryn Barnard, University of Washington (Seattle), Margaret & Michael Rustin, Tavistock Clinic (London) and Stephen Seligman, University of California (San Francisco)

Sponsored by COR Northwest Family Development Center

For further information call 253.445.4575 or visit our website at www.frontiersofpractice.org

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Syracuse University

College of Human Services and Health Professions and Division of Continuing Education

presents

Dr. Alice Honig's

26th Annual
Quality Infant/Toddler Caregiving Workshop

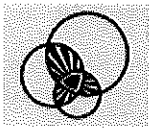
June 17-21, 2002
8:30 am – 4:30pn

This national workshop is designed to help people seeking an understanding of Infant development and practical training in infant caregiving. The workshop is based on research and theory in the areas of social-emotional, cognitive, motor, sensory, and language development. The use of daily routines, as opportunities for loving and learning experiences and for gaining competence will be emphasized. Developmentally appropriate toys and games will be demonstrated.

The workshop will demonstrate the necessity of integrating the different developmental domains so that caregivers may see and interact with the whole child. The small cues infants give to caregivers will be explored in order to sensitize caregivers to appropriate strategies for interaction. Practical applications of lectures will include observations and interactions with infants. A variety of infancy videos and films will be shown.

For additional information: SU Continuing Education Inquiries. 700 University Ave., Syracuse, NY 13244-2530 Fax 315-443-4174; E-mail PartTime@uc.syr.edu or call 24 hours a day: 315-443-YesU (9378).

For program information, contact Dr. Honig, FAX: 315-443-2562; E-mail: AHONIG@mailbox.syr.edu; visit our web site: www..suce.syr.edu/Programs/CONFERENCE/index.htlm or contact Chuchu Wu at e-mail: cwu14@syr.edu



Promoting Maternal Mental Health During Pregnancy,

by JoAnne Solchany RN,PhD (2001 NCAST, University of Washington).

An integrated program of theory, practice and intervention tools that supports professionals in a variety of settings.

Professionals who work with pregnant women often see the need to provide emotional and psychological support to mothers to help establish the mother-child relationship on a solid foundation. The Nursing Child Assessment Satellite Training (NCAST) Program from the University of Washington has announced a new program aimed at giving professionals the interventions needed to improve the mental health of pregnant women. The interventions are part of an effort to reduce child abuse and improve the mental well being of children and their families.

For further information about this program, visit www.ncast.org

Head Start's Sixth National Research Conference "The First Eight Years: Pathways to the Future."

June 26-29, 2002
Washington, DC. USA

The conference is presented by The Administration on Children, Youth and Families, U.S. Department of Health and Human Services, in collaboration with Columbia University's Mailman School of Public Health and the Society for Research in Child Development.

Registration information is available at http://www.headstartresearchconf.net.

For questions regarding registration, please contact Bethany Chirico at hsrc@xtria.com or (703) 821-3090, ext. 261.

For information regarding conference programming, please contact Dr. Faith Lamb-Parker at flp1@columbia.edu or (212) 305-4154.

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