

# The Signal



Vol. 11, No. 3

Newsletter of the World Association for Infant Mental Health

July - September 2003

## Group-Based Approaches to Training Non-Mental Health Professionals to Support Parent-Infant Relationships

By Mel Parr

In the United Kingdom there is a long history of health professionals (such as midwives and health visitors – public health nurses) providing group-based support to parents-to-be and new parents in the form of ‘antenatal or parent craft classes’ and ‘postnatal discussion groups.’ The focus of this approach, which is offered to most women during pregnancy through local National Health Service hospitals, is mainly on medical and practical information and advice on pregnancy and care of the newborn infant and preparation for labour and childbirth.

While there is an increasing recognition of the importance of supporting ‘parenting skills,’ this term appears to be somewhat loosely defined. It can mean anything from ‘promoting breastfeeding,’ to choosing baby equipment, to behavioural approaches to coping with the everyday difficulties of caring for a baby which all mothers (and care-giving fathers) experience, such as difficulties around feeding and crying. While there are now numerous examples of changes in practice being delivered by non-mental health professionals which take infant mental health into consideration, such as the ‘Transition to Parenting: Open Learning Resource’ pack (1999) produced by the Royal College of Midwives, the “perceived wisdom” remains that there is no point in focusing too much on the baby or feelings or relationships. This is reported to be because “all women are interested in is getting through the birth” and out of concern for “upsetting mothers”. There has also been open and direct hostility in some areas towards the introduction of principles from infant mental

health into thinking and practice in a medical health care setting.

In some ways it is correct that concerns about the survival and health of mothers and their babies are uppermost in the minds of everyone as the time of birth approaches. However, taking this as concrete “evidence” that mothers (and fathers) do not want to talk about other things and as an excuse to exclude or deny any focus on parental anxieties and other emotions, rather than understanding it as a communication about the normal and appropriate worries and anxieties about being a ‘good-enough’ mother (or father), is a myth which perpetuates the status quo and does a disservice to parents and their infants.

In terms of ‘parenting skills’ aimed at promoting infant mental health, it is my view that this needs to include a focus on encouraging and supporting the idea that when infants are too young to talk, it’s important for their parents to understand what they feel but cannot say. Stern (1985, 1995) has shown that the infant is never totally undifferentiated from

### Contents:

- 7 Breastfeeding Crime
- 9 Affiliate News
- 10 Editorial/Announcements
- 11 Infant Training-Finland
- 13 The Parent-Infant Project
- 14 Training - A. Guedeney
- 15 Pathways to Addiction...

the mother. Previous theories of infant development were based on the assumption that we grow up and out of relationships, rather than becoming more active within them. Studies also show how the quality of emotional care during infancy 'programs' brain development and responses to stress in children (Schoore, 2001). Once we accept the idea that infants begin life open to others, that all bodily expressions (such as feeding and crying) are means of direct contact, and that early emotional experiences matter, the question becomes one of how parents and infants are supported to connect with each other at least from birth.

Making a difference in the emotional health of parents and infants requires 'something more' than filling classes and 'adding' in 'talking about' parenting or emotions or the needs of infants. The hallmark of an effective approach is one that integrates a focus on interpersonal relationships, the enhancement of attachment security and facilitation of the development of reflective function (Fonagy, 1998). Reflective function is an individual's capacity to emotionally reflect and re-organize working models built up from early attachment history, and to contemplate the emotional state of others. This is not to be confused with 'introspection' or 'talking about' parenting, emotions, or needs. Reflective function cannot be changed simply by a conscious act of will, by lecture or demonstration, or by reading about it in a self-help guide or parenting manual. The issue is not what has happened in the past, but how parents make sense of themselves and relationships since and how this influences their ability to tolerate and 'be with' their own and their infant's

experiences while providing a potential space for reflection. For this 'parenting skill' to be promoted in a parenting group, someone who is sensitive and skilled in both infant mental health and group work is required. As a result, the facilitator is able to tolerate and contain parental and infant anxiety and facilitate issues relating to parent-infant relationships as they arise through the ordinary concerns raised by women and their partners in the period surrounding the birth of their infant. In particular, effective parenting facilitators need to be comfortable 'being with' infants and their parents in the postnatal group setting.

### *PIPPIN'S Parenting Programs*

PIPPIN (Parents In Partnership-Parent Infant Network) is a national charity (not for profit) registered in the United Kingdom. PIPPIN is concerned with the promotion of parent and infant mental health in the period surrounding childbirth. The organization was set up in 1993 in response to the findings of a longitudinal study carried out between 1989-1993 (Parr, 1996). As part of the study, a new group and home visit based program for the antenatal and postnatal period for British parents was developed and evaluated. Although manualized, the program is flexible, non-prescriptive and relationship-focused ('First Steps In Parenting', Parr, 1996, revised 2002). The program is also linked to a specially developed training program.

Details of various aspects of the study and facilitator training are published elsewhere (Woollett & Parr, 1997; Parr, 1998; Parr, 1999). In summary, initially no differences were found between

## **Editorial Staff**

### Editor:

Paul Barrows

### Production Editor:

Tina Houghton

### Editorial Board:

Susan Berger  
Salvador Celia  
Peter de Chateau  
Mauricio Cortina  
Graziella Fava-Vizziello  
Emily Fenichel  
Elizabeth Fivaz-Depeursinge  
Peter Fonagy  
Cynthia Garcia-Coll  
Bernard Golse  
Antoine Guedeney  
David Lonie  
Tuula Tamminen  
Michael Trout  
Elizabeth Tuters  
Hisako Watanabe

### President's Perspective:

Peter de Chateau

### From the Red Cedar:

Hiram E. Fitzgerald

*The Signal* is a quarterly publication of the World Association for Infant Mental Health. Address correspondence to Paul Barrows.

All opinions expressed in *The Signal* are those of the authors, not necessarily those of WAIMH's. Permission to reprint materials from *The Signal* is granted, provided appropriate citation of source is noted. Suggested format: *The Signal*, 2001 Vol. 9, No. 3, WAIMH.

women and men allocated to the group intervention or control (who received routine hospital based classes only). However, six months after the birth, women and men who received the new group intervention were significantly more satisfied with various aspects of their relationship with their partner and infant compared to the women and men in the control group.

Anxiety and depression were lower for the group intervention when compared to women and men in the control, and sensitivity to the emotional needs of the infant increased while it remained the same for the control group. Women and men who did not receive the new parenting group bottled up negative feelings and resentments. This led to increased dissatisfaction and conflict in their relationships with their partners and their infants and increased levels of anxiety and depression. The new group intervention was well attended and parents were more satisfied with it than the hospital classes they also attended.

The findings of this study generally contradicted those of an earlier British study (Clulow, 1982) who seemed discouraged about the potential of a support program to assist couples becoming parents. In contrast, the findings of the study (Parr, 1996) on which PIPPIN was later based, were similar to those of an American study (Cowan et al, 1985). The Cowans also found that men and women who received a group based support program before and after the birth of their baby were more open and honest about expressing dissatisfaction with the realities of various aspects of the transition to parenthood.

Among some of the critical issues raised by the study were:

- Services for women and their partners in the transition to parenthood need refocusing in order to maximize their potential to promote the emotional well being of parents and infants.
- The value of the small group in promoting parent and infant mental health
- The qualities associated with effective group facilitation skills (in particular, the importance of parenting facilitators being comfortable enough in themselves to allow the expression of strong positive and negative emotions in parents and their infants and avoiding being the "expert" with all the answers)

Over the past decade the 'First Steps in Parenting' program has been successfully refined and delivered to single parents as well as couples in various parts of the United Kingdom. An in-built routine monitoring system shows that similar trends to the original study (in terms of parent outcomes and group process and dynamics) continue to be found as a result of the groups being run. The work is frequently reported in the professional and government literature as an effective preventive child mental health initiative and hundreds of health and community workers have now been trained in this approach.

#### *Training to Become a PIPPIN Practitioner*

As part of the original study on which the work of PIPPIN was subsequently based (Parr, 1996) the process by which the groups achieved their benefits was assessed using a

specialized adaptation of a 'Group Climate Questionnaire' (Parr, 1996; based on Coche & Coche, 1992). Results suggest that women and men felt that the benefits of the group were achieved through equal attention being paid to 'content and focus' and 'the way the groups were run.' The predominant focus of the groups was perceived by women and men to be 'parent-infant relationships' and 'facilitation of interaction between group members' (Parr, 1996). This is important since in the United Kingdom there is currently no requirement that health professionals running parenting groups receive training in counselling or group work skills or in infant mental health.

Building on this original research, PIPPIN has since developed a range of parenting programs and accredited facilitator training courses to suit different needs and interests, including an 'Advanced Program in Parent-Infant Education and Support' and the first university-based degree of its kind in the United Kingdom. All courses are evidence and group-based and include the key principles of infant observation. Courses also adhere to the view that people who work with parents and infants need training which takes into account the sensitive nature of this area of work and the possibility of damage to distressed parents and their infants in difficult situations if inappropriately handled. In the postnatal phase of the groups, infants (zero to five months) are welcomed and respected as individual group members. Practitioners acknowledge, respect and contain parents' and infants' anxieties and feelings, aim to hear accurately and reflect what a parent and baby are really saying, provide parents with communication

and problem-solving skills and facilitate family and parent-infant relationships. PIPPIN Practitioners and Trainers are also insured, receive on-going group-based reflective supervision and adhere to a Code of Ethics. This integrates principles of good practice in parenting education and support (PESF, 1999) and infant mental health (Osofsky & Fitzgerald, 2000). Many others undertake the training but do not go on to become practitioners or trainers registered with PIPPIN. They do, however, continue to integrate the principles into practice within their employment. An example of how this is achieved is outlined below in a summary of a recent project undertaken by PIPPIN.

### *'Making Changes': A Collaborative and Multidisciplinary Project Integrating PIPPIN into Mainstream Practice*

This project was carried out between 2000-2002 across seven National Health Service Trusts and a Sure Start Team in different regions of the United Kingdom (Parr, 2002). Funded by a Home Office Family Support Unit Grant and supported by a full time co-coordinator, the project involved the setting up of a National Steering Group, 39 Regional Project Steering Groups and ten training courses delivered by 13 PIPPIN practitioners and project workers.

This experienced team (mainly non-mental health professionals who have completed the PIPPIN 'Advanced Program' and are experienced parenting facilitators) trained and supervised over 200 health professionals (mainly midwives, health visitors and nursery nurses). In turn, these

professionals provided support to over 23,000 new parents and their infants over the two years of the project. In keeping with PIPPIN's commitment to evidence-based practice, professionals completed evaluation forms on the training courses they attended. Some of the parents they reached provided feedback on the support they received during the project and managers reported on the impact of the project on changes to professional practice.

### *'Making Changes' Facilitator Training*

To become a registered PIPPIN Practitioner and deliver the 'First Steps in Parenting' program (Parr, 1996, 2002) discussed in the first section of this article, an individual is required to complete a period of training and supervised reflective practice spanning 9-12 months. This is perceived by some busy health professionals as too long. In order to make the service more accessible, 'Making Changes' further developed a brief training course previously piloted in two sites in Northampton and Essex. The brief training program included all the key elements from the more intensive 'Advanced Program' (including an introduction to infant observation). The key difference was the length and focus of the training which over a six-month period was intended to enable the professionals to make small changes to their work with parents. The initial one-day introductory workshop and the five-day core training aimed to refocus their thinking to include parent and infant mental health issues and an introduction to the concept of infant observation. Attention to the process and dynamics of the learning group and links to

parallel process in work with parents and their infants was integrated throughout the course. The professionals then received another 15 hours of group-based supervised reflective practice while working with parents and their infants in either individual or group settings as part of their routine practice.

### *Summary of Project Findings: Implications for Policy and Practice*

The project was well received and supported and the challenges encountered were overcome as they arose. Professionals were generally highly satisfied with the content and delivery of the training course. It was suggested by some that the core training could have focused more on direct training in counselling and group work skills (ironically a feature which was quite categorically stated to be 'not needed' at the beginning of the project and thus modified to meet the 'perceived' needs of the professionals and their managers at that time). The group-based supervised reflective practice was reported to have provided the greatest perceived benefit in terms of enabling changes to practice, as the following comments illustrate:

*"Thought provoking, informative, stimulating"*

*"I am different with parents and babies now. I show parents how to watch their babies respond to them. I am changing my parenting sessions to include more interaction and discussion"*

*"It introduced me to reflective practice. This has switched me back*

*onto wanting to learn more about facilitating parents"*

*"It provided guidance for changing the focus of parenting education from clinical/medical to emotional aspects of parenting"*

*"I have gained confidence in being able to facilitate group work with new parents"*

*"Infant observation enabled me to highlight to depressed mothers how their babies respond to them by focusing on small positives to increase their self esteem"*

*"I learned that babies are individuals and have different needs to parents"*

*"I have totally changed my outlook and approach especially including fathers more and reducing the size of the groups I run"*

Aspects of the project professionals found difficult were also reported and highlight the importance of on-going support:

*"Some of the sessions were emotionally difficult but I feel better for it"*

### *Parent feedback*

Parents' comments on the new approach were also mainly positive and suggested that substantial changes to traditional practice were being made during the project:

*"It helped me to think more clearly and consider my child's needs on care, discipline, loneliness and feelings"*

*"I have left my partner and I feel much better prepared and aware of who to contact through the process"*

*"I really enjoyed the classes and found them much more open, practical and reassuring than any others I have attended"*

*"It was very helpful and I feel more confident about being a mother"*

*"Understanding that your problems are just because he is a baby, not a difficult baby"*

*"A very useful group, it should be offered to all new parents"*

There were no substantial delays to the project which had to be managed within a very tight timeframe and funding package. Challenges encountered were mainly those concerned with stress and morale among the health professionals taking part and the usual dynamics and communication problems associated with multi-disciplinary, inter-agency working. Unforeseen problems which arose and which were attended to 'on the hoof' highlight the difficulties in making changes in terms of promoting infant mental health in a mainly medically-focused and crisis driven environment. Foreexample:

- Finding and funding bank/replacement cover for staff while attending the training and reflective practice groups
- Low priority given to supporting parents
- Breakdowns in communication and lack of continuity due to high staff sickness and turnover within the project sites
- Stress due to high workload, ever changing priorities and perceived lack of support from some managers for "doing

emotional work" (such as having to be 'on call' when supposed to be given dedicated time to attending training or reflective practice groups)

Overall, the fact that most challenges were overcome and the project was successful in achieving the aims and objectives is testimony to the commitment of the PIPPIN team and the professionals we worked with in wanting to make a real difference to the support provided to parents of infants. This view is validated by the comments of managers supporting the project:

*"There has been much sharing amongst professionals. I feel the project has changed the attitude for parenting education and the way it is disseminated to parents"*

*"Has led to an improvement in parenting skills on a one to one and group basis"*

*"Gave professionals more confidence to run groups; the skills learned are transferable to any age range"*

*"Has enabled reflection on the needs of infants and the dynamics of family interaction"*

*"Made a very real difference to the way staff listened to parents"*

*"Helped practitioners to develop a framework within which to understand their interventions which were previously intuitive"*

*"Has led to working with colleagues from other areas of health in a more co-coordinated way to deliver improved services"*

*"Led to a generally more informed recognition of the needs of babies"*

In summary, the overall findings of this mainly qualitative action-research project echo the findings of the original and more quantitative research on which PIPPIN is based which was carried out over a decade ago, as well as other more recent studies and clinical experience in parent and infant mental health. They highlight the need for non-mental health trained health professionals working with parents and infants to be aware of the following issues:

- The need for an understanding of attachment and parenting and the emotional development of infants and young children
- The need to appreciate and understand how adults learn, adult learning styles and optimal strategies to enhance adult learning in parenting groups
- Have training in basic counselling and group work skills for running parenting groups
- Believe that all parents are doing the best they know how
- Build on parents' and families' existing strengths and skills rather than a deficit model
- Address what parents believe to be the problem or issue of concern
- Focus on parent-infant interaction and relationships, not just the mother (or father) or infant in isolation
- Involve fathers
- Provide factual information and advice when asked, offering professional expertise in a non-judgmental way
- Ask parents for feedback on what they have liked and found useful and involve them in evaluating services for parents

In conclusion, this article supports the view that knowledge and skills in promoting parent and infant mental health can be developed and enhanced in non-mental health professionals by group-based training and supervised reflective practice.

**Acknowledgements:** *PIPPIN continues to ensure that parents receive this support free of charge at the point of service delivery. The organization is funded by the Artemis Charitable Trust, and more recently the Michael Samuel Charitable Trust. To date, PIPPIN has not received any core funding from the government.*

Mel Parr is a Chartered Counselling Psychologist and an Adult Psychotherapist (registered with the U.K.C.P.). A member of the Association for Infant Mental Health (UK) and the International Attachment Network, she has had a special interest in parenting, families and infant mental health for over twenty-five years. She is Founding Director / Clinical & Research Director of PIPPIN; Honorary Research Fellow and Co-Director of the BSc in 'Facilitation of Parent-Infant Relationships' at the University of Hertfordshire and also works as a Psychologist & Psychotherapist in a Community Mental Health Team in Hertfordshire. For further information about PIPPIN and contact details see [www.pippin.org.uk](http://www.pippin.org.uk)

### **References**

- Clulow, C. F. (1982) *To Have and To Hold, The First Baby and Preparing Couples for Parenthood*, Aberdeen: Aberdeen University Press.
- Coche, J., and Coche, E. (1992). *Couples Group Psychotherapy : A Clinical Practice Model*. New York: Bruner/Mazel
- Cowan, C.P., Cowan, P.A., Heming, G., Garrett, E., Coysh, W., Curtis-Boles, H., & Boles, A.

(1985). *Transition to Parenthood: His, hers and theirs*. Journal of Family Issues, 6, 451-81.

Fonagy, P. (1998). Prevention, the Appropriate Target of Infant Psychotherapy, *Infant Mental Health Journal* 19 (2), 124-150.

Osofsky, J., and Fitzgerald, H.E. (Eds) (2000). *WAIMH Handbook of Infant Mental Health, Volume Two: Early Intervention, Evaluation and Assessment*, John Wiley & Sons, Inc.

Parr, M. (1996) *Support For Couples In The Transition To Parenthood*, Unpublished PhD Thesis, University of East London

Parr, M. (1998) A New Approach to Parent Education. *British Journal of Midwifery*, 6 (3): 160-165

Parr, M. (1999) Integrating infant observation skills into parent facilitator training. *The International Journal of Infant Observation and its Applications*, Special Edition: Early Interventions, 3 (1) October, 33-46

Parr, M. (2002). 'Making Changes: A Vision for Antenatal and Postnatal Education & Support for the New Millennium' (2000-2002). Final Project Report prepared for the Home Office Family Support Unit

PESF (1990). *Guidelines for Training and Accreditation*. Newsletter of the Parenting Education & Support Forum

RCM (2000). *Transition to Parenting: An Open Learning Resource*, London; The Royal College of Midwives

Schore, A. (Ed) (2001). *Contributions From The Decade of the Brain to Infant Mental Health*. *Infant Mental Health Journal*, Vol 22, No 1-2. Special Edition.

Stern, D. (1985). *The Interpersonal World of the Infant* New York: Basic Books.

Stern, D. (1995) *The Motherhood Constellation* New York: Basic Books.

Woollett, A., and Parr, M. (1997). Psychological tasks for women and men in the transition to parenthood. *Journal of Reproductive and Infant Psychology*, 15 : 159-183



This May-June, 2000, cover of national magazine *Mothering*, photographed by Diana Van Campen, is more revealing than the prison-worthy photo in Richardson, Texas.

# Breastfeeding Crime

By Linda F. Palmer

Breastfeeding is now apparently a second-degree felony in Texas, or at least memorializing such an event in a family photo.

Two children were taken away from their parents after a photo of a 12-month-old baby with his lips on his mother's nipple was developed at a local drug store and then reported to authorities by the shop's clerk. No experts were consulted and no evaluations were made- the children were simply whisked away and the parents charged with the second-degree felony of "sexual performance of a minor."

According to the Dallas Observer, Johnny Fernandez, a hospital technician in Peru, had just immigrated to the US to be reunited with his girlfriend, Jacqueline Mercado, and their children. They took photos of their joyful reunion. The elation was

enhanced by the celebration of their baby's first birthday. Since Dad had missed the blissful breastfeeding days of recently weaned Rodrigo, mom decided to see if he would latch on for a picture to commemorate and preserve this beautiful passage.

Peruvian born Mercado brought four rolls of film to a 1-hour photo lab in late October. Days later, her life, and those of her family, were turned upside-down. After responding to the photo clerk's alert, Richardson police reportedly considered the pictures to contain sexuality. A Child Protective Services supervisor, without any information beyond the photos, ordered the children to be removed from their home.

In addition to the one nursing photo that alone would lead to the couple's indictment by a grand jury, there were a couple photos of Fernandez and Mercado undressed and together, taken by automatic timer. Pertinent parts of their bodies were discreetly hidden. There were photos of the children playing in a park, some shots of the two children playfully together right after their bath, and a picture of Mom in the tub with the 4-year-old boy, her breasts modestly covered by her arm or as detective Wakefield

reportedly phrased it, "touching her breasts." Wakefield also expressed concern over a bathtub shot where the older boy's hand was near his own genitals.

The weekly paper reported that the police searched the one-room home for other evidence of pornography or questionable parenting as the children were taken away from their perplexed and pleading mother on November 13, 2002; nothing was found. Subsequent psychological examinations of the parents revealed no signs of sexual deviancy. The psychologist reportedly described Fernandez as being under great strain from the recent traumatic events and attempted to use descriptions of this anxiety against him.

The family hired an attorney by the name of Steven Lafuente. At first he assumed that there must be something more to the case than the photos described to him. He was very surprised to see the innocence of the pictures and to discover that there was no other evidence. Still, a grand jury swiftly indicted the couple in January, basing their decision on the breastfeeding photo and no other incriminating evidence. By this time Mercado and Fernandez were penniless and working extra cleaning

jobs to pay for their extensive legal fees and to pay child support to the state. Now they had to borrow \$25,000 from family for bail.

The charges against the couple were dropped in late March after a reporter from the Dallas Observer asked a District Attorney to look into the case. However, the children remained in state custody. When reporter Thomas Korosec broke the story in the Observer on April 17, the paper received some 50 letters and the courthouse and attorneys were similarly flooded with mail. Members of a national attachment parenting organization flooded the offices with their own treasured breastfeeding and bath time photos. Only days after the story hit the stands, the children were returned to their mother.

The two young children were gone from their home for a total of five months. When asked how the children fared the separation, attorney Lafuente described that the first days in foster care brought lots of crying, misunderstanding, and expressions of missing Mom. Even after a compromise was reached in December to place the children in temporary custody of the biological father of the older boy, the nights remained very traumatic. Supervised daytime visitations by Mercado and her boyfriend did become more lenient in this new placement. Lafuente described the distraught Spanish-speaking parents as never

entirely understanding what they had done wrong, why they were being threatened with prison, and why their family was torn apart. They explained to him how they had worked so hard and long to move their family to this "land of the free" and that they loved their children so very much. They expressed that they would never do anything to harm their children and did not intend to break the laws of their new country.

Reporter Korosec quoted the family's Pastor as saying that recording a breastfeeding moment in Peru is as common as it is to record a child's first steps in the US. The church's congregation stood behind the family whole-heartedly.

When consulted for her opinion on the story, therapist Debra Asper expressed shock over the actions taken on behalf of a family recording a beautiful, blissful passage of childhood. She emphasized, however, that one must look strictly to the law. Texas Code describes sexual performance by a child as including "any touching of the anus, breast, or any part of the genitals of another person with intent to arouse or gratify the sexual desire of any person."

While the true problem seems to be a cultural discord between the powerful bible belt of Texas and the natural innocence of Peruvian-born parents, the legal question according to code should be one of intent. Historically,

nursing a child is intended to nourish, cherish, and foster, being considered more of an after-effect of sexual intercourse than a prelude. It seems apparent to most outsiders that any reasonable investigation into the family could have easily cleared-up any question of intent.

While the family tries to heal, the real crime is going entirely ignored. It is a sad statement of our new civilization when a photo store clerk, two police detectives, a CPS supervisor, and an entire grand jury have all forgotten how babies are fed, and are unable to appreciate the treasury of capturing the tender fleeting moments of childhood on film.

*Linda F. Palmer, DC, author of Baby Matters, What Your Doctor May Not Tell You About Caring for Your Baby. Dr. Palmer coordinates attachment parenting support groups throughout San Diego County and lectures and consults in issues of pediatric nutrition and health.*

**NEW FOR  
2004!**

**You can now renew  
your WAIMH  
membership online  
with a credit card.**

**Please visit  
[www.waimh.org](http://www.waimh.org)  
and renew today!**





# WAIMH *Affiliate News*

## Western Cape Association for Infant Mental Health

---

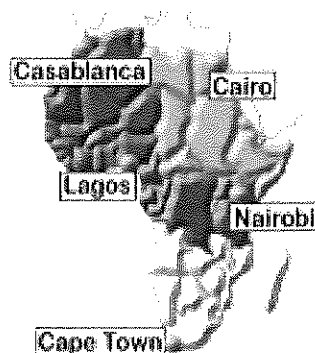
The Western Cape Association for Infant Mental Health came into being in 1995 after the first South African conference on Infant Mental Health in January of that year. In 2002 the Association was accepted as an Affiliate Member of WAIMH.

The interest in Infant Mental Health in Cape Town is keen and is growing. One of the strengths of our Association is its multi-disciplinary nature without any one profession dominating. The members of our Association come from a variety of backgrounds including psychiatrists, psychologists, paediatricians, nurses, speech therapists, occupational therapists and physiotherapists. Monthly evening meetings are held during which a variety of topics are presented and discussed. Meetings are often in the form of lectures or presentations, but also include case discussions and even video presentations.

We feel very privileged in that Cape Town hosts numerous visitors, many of whom not only come here on holiday, but also have a real interest in what is happening in the infant mental health field. They are more than willing to talk to our group to share with us their ideas.

As an example, over the past year the following topics were addressed: motor and sensory dysregulation in multi-system developmental disorder (Megan Faure, Birgit Schlegel, Astrid

Berg); blindness, attachment and self: psychoanalysis and ideology (Brian Watermeyer); infant observation (Judith Davies); sexual abuse in infancy (Astrid Berg); traumatic attachment in infancy and its consequences (Valerie Sinason,



Tavistock Centre); emotional, cognitive and physical resilience in infancy (Morag Scordillis, Colleen Adnams); and a psychologist's experience of working with nurses in a paediatric burns unit (Louise Frenkel).

In addition to the monthly activities, the Association has organised and hosted two conferences. The first conference was in 1995 and marked a unique event in that the field (and in fact the very notion) of infant mental health was comparatively unknown. The second conference was held in 2002 and like the first one, this was well received and we had a great number of delegates from abroad who came to present papers. Of note was the marked increase in local work being

presented when compared to the conference in 1995. We believe that this is a testament (in part) to the work of our Association. The interchange at this conference between the visitors from the various countries, which included the USA, the UK, Israel and Italy, and the South African delegates was constructive and fruitful, a spirit of co-operation prevailing throughout. Many of the papers presented will be published in the Southern African Journal of Child and Adolescent Mental Health.

Future aims of our Association include widening and strengthening our existing membership. We are also in the process of thinking of ways we can assume an advocacy and media role in South Africa with regard to infant mental health. In the long term a central goal of ours is to host an international WAIMH conference in South Africa. We believe that this would be an important step both for the field of infant mental health in South Africa as well as for our Association. In addition, we believe that the hosting of a WAIMH conference in a developing country such as South Africa would be a vital step in widening the scope and reach of the World Association.

Colleen Adnams  
Astrid Berg  
Mark Tomlinson

Cape Town, March 2003

# Announcements

## PARENT INFANT PSYCHOTHERAPY

### 2-day Conference 16-17 January 2004

Different Situations, Approaches & Kinds

### Helping Babies (and their parents)

A unique opportunity to hear and discuss different approaches to various situations and difficulties in helping babies and their parents. An introduction to the Diploma Course in Infant Mental Health and Infant Parent Psychotherapy.

**Sue Jenner**, Clinical Psychologist • *The Parent Infant Game*

**Stella Acquarone** PhD, Child Psychotherapist • *Exploring Personalities: parents and children in distress—with videos* • *Success with Special Needs: Developing attachment* • *The Art of Home Visiting*

**Anna Patalan**, Clinical Psychologist and Group Analyst • *Helping Disturbed Mothers and Infants*

Themes will be presented and discussed in a period of 3 hours to allow for interactive learning

**School  
of  
Infant  
Mental  
Health**

Contact us now for reservations:

simh2000@aol.com,  
44.(0)207.433.3112,  
www.infantmentalhealth.com or  
27 Frognal, London NW3 6AR England

## I N F A N T P S Y C H I A T R Y

Diagnostic Classification 0-3

### 2-day Workshop 20-21 February 2004

Themes: Different Axis

### Focusing on the Child

Temperament  
Anxiety Disorders  
Feeding Disorders  
Crying Disorders  
Regulation Disorders in Infancy  
Attachment Disorders and  
Maltreatment

Affect Disorders: Depression and  
Early Bipolar Disorders  
Sleep Disorders in Infancy  
Gender Identity Disorders  
Psychosomatic Disorders  
Traumatic Stress in Infancy  
Cultural Diversity  
Communication Disorders  
Attention and Activity Disorders

• **Environment**  
• **Quality of Parenting**  
• **Medical Conditions**

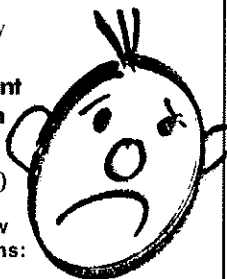
Parent Infant  
Psychotherapy

**School of Infant  
Mental Health**

Tickets £170

Contact us now  
for reservations:

simh2000@aol.com,  
44.(0)207.433.3112,  
www.infantmentalhealth.com or  
27 Frognal, London NW3 6AR England



## EDITORIAL

In the last two issues of the Signal, the focus has been on group work with parents and infants. I welcome submissions of further articles exploring this somewhat neglected area. It is also planned to use future numbers to develop the theme of training in infant mental health with a variety of shorter and longer pieces illustrating the range of courses available throughout the world. As a result, I would welcome the submission of papers of any length describing infant mental health training programs. Some of these submissions are already included in this issue

In fact, the lead article by Parr bridges both these areas, looking as it does at the training of facilitators to deliver a particular group-based program. It is striking to note the parallels between this work and that of Reynolds described in the preceding issue. Both of these experienced practitioners emphasize two key areas: one of these is the importance of the development of the capacity for 'reflective function,' the other (closely linked) is the role of infant observation (also highlighted in the Signal 10 (1&2).) The latter – as several recent Congress presentations have emphasized – also forms a core component of many training programs.

The adoption of these themes does not exclude other articles and indeed the next edition of the Signal will feature a piece by James McHale on co-parenting, with an emphasis close to my own area of interest in fathers on the importance of attending to the dynamics of the family as a whole.

Please send submissions to  
paul@pbarrows.freemove.co.uk.

Paul Barrows



## BEACON CLUB SCHOLARSHIPS AVAILABLE FOR 2004

IF YOU KNOW SOMEONE THAT WOULD BENEFIT FROM  
RECEIVING A FREE MEMBERSHIP TO WAIMH, PLEASE  
EMAIL TINA HOUGHTON AT WAIMH@MSU.EDU

# ***INFANT-PARENT PSYCHOTHERAPY TRAINING IN FINLAND***

## ***The Background Work***

Since the 1940s, there has been an extensive network of high-quality health and welfare services for infants, mothers and families in Finland, covering the whole country, and attended by over 94 % of mothers. However, hosting the World Association of Infant Mental Health (WAIMH) congress in Tampere, Finland in 1996 made a big impact on the field of infant mental health. The government launched extra financial support into child psychiatry, and the event acted as a booster for supervision and further training of primary health care workers. The purpose was to increase their readiness to help depressed or troubled mothers, their babies, and families.

In the early 1990s, a "baby network" was established. It gathered together infant health workers from all over the country at all levels (well-baby clinics, day-care, hospital, neonatal workers, child guidance, health centres, social services, psychotherapists etc.). The baby network started to meet regularly twice a year for two-day study events and new projects were introduced and presented. This baby network then developed into the Finnish group (affiliation) of WAIMH. At a later date, the group included toddler workers.

## ***Three levels of Infant-Parent Work***

There are now three levels where infant-parent work is practiced and developed in Finland.

1) **The primary health care level** consists of well-baby clinics, which provide regular ante- and post-natal visits. Extensive training programs were created to train nurses and health visitors to screen mothers and babies in distress and to become familiar with observing and assessing infant-parent interaction. This scheme has been planned and financially supported by the Ministry of Health.

2) **The second level** consists of **health centre psychologists and child and family psychiatric clinics.** Some child and family psychiatric clinics have recently created 'baby teams', which provide home visits, mother-baby groups and other services for infant-mother couples, parental couples and individual sessions for mothers and fathers. When necessary, primary level workers can consult or refer their cases to this level. Some of these practitioners are trained (e.g. by university extension courses.)

3) **A third level** had to be developed for **special expertise in infant parent work**, which could provide consultation, training and supervision for the primary and

secondary level. As we did not yet have this expert level group in Finland, but felt that there was a need for it, a new training scheme was therefore created. This work is described in the following.

## ***A New Training - Professional Development Course in Early Relationships***

In January 2000, Turku University started a pioneering four-year training program in infant-parent psychotherapeutic work for psychotherapists. The idea for this training developed when, in the early 1990s, a group of psychologists in Turku invited other specialists/colleagues in infant mental health to join in thinking about how to develop the training program. It took some years before a link was made with Turku University Extension Study Centre, which provided the locus and administration for the training. Some foreign experts were contacted such as Dilys Daws (Tavistock), Stella Aquarone (Parent Infant Clinic, London), and Paul Barrows (Bristol PG Diploma/MA Training in Infant Mental Health) in the UK and also some places in the USA and Sweden.

The unofficial planning group met regularly for some years and invited many professionals. The enthusiasm remained high in the group and it felt possible to start training with our own resources. The four-year training

program was called the Professional Development Course in Early Relationships of Infancy. The core group of teaching staff invited additional visiting lecturers and teachers to the program. Since it was essential to include experienced expert knowledge in infant-parent psychotherapy work from abroad, we invited Margareta Broden from Malmö, Sweden. For two years she taught theory and practice and ran group supervisions in English and Swedish including video recordings.

Eventually, the organizing committee accepted 14 students from different parts of Finland into the course. They all had a psychoanalytic (adult, child or group) psychotherapy or family therapy training background. There were six psychologists, five child psychiatrists, two psychiatric nurses with academic degrees and one social worker. Some worked in adult psychiatric outpatients clinics, a few in child psychiatric services and some in newly created infant-parent units in university hospitals or health centers. The minimum requirement of clinical infant-parent work during the training was on average 4 hours per week. Some worked much more than the minimum, many could increase their caseload considerably as years went by. Also new jobs and projects were created. They all did pioneering work.

### *The structure of the course*

1) Baby observation with seminars (Tavistock model) for one and a half years. During the last six months, videotaping was introduced. It felt important that the students got used to videotaping, as it has become a common practice to work and supervise through this medium in many cases.

- 2) Work discussion seminars (first two years).
- 3) Clinical seminars - work with infants and parents (third and fourth year).
- 4) Lectures and theoretical seminars throughout the training.
- 5) Intensive study weekends.

The training group was soon divided into two smaller groups for baby observation and supervision. One group met in Helsinki and the other in Turku. Many students travelled considerable distances. For theoretical seminars the group met as a whole either in Helsinki or Turku. Teachers also travelled between the two cities. In order to create coherence and continuity we have had two Finnish supervisors, Marja Schulman and Pirkko Siltala. They have been responsible for taking care of the supervisions and the theory teaching during the last two years.

During the first part of the training the lectures and seminars included a diverse selection of psychological and neurophysiological theories of infant mental development, while during the second half of the training the theoretical seminars focused in depth on various disturbances in parent-infant interaction and their clinical implications.

### *Concluding comments*

It has been a great challenge and task to integrate different psychodynamic, psychoanalytic and other interactional approaches. Many of the students have matured into experienced infant-parent therapists and field practitioners. They have been innovative in their own areas creating new ways of working. Many are struggling with changes in the mental

health systems. Most of the students have financed the major part of their training themselves, but many have had some financial backing from their work.

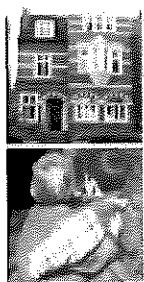
The final part of the training consists of a written essay based on a case and illustrated with video recordings of the baby-mother and/or baby-father relationship, which is then discussed in seminars. It is noteworthy that most of the cases that the students are dealing with are mothers-to-be during pregnancy and/or infant-parent counselling/psychotherapy with under one-year-old babies. This seems to be different from many other places where the majority of the cases seen are with toddlers.

This has been a pioneering training scheme with no ready-made path. We have gained valuable experience, made some wrong choices, but on the whole it has been a great learning experience for the students and teachers alike. It has been exciting to follow the development of this field all over the world. Another university has contacted us and requested to start a similar training scheme in a different part of Finland.

Pirkko Niemelä  
Turku, Finland  
Pirkko.Niemela@utu.fi

Marja Schulman  
marja.schulman@kolumbus.fi  
Espoo, Finland

NB An earlier version of this paper appeared as Schulman, M. (2003): News from Finland. Infant-Parent Psychotherapy Training. The Bulletin of the Association of Child Psychotherapists. Issue No.135. London. England.



# THE ANNA FREUD CENTRE

Hampstead, London

Our mission is to develop innovative psychotherapeutic treatments for children and adolescents with emotional and behavioural difficulties; to evaluate these treatments; and to ensure the best practice is spread.



## Multidisciplinary module in parent-infant mental health

In March 1997 the Anna Freud Centre was given a Department of Health grant toward the development of a project specifically addressing the mental health needs of infants and their parents.

The clinicians in the Parent and Infant Project are psychoanalytically trained. The work and teaching is also informed by attachment theory and infant developmental research regarding the relationships between infants and their caregivers and environmental provisions for healthy social and emotional development. The Project has three interdependent components: service, training and research.

As part of its training activities, the Parent and Infant Project runs an annual multidisciplinary course for professionals working with infants and their families, who are looking to extend their knowledge and expertise in the field of infant mental health.

The course draws upon techniques of direct observation of parent-infant interactions to assess 'normal' and 'derailed' development and to promote evidence-based practice. It aims to enhance professional skills in assessing risk and in early intervention, focusing on strengthening attachments that promote development.

Participants are required to have a professional qualification and to be

currently working with parents and infants.

### Aims

To promote understanding of infant development and mental health issues, and to enhance professional skills in assessment and in early intervention.

### Learning outcomes

- Become informed about developmental research and clinical data on potential, capacities and pathways of development
- Examine professional and personal criteria for evaluation of 'normal' and 'at-risk' development in infancy
- Develop the technique of direct observation in relation to parent-infant interactions
- Reflect on the professional use of self in parent-infant work
- Enhance intervention skills for the promotion of the mental health of the infant.

### Teaching Program

Studies take place in seminars and workshops, which integrate research, theoretical and clinical perspectives. The seminars cover the topics of infant development and psychopathology - research, psychoanalytic and attachment perspectives; observation, inference and development of skills for evidence-based practice; assessment of risk in the parent-infant relationship,

the family and the professional network; cultural influences in child-rearing practices and in the assessment of risk.

The workshop forum is devoted to student presentations of observations. Through these observations, theoretical concepts are reviewed and intervention skills are discussed.

### Certification

The module was accredited by South Bank University at level three. However, this arrangement is being terminated as few participants wish to pursue an academic degree.

Participants will henceforth receive a certificate of recognition from the Anna Freud Centre which can contribute to their CPD portfolio. The module is also being accredited for purposes of CPD with the relevant professional bodies.

### Evaluation of the PIP module

The PIP module is being evaluated (work in progress) with the aim of addressing two questions:

- 1) What new knowledge and skills did the participants acquire during the course and;
- 2) How have the knowledge and skills been integrated into their clinical practice.

*New knowledge and skills acquired during the course:* The participants' responses were analysed pre- and post- course, looking at the increase in knowledge and/or knowledge shifts within each seminar and across learning outcomes.

\* The post-course responses drew upon more diverse models for understanding infant development and the parent-infant relationship. Respondents referred to social and

emotional factors in development and psychopathology, as well as familial and cultural versus personal factors. The expanded knowledge base included research and theory, and observational and clinical experience.

\* In the discussion of 'normal' and 'at risk' development post-course responses shifted from epidemiological based to psychologically based criteria, including reference to the internal worlds of the caregiver and child as may be inferred from observation of interactions between parent and infant. There was greater sensitivity to overlap and conflict between cultural and personal practices in child-rearing, and increased awareness of professional and personal biases in working with 'difference.'

\* The importance of observation and reflection as tools to inform practice was acknowledged. Descriptions of establishing a therapeutic stance were clear and detailed with clear reference to what to watch out for regarding strengths and difficulties in the relationships under observation. Skills in writing up detailed observations – underpinning evidence based practice – improved.

\* The participants demonstrated greater understanding of what they bring to the interactions with their clients in terms of personal and professional expectations, experiences and biases. They conveyed increased sensitivity to cultural issues and a willingness to explore these issues directly with the family. They were more aware of the use of self in the network and the way that they can influence network actions and provisions.

An evaluation of the integration of knowledge and skills into clinical practice is currently being conducted.

For further details contact:  
Sara.Mitchell@ANNAFREUD.ORG

## ***Trainings Organized by Professor Antoine Guedeney, Faculty of Medicine, Xavier Bichat, University Paris VII Denis Diderot***

Two degrees are organized concerning mental health in the infant and perinatal fields

### **Perinatal Psychopathology**

This university degree (Diplôme Universitaire, DU) is intended for MDs, residents in adult and child psychiatry, residents in Gynaecology and Obstetrics, mental health nurses, psychologists with a master degree and midwives.

It has existed for three years now. Courses are held each week for one year and concern the field of perinatal psychiatry and psychopathology : history and epidemiology, basic themes and concepts, attachment transmission, foetal medicine and implications for parents, abortion, medical termination of pregnancy and IVF, postnatal depression and post natal psychosis, post partum blues, Brazelton examination, mother child units, perinatal death, prematurity, adolescent pregnancy, addictions and pregnancy, AIDS and pregnancy are among the subjects treated from the perspective of the impact on the mental health of parents and infants.

The degree is led by A. Guedeney, and assessment is through the writing of a memoir on a subject in the field.

**Attachment : Concepts and Therapeutic Applications in Infants, Children, Adolescent and Adults**

This university degree, beginning next fall (Diplôme Universitaire, DU) is intended for MDs , residents in adult and child psychiatry, social workers, midwives, psychologists and psychology students with a masters degree. Courses are spread over six two-day sessions in a year. The degree aims to define and present John Bowlby's attachment theory and its clinical and therapeutic applications for infants, children and adolescents, and adults. The history of attachment theory and later developments are presented. Key theoretical and assessment methods are also introduced on a practical basis (Ainsworth strange situation, Adult Attachment Interview (Main), Q sorts). Child and adolescent psychopathology is considered in the light of attachment theory. Assessment is by dissertation or examination.

Both degrees are linked with Pr. Bernard Golse's degree in infant development (Faculté de Médecine Necker Enfants Maladies) and Pr Marie Rose Moro's degree in Child Development and Ethnopsychiatry (Faculté de Médecine Paris Nord, Bobigny).

The three degrees could be organized into a full infant mental health degree in the future.

Contact: antoine.guedeney@bch.ap-hop-paris.fr

# Pathways to Addiction and Antisocial Behavior

By Hiram E. Fitzgerald, Ph.D.

The University of Michigan-Michigan State University longitudinal study of family risk for alcoholism over the life course, now in its 16<sup>th</sup> year, was designed to identify causal pathways leading to alcohol use disorders and co-active psychopathology that originate at least during the preschool years (Fitzgerald, et al., 2002; Fitzgerald et al. 2000; Zucker et al., 2000; Zucker & Fitzgerald, 1991). We classified alcoholic men on the basis of the presence or absence of a sustained history of antisocial behavior over their lifetime; those with a patterns of alcoholism in adulthood along with a lifetime history of high antisociality were categorized as Antisocial Alcoholics (AALS), and those without this sustained history were categorized as NonAntisocial Alcoholics (NAALS). AALS are more likely to have a history of childhood behavior problems, illegal behavior, frequent arrests, and chronic lying, relationship disturbances, failed relationships, depression and family violence; neuroticism, poor achievement and cognitive functioning, and low socioeconomic status. Wives of AALS have higher antisociality as well as more nonantisocial psychopathology. The marital relationships among the AALS are characterized by more open expressions of hostile and dis-affiliative behaviors, and greater potential for control struggles. AAL husbands are more separating and controlling toward their wives, and there is a clear relationship between level of parental aggression and violence in alcoholic families and parent-to-child aggression as well as child-to-parent aggression. We have

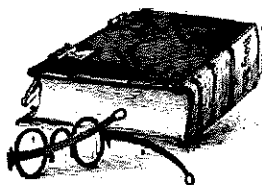
characterized such rearing environments as "risky" and highly likely to provide maintenance structures to support development of psychopathology in children.

The etiologic pathways that we have identified suggest that such risky rearing environments provide a context for the construction of representational memories for events, and that such memories encode information about the emotional and behavioral content of modeled parental behavior. We queried whether children of alcoholics, particularly children of AALS, construct the equivalents of ghosts in the nursery (Fraiberg et al., 1975) that reflect increasingly organized memories of events related to how men treat women and/or how fathers treat children. We proposed that such environments provide the basis for a model of early alcohol schema formation that embeds expectancies into a family structure that includes emotional differentiation, self-regulation, interpersonal dynamics, and socialization, as well as motivational forces (beliefs, wants, desires) and moral behavior. Our work to date suggests that a developmental pathway to alcohol use disorders, may emerge from environments where intense, uninhibited, distractible, negative affect children are overstimulated by the open expression of negative emotions in the family, and as result, construct working models of "appropriate" adult role behavior that are contextually embedded in high risk environments. We believe that such pathways are highly predictive of the intergenerational transmission of substance use disorders and co-active psychopathology. I invited anyone interested in such conceptual ideas to

join me in a conversation on the impact of prenatal and postnatal exposure to alcohol that is scheduled during the WAIMH World Congress in Melbourne.

## REFERENCES:

- Fitzgerald, H. E., Zucker, R. A., Mun, E. Y., Puttler, L.I., & Wong, M. M. (2002). Origins of addictive behavior: Structuring pathways to alcoholism during infancy and early childhood. In H. E. Fitzgerald, K. H. Karraker & T. Luster (eds). *Infant development: ecological perspectives* (pps 221-252). New York: RoutledgeFalmer.
- Fitzgerald, H. E., Puttler, L. I., Mun, E., & Zucker, R. A. (2000). Prenatal and postnatal exposure to parental alcohol use and abuse. In J. D. Osofsky & H. E. Fitzgerald (eds). *WAIMH handbook of infant mental health: vol 4: Infant mental health in groups at risk* (pp 123-160). New York: Wiley.
- Fraiberg, S., Adelson, E., & Shapiro, V. (1975). Ghosts in the nursery: a psychoanalytic approach to the problems of impaired infant-mother relationships. *Journal of the American Academy of Child Psychiatry*, 14, 387-421.
- Zucker, R. A., & Fitzgerald, H. E. (1991). Early developmental factors and risk for alcohol problems. *Alcohol Health & Research World*, 15, 18-24.
- Zucker, R. A., Fitzgerald, H. E., Refior, S. K., Puttler, L.I., Pallas, D., & Ellis, D. (2000). The clinical and social ecology of childhood for children of alcoholics: Description of a study of implications for a differentiated social policy. In H. E. Fitzgerald, B. M. Lester, and B. Zuckerman (eds). *Children of addiction: Research, health, and public policy issues* (pps 109-142). New York: RoutledgeFalmer.



# LITERATURE MONITOR

## Books

Cohen, M. (2003) *Sent Before My Time: A Child Psychotherapist's View of Life on a Neo-Natal Intensive Care Unit*. London: Karnac.

This book is an exploration of the workings of a neo natal intensive care unit from a child psychotherapist's point of view. It examines the relationships between the babies, the parents and the staff

## Articles

Räihä, H., Lehtonen, L., Huhtala, V., Saleva, K. & Korvenranta, H. (2002) 'Excessively crying infant in the family: mother-infant, father-infant and mother-father interaction.' *Child: Care, Health & Development*, 28 (5): 419-429.

'The main findings suggest that both parents of colicky infants had less optimal parent-child interaction compared with control parents. The problems in interaction were most pronounced between the fathers and infants in the severe colic group.'

McHale, J.P. & Fivaz-Depeursinge, E. (1999) 'Understanding triadic and family group interactions during infancy and toddlerhood.' *Clinical Child and Family Psychology Review*, 2(2): 107-127.

'This paper outlines recent conceptual and methodological developments in the assessment of triadic and family group process during infancy and toddlerhood.'

toddlerhood.'

Appleyard, K. & Osofsky, J.D. (2003) 'Parenting after trauma: Supporting parents and caregivers in the treatment of children impacted by violence.' *Infant Mental Health Journal*, 24 (2): 111-125.

Keren, MM, Feldman, R. & Tyano, S. (2001) 'Diagnoses and interactive patterns of infants referred to a community-based infant mental health clinic.' *Journal of the American Academy of Child and Adolescent Psychiatry* 40 (1): 27-35. Objectives: To describe the distribution of symptoms and diagnoses in a community-based infant mental health clinic and to compare play and feeding interactions of referred and nonreferred infants.

---

**WORLDASSOCIATION  
FOR INFANT MENTAL HEALTH**  
University Outreach & Engagement  
Kellogg Center, Garden Level  
Michigan State University  
East Lansing, MI 48824-1022

Tel: (517) 432-3793  
Fax: (517) 432-3694  
Email: [waimh@msu.edu](mailto:waimh@msu.edu)

Website: [WAIMH.ORG](http://WAIMH.ORG)

<b>NON-PROFIT.ORG.</b> <b>U.S. POSTAGE</b> <b>PAID</b> <b>EAST LANSING, MI</b> <b>PERMIT NO. 21</b>
---