

# Perspectives in Infant Mental Health

Professional Publication of the World Association for Infant Mental Health

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## Learning about Children by Listening to Others and Thinking about Ourselves

This paper by Suzanne Gaskins and Heidi Keller has been written in response to the Presidential Address by Kai von Klitzing (WAIMH President) published in the previous issue of Perspectives: [WAIMH's infants' rights statement—a culturally monocentric claim? Perspectives in Infant Mental Health 27 \(1\)](#).

Suzanne Gaskins is Professor Emerita, Department of Psychology, Northeastern Illinois University (USA). Heidi Keller is Professor Emeritus at Osnabrück University, Germany, and a Director of Nevet Greenhouse of Context-Informed Research and Training for Children in Need

in the Paul Baerwald School of Social Work and Social Welfare at Hebrew University of Jerusalem.

This response paper by Gaskins and Keller, contributes to an ongoing conversation concerning WAIMH's position paper on the rights of infants, and a recently published edited book by Heidi Keller and Kim Bard (Eds.) (2017). [The Cultural Nature of Attachment: Contextualizing Relationships and Development](#).

This book has been published by Strüngmann Forum, Cambridge: the MIT Press and presents "multidisciplinary perspectives on the cultural and evolutionary foundations of children's attachment relationships and on the consequences for education, counseling, and policy".

By Suzanne Gaskins, Illinois, USA and Heidi Keller, Osnabrück, Germany and Jerusalem, Israel

Recently, von Klitzing (2019) reflected on a chapter written by Gaskins and a group of colleagues in a book on the cultural nature of attachment edited by Keller and Bard (2017). The chapter, exploring the implications the book might have for policy and practice, argues that no policy or intervention should be developed, or is likely to be successful, without being informed by the cultural meanings that guide people's behavior. We thank Dr. von Klitzing for his interest in our work and for inviting us to respond to his address.

It is heartening to hear him argue that it is important to pay attention to parents' reasons, attitudes, and practices around the globe. "Cultural sensitivity should lead us to ask the parents or other responsible adults about the reasons for their practices, and to treat them with understanding." "It is not at all justified to counter... parental attitudes with arrogance and moral condemnation." "Cultural sensitivity means that we listen carefully and try to understand the attitudes of parents from different cultural backgrounds...." Further, he recognizes that the context of a particular action, like separating a child from a parent, influences whether it should be viewed as supporting the child's well being or working against it.



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INFANT MENTAL HEALTH

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But international organizations often come to their work with commitments that are different from local parental understandings. The difficult question that sits between our chapter and this presidential address is, "Who should decide what is best for children growing up in a culturally specific context when these two sets of commitments conflict?"

On the one hand, one might presume that parents (or other caregivers) should decide. They love their children, know them best, and are most committed to their well-being across their entire lives. They also know the advantages and challenges of the contexts where the children live their everyday lives. And they come to the job of raising their children with a wealth of wisdom provided by a set of integrated beliefs and practices about child development, the nature and content of children's learning, and how their children can become competent, successful adults.

On the other hand, organizations like the WAIMH exist because they want to help children lead healthy and fulfilling lives. They use two standards to guide them in this work. The first is the accepted knowledge produced by researchers who study child development, health, and education. This research serves as a roadmap for agencies and governments deciding on policy and applications. The second, perhaps less conscious, standard is the set of cultural commitments the members of the institution share among themselves about how what makes families strong and healthy, how caregivers should treat their children, and what experiences children should or should not have. These cultural commitments are further legitimized when they are mirrored in the research.

As two cultural developmental psychologists with extensive experiences in other cultures, we give a lot of credence to the wisdom of families and caregivers (not only parents, but other adults and children in the young child's world) and their groundedness in their communities. We have seen first hand how their normative interactions create everyday environments where children thrive and develop into competent adults. And we do not think that the moral commitments from our own culture are inherently more valid than those that exist in other cultures. (NB: Within every healthy cultural system some individuals are dysfunctional in ways that are detrimental to children's well-being, but those people's actions are judged by others as wrong, and consequences may be imposed by the group for their harmful behavior.)

We read with great skepticism research findings of "universal" pathways for healthy development when the research has been conducted in only a single culture, using theories and measures that mesh with that culture's assumptions or has been conducted in other cultures using those same theories and measures. From our own work and what we read about many other cultures, we believe the field of child development has reached conclusions about development and children's worlds based on seriously inadequate data (see Sperry, Sperry, and Miller, 2018 and Sperry, Miller, and Sperry, 2019 for issues related to the 30 Million Word Gap claim). There are over-generalizations, narrow perspectives, and outright errors in the literature. In addition, little is known about culturally organized child development, including our own blindness that middle-class Western parenting also entails a commitment to a distinct set of cultural practices and values.

Given our confidence in how competently parents and other caregivers, imbedded in their cultural understandings, organize children's lives, and our lack of confidence in what researchers claim to know, we cannot agree that Western values and "best practices" are automatically the most valid way to protect children. To clarify our position, we will briefly discuss the three topics introduced by von Klitzing in his address.

## Responsive care from continuous caregivers

We fully agree that infants need reliable and emotionally responsive care from continuous caregivers. Our concern is that often a culturally specific model of who is the best caregiver and what is "sensitive care" is used to judge caregiver practices in other cultures. For instance, who counts as a "continuous caregiver" depends on the cultural model of social relations in a family. Often care is distributed across a large number of family members. In such situations, when parents leave children in care of other family members so that they can work outside their community, it may not be experienced as a break in sensitive caregiving, as it might be in a family where the mother has been the sole caregiver. In families facing serious financial hardship, a mother seeking work away may be crucial for insuring children's physical and emotional wellbeing. Similarly, families facing an immanent danger in their community from disease, exposure to toxins, or warfare may need to send their children away (e.g., Jewish families during the Nazi regime in Germany).

Families may also distribute the responsibility for raising a child across adults and older children because they do not define the parent-child dyad as a privileged social unit. Existing studies show young children profit from attachments to multiple caregivers, but the full range of benefits need to be explored (Gaskins, et al., 2017).

Likewise, judgments about “reliable and emotionally responsive care” are often based on cultural habits of what is normal. For instance, failing to keep infants in constant body contact or having them sleep alone in a separate room are seen as cruel and irresponsible behaviors in many cultures. Judging from the outside what is reliable and responsive care can be hazardous.

## Education using corporal punishment

With the goal of understanding others, we think it is unhelpful to call education using corporal punishment “harm of violent care.” In every culture, there is a distinction made between physical abuse and appropriate methods of punishment used to teach children and to discourage them from harmful or socially inappropriate behavior. How abuse vs. punishment is defined, however, is quite culturally variable. How punishment is received and understood by children also varies significantly by context. For example, Baumrind’s (1971) model of parenting styles was investigated in China by Chao (1994). Based on clusters of behaviors produced in a factor analysis from her United States data, Baumrind developed a model of three types of parenting styles: “authoritative,” “authoritarian,” and “permissive.” In China, Chao found that control and strictness (authoritarian behaviors) co-occurred with parental warmth and closeness (authoritative behaviors). Such paired behavior was culturally valued and understood as “training.” Unlike children of authoritarian US parents, Chinese children receiving this kind of “training” felt that their parents cared for them well, and they were highly successful in school. This classic work demonstrates how the categories derived from “scientific” research done in one culture may be seriously misleading in other cultural contexts.

Work looking specifically at corporal punishment in cultural context has found that such punishment is used intentionally to teach the children important lessons for being competent cultural participants as adults. For instance, El Ouardani (2018) argues that physical punishment in a Moroccan community is associated with instilling respect and moral behavior and



with fulfilling a parent’s responsibility to maintain order and to provide care and protection to children. Fear of a parent or teacher is seen as way of insuring children’s awareness to facilitate their learning. At the same time, physical punishment is also often integrated into more playful and affectionate forms of interaction. Punishment delivered outside of a caring relationship is seen as illegitimate. In contrast, Westerners often connect corporal punishment to violence, pain, and unhealthy relationships. People in this Moroccan community see the 2000 national ban on corporal punishment as being driven by the transnational human rights discourse. They experience it as a hindrance to the children’s education and a limitation on fulfilling parental duties, and so they frequently ignore it.

Rather than physical punishment, middle-class Western parents often use psychological measures such as isolation, shame/guilt, or loss of privileges. Such punishment may cause ambivalent reactions similar to those El Ouardani describes for the corporal punishment rural Moroccan children receive. We do not have a clear research understanding of whether psychological punishment is more or less effective in changing behavior than corporal punishment or whether it produces more or fewer negative effects in children. It is also possible that there is a cultural specificity to such effects.

## Gender rights

Gender role differences exist in all parts of the world. We think that it is unproductive to evaluate one cultural gender role praxis based on the worldview of another culture. Until recently, Western cultures were committed to strong gender role

differences and expectations. Education, for example, was not as valued for girls as it was for boys. Girls were expected to grow up and bear and raise children, while boys were expected to grow up and provide for their families, which education could promote. Understanding education to be a practical resource for getting a better job, rather than a road to personal fulfillment and growth, is a perspective that is still common in many sub-groups in Western cultures. These same beliefs are found in many other cultures.

Also, where children’s contributions are valuable to family work, conflicts of interest arise between what children should do to support their family in the present and what they should do to provide themselves resources for the future. Where girls’ labor is more useful than boys (e.g., as caregivers of younger children), there would be more pressure for them to leave school at a younger age.

The role of education in promoting exposure to social threats is also important. In many communities, those with education must leave the community to get jobs that use their education; leaving is often not considered an option for unmarried women, so education is less useful for them. Exposure is also a concern if teenage girls must be educated together with teenage boys. It is not uncommon to see pregnancies and elopements soar when secondary and high schools come into a community. In such cases, parents may hesitate to send their daughters to school.

When the rights of women and girls are considered only from the Western cultural perspective, credit is not given to how differently women from other



cultures feel and think. Kapadia (2017), a feminist psychologist from India, argues that the Indian and Western middle class women's understandings of feminism are very different. When a conflict arises, such as whom a young woman should marry, Indian middle class women want to balance their perspective with that of their family to avoid open conflict because of their conception that significant others are part of their personal identity.

## Conclusions

We need to proceed with caution when considering telling other people how to live their lives and how to raise their children. Three lessons can be learned from these examples. First, the motivations for specific behaviors may be far more complex than outsiders can easily understand, and trying to change one aspect of behavior may have unintended and undesirable consequences. Second, all people attach positive moral value to their own practices. Thus, international agencies may think their practices are better than local ones, and local communities may reject projects based on Western practices. And third, we need to be more skeptical about scientific evidence of what is "true" and using it to determine what is inherently "good" and "bad" for children.

No matter how good intentions are, there is a grave moral danger in judging people using theories and measures that are culturally provincial and in assuming that differences are due to deficits in the other group (Rogoff et al., 2017). If we listen more openly to others, our respect for their childrearing may increase, but we may also gain important insights about our own childrearing, leading us in turn to evaluate existing research more critically to determine which "truths" are culturally specific and which are generalizable across contexts.

Listening thoughtfully and thinking critically is just as important for organizations working with migrants and minorities in Western cultures as it is for those focused on countries in the global south. The increasing numbers of migrants arriving in European and Northern American countries makes it even more pressing that we approach helping families by first listening and learning.

We believe that any group trying to help children should be committed to the principle of "First, do no harm." To this end, there is an urgent need to include anthropologists, sociologists, and cultural psychologists of childhood when formulating policies and interventions, to insure that whole cultural systems

that shape children's lives are considered, not just isolated behaviors taken out of context.

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# WAIMH Executive Director Address

By Kaija Puura, Tampere, Finland, WAIMH Executive Director

A few months ago I was travelling back home to Tampere from Helsinki by train after a workday filled with meetings. The train was one of the late afternoon trains crowded with people commuting daily between the two cities. I sat in the middle row opposite a young mother with a 10-11 month-old baby boy. The mother put her smartphone in front of the baby and without a word opened a video for him to watch. The boy was immediately caught up by the video, smiled at it and vocalized cheerily. The mother monitored what her baby was doing with the phone, but stayed completely silent as if avoiding engaging him in any way. After having observed this for about 10 minutes I started to feel uncomfortable and wondered in my mind if I should say something to the mother about the importance of interacting with the baby. It struck me that I was seeing in a real live situation another way of how the smartphones may hamper infants' language and social development by limiting social interaction between them and their caregivers to practically nothing. After another few minutes however, the baby started squirming, looked away from the phone, and cooed to his mommy who then answered with a very soft and warm voice. For the rest of their one-hour journey the mother played with her little son and tried to keep him as quiet as possible so as not to disturb the other, weary travelers. Feeling happy and relieved having seen this beautiful mother-infant interaction I realized that the smartphone and video were in fact this mother's way of keeping the son quietly occupied for a while.

A few weeks later I witnessed how our son-in-law used a child's online TV program to calm down his two-year-old son when he was having an upper respiratory infection and was not supposed to run around. The father asked his little son to come and watch a program where different colored cars, tractors or dinosaurs come from boxes and end up in other boxes to change color. The program in itself would not have done any good for the little guy's language acquisition or social skills, but having a conversation with his daddy about what was happening in the TV did change the whole situation to a good learning experience and kept him resting according to doctor's orders.

These two examples illustrate what we might advise parents of very young children about smart devices and their use. Just like TV in earlier days, the gadgets and technology in and of themselves are not just "evil" or "good." What matters is how we use the technology available to us and to our children in a way that is beneficial instead of harmful. For those of us working within the field of Infant Mental Health, it may be obvious that ordinary social interaction, such as talking with each other, carrying out daily tasks, playing and showing love and appreciation towards one another, is the best way to support healthy child development. Parents or caregivers who are not so familiar with the importance of ordinary interactions as related to optimal growth and change in infancy and early childhood, may be especially excited about new gadgets and programs that promise to "make your child develop faster, better and be more successful." Perhaps the key is to achieve a balance between the ordinary tasks or activities of family life and the intrigue about using new technology. Maybe we should encourage parents to act like the parents in the little vignettes: use smart devices and technology when it is helpful and always add the aspect of human interaction when possible. With younger children, parents may limit screen time so that there is enough time for ordinary activities, and also make sure that they have the possibility of interacting with their child during the child's screen time. With older children, adding the human interaction to video games and screen time may mean talking with the child about his activities and showing interest in them, in addition to monitoring the amount of time spent with the electronic gadgets.

We might also remind parents or other caregivers to avoid what could be called "toxic use" of smart devices, i.e. parents getting so immersed in the smartphone, tablet or computer that the child gets forgotten. An example of how to prevent the "toxic use" is the ad that the Finnish Police posted in social media this summer. In the post they ask parents with children not to use their smart phones on the beach, but to supervise their children instead so that they would be safe from drowning.

I think what I am trying to encourage us all to do is to find the best ways to use the amazing technology of our times to the



WAIMH Executive Director, Professor Kaija Puura.

benefit of all parents and young children. I myself have been working for several years trying to develop digitalized health care services for families with infants and young children. Last week we started piloting our first treatment program called "Parental Coaching" with four families. We did not forget the human interaction component! Each family has a coach who follows their progress during the eight-week program and keeps contact with them at least weekly. This summer I will also be working with a 360-degree camera, virtual glasses and a gaming computer: my new tools that I hope will create new possibilities for helpful interventions with parents and young children.

# From the Editors

By

Maree Foley, Switzerland,  
Deborah J Weatherston, USA  
and Hiram Fitzgerald, USA

This Spring/Summer (2019) edition of WAIMH *Perspectives in Infant Mental Health* includes reviewed and accepted papers since the [Winter \(2019\)](#) edition. Each paper calls attention to and consideration of what WAIMH members and allied Infant Mental Health colleagues around the world are thinking, doing, and writing about.

For newcomers to WAIMH, *The Signal* was the former name of *Perspectives*. Furthermore, Emily Fenichel, named *The Signal* after an international contest. At the time Emily was Associate Director of Zero to Three and was also the Editor of the *Zero to Three Journal* from 1992 – 2006.

Currently, issues can be accessed online, with past issues dating back to 2007 currently available by following this link: <https://perspectives.waimh.org/perspectives-archive/>. In addition, past articles are also available online in text format, which in turn can be shared: <https://perspectives.waimh.org/>

## Perspectives news

This issue marks the final issue with Hi Fitzgerald as former editor and current associate editor of *Perspectives*. However, Hi will remain as a consultant editor. To celebrate and honor Hi's work with WAIMH over many decades, we are planning a full special issue of *Perspectives* focusing on the topic of IMH and adverse childhood experiences (ACES). [The call for papers](#) for this special issue has been previously posted and is republished below.

Furthermore, we have established a new *Perspectives* intern programme. This is a pilot programme that we hope will grow over time. These internships are especially for people who are currently engaged in an IMH training programme. The idea for offering internships arose from understanding the process of community engagement within the overarching editorial process, and in conjunction, appreciating the journey on route to becoming engaged as a professional with WAIMH.

The over-arching goal is to leverage

*Perspectives* as base from which to: get to know new members; provide opportunities to engage with the wider IMH community beyond one's local area; and for us to also learn and understand from new members about what they are seeing and noticing in our field. Our aim is to grow this initiative so that interns at any one time represent different regions across the globe. This not only reflects WAIMH's outreach goals but also supports new members getting to know each other through sharing in the work of WAIMH.

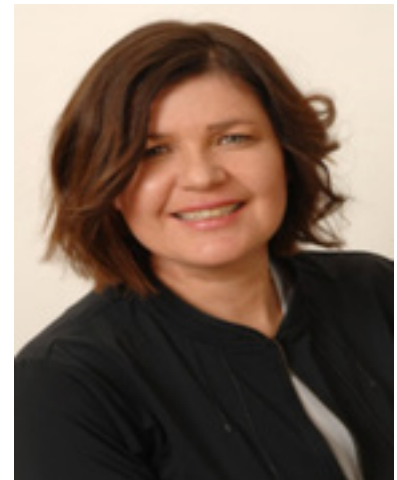
Finally, while we had planned a *Perspectives* reader survey for March-April we have decided to run this at a later date. We will let readers know when this will occur in a later issue.

## This Spring/Summer (2019) Edition

This Spring/Summer (2019) edition begins with a paper by Suzanne Gaskins and Heidi Keller: [Learning about Children by Listening to Others and Thinking about Ourselves](#). This paper has been written in response to the Presidential Address by Kai von Klitzing (WAIMH President) published in the previous issue of *Perspectives*: [WAIMH's infants' rights statement—a culturally monocentric claim?](#) *Perspectives in Infant Mental Health* 27(1). This paper contributes to an ongoing conversation concerning WAIMH's position paper on the rights of infants, and a recently published edited book by Heidi Keller and Kim Bard (Eds.) (2017). *The Cultural Nature of Attachment: Contextualizing Relationships and Development*. This book has been published by Strüngmann Forum, Cambridge: the MIT Press and presents "multidisciplinary perspectives on the cultural and evolutionary foundations of children's attachment relationships and on the consequences for education, counseling, and policy". (<https://mitpress.mit.edu/books/cultural-nature-attachment>)

The response to the Presidential address is followed by the WAIMH Executive Director Address by Kaija Puura. Kaija provides an update of her WAIMH activities over the past few months.

Next is the [Call for papers for the September Perspectives Special issue on ACES](#). *Perspectives in Infant Mental Health* will publish a special issue devoted to the topic of Adverse Childhood Experiences (ACES) and their impact on Infant Mental Health. We plan to publish this special in October 2019 as part of our Summer issue.



Editor of Perspectives, PhD Maree Foley.

We welcome contributions that explore different elements of the relationship between Infant and early childhood Infant Mental Health and ACES.

What follows is news from the The Michigan Association for Infant Mental Health (MI-AIMH) by Nichole Paradis [announcing a change in Editor in Chief of the Infant Mental Health Journal \(IMHJ\)](#). The outgoing Editor in Chief, Dr Paul Spicer is acknowledged and thanked for his service and high quality of direction that he has provided the IMHJ as editor. Holly Brophy-Herb, PhD, who has been the IMHJ Associate Editor for the past 10 years, is introduced as the new Editor in Chief. As editors of *Perspectives* we thank Dr Spicer for his service and work with the IMHJ and welcome Dr Brophy-Herb.

Next is a new paper for *Perspectives*: *Exploring Professionals' Perceptions of the IMH-E® Credential* by Cynthia A. Frosch, Yolanda T. Mitchell, Jennifer Camacho Taylor, and Sadie Funk. This paper contributes to the evidence base regarding Endorsement as a tool for workforce professional development. Trainees perceptions of The Infant Mental Health Endorsement (IMH-E®) credentials are presented and discussed. The research participants included early childhood intervention professionals. The authors identify four interrelated themes: "service to families, development of self, development of team/staff, advancing the field/validating the work. These findings hold promise for increasing awareness of the diverse set of perceived



benefits associated with the endorsement credential. Implications for policy and practice are discussed". (Frosch, Mitchell, Taylor, & Funk, 2019)

Following this paper on training, Deborah Weatherston, PhD introduces our readers to two new books. The first is a review of a new resource from the Michigan Association for Infant Mental Health: *Reflections from the Field: Celebrating 40 Years, Volume 1* (2017). Editor: Joan J. Shirilla, LMSW, MA, IMH-E®. The second announcement pertains to: *Reflections from the Field: Celebrating 40 Years: Study Companion*. MI-AIMH Editors: Joan J. Shirilla, Danielle Davey & Kristyn Driver. Michigan Association for Infant Mental Health: Southgate, MI (2018). This book has been written as a study companion to *Reflections from the Field: Celebrating 40 Years (Volume 1)*, Both of these books can be ordered and purchased from the following link: [MI-AIMH.org](http://MI-AIMH.org)

Continuing with our aim to re-introduce previously published *Signal* papers, the next paper is from our *Signal* archive: [Why study children's narratives, by Daniel Stern \(1993\)](#) originally published in *The Signal*, Vol. 1, No. 3. In this paper Stern identifies eight reasons for studying children's narratives. He concludes as follows:

... Is a narrative perspective, if one can call it that, a new way of looking at

things that is sufficiently general that it embraces aspects of cognitive, social, affective, etc., psychology, such that much of our understanding must be recast in this light? Or will the study or narratives eventually end up defining a reasonably well bounded domain of specialized study? The answer is not yet in. So, we find ourselves in the constructive uncertainty of not knowing the importance of this new domain of study to the field in general. Discovering that in itself will push things forward on many fronts. (Stern, 1993)

Stern posed these questions in 1993. Now, 26 years later we are in a place to reflect and respond. *The Perspectives* team are keen to hear for readers about their current work using narratives in young children. Contributions can be sent to Maree Foley, Editor of WAIMH Perspectives ([maree.foley@xtra.co.nz](mailto:maree.foley@xtra.co.nz)).

Next, we are delighted to congratulate Dr. Daniel Schechter who received the Sandor Ferenczi Award from the International Society for the Study of Trauma and Dissociation (ISSTD) at their World Congress on Complex Trauma in New York, earlier in the year. The paper is: And then there was intersubjectivity: Addressing child self and mutual dysregulation during traumatic play (In memory of Louis Sander). *Journal of Psychoanalytic Inquiry*, 39:1, 52-65. Information about this paper, and a link to the paper are

provided. This paper is part of a series of papers on trauma and intersubjectivity by Dr. Schechter. The first paper in this series (also received an award: the Hayman Paper Prize) is as follows: Daniel S. Schechter (2017) On Traumatically Skewed Intersubjectivity, *Psychoanalytic Inquiry*, 37:4, 251-264. A link to this paper is also provided. We would like to thank Dr Schechter for these links assisting in making these papers easily accessible to our readers.

We conclude this issue with news from the WAIMH Office including the [WAIMH Congress 2020](#) in Brisbane, Australia.

As the WAIMH Perspectives editorial team, we thank each person for their interesting and thoughtful contributions. We welcome submissions from the field that challenge the way we think about infants, families, culture, and community, and offer fresh perspectives on policy, research, and practice. As always, we invite comments in response to what is published in WAIMH *Perspectives in Infant Mental Health*.

Maree Foley, Editor  
Deborah J. Weatherston, Associate Editor  
Hiram Fitzgerald, Associate Editor

## Special Issue: Call for Papers on Adverse Childhood Experiences (ACES)

By

Maree Foley, Switzerland

The WAIMH publication, *Perspectives in Infant Mental Health* will publish a special issue devoted to the topic of Adverse Childhood Experiences (ACES) and their impact on Infant Mental Health. We plan to publish this special in September 2019 as part of our Summer issue.

We welcome contributions that explore different elements of the relationship between infant and early childhood Infant Mental Health and ACES. Contributions can include:

- Original papers;
- Profiling a previously published paper;
- Paper reviews;
- Book reviews; and
- Clinical papers about grass roots practice issues.

### Submission format

Paper format: We use APA (sixth ed), 12-point font, double spaced, word format, length should not exceed 20 pages, however, this is negotiable between the editors and the authors.

As an online publication, a photo is always welcome to accompany an article. Please provide photos and tables in separate files with at least 72 pixels. All photos need to include a stated permission for World Association for Infant Mental Health to use the photo.

The extended deadline for submissions is: 31st August 2019

Please submit your papers to Maree Foley (Editor of Perspectives) by email to: [maree.foley@xtra.co.nz](mailto:maree.foley@xtra.co.nz)

# IMHJ New Editor Announcement

By Nichole Paradis, USA,

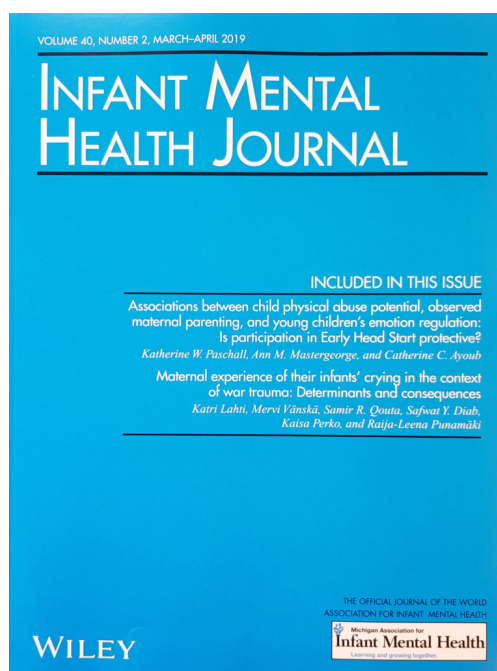
LMSW, IMH-E®

May 20, 2019

The Michigan Association for Infant Mental Health (MI-AIMH), the Alliance for the Advancement of Infant Mental Health, and the World Association for Infant Mental Health (WAIMH) wish to offer our sincere thanks to Paul Spicer, PhD for his years of service as the Editor in Chief of the *Infant Mental Health Journal*. Dr. Spicer is a Professor of Anthropology at the University of Oklahoma and a Director of the Center for Applied Social Research. He is the current President of the Board of Directors of ZERO TO THREE and he is endorsed as an Infant Mental Health Mentor – Research/Faculty by the Oklahoma Association for Infant Mental Health.

Under Dr. Spicer's direction, the quantity and quality of submissions has been remarkable and reflect his commitment to reaching out across the multitude of disciplines that influence the field. His adherence to high scientific standards has given *IMHJ* broader visibility and increased impact factor. Readers in the last few years may have also noted an increase in clinical articles and to efforts to link current research to infant mental health practice. These efforts have been greatly appreciated by *IMHJ* subscribers. The excellent reputation of the *IMHJ* significantly contributes to the recognition and legitimacy of the field of infant mental health. We are all indebted to Dr. Spicer for his commitment and leadership.

And beginning in July, it is our pleasure to welcome Holly Brophy-Herb, PhD as the new Editor in Chief. Dr. Brophy-Herb is a Professor in the Department of Human Development and Family Studies at Michigan State University. Dr.



Brophy-Herb studies emotion socialization practices and toddlers' social-emotional development in the context of parent/caregiver-child relationships. She serves as USA Incorporation Status Advisor on the WAIMH Board of Directors and as an At Large Director on the MI-AIMH Board. She is endorsed as an Infant Mental Health Mentor – Research/Faculty by MI-AIMH. She has been an Associate Editor for the *IMHJ* for the last 10 years. Dr. Brophy-Herb has an exciting vision for the *IMHJ* that will build on Dr. Spicer's work. She aims to address the rapidly changing world of scholarly publication and raise visibility of the *IMHJ*, all while maintaining high scientific standards that will continue to promote the interdisciplinary study of infant mental health principles and practices. Welcome, Dr. Brophy-Herb!



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# Exploring Professionals' Perceptions of the IMH-E® Credential

By Cynthia A. Frosch, Yolanda T. Mitchell,

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USA



## Abstract

Service to young children and families has been identified as both a highly rewarding and intensely stressful process. The Infant Mental Health Endorsement (IMH-E®) system was created to acknowledge and support professional development among individuals incorporating best practices related to infant mental health into their work with young children and families. In an effort to contribute to the evidence base regarding Endorsement® as a tool for workforce development, this discussion focuses on perceptions of the IMH-E® credential among early childhood intervention professionals who were offered scholarships to pursue Endorsement® as part of a larger study of reflective supervision/consultation. For the present analysis, participants (N = 31) responded to a semi-structured interview questionnaire where they reported on their perceptions of the Infant Mental Health Endorsement credential (IMH-E®). Inductive analysis techniques were used to identify themes that arose from the data. Relationships between themes were discovered through axial coding. Four key themes related to Endorsement® were identified: service to families, development of self, development of team/staff, advancing the field/validating the work. These findings hold promise for increasing awareness of the diverse set of perceived benefits associated with the IMH-E® credential. Implications for policy and practice are discussed.

**Key words:** endorsement, professional development, strengths-based approach, credential, early childhood intervention, IMH-E®

Providing services to young children and families has been identified as both a highly rewarding and intensely stressful process. Issues related to turnover, burnout, compassion fatigue, hopelessness, well-being and efficacy (e.g., Faulkner, Gerstenblatt, Lee, Vallejo, & Travis, 2016; Salloum, Kondrat, Johnco, & Olson, 2015; Salomonsson, 2019; Shea, Goldberg, & Weatherston, 2016) as well as loss in relational capacity (O'Rourke, 2011), have brought reflective supervision/consultation to the forefront as an evidence-based practice for supporting emotional well-being and effective service delivery among professionals who care for very young children and their families (e.g., O'Rourke, 2011; Weatherston, Weigand, & Weigand, 2010). Beyond the provision of reflective supervision/consultation however, is a critical need to "upskill" (Priddis, Matacz, & Weatherston, 2015) and support workforce development (Funk et al. 2017) and "elevate" the field (Fyall Cardenas & Tanco, 2016) of infant mental health.

The Infant Mental Health Endorsement (IMH-E®) system was created to acknowledge and support professional development among individuals incorporating "Culturally Sensitive, Relationship-Focused Practice Promoting Infant and Early Childhood Mental Health" (Alliance for the Advancement of Infant Mental Health, n.d.-a) into their work with young children and families. The IMH-E® system supports workforce development and excellence in the field of infant mental health (e.g., Funk et al., 2017; Fyall Cardenas & Tanco, 2016; Weatherston, Kaplan-Estrin, & Goldberg, 2009) through a four pathway-approach that reflects advanced education, work experience, in-service training, and knowledge of infant mental health (Alliance for the Advancement of Infant Mental Health, n.d.-b). Depending on individual competencies, professionals may apply for endorsement as Infant Family Associates, Infant Family Specialists, Infant Mental

Health Specialists, or Infant Mental Health Mentors. According to the Alliance for the Advancement of Infant Mental Health (n.d.-a), over 2000 professionals have earned the IMH-E® credential.

## Why Explore Perceptions of Endorsement®?

When our research-practice team began our evaluation of self-efficacy, stress, and coping among early childhood intervention professionals receiving regular reflective supervision (see Frosch, Mitchell, Hardgraves, & Funk, 2019; Frosch, Varwani, Mitchell, Caraccioli, & Willoughby, 2018), we did not set out to report on participants' perceptions of the Endorsement® system. However, in exchange for participation in the short-term, longitudinal project, professionals were offered scholarships to pursue Endorsement® (approximately 90% of participants chose to do so). To us, this suggested that participants viewed Endorsement® as a process worthy of their attention. Moreover, in reviewing participants' responses to the study's semi-structured interview questionnaire, we became interested in the range of benefits that early childhood intervention professionals associated with the pursuit of Endorsement®. Hence, our team decided to pursue a deeper exploration of perceptions of the Endorsement® credential.

The purpose of this *Perspectives in Infant Mental Health* discussion is to describe our qualitative findings regarding early childhood intervention professionals' perceptions of the IMH-E® system. We share these findings here in an effort to expand our understanding of the perceived benefits and possible motivating factors surrounding professionals' pursuit of Endorsement®, and to inform future efforts aimed at increasing awareness and use of Endorsement® as a professional credentialing system.

## Our Approach

Participants were primarily early childhood intervention professionals serving children aged birth to three through Part C of the Individuals with Disabilities Education Act (IDEA). In addition, a small number of infant mortality prevention specialists were included in the sample. Of the 40 early childhood intervention professionals recruited for the original project, 31 responded to a semi-structured interview questionnaire where they reported on their professional experiences related to efficacy, stress, and coping. As part of this measure, perceptions of the Endorsed Infant Mental Health credential (IMH-E®) were assessed via one question that invited participants to "Describe briefly why you chose to pursue Endorsement." Participants' responses were coded independently by three coders. Two of the author/coders are faculty members at a large public university. The first author/coder is also an endorsed Infant Mental Health Mentor (IMH-E®). The second author/coder has expertise in qualitative methodology and trained as a marriage and family therapist. She is also a qualified administrator of the Intercultural Development Inventory (IDI®). The third coder is a doctoral student. The coding team met regularly to discuss all codes until 100% agreement was achieved.

As the goal of qualitative methodology is to generate hypotheses rather than test them (Auerbach & Silverstein, 2003), we sought to identify overall themes in participant's perceptions of the IMH-E® credential. Accordingly, inductive analysis techniques (Patton, 1990; 2002; Southern & Devlin, 2010) were used to identify themes that arose from the data and relationships between themes were discovered through axial coding (Corbin & Strauss, 2008). Four key themes related to Endorsement® were identified: (1) service to families, (2) development of self, (3) development of team/staff, and (4) advancing the field/validating the work.

## Our Findings: Qualitative Themes Associated with Seeking Endorsement® as an Infant Mental Health Professional

Endorsement® for infant mental health has been described as "an internationally recognized credential that supports and recognizes the development and proficiency of professionals who work with or on behalf of infants, toddlers, and their families" (First3Years, n.d.). Accordingly, we

sought to understand why the credential was valuable to individual professionals. While there were some participants (N=7) who were not initially aware of Endorsement® as a credential or only participated in the process because of program requirement, four subcategories were identified as themes related to the value of Endorsement®: service to families, development of self, development of team/staff, and advancing the field/validating the work.

### Service to Families

The service to families category describes how practitioners identify the IMH-E® credential as a means to support their ability to provide effective service to children and their families. Skills-based service and emotion or connection-based services emerged as sub-categories. Skills-based services included gaining knowledge to assist with the functions of the job or providing tools directly to families to support their development and success. For example, many participants noted they wanted to use the Endorsement® to "better serve families that I work with," "to serve families more thoroughly," "to learn better stress management for myself and to be able to utilize the strategies with families," and "to provide families challenged with emotional and physical difficulties the necessary tools to attain success." Emotion/connection-based service to families centered on the practitioner's desire to use Endorsement® as a means to elevate family and community members. One practitioner noted that her goal was "to better help families and the communities working with infants and toddlers" while another noted she is "passionate about the job I do and the families we serve."

### Development of Self

Development of self is the second category that emerged related to seeking Endorsement® for infant mental health. Here, practitioners discussed how becoming endorsed would promote their own development as a practitioner serving families through various forms of knowledge, skills, and professional development. Subcategories include job-related skills and education as well as personal well-being and rewards. Job related skills/education was evidenced by practitioners who "would like to be better prepared to manage care to families. To improve ability to notice, identify needs" and "want to gain skills to be a better supervisor." Other practitioners noted a desire "to be better educated in my field of MCH," "to better learn how to help families with emotional

support and managing behavior," and to "advance my expertise. Learn and recognize strengths, & weaknesses of self and families." Practitioners also noted the importance of reflective supervision in their work and how Endorsement® would benefit their engagement with reflective supervision. One participant stated seeking Endorsement® would "improve my reflective supervision skills to increase my staff's capacity/self-awareness," while another felt Endorsement® would help her "learn how to be more self reflective in situations and not feel like I have to have the answer to everything."

The personal well-being category reflected practitioners' desire to use Endorsement® for rewarding self-fulfillment. "I have often been told that maybe I 'missed my calling' by not becoming an IMH professional. It's something I've tried to do all along & aspire to be more of" said one practitioner, while another looked forward to using Endorsement® to "learn better stress management for myself and to be able to utilize the strategies with families."

### Development of Team/Staff

In addition to wanting to develop their own skills, participants expressed a desire to utilize Endorsement® to encourage further development in their team and staff members through the subcategories of job-related skills and elevating/supporting others. Job-related skills included the desire "to manage staff better," "increase my staffs [sic] capacity/self-awareness," and "allow me to better serve... my team." The sub-category of elevating/supporting others was reflected by statements such as "I want to be able to support my staff and raise their confidence level by helping them problem solve... I want them to enjoy what they do and build their sense of self-worth. In addition, "as I have learned about being an endorsed IMH, I see the benefit of it both in working with families and also in being a supervisor to help my staff be able to problem solve and understand their feelings toward other staff and families." "Providing feedback," "maintain staff and not lose them," and "better serve my staff" are quotes that further reflect the theme of elevating/supporting staff.

### Advancing the Field/Validating the Work

An additional category of seeking Endorsement® centered on the idea of advancing the field of family services and elevating the work of practitioners to be accepted. Participants wanted to "be recognized," "to be an advocate in my field," and "to validate the criticalness of the infant-family professional role and

identifies the work of the EC professional as imperative.”

## Summary and Future Directions

Consistent with the Alliance for the Advancement of Infant Mental Health's goal in establishing the IMH-E® system, the early childhood intervention professionals we surveyed perceived the Endorsement® process as a way to enhance the service they provide to families, to support their own professional development of self, to promote the development of team/staff members, and advance the field and validate the work they do as infant-family professionals.

Thus, these findings add to the growing evidence base which recognizes Endorsement® as a system for supporting workforce development, including professional competency and provision of high-quality services to young children and families (e.g., Carlson et al., 2012; Priddis et al., 2015).

In light of these findings, and the extant literature on workforce development, we posit that professionals do perceive value in the Endorsement® system and that, through raising awareness of Endorsement® in the field, children and families may be the beneficiaries of “Culturally Sensitive, Relationship-Focused Practice Promoting Infant & Early Childhood Mental Health” (Alliance for the Advancement of Infant Mental Health, n.d.-a). Because several categories or pathways toward Endorsement® require engagement in reflective supervision, the combination of credentialing and participation in reflective supervision may build individuals' relational capacity (release of defensive patterns, building of supportive relationships, e.g., Salomonsson, 2019) as well as promote professional development via increased self-efficacy and practice implementation.

Yet clearly, more work needs to be done. In the United States, the infant and early childhood field is rife with low wages and a lack of perceived value for services rendered and the professionals themselves. At the individual level, this combination of factors may affect one's motivation and ability to pursue IMH Endorsement®. At a systemic level, this combination of factors may affect the lack of progress of the IMH field overall and the resources necessary to support the field overall. Identifying incentives and barriers to overcome these obstacles is critical to building a comprehensive, cross-sector workforce with specialized skills meant to support the well-being of very young children and their families. In our work, early childhood

intervention professionals were offered scholarships to pursue Endorsement® in exchange for project participation. This incentive may have removed or reduced financial barriers that might have otherwise limited professionals' pursuit of Endorsement®, particularly for categories that require higher application fees and require more extensive education, work, and training experience.

Some states are addressing the issue of access by building Endorsement® into state education plans (i.e., Washington) or having Endorsement® approved as an alternative certification (i.e., Michigan). For example, in 2018, Washington leveraged a portion of the Sweetened Beverage Tax to support birth to three initiatives; funds to support the Endorsement® process also were set aside for child care workers (Seattle Department of Education & Early Learning, 2018). Alternatively, Michigan and New Mexico have been successful in facilitating Endorsement® as a requirement to receive Medicaid payment for certain services provided to very young children and their families (Safyer, Cucharo, & Foley, 2014). Using state and federal funding streams linked to professional requirements such as Endorsement® seems to be a promising strategy for building IMH capacity. However, to date, few states have been successful in adopting this strategy.

One reason is the need for a continued systematic evaluation of the Endorsement® program's impact on professionals' career and quality of services delivered to families. Moreover, if we are to truly “elevate the field” (Fyall Cardenas & Tanco, 2016) and promote Endorsement® as a tool for workforce development (Funk et al., 2017), it is vital that we consider how to address the gender, racial, ethnic, and socio-economic barriers that may impact wages, employment stability, and professional opportunities within organizations and communities. For example, early childhood education professionals may be earning less than a living wage and may struggle to meet the needs of their own families while facing high demands to serve other children and families (Whitebook, Phillips, & Howes, 2014). Moreover, the child care workforce in public programs is particularly diverse, with higher rates of Latino, Black and multiracial employees (Whitebook et al., 2014). While the state strategies listed above present a promising starting point, they do not attempt to promote the field through increased credentialing with an intentional focus on addressing the systemic, intersectional issues related to socioeconomic status and racial and ethnic inequalities. An intentional and inclusive long-term strategy to address

these differences in privilege and opportunity must be developed.

Looking forward, it is necessary to further investigate professionals' perceptions of, engagement with, and outcomes of, pursuing Endorsement® as critical to raising awareness of the Endorsement® system and increasing adoption of both the competencies and the system by organizations and communities around the globe and across various racial/ethnic groups. Because our project was a short-term longitudinal effort, we do not have information on how becoming endorsed may continue to impact professionals' development over time, perhaps as they move through the four categories or pathways of Endorsement®.

Echoing O'Rourke (2011), who noted that “[o]ur deeper knowledge of early relationship and its importance over a life's trajectory needs to be translated beyond parent-infant or family functioning into broader systems of team, management, and organizational development.” (p. 172), we posit that Endorsement® – with its focus on the field of early childhood mental health – may support systems-level change. Beyond provision of reflective supervision/consultation, engagement with the IMH-E® credentialing system may be viewed as one avenue for developing individuals, teams, managers, and organizations. Our participants' perceptions of the Endorsement® process are in alignment with this recommendation.

In conclusion, promoting early childhood mental health across a range of systems and environments (Ryan, O'Farrelly, & Ramchandani, 2017) may help to promote positive outcomes for children and families. Endorsement®, as a four-pathway process that is available to such diverse professionals as clinicians, child care educators, intervention professionals, and university faculty, holds promise for promoting individual, relational, and organizational development. As a result, the field of early childhood mental health can be lifted up and recognized for the critical role professionals play in supporting children, families, and communities.

## Authors' Note

We report no conflicts of interest. This research was approved by an Institutional Review Board IAA between the University of North Texas and The University of Texas at Dallas. We are grateful to the professionals who participated in this work. Thanks also to Isabel Tanco.



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# Book review: A New Resource from the Michigan Association for Infant Mental Health

By Deborah Weatherston, PhD, Michigan, USA

## Reflections from the Field: Celebrating 40 Years, Volume 1 (2017) Editor: Joan J. Shirilla, LMSW, MA, IMH-E®

201 pages, including beautiful, color illustrations of infants, toddlers, and families. Available to order from: MI-AIMH. org at this link: <https://mi-aimh.org/store/>

Joan Shirilla is a distinguished leader of the Infant Mental Health community in Michigan, where she has been the editor of *The Infant Crier* for over 10 years. She has had extensive experience as an IMH home visiting therapist, supervisor, and reflective consultant to infant and early childhood programs across disciplines and in multiple service settings. She received the prestigious Selma Fraiberg Award for her years of service with and on behalf of vulnerable infants and their families.

This publication is a celebration of the field of infant mental health. The contributors include Michigan practitioners, policy makers, and research faculty whose work and writing have had a powerful impact on the development of infant mental health professionals in Michigan and the growth of the infant mental health community at large. The book is intended for those interested in exploring infant mental health principles and practice. Written by those in the field, each article is deeply rooted in experiences with or on behalf of vulnerable infants and their families.

Part I focuses on relationship centered service and basic principles in observation, listening, and the power of holding others in mind. This approach is eloquently described by Barry Wright, "Evolution of a Model," as well as specific work with all too familiar but challenging situations, e.g. work with substance abusing mothers and their babies, explored by William Schafer.

Part II introduces the reader to attachment, through Kate Rosenblum's chapters, "Ambivalent-Resistant Attachment: Dancing with Strong Emotions" and "Together, yet Alone: Avoidant Attachment and the Minimization of feeling." Case material brings the work of attachment into sharp focus as in "Disorganized Attachment: The Search for the Light Between the Cracks of Pain and Hope," by

Danielle Davey. Doug Davies and Michael Trout offer opportunities to consider the impact of trauma on very young children as well as the benevolent influences on the lives of babies. Julie Ribaudo challenges us to think in new ways in her reflections, "Beyond Mothers: Beyond Singular Relationships."

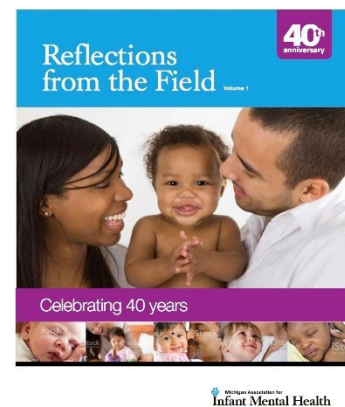
Part III zeros in on relationship-based work and includes sensitive writings by Jan Ulrich, "Connecting through Love to Overcome Fear;" Patricia Jedrzejek, "Trauma and Immigration: A Clinical Example"; and Lisa Garcia, "Planting Seeds in the Garden of Infant Mental Health." Authors bring the theoretical underpinnings of of infant mental health practice alive.

Part IV offers in-depth discussions of Reflective Supervision by those well-known for the art, including, Sheryl Goldberg, "Reflective Supervision/ Consultation: What is it and Why Does it Matter?"; Barry Wright; "Reflecting on Training; The Centrality of Relationships"; and Bonnie Daligga, "Joy in the Supervision Experience." The titles reflect each author's wisdom and passion for the field.

Part V centers on our capacity for reflection, creativity and contemplation. Selections include: "My Grandfather's Chair," by Michael Trout; "Remembering and Never forgetting Erna Furman," by Kathleen Baltman; "Cubs are for Holding," by Greg Proulx; and "Waiting," by Deborah Weatherston.

Part VI presents the practice of saying good-bye in "Pieces of the Bye: The Importance of Preparing to Say Goodbye to Children and their Families," by Janice Fialka.

In sum, if you are looking for a book that captures the art and heart of Infant Mental Health principles and practice, this is it. The language is clear and elegant, appropriate for an individual who wants to learn a little bit more, as well as for a university or non-degree training program for infant and early childhood mental health practitioners.



# Book review: Reflections from the Field: Celebrating 40 Years: Study Companion

By Deborah Weatherston, PhD, Michigan, USA

## Reflections from the Field: Celebrating 40 Years: Study Companion

MI-AIMH Editors: Joan J. Shirilla, Danielle Davey & Kristyn Driver. Michigan Association for Infant Mental Health: Southgate, MI (2018).

Designed to be a study companion to *Reflections from the Field: Celebrating 40 Years (Volume 1)*, this 30-page guide includes questions written to invite intentional reflection and thoughtful conversation for each chapter in *Reflections* Volume 1. The MI-AIMH editors

hope that those who are new to the field or work with infants, toddlers & families, as well as those who are experienced leaders, teachers, and mentors, will be inspired by the readings and the questions to think deeply about the principles and practices of infant mental health as they continue to grow and explore the meaning of the work, professionally and personally. Beautifully composed, this is a terrific new learning resource for the infant and family field.

The companion is available through the Michigan Association for Infant Mental Health, [www.mi-aimh.org](http://www.mi-aimh.org)

## WAIMH Office News: Digitalization steps

By Minna Sorsa, Tampere, Finland

As digitalization goes forward, we all need to learn something new. It may become sometimes pressing and overwhelming to handle new techniques. However, in the end it should help us work more easily. As such, digitalization was a step we took in WAIMH in 2016, when the WAIMH Board decided to change the past membership software called i4a into Yourmembership.

In 2017, we opened the digitalized [Perspectives in Infant Mental Health archive](#), to make past issues available.

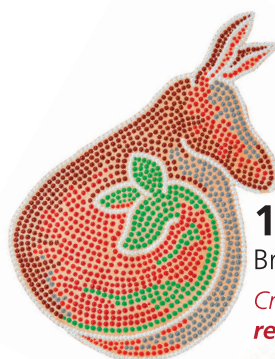
In 2018, we opened up a [new website](#) and moved all the membership information into the new database. We also conducted a Brand redesign, which you will soon notice and see.

Through the many steps we finally opened up the new website in December 2018, yet the PayPal and credit card payment channels did not function in the way we anticipated. From the end of February 2019, to mid-May 2019, it was only possible to make the payment with bank transfers. We apologise for the inconvenience!

We are extremely happy to tell you that we have now conquered the problems,

and the credit card payments run fluently and safely via WAIMH's old PayFlow Pro gateway.

We are here for you, you are important to us. Give us your feedback any time at [membership@waimh.org](mailto:membership@waimh.org) or [office@waimh.org](mailto:office@waimh.org).



## WAIMH2020

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# Signal – Perspectives Articles Revisited

The open source WAIMH online resource of papers published from *the Signal* and more latterly from *Perspectives* ([www.waimg.org](http://www.waimg.org)) continues to grow. Over the next year we will periodically post a previously published *Signal* paper and will engage with you about the ongoing relevance of these papers for your current work and reflections.

In this post we feature the following article: Daniel Stern (1993). Why study children's narratives. *The Signal*, Vol. 1, No. 3. In this paper Stern identifies eight reasons for studying children's narratives. He concludes as follows: ... Is a narrative perspective, if one can call it that, a new way of looking at things that is sufficiently general that it embraces aspects of cognitive, social, affective, etc., psychology, such that much of our understanding must be recast in this light? Or will the study or narratives eventually end up defining a reasonably well bounded domain of specialized study? The answer is not yet in. So, we find ourselves in the constructive uncertainty of not knowing the importance of this new domain of study to the field in general. Discovering that in itself will push things forward on many fronts (Stern, 1993).

Stern posed these questions in 1993. Now, 26 years later we are in a place to reflect and respond. The Perspectives team are very keen to hear from you about your work with narratives in young children. Sharing your expertise with the WAIMH community can take many forms: it may be an article alert; a brief summary of a piece of research you are working on; a classical article or concept that anchors your current practice and research; and/ or for example, a therapeutic case study. We will keep the call for contributions open until the end of June. All contributions will be acknowledged, collated, and shared in a later post. Contributions can be sent to Maree Foley, Editor of WAIMH *Perspectives* ([maree.foley@xtra.co.nz](mailto:maree.foley@xtra.co.nz)).

# Signal-Perspectives articles revisited: Stern, D. (1993). Why study children's narratives, *Signal*, Vol. 1, No. 3.

Daniel Stern (August 16, 1934 – November 12, 2012). For readers who are not familiar with the work of Daniel Stern, as way to begin to explore his work further, you may be interested to read the following tribute from:

J. Kevin Nugent (2013). [A Tribute to Daniel Stern – Mentor, Colleague and Friend, Perspectives in Infant Mental Health Vol. 21 No. 1 | Winter 2013.](#)

*By Daniel Stern (August 16, 1934 - November 12, 2012). At the time that he wrote this paper in 1993, he was the Professor of Psychology at the University of Geneva, Switzerland.*

The study of children's narratives has increased greatly in the past few years and continues to do so. Why has it become so interesting to us now? I will leave aside the important fact that appropriate methods for the study of these narratives are relatively recent, since this is both cause and effect (see especially Peterson & McCabe, 1983 and Nelson & Colleagues, 1986, 1989, for their application of narrative methods to children). I can think of at least eight reasons for this surge in interest.

A first and general reason concerns the question of what is the level of description we use for the behaviors that are of interest to us. If one is interested in visual perception; for instance, the "image" as composed of visual "primitives" is the appropriate level of description. If one is interested in language, depending at what levels, there are phonemes, words, propositions, speech acts, etc. If, however, one is interested in a level related to sharing news or gossip about one another, telling or comprehending stories, parsing interpersonal experiences, making sense out of motivated human behavior, reconstructing a life history, recalling autobiographical memories, etc., what then is the appropriate "fundamental" level of description, if there is one?

The level of description required to render these experiences meaningful appears to be very complex, multimodal, heterogenous, highly susceptible to cultural influence and far from "fundamental." But that may not be the



case. And that is one place where the study of narrative plays a crucial role. It provides one way of describing this level of reality in terms of basic goal-oriented units. One such example would be agents who execute acts with some instrumentality because they have desires, beliefs, motives to achieve some goal in a particular context (e.g., Burke, 1945; Bruner, 1990). This kind of unit can also be put into journalistic parlance, thus, who, where, when, why, what, and how? Or it can be varied to accommodate Freud's basic motivational unit, an agent pushed by desire to engage in a "specific activity" with an "object" in order to achieve some "aim" with the discharge of psychic energy. One can also rearrange this unit to accommodate the corresponding unit in ethology, theories of motor action, affect theory, etc. (see Stern, 1993).

Equally, there has arisen a domain of related study that provides units of description for representing this level of reality: "scripts" (Shank & Abelson, 1977), "event-representations" (Nelson & Gruendel, 1981) and "event schemas" (Mandler, 1979, 1983). We seem to be moving towards a more solid base for describing a level of reality involving human events that are causally connected by virtue of being motivated and goal-oriented. Narratives are largely composed of such units. They offer a data source and testing ground for the evolution of our understanding of this "fundamental" descriptive level of reality and its development.

A second reason concerns the recent interest in the self and its development. When children begin to tell autobiographical narratives after about 3 years of age, it is thought that narrative-

making is a kind of mental work space laboratory for constructing a “trying-on” of different versions of self-description. The narrative version that “wins out,” so to speak, becomes the “official” public version of the self. The historical, autobiographical, narrative self thus gets constructed (Brunner, 1990; Nelson, 1989; Wolf, 1989). This narrative self is best seen as a reorganization of many other self-concepts and self-experiences, e.g., the core self, and intersubjective self (Stern, 1985), the self-conscious or self-reflective self (Lewis, 1987), the ecological self, and the social self (Neisser, 1993), etc.

The narrative self is yet another aspect and another developmental level of the self, and is the key for any psychology of the self. Understanding the narrative self is also crucial to several clinical issues, which brings me to the third reason.

The study of children’s narratives gives several on clinical issues of interest. The “self” is not only interesting for normal developmental psychology, but also for psychopathology. The idea of a constructed self, or even more extreme, multiple selves or a distributed self offers ways of thinking about various clinical problems that have long been known. The notion of a “false self” is readily conceived with a perspective that permits the “constructed self,” i.e., the narrative self to wander far from “historical lived experiences.” Similarly, dissociative states are easily imagined as a developmental consequence of multiple constructions, parallel narratives, etc. Along these lines, the work on the parents’ contribution to the nature of the child’s narrated self (e.g., Wolf, 1989) is a very promising approach (i.e., can a parent in coconstructing a narrative with the child pull the child’s narrative (his official past history) away from (or back towards) what the child “really” experienced or would have ended up constructing if left alone, or what could have resulted from a co-construction with someone else?). This area of co-construction is important in that most children’s autobiographical accounts of what happened are, in fact, co-constructions with their family.

Emde and his colleagues (1988, 1992) have used the formation of children’s narratives in an inventive way to view moral and superego development, normal and pathological. They elaborate for the child a “story stem” with the use of dolls and props, e.g. a moral dilemma where the child is placed between a prohibition and a desire. They then ask the child to finish the story using both symbolic play and narration. This kind of technique is similar to how the TAT is

used with children. However, the narrative perspective on the child’s response is not the same as a perspective of “projection” of an inner reality. The narrative approach complements other approaches. The same situation now prevails with the use of the Separation Anxiety Test photographs (SAT) scale (Greenberg, 1985) to evaluate attachment patterns in children beyond the age appropriate for the Ainsworth Strange Situation. A narrative approach may prove to be very helpful in these inquiries.

The fourth reason concerns our basic models for viewing continuity and the understanding of the present in terms of the past. We have seen in history and psychoanalysis a relative shift from “historical truth” to “narrative truth,” where narrative truth is measured in terms of the coherence, comprehensibility, continuity, completeness, plausibility, and efficacy of a constructed narrative about what may have happened and not what “really” happened, which is usually unknowable.

It is interesting, in this light, that the Adult Attachment Interview (Main, Kaplan, & Cassidy, 1985) has had the surprising finding that the Style of the mother’s narrative (coherence, etc.) about her own mother is often a better predictor of the pattern of attachment that she actually had as a child. It is in this sense that the narrative approach poses a constructive challenge to our systems of explanation that apply to continuity in normal and abnormal development.

A fifth reason concerns the study of the acquisition of language. The narrative is another way to look at the transformation of non-verbal understanding into verbal form. Nelson & Colleagues (1989) in a study of the bedtime monologues of a 2 year old child demonstrates the utility of this approach.

A sixth and seventh reason concerns the use of studies of narration as alternative or complementary ways to approach the examination of episodic memory and social cognition. For example, in our laboratory, we are exposing children to a fairly unusual scenario in which they participate, and which is designed to evoke different affects: joy, sadness, fear, surprise. We then ask the children to narrate “what happened” right after the event, two weeks later, and one year later. In this way, we have control over and know “what happened” during the reference event that serves as the basis for the later narrations. Since we have a televised record of the children’s affective responses during the reference event, we can evaluate the influence of different affective responses and how they are coped with in translating

experience – through memory – into narration. We can also evaluate the effect of different social contexts of telling on the ultimate form of the narration.

An eighth reason for studying children’s narratives concerns the obvious need to study subjective experiences more deeply. Without a better phenomenology of subjective experiences, the cognitive and neurosciences will eventually be severely limited. Autobiographical narratives are among the few privileged windows into this domain of reality.

Finally, if there are eight or more good reasons for something, that is too many, and we should get suspicious. Is a narrative perspective, if one can call it that, a new way of looking at things that is sufficiently general that it embraces aspects of cognitive, social, affective, etc., psychology, such that much of our understanding must be recast in this light? Or will the study or narratives eventually end up defining a reasonably well bounded domain of specialized study? The answer is not yet in. So we find ourselves in the constructive uncertainty of not knowing the importance of this new domain of study to the field in general. Discovering that in itself will push things forward on many fronts.

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## WAIMH Member News: Dr Daniel Schechter is awarded the Sandor Ferenczi Award



By Maree Foley, Editor of Perspectives, Switzerland)

Congratulations to Dr Daniel Schechter who received the Sandor Ferenczi Award from the International Society for the Study of Trauma and Dissociation (ISSTD) at their World Congress on Complex Trauma in New York, earlier in the year.

The award is designated for the best published psychoanalytically-oriented clinical or research paper on trauma and/or dissociation in adults or children. Dr Schechter is the second recipient of this award named after the early 20th century pioneer in the study of trauma and dissociation, the Hungarian psychoanalyst Sandor Ferenczi.

Daniel S. Schechter, M.D., is the Barakett Associate Professor of Child & Adolescent Psychiatry NYU Langone Health. As of July 2019, he will be back in Switzerland to direct the Perinatal and Early Childhood Ambulatory Consultation at the CHUV in Lausanne and to continue his perinatal and early childhood trauma research. He will remain an Adjunct Associate Professor of Child & Adolescent Psychiatry at NYU Langone School of Medicine.

The details of the paper are as follows:

Daniel S. Schechter (2019). And then there was intersubjectivity: Addressing child self and mutual dysregulation during traumatic play (In memory of Louis Sander). *Journal of Psychoanalytic Inquiry*, 39 :1, 52-65.

### Abstract

This article asserts that a traumatized mother, to maintain her psychobiological homeostasis, must avoid intersubjective connection with a child who is seeking it to regulate his own distress. In this case, what Lou Sander described as a "moment of meeting" cannot take place (Sander, 1995, p. 590). Case examples are used to illustrate how, when all are together in the consulting room, the reflective, mutually regulating therapist can facilitate moments of meeting between therapist, a mother who has been subjected to interpersonal violence, and her child, who has similarly been traumatized. Furthermore, I show how the therapist, in the face of the child's traumatic re-enactment in play that can further trigger and dysregulate the traumatized parent, can intervene to co-construct meaning, for both the traumatized child and mother, obviating mother's need to avoid the child's distress and post-traumatic re-experiencing. This allows meeting to occur, reordering the implicit relational knowing of both mother and child.

The official link to the article is: <https://www.tandfonline.com/doi/full/10.1080/07351690.2019.1549911>

This paper is second in a series of papers on trauma and intersubjectivity by Dr. Schechter. The first paper also received an award: the Hayman Paper Prize (awarded from the International Psychoanalytical Association in 2015). The details of this paper are as follows: Daniel S. Schechter (2017) On Traumatically Skewed Intersubjectivity, *Psychoanalytic Inquiry*, 37:4, 251-264, DOI: 10.1080/07351690.2017.1299500

The official link to this article is: <https://doi.org/10.1080/07351690.2017.1299500>