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Perspectives in Infant Mental Health

Professional Publication of the World Association for Infant Mental Health

Contents

Presidential Address: The Rights of Children

By Campbell Paul, Melbourne, Australia

Associate Professor, President of WAIMH

My best wishes to all WAIMH members and those working to support infants and young children and their families in all nations. The current and ongoing COVID-19 pandemic has presented immense problems for families, communities, governments, and health services all around the world. Our Board of Directors of WAIMH, and our membership in general, have come together to see what we can do collectively to understand the urgent needs of infants and families and importantly for to support the rights of infants for an optimal life. We are aware that an inordinate preponderance of infant mental health research, and clinical resources are directed to families who are relatively better off than those in many communities facing the additional stresses poverty, isolation, and language and cultural diversity.

As in previous years, there have been a number of our professional meetings where we have joined with other organisations to share our concerns, ideas, and culturally appropriate interventions. There were shared symposia at the World Congress of Psychiatry congresses in Lisbon and planned for Bangkok but delivered virtually in March this year. Our World Congress in Brisbane in June delivered several important symposia addressing the issue of cultural diversity addressing inequalities within Australia, Asia and other countries and aimed at overcoming racism and stigma through collaboration between nations and cultures. Members of the WAIMH Board also contributed to the IACAPAP Congress, which was originally to be in Singapore, but was transferred to the online format. We also joined our colleagues for the 2021 Zero to Three Annual Conference for an inter-organisational symposium called "Holding the World's Youngest Children in Mind: New Models of Support and Reflection for Those on the Humanitarian Frontlines Providing Early Childhood Psychosocial Services".

The editor of the Infant Mental Health Journal, Holly Brophy-Herb, has taken a strong lead in supporting the development and publication of research across cultures, language groups, and world regions in our Journal, and introducing measures to tackle the serious impact of racism in academia.

WORLD ASSOCIATION FOR INFANT MENTAL HEALTH

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Submission guidelines

APA 7th Edition.

12-point font.

1.5 or double spaced.

Maximum 3000 words, including references.

All in-text citations, references, tables, and figures to be in APA 7th edition format.

Papers with tables and figures: Please submit the paper as a wordformat document with separate files attached for each table and/or figure.

We welcome photos of babies and families. All photos need to be sent in a separate file with a resolution of at least 72 pixels/inch. All photos need to include a permission statement from the author for WAIMH to publish the photo in Perspectives and also on WAIMH online social media platforms.

To inquire about Perspectives in Infant Mental Health or to submit articles, please contact: Maree Foley (PhD) (Editor-in-Chief)

Email: perspectives@waimh.org

The 20th WPA World Congress of Psychiatry 10th to 13 March 2021 was held online with participants for an international audience, and appropriately the theme of the Congress was *Psychiatry in a Troubled World*. (March 2021. https://2020.wcp-congress.com/scientific-program/) I was privileged on behalf of WAIMH to join the WPA Congress inter-organisational symposium, the *Human Rights of Infants, Children and Adolescents*, chaired by Sam Tyano, Israel & WPA, with presentations from Daniel Fung, Singapore, President of IACAPAP and Myron Belfer, IACAPAP USA. Myron Belfer's presentation was titled "Child and adolescent human rights: A global absence" and that of Daniel Fung was titled "Child and adolescent rights and responsibilities: An international mental health perspective."

My presentation was titled: **The rights of infants: Do infants have human rights in addition to those afforded to children and adolescents?**

I would like to acknowledge the Traditional Owners of the land from which I'm talking to you today. The First Nations people of Australia have cared for this land with a continuous culture over 60,000 years caring for land, seas, and waterways, flora and fauna and continue to do so. I am talking to you from my home in Melbourne, which is the land of the Wurundjeri people of the Kulin Nation, and I pay my respects to First Nations elders past, present and emerging.

I acknowledge that the Aboriginal peoples of Australia have suffered much in the process of colonisation over the last 259 years. Infants and young children suffered much through various policies of "assimilation" which saw Aboriginal children forcibly removed from their families at the tender age and beyond. There is an awesome legacy of extensive intergenerational trauma, and I acknowledge the amazing strength, resilience and creativity of our First Nations peoples.

This inhumane and tragic process of infant and child removal has occurred in many countries, where there has been invasion and colonisation, including in Europe, Africa, the Americas, and beyond.

I think this symposium is particularly pertinent given the theme of the Congress, *Psychiatry in a Troubled World*. Indeed, the world is beset with troubles now with huge chaos, illness and death from the COVID-19 pandemic with its associated economic and social catastrophes.

There is much civil strife with the health and welfare and basic rights of whole communities and cultural groups being threatened and disrupted. Communities in many countries across all continents are subject to civil strife and war, and the persecution of minorities and cultural groups.

According to UNICEF, the war in Syria has been one of the most brutal in recent history with more than 8 ½ million Syrian children displaced from their homes becoming dependent upon assistance inside Syria and in neighbouring countries.

Natural disasters such as floods, fires and famines which still beset us, have been intensified by the impact of global warming which is an imminent, and dangerous threat to worldwide safety, stability, and indeed human survival.

Despite the efforts of many governments, international organisations, such as the United Nations, and other relief organisations, it is often children who are the ones who suffer most.

Young children certainly deserve a **voice** in response to these crises.

I am here with you today as the representative and President of the World Association for Infant Mental Health. WAIMH is an organisation with members across the world, and some 63 affiliates organisations across all continents were.

Why infant mental health?

For many people, the initial response to this question is: "how can babies have mental health problems? How can they have mental health disorders? That's crazy."

The next response is likely to be: "well, it must be just the parents. Parents could certainly have mental health problems but not the baby's, not the toddlers. If you have not got words, how can you have mental health … What sort of mental processes can babies have?"

The ground-breaking research of pioneers such as Ed Tronick, Colwyn Trevarthen, Daniel Stern and Berry Brazelton has demonstrated the capacity of even the newborn baby to initiate conversation and interaction using gaze, voice, and body movements. Trevarthen clearly described the baby's capacity for proto-conversational movements using hands and feet as the beginnings of communication; the roots of speech. Babies and toddlers reach out too, with their gaze, which is a powerful way of communicating with us; drawing us into creative and respectful interaction.

As Trevarthen says: infants "*engage in intimate and seductive precision with other persons movements, sensing their purposes and feelings and this gives evidence that the baby arrives in the world with powerful intersubjective mental capacities*" (Trevarthen, 2011).

What is the practical significance of this frame of mind, the baby's capacity to engage with others from the outset?

The baby's capacity for intersubjectivity, ***for seeing that there is another person seeing them***, is frequently not acknowledged, or understood. Consequently, infants and very young children are overlooked when we are considering the impact of trauma, violence, community crises, and even family crises. A deeper understanding of the infant and very young child and their psychological, emotional and social development is crucial.

We have a mental health diagnostic and classification system for mental health disorders for infants and young children aged 0 to 5, thanks to the work of many with the Zero-to-Three, which developed the Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood, **DC:0–5™**.

The process of assessing, diagnosing, and classifying infant mental health difficulties is of course culturally dependent and influenced, although the pain and disruption to development, experienced by babies and toddlers, manifests across all cultures and communities (see Kai von Klitzing, 7.11.2017 in *Perspectives in Infant Mental Health*, 2017_3-4_29thDecember_Perspectives_IMH.pdf (waimh.org). However, it remains difficult for people to understand that the preverbal child may experience mental health disorder.

Vignette:

Jay was born on a Pacific Island in an inhumane place of detention. Jay's parents fled their home country in the Middle East where they were subject to discrimination and threat to life. His father was about to be arrested or executed before they managed to flee, in absolute desperation, across countries through Southeast Asia and crossed treacherous seas in a crowded small boat before approaching Australian territory when they were then taken to indefinite offshore detention.

Jay's mother was profoundly depressed, feeling permanently dislocated from her family. Her mother died while the family were in island detention. N the postnatal period she attempted suicide on several occasions, and was eventually, along with Jay and her husband, medically evacuated to Australia.

Jay was 6 months old when he reached Australia and he too was profoundly depressed. It was difficult to engage him, his eyes were empty and his gaze avoidant, he would not drink and was wasting away. He presented the picture of an infant with severe kwashiorkor (protein-calorie malnutrition). But this was in a situation in detention where he should have been receiving plenty of food and adequate nutrition. Both of his parents were perpetually despairing, feeling that they would never leave the island where they were placed.

Jay's evacuation with his family to mainland Australia for medical investigation of his severe failure to thrive was meant to be temporary and that he would return to detention. However, it was clear that his severe mental health disorder, profound infant depression and state of severe psych- soma collapse, would persist if he and his family were returned to their indefinite island perceived imprisonment.

The hospital maintained that Jay was suffering a serious medical and psychological disorder from which he would not recover if returned to detention and that his parents persistent, profound depression and despair would lead to the continuation of his pervasive depressive disorder. Jay, as a 7-month-old infant met the criteria for a formal diagnosis of a ***depressive disorder of early childhood*** *and severe disruption of attachment. He and his parents were able to stay in Australia, although they still live somewhat in a state of limbo without having received authority to stay long-term in the country.*

In this case, I believe the formal infant mental health assessment of Jay, acknowledging the psychological and psychiatric impact of his detention and the impact of his parents' despair upon his development was crucial in professionals strongly and publicly advocating on his behalf such that

the family was not returned to island detention.

This raises an important question, perhaps a paradoxical one:

Do infants have the right to be acknowledged to have disorders of mental health?

I think this is a crucial question.

We need to be careful about how we arrive at a formal diagnosis and make sure that we consider the infant as a person within their family, relationships, and culture, reaching out to understand their inner world and acknowledge their voice.

But if we do this, the process of *diagnosing*, of *understanding* the problem facing the baby, and or the toddler is crucial. We do this by entering the inner psychic world of the infant and how it affects their mood, their cognitive development, and their relationships. This is our task.

Diagnosis is of course not just "labelling", but if we take Hippocrates meaning of the word diagnosis: a **way through of knowing**, of understanding.

Classification of mental health problems allows us to communicate about how we understand the problems that a very young child might be having, the problems they are having in relationships and development, and communicating this to colleagues, parents, and sometimes government agencies who need to act to protect the welfare of young children.

Many people over time have been strong advocates for protecting the welfare, emotional, and social development of infants and very young children.

René Spitz working in Vienna between the First and Second World Wars saw the horrendous impact of war upon infants, young children, and adolescents following the death of parents and the disruption of families and the intense poverty, conflict, and hatred, which are intrinsic components of war.

We know that in modern technological warfare, the victims of war who suffer the most, both directly and indirectly, are women and children. Mass displacement of whole communities occurs, and people spend many years in temporary, and too often, dehumanising refugee camps.

John Bowlby was asked by the World Health Organisation to investigate the impact of the Second World War, specifically, the death and displacement of parents and family attachment relationships, upon children. Bowlby recognised the impact of war on family disruption and its impact on the essential process of infant-caregiver attachment. It is crucial that we follow his investigation into the impact of disrupted attachment on the emotional development of the individual. Serious disruption of attachment affects infants who are refugees, infants and toddlers facing homelessness, and those exposed to family violence as well as those infants traumatized by significant serious medical illness, or disability.

A Human Rights approach informs how we support the welfare and development of infants.

We have for all children the landmark achievement: the United Nations Convention on the Rights of the Child (1989), (UNCRC) (United Nations General Assembly, 1989), *the UN convention to which almost all nations are signatories.* For further information: https://ohchr.org/Documents/ProfessionalInterest/crc.pdf) See also the UN Convention on the Rights of People with Disabilities (CRDP) Convention on the Rights of Persons with Disabilities (CRPD) | United Nations Enable

In the light of this, a group of senior clinicians from the World Association for Infant Mental Health (WAIMH), aware of the particular difficulties facing infants and very young children, felt there was a need to produce a document to complement the Convention on the Rights of the Child to highlight the particular human rights and essential needs of infants.

- Prof Miri Keren (Tel Aviv, Israel), the late Emeritus Professor Bob Emde (Denver, USA), Prof Astrid Berg, (Cape Town, South Africa), and many others from the WAIMH Board worked on the development of the Position Paper on the Rights of Infants, this was formally adopted at the Edinburgh Congress, 2014, and revised by WAIMH in 2016 (WAIMH, 2016) WAIMH Position Paper on the Rights of Infants - Perspectives
- The WAIMH Board with then WAIMH President, Prof Kai von Klitzing, (Leipzig, Germany) met with one of the 18 committee members on the UN Committee on The Rights of The Child at a Board meeting in Berlin in a very fruitful discussion: we learnt about the way that the Convention on the Rights of the Child can be used to influence government policy and service delivery (OHCHR | Committee on the Rights of the Child).

The essential process requires someone from the member states/nations of the UN, a member of the government, or an individual to present to the committee itself and report on how the convention which most nations around the world have signed, is being implemented or adhered to.

Interestingly, last year, postponed by the COVID-19 pandemic, the UN Committee on the Rights of the Child (CRC) had prepared a detailed discussion on the impact of **alternative care** upon children. They had invited several presenters, including some children and young people who had left care to present to the committee. They seemed genuinely interested in hearing the voice of children and adolescents in understanding the impact on children of various forms of alternative care. The committee will investigate how the various practices of placing infants and children in alternative care impacts their overall emotional and social development and their relationship with their family.

The WAIMH position paper highlights 7 basic principles of infants' rights, and importantly that these rights complement and go along with the rights of children enumerators under the Convention on the Rights of the Child (1989).

1. *The infant needs **special safeguards** and care by reason of their absolute dependence, **physical and mental immaturity**.*
2. *The right to have **primary caregiver relations recognised** and understood and supported.*
3. *The infant is a **vital member of the family** and should be **registered as a citizen** with equal value for life regardless of gender or characteristics such as disability.*
4. *The right to be given nurturance **love, physical and emotional safety, nutrition, and sleep.***

5. *The right to be protected from **neglect, physical, sexual, and emotional abuse.***

6. *The right to access **informed professional help when exposed to traumatic events** directly or indirectly.*

7. *Infants with life-limiting conditions need access to good medical care and palliative services, to the same standard as older children.*

The WAIMH document goes on to list specific recommendations as to how social and health policy must be informed by these principles.

The preamble of the Convention on the Rights of the Child, and throughout the document, emphasises "**the family, as the fundamental group of society, and the natural environment for the growth and well-being of all its members particularly children.**"

Clearly, there are many children in out-of-home care around the world, and still, there are some very large institutions where infants and young children are placed. The convention recommends phasing out large institutional care for infants.

The Committee on the Rights of the Child endeavours to ensure that the Convention is a living document and that there is an ongoing process of collaboration and recommendations as to how the principles can be applied in practice. For example, "General Comment Number 7" (GC:7), "Implementing Rights in Early Childhood" (Committee on the Rights of the Child, 2006), emphasises how the rights enshrined in the convention apply equally to early childhood and emphasise the importance of very-young children needing special protection.

Conventions and statements about the Rights of Infants, or Children are well and good, but how can we make sure that they are helpful in the real world?

The Convention on the Rights of the Child has influenced the development of the important WHO Nurturing Care Framework, "**a framework for helping children survive and thrive and transform health and human potential**" (Nurturing Care Framework for Early Childhood Development - HOME (nurturing-care.org). This framework is a partnership with many agencies and has the potential to influence the emotional development of infants and very young children in extreme situations.

WAIMH has also developed a **Position Paper on Infants' Rights in Wartime**. It was written by Miri Keren, Ghasson Abdullah, and Sam Tyano, and published in the Infant Mental Health Journal in 2019. Given the lack of attention to the impact of traumatic consequences upon the individual child and family of modern warfare, the authors cogently recommend greater attention to the psychological needs of infants in war zones, and those who are refugees as a result of war. The voice of infants is often not heard as services struggle to respond to all children and adolescents trapped in invidious and horrific circumstances.

I think it is incumbent upon all of us as mental health professionals to take note of the important **rights of infants and young children** as well as those of adolescents and their parents, in our day-to-day clinical work, and our ordinary lives, as citizens in the world.

Infants and their parents have a right to a thorough assessment, a thorough understanding from as mental health professionals so that we can advocate for them, we can provide appropriate therapeutic interventions and support those working in other agencies, professional and voluntary, to provide day-to-day care to promote the infant and young child mental health.

As Donald Winnicott, paediatrician and psychoanalyst notably said, "there is no such thing as a baby, only a baby caregiver set up." So, we must also be ensuring the mental health of parents, there is no infant mental health without parent mental health. And I think this is where the World Psychiatric Association has been able to play such a powerful role. Bringing together adult mental health clinicians and policymakers, child, adolescent and youth clinicians and policymakers and those of us from the field of infant mental health.

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WAIMH Executive Director Corner

Dear colleagues and friends,

The year 2021 is nearing its end and maybe it is a good time to reflect back on what happened during the year, and also to look at the future. For us working with young children and families the year meant continuing coping with the Covid-19 pandemic. Vaccinations against the virus helped ease restrictions in countries where mass vaccinations were possible, but the situation globally is not satisfactory. Our university allowed us teachers to lecture in person this autumn for the first time in 1½ years. I lectured to the first-year medical students about early development of the brain and mind in infancy, and one of the things the students asked was whether infants' social interaction development is affected when they mostly see adult faces covered with masks. It was nice to be able to tell them that WAIMH had addressed this issue in Perspectives and encouraged all parents to engage in face-to-face interaction with their young children without masks at home and outdoors. Since the appearance of the new omicron variant many countries have now re-introduced restrictions on where and how people can see each other. With the continuing pandemic and increased worry concerning climate change, it looks like we will need to keep on encouraging parents even during the coming year. Keeping up hope and relieving parents' anxiety when and wherever we can is a worthy task for us all.

Despite all calamities and difficulties many things in WAIMH are progressing well. The webinar series **LAYING THE PATH FOR LIFELONG WELLNESS — INFANT AND EARLY MENTAL HEALTH LECTURE SERIES** in collaboration with Sick Kids Toronto, WAIMH and Tampere University with its 15 webinars is starting on January 15th, 2022. The speakers include some of the pioneers of and experts in infant and early mental health practices, such as Dr. Jack Shonkoff, Dr. Alicia Lieberman, Dr. Charles Zeanah, Dr. Arietta Slade, Dr. Hiram Fitzgerald, Dr. Joy Osofsky, Dr. Diane Phillip and Dr. Sheri Madigan and many more. We are all really excited about the opportunity the webinar series provides us to reach people all over the world, and naturally WAIMH members will get a discount. We will be posting more information soon on our WAIMH website and our social media channels.

The preparations for the 18th WAIMH World Congress 15–19th July, 2023 in Dublin, Ireland have also started and are progressing at full speed. The Office staff is working together with the Local Organizing Committee Chairs Catherine Maguire and Audrey Lonergan and the professional congress organizer InConference concerning the practicalities and management of the World Congress. At the same time the Program Committee with Dr Elisabeth Hoehn is preparing the scientific content of the Congress. We do hope that we will be able to have a full in-person congress in Dublin, but at the same time we are also preparing an online part of the Congress. Naturally we will be able to change the Congress to a full online event if needs be. We have learned a lot in these past few years!

As the holiday season is nearing, I do hope you will all find at least some time for relaxing and being with your near and dear ones. For meeting relatives, friends and colleagues from afar I can recommend using online connections. I am planning to "have friends over" for a zoom chat during the holidays and, even if it is not exactly the same as being together in person, it helps to keep in touch.

With warm wishes to you all,

Kaija

From the Editors

By Maree Foley (Switzerland) and the WAIMH Perspectives in Infant Mental Health editorial team

Welcome to this Winter (2021) edition of WAIMH *Perspectives in Infant Mental Health*. Since the last issue, COVID-19 remains a constant for many of us across the globe. The impact has been and continues to be harshly indiscriminate, especially for families with infants, toddlers, and young children.

> *We acknowledge every baby across the globe and strengthen our resolve to be actively engaged in ensuring that every baby is seen, protected, and provided with nurturing care, along with their families and their communities. We acknowledge all infant and early childhood mental health professionals who are working relentlessly with, and on behalf of babies and their families amidst this COVID-19 pandemic.*

This issue begins with *From the Desk of the WAIMH President;* a paper on Infant Rights by Campbell Paul (President of WAIMH), based on his recent symposium presentation at the World Psychiatric Association Congress, *Psychiatry in a Troubled World*. This paper is followed by *WAIMH Executive Director Corner*, where Kaija Puura (WAIMH Executive Director) provides us with her current reflections as we come to the close of an extraordinary year and an extraordinary mid-year hybrid WAIMH congress.

Next, is a WAIMH paper by Maree Foley, Minna Sorsa, Neea Aalto, and Deborah J Weatherston, which summarizes the history of The Signal and WAIMH Perspectives in Infant Mental Health (2012-current). The Signal began as a WAIMH publication in 1993 and in 2012 the publication became known as WAIMH Perspectives in Infant Mental Health. This paper details the incremental steps that were taken on the journey of the publication as it for example gradually developed from a member paper and post newsletter to a fully digital WAIMH open-source publication.

Our issue then turns its focus to early child-care consultation. Alma-Jane O'Donnell, (Goodstart Early Learning), Australia in her paper "Improving infant mental health outcomes in early learning settings for children who have experienced trauma" writes about the early learner, *Intensive Emotional Support Plans* (IESP), developed by Goodstart Early Learning (Goodstart) that aim to foster inclusion of children who have experienced, and are experiencing significant childhood trauma. To Illustrate the practice implications of the IESP, O'Donnell provides a case study.

O'Donnell's paper is followed by a contribution that focuses on a recent podcast with Past WAIMH President Antoine Guedeney (professor of child and adolescent psychiatry (*Service de pédopsychiatrie Policlinique Ney Jenny Aubry, Groupe Hospitalier Universitaire AP-HP. Nord Université de Paris et Université de Paris, France*). Prof Guedeney was interviewed on Radio Television Suisse (RTS) to celebrate the International Day of The Rights of Children. The recording is in French and RTS have generously given WAIMH Perspectives in Infant Mental health permission to share this recording with our francophone members and allied global community. In addition, this podcast highlights The Alarm Distress BaBy (ADBB) scale (Guedeney & Fermanian, 2001) and provides information on how to access further information about the ADBB, including recently published paper (Egmose et al., 2021) (see page 20 for references).

The issue closes with news from the WAIMH Office by Minna Sorsa and Neea-Leena Aalto, the WAIMH Perspectives Infant Mental Health Flyer, and the current flyer for WAIMH Congress in Dublin, 2023.

As a reminder, Perspectives papers can be accessed online, with past issues dating back to 1993 currently available by following this link: https://perspectives.waimh.org/perspectives-archive/. Also, past articles are available online in text format, which in turn can be shared: https://perspectives.waimh.org/.

May you and your families and friends, stay safe and well and our warmest wishes to you all.

The WAIMH Perspectives in Infant Mental Health editorial team

The Signal and WAIMH Perspectives in Infant Mental Health: 1993-2021

By Maree Foley (Switzerland), Minna Sorsa (Finland), Neea Aalto (Finland) and Deborah J Weatherston (USA)

In 1992, the World Association for Infant Psychiatry and Allied Disciplines (WAIPAD) (originally established in 1980, in the USA) and the International Association for Infant Mental Health (IAIMH) (created by the Michigan Association for Infant Mental Health in the USA) merged into one organisation: the World Association for Infant Mental Health (WAIMH).

In 1993, WAIMH produced its first newsletter, called WAIMH's News (Volume 1, Number 1, March 1993).

A photo of the WAIMH Board and Executive Committee was featured and includes the first Editor-in-Chief of WAIMH's newsletter; Charles Zeanah.

At this time, the ethos of the new publication had been established and was clearly outlined below in the inaugural Welcome to WAIMH's World address, by Hiram E Fitzgerald (WAIMH Executive Director 1993-2008). In this address, the stage was set for this publication to be member-led, and for members to experience ownership of the publication. Furthermore, in keeping with this participatory approach, in this first edition newsletter, a call was made to all members to be part of considering a name for the newsletter.

Picture: Miguel Hoffman, Charles Zeanah, Kathryn Barnard, Justin Call, Robert Emde, Sonya Bemporad, Hiram Fitzgerald, David Lonie, Hisako Watanabe, Jo Sawyer, Maria Cordeiro, Peter de Chateau, Yvon Gauthier, Eleanor Galenson, Serge Lebovici, Joy Osofsky and Michel Soule. Source: The Signal (Vol. 1, No. 1, March 1993).

WELCOME TO WAIMH'S WORLD

Welcome to the first edition of the WAIMH Newsletter! Under the capable and dynamic editorship of Charley Zeanah, the WAIMH Newsletter will bring you regular features, clinical case studies, letters to the Editor, news and views about infant mental health, worldwide training and educational opportunities, and the latest happenings among WAIMH's worldwide Affiliate Associations. We want this to be your newsletter. Please help! First, we need a name. So, participate in the NAME THE NEWSLETTER CONTEST! Rules: Deadline for receipt of suggested names: SEPTEMBER 1, 1993. The winner will receive a free subscription for the 1994 ***Infant Mental Health Journal****. Send your nominations to the WAIMH Executive Office, 2 Paolucci Building, Michigan State University, East Lansing, MI USA 48824-1110. Second, we need articles. Use your newsletter to communicate with other infant mental health specialists around the world. Ever want to be a reporter? This is your opportunity to report on scientific, clinical, and outreach issues related to infant mental health. Send your contributions to the editor. So, in the meantime, sit back, relax, and enjoy reading our first edition!*

Hiram E. Fitzgerald, Executive Director, 1993

As a result of this open call out for a name, WAIMH's World was named "The Signal". WAIMH's newsletter was published under the new name "The Signal" in Volume 1, Number 3, July -September 1993. The name is credited to Emily Fenichel, who won the WAIMH newsletter naming competition. 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. The rationale for her winning suggestion was published in the same issue as per below.

Name the Newsletter Winner

Emily Fenichel *of the National Center for Clinical Infant Programs in Washington, D. C. has won the "Name the Newsletter" contest with her entry: The Signal! Actually, Emily submitted so many possibilities that it was almost destined that one would be selected by the committee. A signal is a sign, an act, behavior, occurrence, that intends to communicate. Thus a signal is a basic act of communication. All aspects of human discourse involve the emission and interpretation of signals, just as all infant mental health work involves the emission and interpretation of signals. The baby's cry communicates hunger, pain, or general distress. Parents either differentiate these cries and respond appropriately, or they fail to understand the meaning conveyed by different cries and respond inappropriately. The infant's smile or gaze communicates pleasure or attentiveness. Parental vocal behavior modulates in order to simplify the information that the baby must process, and the infant seems predisposed to lock onto maternal vocalizations shortly after birth, if not before. All human communication*

involves the emission, transmission, and interpretation of signals.

The major reason d'etre for the WAIMH newsletter is communication; worldwide networking for individuals from many disciplines and many cultures who share a concern for the optimal development of infants and their families. Thus, it seemed quite appropriate to name the WAIMH newsletter, ***THE SIGNAL****. The title has the added advantage of being nearly the same in several different languages. Thanks Emily for the recommendation. For your good work, WAIMH is happy to provide you with a complimentary membership and subscription to the* ***Infant Mental Health Journal*** *for 1994 (The Signal, 1993, Vol 1, No. 1).*

The Signal, as a paper and post newsletter was published quarterly, each year. Throughout this time, papers were published on a wide array of infant mental health-related topics such as the relationship between parents and infants, caregiving relationships, and service development within infant mental health.

The Signal, Michigan State University and Michigan Association for Infant Mental Health

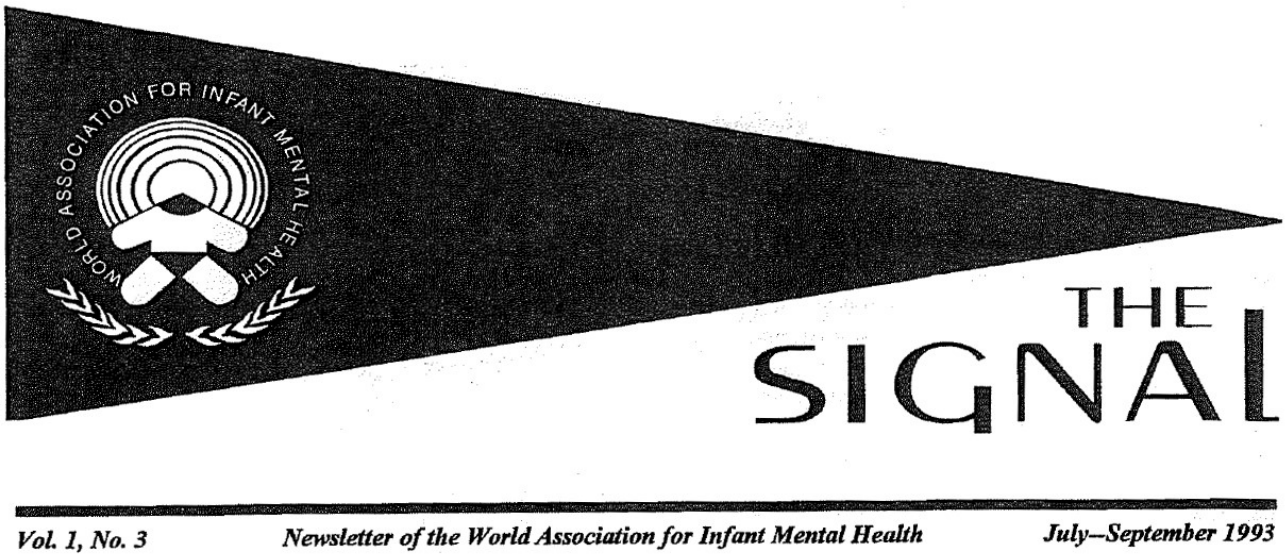
The WAIMH Signal was supported by an office at the Michigan State University, by Associate Provost Hiram Fitzgerald and the University Outreach and Engagement. This close connection between WAIMH and the Michigan Association for Infant Mental Health (MI-AIMH) (Michigan Association for Infant Mental Health (mi-aimh.org)) has endured across the past three decades.

The Infant Mental Health Journal (IMHJ), Michigan Association for Infant Mental Health, and WAIMH

While The Signal began as a WAIMH newsletter, the Infant Mental Health Journal (IMHJ) was created by the Michigan Association for Infant Mental Health (MI-AIMH), published in 1980 as a peer-reviewed, quarterly journal, and copyrighted by the Michigan Association for Infant Mental Health. At the time, it was the first journal with an interdisciplinary research and clinical focus on infancy, parenthood, and infant mental health. Jack Stack, MD, an MI-AIMH member, was the first Editor-in-Chief, followed by Hiram Fitzgerald, Joy Osofsky, and Paul Spicer. The current Editor-in-Chief is, Holly Brophy-Herb. The Editorial Board is made up of distinguished WAIMH and MI-AIMH members from around the world. The IMHJ is published bi-monthly by Wiley and can be accessed here: Infant Mental Health Journal - Wiley Online Library. It is the official peer-reviewed journal publication of WAIMH and, by special agreement with MI-AIMH, members of WAIMH can subscribe to the IMHJ and receive a reduced WAIMH member subscription rate with access to the Wiley database of the electronic journal.

WAIMH Office from its base at Michigan State University (USA) to Pirkanmaa Hospital District (Child Psychiatry) and Tampere University (Finland)

In 2008, the WAIMH Central office moved from Michigan (USA), where WAIMH had been hosted by Michigan State University, to Tampere (Finland), where it has been, and continues to be hosted by Pirkanmaa Hospital District (Child Psychiatry) and Tampere University (Faculty of Medicine and Life Sciences until 2019, and then form 2020 onwards by Innovation Services and Partnerships). These two generous and supportive institutions have been pivotal in the growth and development of *The Signal* and WAIMH *Perspectives in Infant Mental Health.*



Picture. The Signal logo from 1993 to 2010.

Vol. 18, No. 3-4 | July - December 2010

THE SIGNAL

Newsletter of the World Association for Infant Mental Health

Picture. The Signal new logo from 2010 - 2012.

Beginning to move from a print to a digital online publication

In July 2010, with the evolving technology and digital communications development, WAIMH became a coloured publication with a new layout, that was oriented to both print and online readers. Minna Sorsa and the WAIMH Central Office together with Executive Director Palvi Kaukonen were instrumental in implementing this change together with graphic designer Adina Huda at Michigan State University and later the digital version together with Santeri Niemi at Differo corporation.

The Signal is renamed WAIMH Perspectives in Infant Mental Health

In 2012, with leadership from Deborah J Weatherston as Editor-in-Chief, and Hiram E Fitzgerald as Co-Editor, *The Signal* became known as WAIMH *Perspectives in Infant Mental Health* (Volume 20, No. 3-4, July -December 2012). The underpinning rationale for this name change can be read in Box 1 and includes the recognition of and headlining of infant mental health as a global practice and research network and community. The rationale also captures the global reach of perspectives in infant mental health across cultures and contexts, shifting the primary function of the publication from a newsletter toward a global community of practice-oriented journal.

The Signal and Perspectives in Infant Mental Health Editorial Teams

From 1993 to the current day, *The Signal* and WAIMH *Perspectives in Infant Mental Health* have experienced notably stable and long-standing service from each

Box 1. The Signal is renamed WAIMH Perspectives in Infant Mental Health.

By Deborah Weatherston and Hiram E. Fitzgerald, Editors, Michigan, USA

Dear colleagues:

During the past 50 years infant mental health has emerged as a significant approach to the promotion of social and emotional wellbeing in infancy, as well as a preventive-intervention approach to treatment when significant risks to the infant or young child, the parent and the relationship are identified. Within this same time frame, the infant mental health movement has expanded to a global network of professionals from many disciplines, research faculty, and policy advocates, all of whom share the common goal of enhancing the quality of relationships that infants and young children have with their parents and other caregivers. The global reach of infant mental health demands attention to the cultural context in which a child and family lives, as well as critical attention to issues that affect child development, child health, child mental health, parental mental health and early relationship development.

We invite all members of the World Association for Infant Mental Health and all members of its 50 international Affiliates to contribute to WAIMH's international publication, newly named by the WAIMH Board, "Perspectives in Infant Mental Health" where views about infant mental health can be shared, discussed, and indeed, even debated. We welcome your articles, brief commentaries, case studies, program descriptions, and descriptions of evidence-based practices.

Articles will be reviewed by the editors and members of the Editorial Board, all of whom are committed to identifying authors from around the world and assisting them to best prepare their papers for publication.

In the spirit of sharing new perspectives, we welcome your manuscripts.

Source: Perspectives in Infant Mental Health (Volume 20, No. 3-4, July -December 2012).

Editor and their many Co-Editors and Assistant Editors. For a full list of editors, Neea Aalto in the WAIMH Office has compiled a list of all editors from 1993 to 2021 and access to this list can be located at the following link: https://perspectives.waimh.org/editorial-staff/

Production Editors

Central to *The Signal* and WAIMH *Perspectives in Infant Mental Health* has been and continues to be the WAIMH support staff, the Production Editors:

Melanie Smith (1/1993 - 3/2000) (USA)

Tina Houghton (4/2000 - 3/2008) (USA)

Minna Sorsa (1-2/2007 - current) (Finland)

Neea-Leena Aalto (3/2021-)(Finland)

Editors-in-Chief of The Signal and Perspectives in Infant Mental Health

The Signal

Charles Zeanah (1993-2000) (USA)

Paul Barrows (2001-2006) (UK)

Tina Houghton, Dolores Fitzgerald, and Carla Hills 2006 (3-4/2006) (USA)

Miri Keren (2007 – 2011) (Israel)

The Signal and WAIMH Perspectives in Infant Mental Health

Deborah J Weatherston (2012-2018) (USA)

WAIMH Perspectives in Infant Mental Health

Maree Foley (2019 – current) (New Zealand and Switzerland)

The Signal and WAIMH Perspectives in Infant Mental Health: Content analysis 2007 - 2017

In 2017, all materials between 2007 and 2017 were digitized and published as text, alongside the original PDF versions. Therefore, at this time, the Signal and the Perspectives in Infant Mental Health archive included all texts from 2007, which in turn could be easily shared on all social media channels. See: Perspectives Archive - Perspectives (waimh.org)

Minna Sorsa (Production Editor, Administrative Assistant) and Anna Hemmi (Administrative Assistant) in the WAIMH Central Office, analysed all of The Signal and WAIMH Perspectives in Infant Mental Health texts that had been published between 2007 and 2017. The total number of papers was 334. The authors represented 28 countries, including from the United States (n=102), Finland (n=36), Israel (n=42), France (n=26), Switzerland (n=20), New Zealand (n=17), Canada (n=16) and South Africa (n=16). Figure 1 below, represents overall content themes between 2007 and 2017, highlighting high-frequency themes such as infant-mental health services, the caregiving context, and parent-infant interaction.

WAIMH Perspectives in Infant Mental Health becomes an online publication

With ongoing leadership from Deborah J Weatherston as Editor-in-Chief, in 2017 the publication went completely digital. Building on the collective work of previous editors and editorial teams, and in conjunction with advances in digital technology, the publication was launched into the digital arena.

This development was part of a wider WAIMH initiative that had been in process between 2014 and 2017. During the time, a thorough social media strategy, coordinated by the WAIMH Central office (led by Minna Sorsa in collaboration with Differo social media company), was developed together with the Board of Directors of WAIMH and consultation with WAIMH members. This process included reviewing and developing the design of a WAIMH social media presence, including its communication with members and its overall global outreach.

The changes constituted the increased use of photos within all WAIMH communications and including WAIMH Perspectives in Infant Mental Health publications that were now shared via

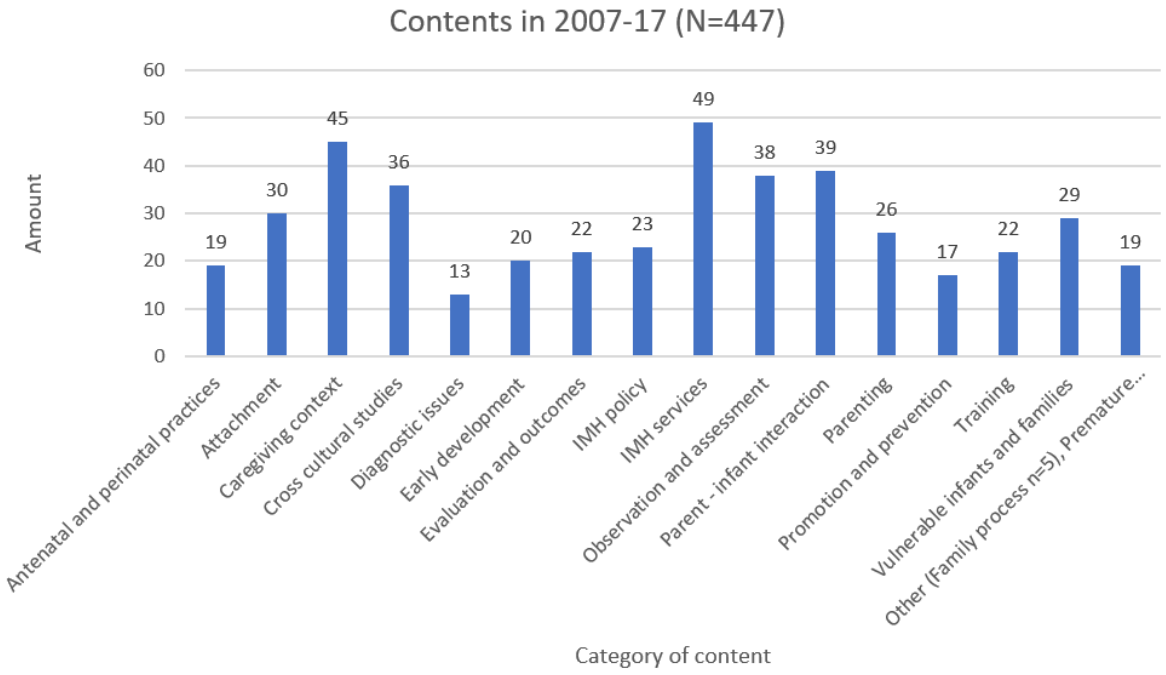


Figure 1. Subject categories in The Signal and WAIMH Perspectives in Infant Mental Health (2007-2017).

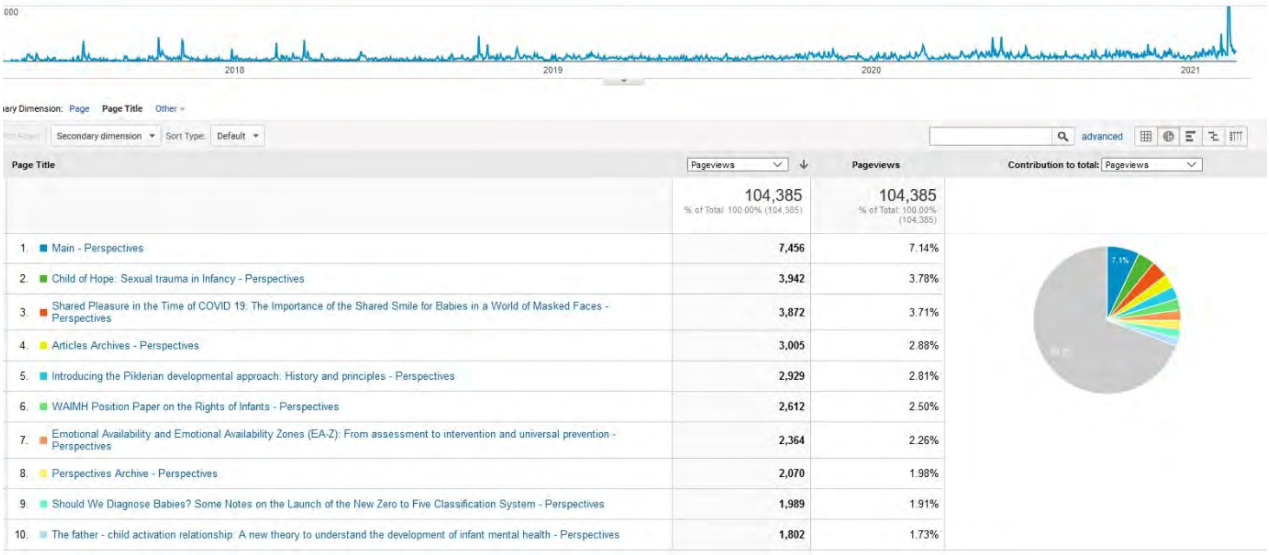


Figure 2. Example of google analytics of reader online activity with The Signal and WAIMH Perspectives Infant Mental Health published papers from 1993 to 2021.

the WAIMH website, and for example, on Facebook and Twitter, with the introduction of a new hashtag for social media: #PerspectivesIMH, with #WAIMH and #IMH utilized alongside.

Full online access to all current and past publications

As of 2020, there was ongoing development and refinement of the WAIMH Perspectives in Infant Mental Health website, led by Minna Sorsa (Senior Administrator) and Sari Miettinen (Administrative Assistant) in the WAIMH office. For example, all full issues of The Signal and WAIMH Perspectives in Infant Mental Health were archived. Past issues of The Signal (1993 - 2011) could be accessed online. The Signal 1993 to 2006 is available in PDF format. The Signal papers from 2007 and all issues of WAIMH Perspectives in Infant Mental Health (2012 – current) were now also available as PDF and text. In addition, using the categories as stated above, to date all articles across all the issues from 2006 were now tagged to help readers quickly and easily locate articles by theme. The next step is to tag all papers from 1993.

Google analytics and readers interests

From April 2017 onwards, with the benefit of google analytics, it became possible to see what readers are reading. For example, see Figure 2, which upon further analysis indicates there is high reader interest in original peer-reviewed articles. The google analytics analysis helps the publication to as much as possible to publish different types and content-based material that endeavours to meet the changing and evolving needs of the readers; an ethos that has been present from the outset. It also shows readership growth over time (See Figure 3).

The number of readers has constantly risen, year-on-year, and in 2020, WAIMH Perspectives in Infant Mental Health had 37,700 page views.

Between April 2017 and December 2020, WAIMH Perspectives in Infant Mental Health had 49,880 visitors, with

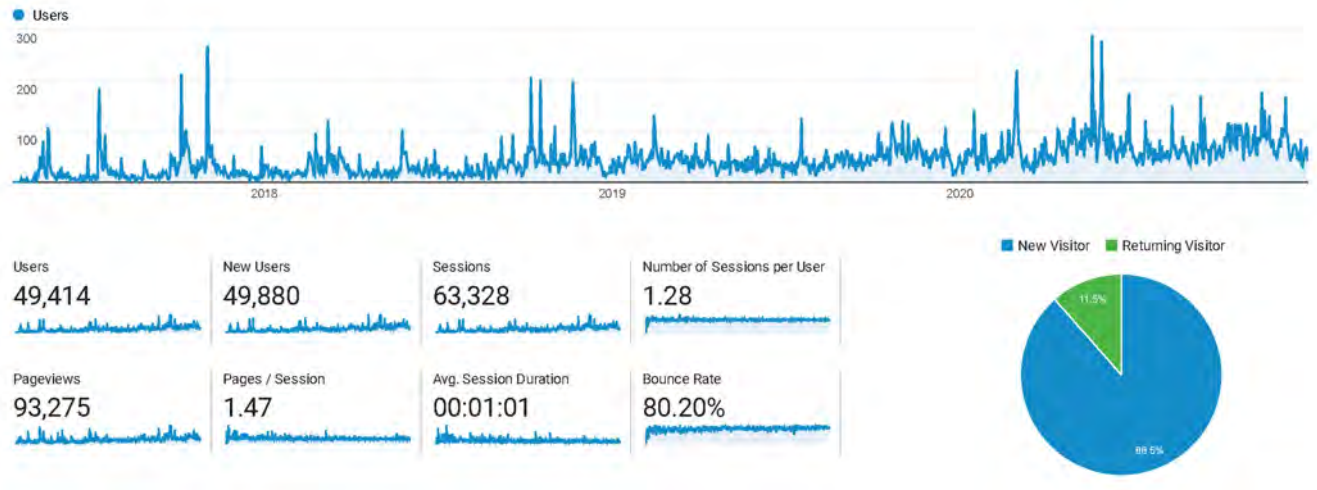


Figure 3. Google analytics of reader frequency online activity with The Signal and WAIMH Perspectives Infant Mental Health published papers from 1993 to 2020 since the publication has been available in digital form (April 2017-December 2020).

93,275 page views. Readers are most frequently in the age group 25-35 years (33.5%), and secondly in the age group 18-24 years (27.5%). These analytics reflect the importance of the publication, and its social media platforms for new and emerging infant mental health professionals, both as WAIMH members and within the global infant mental health community of practice and research, inclusive of families with young children. Of note, most readers in 2020 come from western countries: the United States (44%), Australia (10%), Great Britain (5%), Canada (4%) and Finland (3%). Extending the reach, accessibility, and applicability is an ongoing goal of the publication.

The most popular papers in Signal/ Perspectives IMH since April 2017 – December 2020 are the peer-reviewed papers: Child of Hope: Sexual trauma in Infancy, by Astrid Berg (published 05/15/2008) with 3,332 reads; Introducing the Piklerian developmental approach: History and principles by Anna Tardos (published 12/15/2010) with 2,745 reads; and Emotional Availability and Emotional Availability Zones (EA-Z): From assessment to intervention and universal prevention by Hannah Saunders et al. (published 04/21/2017) with 2,277 reads. Also, the WAIMH Paper on the Rights of Infants has indicated that this is an important area of enquiry for readers as the text has been accessed over 2,533 times.

As we now move into a new cycle of data analytics, at the time of writing, we can report that the paper within The Voices of COVID-19 WAIMH Perspectives in Infant Mental Health (Special issue), Shared Pleasure in times of COVID 19: The Importance of the Shared Smile for Babies in a World of Masked Faces, by Anusha Lachmann (published 01/22/2020) has recorded 3,330 reads.

Pictures. Pictures presenting some most popular articles online in Perspectives in Infant Mental Health.

Recent developments within the publication

The Signal and WAIMH *Perspectives in Infant Mental Health* continues to evolve.

Further recent developments include a formal blind peer-review process for selected papers. This was first implemented, with 2 papers in the Fall/ Winter issue 2019. There has also been a shift from four issues a year to three issues a year to balance the online and regular publishing process between full issues.

In 2019 the publication also introduced the intern editor program, with Salisha Maharaj from South Africa as our inaugural intern editor. The internship program is specifically for people who are currently engaged in an infant mental health training programme and who are new to the field. The over-arching goal is to leverage WAIMH Perspectives in Infant Mental Health as a base from which to: get to know new members; provide opportunities to engage with the wider IMH community beyond one's local area, and also learn and understand from new members about what they are seeing and noticing in our field. The 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.

Continuing to build the relationship across WAIMH Perspectives in Infant Mental Health and the Infant Mental Health Journal, in 2020, a joint initiative was established that involves featuring IMHJ articles that especially draw attention to themes in practice with very young children/families. The IMHJ editor selects published papers, engages with Wiley for publication permission and invites authors to consider if they would be like to be part of this initiative. The first paper featured in this new initiative was by Rachel Ransley, Michelle Sleed, Tess Baradon and Peter Fonagy (UK): "'What support would you find helpful?' The relationship between treatment expectations, therapeutic engagement, and clinical outcomes in parent–infant psychotherapy"

COVID-19 response

In response to COVID-19, the WAIMH Perspectives in Infant Mental Health team collaborated with the IMHJ Editor-in-Chief Holly Brophy-Herb, and WAIMH Board member and Associate Editor Jane Barlow, in a shared initiative: *Infant and Early Childhood Mental Health in the Context of the COVID-19 Pandemic*. The goal of the initiative was to capture and share, as quickly as possible, the experiences of infants, toddlers, young children, families, and practitioners around the globe. In disseminating these papers, the aim has been to provide a platform of infant mental health informed research to inform and guide additional research and applied practices and services, such as telehealth and telemedicine in infant and early childhood mental health contexts.

As a result, WAIMH Perspectives in Infant Mental Health published a special issue in December 2020, The Voices of COVID-19 WAIMH Perspectives in Infant Mental Health, which included a series of thirteen papers, captured the reflections and early research endeavours of scholars from Australia, Chile, Portugal, South Africa, and the United States. The papers featured case studies and qualitative studies, bringing into view, the voices and lived experiences of infants, young children, families, and practitioners, during the early stages of the COVID-19 pandemic. The second part of this initiative has resulted in a forthcoming special issue of the Infant Mental Health Journal, due for publication in early 2022. This special issue includes fourteen papers representing scholars and research from Chile, Brazil, Canada, and the United States.

Furthermore, and in conjunction with the Perspectives team, Sari Miettinen, from the WAIMH office was instrumental in setting up the COVID-19 WAIMH web page.

The Signal and WAIMH Perspectives in Infant Mental Health E-book project

Throughout 2020-2022 an ebook project has been in motion to celebrate 30 years of this publication. The ebook will contain thematic summaries of published material across both publications from 1993-2021. This project team is being led by Miri Keren and includes Deborah J Weatherston, Maree Foley, Kaija Puura, and Patricia O'Rourke.

Free open access to all publications since 1993

The Signal and WAIMH *Perspectives in Infant Mental Health* is a free and open access online publication. While the publication is free and open-source, there is a short member-only access time access to each new publication before the material becomes open source.

All publications since 1993, are now archived on the WAIMH website on the WAIMH *Perspectives in Infant Mental Health* page.

The link is here: https://perspectives.waimh.org/perspectives-archive/.

In addition, past articles are also available online in text format (from 2007), which in turn can be shared: https://perspectives.waimh.org/

Moving forward

The Signal and WAIMH *Perspectives in Infant Mental Health* both represent a team within WAIMH that aims to build and sustain connections within the WAIMH community, and from which has evolved, and continues to evolve full issue publications, special issues, and a growing social media presence, all oriented towards the aims and mission of WAIMH.

Moving forward and continuing to grow from its roots in *The Signal*, WAIMH *Perspectives in Infant Mental Health* welcomes submissions from colleagues across our diverse field that challenge the way we think about infants, families, culture, and community, and offer fresh perspectives on policy, research, and practice.

On behalf of WAIMH,

To every baby and family and community who have shared their journey with us,

To every editor and contributor,

To the host institutions of Michigan State University and Pirkanmaa Hospital District (Child Psychiatry) and Tampere University (Faculty of Medicine and Life Sciences 2008-2019 and from 2020, the Innovation Services and Partnerships),

To every reader of *The Signal* as a paper and post-publication, and the more recent

WAIMH *Perspectives in Infant Mental Health* readers,

Thank you.

Improving infant mental health outcomes in early learning settings for children who have experienced trauma

By Alma-Jane O'Donnell (Goodstart Early Learning), Australia

Photo: Adobe Stock

Introduction

The Australian Mental Health Productivity Commission report recommended "strengthening skills and workforce of early childhood educators to meet the needs of children's 0-3 social and emotional development" (Australian Mental Health Productivity Report, 2020, p. 11). Furthermore, the National Mental Health Commission has been tasked with developing this strategy as part of the Australian Government's long-term National Health Plan. This plan is the first of its kind, with a focus on children from birth to 12 years of age. In part, these recommendations are to focus on supports that may be required for educators. They list three main objectives: educator well-being, targeted responses for children, and well-resourced and skilled educators (National Children's Mental Health and Wellbeing Strategy, 2021, p. 10).

This article will:

a) Describe an innovative evaluated programme, *Intensive Emotional Support Plans* (IESP), developed by Goodstart Early Learning (Goodstart), Australia. Goodstart is Australia's largest not-for-profit early learning provider. Goodstart has long had an inclusive policy which supports children who have experienced significant childhood trauma. IESPs, help support inclusion by attending to individual children's traumatic presentations, supporting the centre team, and upskilling and strengthening educators' skills in traumatrauma-informed practice.

b) Present a summary of a recent evaluation of the IESP approach undertaken by the University of Adelaide, and

c) Illustrate the practice implications of the IESP, throughout the paper, via a case study profile of Henry, a three-year old boy and Claire, Henry's key educator at his early learning centre. Please note, all names and some details have been changed to protect the identity of the children, their families, and the staff.

Introducing Henry, his family, and Claire

Henry

Henry is a three-year-old boy, the eldest of two. He has attended his local Goodstart centre five days a week since he was one. Henry is at the top of the percentile chart for height and weight. He is usually quiet in nature, but in the last six months he has had extreme aggressive outbursts, often resulting in physical injuries to educators and children. Due to Henry's unpredictable behaviours numerous children and educators are wary of him and tend to avoid engaging with him.

Henry's parents

Henry's parents met while homeless when they were teenagers. Henry's mother has a history of mental illness and left her partner unexpectedly for one year, when Henry was 12 months old. Before leaving and after her return there was significant domestic violence in the family, perpetrated by Henry's father.

Henry's father has a history of mental illness, drug abuse and criminal activities. It is important to note that he has been on parole and drug free for the past year. Henry's paternal grandparents have cared for both children during times of parental absence.

Claire

Claire is Henry's key educator. She has formed a caring relationship with him, and Henry tends to follow her wherever she goes.

The Intensive Emotional Support Plan (IESP) Design

For early learning educators to provide emotional support to such high-risk children, they must be well supported themselves (Dolby, Ebert, & Watson, 2008). The IESP was designed in response to this need and includes

the children, their families, and their educators. To date, over 185 children have been successfully supported in this approach.

This plan provides an additional educator for a 12-week period to support the inclusion of a child presenting with withdrawal or volatile trauma presentations. The additional educator provides relationship based, intensive emotional support and is not counted in staffing ratios, allowing them to be always available for the child. This educator's first objective is to build a secure relationship with the child, narrating and helping make sense of the environment when calm and co-regulating with the child when in a heightened or aroused state. This educator also supports the child to negotiate relationships with other children. They help the child to identify, when possible, their own body's warning signals for distress, such as a fast heartbeat, and role model, and support the child to learn breathing and mindfulness techniques.

Over the 12 weeks, the educator's goal is to transfer a sense of safety and containment to all other educators, sharing the strategies learned that have helped the child in heightened states. These strategies are also shared with the child's parent/carer. To carry out this role, it is essential for the selected educator to have strong empathic relationship skills and a sound knowledge in educating and caring for children with ongoing high needs. Although there is one nominated educator working with the child intensively, for this plan to be successful, those factors which contribute to the child becoming emotionally dysregulated, must be understood and implemented by the whole centre team.

A reflective journal is developed for the child and family, with pictures of interactions (both successful and challenging) added for the child to reflect on with the educator when in a calm state. The educator reads the journal as a story and talks about how the child coped during the tricky times.

The IESP program is overseen by a multidisciplinary team of child and family practitioners, who have expertise in Infant Mental Health, Circle of Security (Zanetti et al., 2011) and trauma-informed practice. The child and family practitioners offer weekly support to the educator and coordinate meetings with parents/carers and involved external agencies. Currently there are fourteen child and family practitioners working across Australia.

Eligibility for IESP

As part of the social inclusion team, Goodstart Early Learning has a central Help Desk that all centres can contact when experiencing barriers to inclusion. The Helpdesk is run by three support workers who have expertise in Early Childhood Education and Care (ECEC) and inclusion. When a request for support is received, such as the one from the centre where Henry attends, the Helpdesk will connect with the centre to gather details such as child protection concerns (current or historical), family history, the nature of the centre's relationship with the family, behaviour concerns, relevant diagnoses, external services involved, and the level of support being requested.

If there is child protection history and the child is at risk of exclusion, the Helpdesk will refer onto the National Manager of the Child and Family Service for review and eligibility for the IESP program. The approval and prioritisation criteria are based on each individual request and guided by evidence of current or historical trauma and the child's presentation, "how long can the child wait?"

All centre's that submit a request are offered a level of support by the Social Inclusion Co-ordinator or a child and family practitioner, which could include foundational support via tele-health, face-to-face visits, and when approved, the IESP.

When approved for the IESP support, the centre is allocated a child and family practitioner and an extra out-of-ratio educator is funded to implement a 12-week support plan. The length of the plan is dictated by the available budget with the possibility of extension if necessary. Currently the Australian government Inclusion Support Programme (ISP), only provides funding for an out-of-ratio educator for room support only.

It was identified that room support alone does not allow the gradient individual relationship component of the IESP to develop, as the educator has competing priorities with other high needs children in the room and daily routines. Due to these restrictions, Goodstart Early Learning, self-funds the programme, at an approximate cost of $12,000 per child.

Henry, Claire, and IESP: The beginning

One afternoon Claire was sitting with Henry, closely together in a quiet reading area. They were seated on cushions on the floor.

Over the other side of the room, a child ran past, slipped over and fell hard onto the floor. Claire responded quickly by getting up to help. She turned to Henry and put her hand out and said "Henry, wait here. I'll be back".

As Claire was getting up, Henry launched at her putting his hands around her throat, screaming, and kicking her. It took two other educators to remove him from Claire. Claire was injured and needed medical attention for multiple deep scratches and bruising on her neck.

After this incident, Claire requested not to work in the room Henry was in because now she was afraid of him.

Henry's aggressive escalations increased from occasionally to multiple incidents every day. Educators and parents of children in the room began advocating strongly for his exclusion from the centre.

As Goodstart's policy is to work with and for these very vulnerable children, our response was not exclusion but to ask, "How can we support Henry's inclusion, while supporting our educators and every child's education and wellbeing?"

The role of the child and family practitioner

In the week prior to the educator starting in the room with the child, the centre team receives training from the child and family practitioner. The training package includes basic understanding of the impact of trauma on attachment and normal brain development, the importance of educator self-care and general strategies to support on-floor practice and the wellbeing of the educators. The training also includes the specific

child's presentation, so that educators understand the "why" behind the child's behaviours, such as Henry's "fight" response when Claire suddenly got up and gestured with her hand near his face. The development of each plan is tailored to each individual child's trauma presentations, using the reflective journal.

Henry, Claire, his family life, new beginnings

Soon after the incident with Claire, Henry's father was incarcerated for multiple crimes and his mother's drug use increased. Henry was placed in emergency foster care for two months and then placed in the care of his paternal grandmother. Over these two months Henry was away from the centre as the foster care placement was a significant distance from the centre.

Henry's paternal grandmother reached out to the centre to re-enrol him when he was placed back into her care. She disclosed Henry was having significant volatile outbursts at home and she was struggling to care for him. Due to his presentations at home and past presentations at the centre, he was approved an IESP to assist his transition back.

Claire asked if she could be his support educator, as she felt he must have been so scared when he was removed from his home.

Once a week the child and family practitioner meet with the educator to provide practice guidance and support. As Henry's predicament illustrates, there is often a significant rupture in all relationships in the centre. The role of the child and family practitioner initially, is to function as a secure base for the education team to work through the relational challenges. It is only when the education team experiences being held in mind, that they can begin to see the child, and not just the behaviour.

After the training is delivered, the educator is asked to observe the child for the first week, to gain an understanding of their developmental age in social, emotional, and relational areas. The educator is to observe the child's interactions from a strength-based approach. When children suffer trauma, they miss critical developmental stages. It was identified that Henry's emotional age was much younger than 3 years, so his ability to co-regulate, self-regulate, and to be able to engage with peers, was significantly delayed. The initial practices the educator implements with the child, is based on the child's developmental rather than chronological age.

The Marte Meo framework (Aartes, 2008) is used to support challenging behaviours from a developmental perspective. Behaviours are viewed as an opportunity for development rather than a 'problem' to be fixed. With permission, the educator videos the child at different times during the day. This video is then used to help the educator reflect on and enter the child's world. The educator documents any delightful moments, such as the child having success engaging in an activity or playing with a peer, the child's areas of strength, and capacity to co/self-regulate. For example, how long can the child tolerate relational interactions and do they seek support from educators?

The educator also documents the child's "high risk" times. The purpose of this is to show the child's strengths in difficult situations. In the one-on-one moments, the educator allows the child to choose the learning experience and delights with them in even the smallest of successes (Muir et al., 2006). This supports the educator and child to discover together a new way of relating to each other.

Claire's first week of supervision

During the initial week of supervision, Claire noted there had been many incidents of biting and kicking. She was frustrated as she could not identify triggers for these escalations and her colleagues in the room were starting to ask her why she wasn't doing anything about Henry's behaviour.

Claire wondered aloud if Henry even liked her anymore. She was disheartened as she had tried so hard to become Henry's secure base again.

Claire brought some video footage of Henry playing during inside/outside activities to supervision. While reviewing the footage the supervisor suggested that they "just watch Henry and see what he tells us about his world".

Henry is initially sitting by himself; he looks over to three children playing with blocks. Henry then walks over to the three children and stands behind them, with his head down. The other children finish their play and move away not noticing Henry. Henry still with his eyes down, briefly glances across the room to Claire and then follows the children to the next activity. Once again, he stands behind them. Another educator walks over and Henry silently moves next to her and glances at the children. The educator does not notice Henry and walks away.

Claire suddenly turned to the supervisor and said, "I wonder why he just stands there and doesn't say anything?" The supervisor wonders with Claire.

Henry then walks over to another group of children, with his head down still and glances again over to Claire, briefly.

Claire stopped the review video and looked at the supervisor and said, "I think he wanted me to help him? Maybe Henry does see me as his secure base?"

At the end of the review Claire reflected that it must be incredibly frustrating for Henry to want to enter play and relationships with other children and seek help from educators when no one 'sees' him and he doesn't know how to. Claire then said she feels sad that she hadn't noticed Henry looking to her for help. The supervisor held the moment allowing Claire to stay with her thoughts. Claire then said, "but it's nice that Henry does see

me as his secure base. I am going to help him learn how to enter into play. We can start with supporting Henry to say "hello" when he walks up to other children".

This moment is a pivotal part to the success of the IESP. By supporting Henry to connect back into the early learning environment, Claire is giving Henry the experience of being seen, "When I look, I am seen, so I exist. I can now afford to look and see. I now look creatively and what I apperceive I also perceive." (Winnicott, 1971, p. 3).

Team around the child

Another important component of the IESP approach is the communication with the parent/carer and with external stakeholders. The educator is supported to initiate contact with the child's parent/carer, to explain the plan and share the observations made. The educator develops a communication book for the parent/carer to continue sharing observations. A book with photos taken of the child's day is also developed for the educator and child to look through. The purpose of this is to share with the child, in their calm times, their world in the early learning environment. When a referral for an IESP occurs, often there are multiple services involved in the family and child's life. It is also common that, like for Henry, some sort of crisis is occurring, like removal from parental care, placement breakdown or change, domestic violence, or parental mental illness.

Throughout the plan at least three partnership meetings are held. This process ensures all information, such as who is the child's carer, will access visits occur, are there allied health professionals involved and is anyone keeping the child's current state of wellbeing in mind.

Holding Henry in mind

Over the next 5 weeks, Claire experienced great success in supporting Henry to play, and he would say hello to anyone that walked past. Each day they started with bubble or balloon blowing, followed by story time, to provide Henry with predictability that supported him to transition into the centre.

In the calm times Claire asked Henry to count how fast his heart was going, then when running outside, she would ask him to count again.

Claire then introduced taking big slow breaths, to see if that slowed his heart. When she noticed him starting to get frustrated, she would offer him bubbles to blow to slow his heart.

By week 5, Henry was having only one or two escalations a week and was starting to spend time with other educators.

Claire shared with his grandmother the strategies that were working. Grandma reported that when she became frustrated with him, Henry offered her bubbles to blow.

It was all going so well, then…

Around week 6, Henry's behaviours started to escalate again. He had days where he was very withdrawn, and days he was highly emotive. Claire couldn't understand what had changed for Henry. Grandma reported she was not seeing these behaviours at home. Henry's outbursts escalated to the point he smashed a window in the centre, almost hurting a few children. He began growling at anyone who came near him. The centre held serious concerns for Henry's mental wellbeing.

A partnership meeting with Grandma and the child protection agency was held

During the meeting the child and family practitioner asked if there been any significant changes in Henry's life. Grandma stated there had been no changes at home, adding that court appointed access visits to his father in prison and to his mother, who was now residing in a drug rehabilitation service had started two weeks prior. The access visits to the prison occurred in the morning and Henry would be dropped off at the centre afterwards.

The Child Protection agency then reported that only one visit with Dad occurred, as Dad refused to see Henry the second time, leaving Henry sitting in the visitor's room at the prison. The worker reported Henry had started screaming as they drove up to the prison gate for the second visit. As they were court appointed, the visits were compulsory and couldn't be changed until the next court date.

Access visits with Mum were more successful, but they reported Henry was often very sad leaving her.

Connecting Henry's behaviour with his day-to day experiences

On review, the dates of the aggressive escalations occurred the day before and following the visits to Dad with the biggest escalation occurring on the visit where Dad didn't arrive. He was most withdrawn after visits with Mum.

It was very evident Henry was not coping emotionally with access visits and needed extra support. The child protection agency agreed to advocate to stop access visits at the prison, with a possible video call instead. Claire spent more one-on-one time with Henry after these access visits, while continuing to encourage him to connect with other educators.

By week 10, Henry had settled again in the centre, spending most of his time in the planned program for all children, only checking in with Claire when tired or overwhelmed.

By the end of the plan, Henry had no escalations and on one occasion when a peer threw a toy at him, he walked over and handed his peer his bubbles and said, "you need to do big blows". Then he went to tell Claire that his friend needed her.

IESP Evaluation summary

The University of Adelaide evaluation in 2019, found the IESP approach to be a very robust, effective, evidenced-based intervention for reducing trauma based aggressive and withdrawal behaviours in children attending ECEC (Karpetis, 2020).

The study found 80% of children participating in the IESP were averaging four daily aggressive escalations before commencing the program; by the final week, the figure was 5%. There was also a similar reduction of withdrawal instances, with 90% of children presenting with four daily escalations before beginning the IESP and no withdrawals in the final week. The children were also more capable of playing with peers.

The evaluators also observed that children increased their ability to name their emotions, improved their language skills, had increased capacity to participate in learning experiences, demonstrated more empathy toward peers and approached the out-of-ratio educator as an attachment figure. The gains appeared higher for the children of younger age as well as for those whose family collaborated in the implementation of the IESP.

In brief, the intervention was found to be highly successful in preventing the exclusion of children in ECEC. The study also found that over the course of the intensive, educators developed their emotional understanding of the child, were protective and caring towards the child, collaborated with the child's family, and grew in confidence in their practice. The evaluators found that the effective structural elements of the IESP included:

a. Employment of out-of-ratio educators,

b. Trauma-informed and attachment-based training of the out-of-ratio educators, and

c. Attachment-based trauma-informed supervision provided weekly to the out-of-ratio educator.

Conclusion

Henry and Claire are representative of many children and educators in our early learning settings. Over the years a question debated in the infant mental health literature has been "under what circumstance do children thrive or suffer in early childhood care?" (Hungerford et.al., 2005). The IESP model creates a unique opportunity for infants who have experienced trauma to thrive within a secure and nurturing early learning environment.

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Photo: Alma-Jane O'Donnell (photo used by Perspectives with permission from Alma-Jane O'Donnell)

"Les maux des enfants" (20.11.2021) Entretien avec Antoine Guedeney

By Maree Foley (Switzerland) and Antoine Guedeney (France)

Photo: Antoine Guedeney

Recently, Antoine Guedeney, past president of WAIMH, and professor of child and adolescent psychiatry (*Service de pédopsychiatrie Policlinique Ney Jenny Aubry, Groupe Hospitalier Universitaire AP-HP. Nord Université de Paris et Université de Paris, France*), conducted a podcast, with Radio Television Suisse (RTS) to celebrate the International day of The Rights of Children.

In the podcast, Professor Guedeney highlights the unique needs of infants and the important role of those who care for infants and of those who support infants and their families, to be attuned to listening to babies, as they communicate their joy and their distress. It is essential that the eco system of support around an infant can optimally identify, respond, treat, and as much as possible, prevent distress in all very young children.

Radio Television Suisse (RTS) Egosystème – 2021, in conjunction with Professor Guedeney have granted WAIMH permission to share their podcast link with WAIMH.

> ***La journée internationale des droits de l'enfant***
>
> ***Antoine Guedeney, (a Radio Televisual Suisse podcast)***
>
> *"A l'occasion de la journée internationale des droits de l'enfant, Antoine Guedeney, pédopsychiatre, nous alerte sur la sensibilité des petits et les enjeux des premières années, le rôle fondamental de l'entourage qui ne doit pas rester sourd aux souffrances parfois déjà présentes. Il a mis au point un outil innovant, une alarme détresse afin de repérer rapidement pour réparer au mieux et permettre à l'enfant de grandir. Antoine Guedeney: " Un bébé n'attend pas " repérer, soigner, prévenir la détresse chezle tout petit enfant. Editions Odile Jacob" (RTS 20 November, 2021)*

Here is the link, generously provided by RTS, to WAIMH to share with our readers and listeners:

EGOSYSTÈME **Les maux des enfants**

https://www.rts.ch/audio-podcast/2021/audio/les-maux-des-enfants-25780104.html

The Alarm Distress BaBy (ADBB) scale

Within the podcast, Professor Guedeney also introduces the audience to *The Alarm Distress BaBy (ADBB) scale* which assesses social withdrawal behaviour in infants and young children less than 3 years of age (Guedeney & Fermanian, 2001). The ADBB requires the clinician to engage the infant in social behaviour – by talking, touching, and smiling to the infant, while conducting routine examinations with the baby. The infant's social behaviour is rated on 8 items using a scale (0 to 4). Following training, it can be used for clinical assessments or research use.

While low infant sociability can be due to many factors, including both organic and non-organic disorders (Guedeney & Fermanian, 2001; Matthey et al, 2005; Braarud et al, 2013), the ADBB can alert the clinician to take extra care with the baby and it's family system so as to understand better what the baby is communicating and in turn so as to provide support and help to the baby and it's care system. In addition, a new paper has recently been published on the ADBB regarding the screening of social withdrawal in primary care setting (Egmose et al., 2021). For further details about the ABDD see:

http://www.adbb.net/gb-conditions.html

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Running an Infant Mental Health organisation: Models of working

Wisdom and experience of our Affiliate organisations

By Jane Barlow (WAIMH Affiliates Council Representative) (UK), Anna Huber (WAIMH Affiliates Council Chair) (Australia), Nichole Paradis (The Alliance for the Advancement of Infant Mental) (USA)

The Affiliates Congress Institute at the 2021 WAIMH Congress in Brisbane was developed in response to feedback from a survey of Affiliates and aimed to explore the realities and challenges of running an infant mental health association, and the local solutions that have been developed. Drawing on six-member examples from around the world, a variety of models of running an infant mental health association were presented, in addition to ideas about how common challenges might be addressed, including through their connection with WAIMH. The aim of the Congress Institute was to enable participants to gain an understanding of context-specific as well as common needs, and how different organisations have responded to these needs.

The first session focused on Europe, the UK, Africa, and the Middle East, and presentations were made by Piret Visnapuu-Bernadt- Estonian AIMH; Nicole Canin - Sth Africa-Gauteng AIMH and Jane Barlow – AIMH UK. The second session focused on The Americas and included sessions from Sheryl Goldberg- Michigan AIMH; and Clara Schejtman-Argentinian AIMH. The final session comprised a discussion with co-chairs Anna Huber (WAIMH Affiliate Chair) and Jane Barlow (WAIMH Affiliate Representative) & two invited panelists - Nichole Paradis from the Alliance for Infant Mental Health, and Nicole Milburn from the Australian AIMH.

What we learned from this exercise was that the diversity of models in terms of how Affiliates were started and then maintained financially, largely reflected the local context and history. While some organisations were started by individuals with a vision who then engaged others in terms of rolling this vision out, other affiliates were developed more strategically using a range of in-person and online networking facilities. Similarly, in terms of resourcing the organization, some affiliates were able to draw on membership fees and other revenue resources in order to pay for a small number of employees, while others had no fees and were largely being run by volunteers.

A number of common themes emerged from the presentations. First, it was clear that while the commitment and work of volunteers was sufficient to initiate the

organization and support ongoing work for a while, paid executive/admin roles became necessary once a certain level of expansion had been reached.

Second, while many affiliates derived their funding from membership fees and also from offering training opportunities, other activities were added as the organization progressed. For example, holding conferences for members and other interested participants has enabled networking as well as sharing of knowledge and research, practice and experiences.

Third, both advocacy and the provision of information were perceived to be important activities both for members but also for other stakeholders including the public, government and funders. Even smaller (e.g., Argentina) or more recently established organisations, (e.g., Gauteng) have focused on these kinds of lobbying and advocacy efforts to raise awareness and build an understanding of infant mental health needs of infants and their families. In contexts where resources are limited, such organizations have often used online forms of dissemination of important messages.

Fourth, a key focus for affiliates was the development of IMH specialized skills and understanding. For example, two of the Affiliates had developed IMH competency frameworks aimed at upskilling the IMH workforce. These also serve to inform stakeholders about specialized IMH skills and training that enable the provision of suitable services for infants and their families.

Fifth, as might be expected relationships and networks were perceived to be essential not only to building the affiliate but also to maintaining a vibrant organization. The issue of sustaining an organization beyond its initial establishment was seen as an ongoing challenge, especially when the energy and capacity of volunteers is the critical factor in the viability of some associations. Finally, the need to adapt to challenges was felt to be central to ensuring that each affiliate survived and continued to have relevance for their localities.

In the last session, Nichole Paradis presented some analysis into factors that contribute to how sustainable an IMH organization becomes. Specifically, a project [1] with conducted by Nonprofit Finance Fund (NFF) with 8 US Affiliates, 7 of whom are members of the Alliance for the Advancement of Infant Mental Health. The project identified the challenges of, "a system fueled heavily by volunteers and unfunded expenses—while serving a workforce unable to pay for the full cost of services." The project confirmed a finding identified earlier in this paper, that there is great diversity in the business models employed by Affiliates. Important to note, that Affiliates with the greatest financial sustainability embrace that they are a business. Affiliates must be driven by their missions and must recognize the need to manage the revenue and expenses just like any other business. The Affiliates who participated in the project had all expanded beyond revenue from only membership and training/conferences. All offered an IMH credential or Endorsement. Most received funding in the form of grants and/or contracts for services delivered to IMH professionals.

Examples of strategies offered to Affiliates included:

1. Be mindful that revenue diversification comes at a cost, i.e., learning new skills and protocols. NFF recommends, "It can often be helpful for organizations to focus on strengthening one or two revenue types (e.g., foundations, government, events) and investing in the capacity, expertise and skills necessary to diversify funding sources within a revenue type, before building out revenue across many different types."
2. Many Affiliates struggle with managing unfunded costs, "'Unfunded costs' are those that are not currently incurred, but if covered, would allow the organization to work at its current level in a way that is reasonable and fair. 'Sweat equity,' or overworked and underpaid staff, is the most common example." For Affiliates, NFF recommends that the true cost, i.e., what is needed to fully fund a proposed project, be included in a grant application or contract negotiations, whenever possible.

WAIMH now has over 60 affiliates spread across the globe. While this is impressive, there is a need to continue to develop new Affiliates particularly in parts of the Global South, where the importance of the first 1001 days (i.e. from conception to age 2) in terms of the long-term development of the child is not yet widely recognized and as such Infant Mental Health policy often does not exist. WAIMH recognizes that in some of the most populous parts of the world, e.g., Asia, and in parts of Africa, South America, and the Pacific there is a long way to go to grow understanding of IMH and to bring professionals together to support their important work in the Infant Mental Field.

While the process of establishing themselves as an Affiliate in terms of taking the first steps to begin the registration process can be difficult, moving from registration to a fully-fledged organization takes time and energy and a mentoring process in which more established affiliates in high-income countries work alongside a newly developing organization in the Global South would be one means of us supporting the development of new affiliates.

[1] This project was conducted with generous support from the Perigee Fund.

WAIMH Office News: Info about WAIMH bylaws and membership renewal

By Minna Sorsa and Neea Aalto (Finland)

Updated bylaws of the World Association for Infant Mental Health

The World Association for Infant Mental Health was founded in 1980 as the World Association for Infant Psychiatry (WAIP).

The Association was incorporated in 1985 in Washington, DC, USA as the World Association for Infant Psychiatry and Allied Disciplines (WAIPAD).

The first bylaws were adopted in 1985. The bylaws have been amended in several phases. In September 1992 the corporation's name changed to World Association for Infant Mental Health (WAIMH) as a result of the merger of the World Association for Infant Psychiatry and Allied Disciplines (WAIPAD) and the International Association for Infant Mental Health (IAIMH). Other changes were made in 1997, 2001, 2008.

The updated WAIMH Bylaws were approved during the COVID-19 pandemic in an online meeting. The bylaws had been posted to all members prior to the Membership meeting taking place Monday, June 8, 2020. The WAIMH Board had prepared and approved of the changes preliminary to approval by the members. A voting procedure to agree amendments was arranged, and of the 26 voting members a total of 22 Yes votes were received.

The bylaw changes in 2020

With the aim of greater alignment with the digital era, the bylaws were updated with regard to how members can receive notifications (see Article VII, Section 1, Section 3, Section 6; Article XV).

The status of the Past President of the Association was modified – The Past President continues to be a member of Executive Committee of the WAIMH Board for four years as a non-voting member (see Article VII -Section 15).

The descriptions of certain officers were expanded:

- Associate Executive Director (see Article VIII, Section 11);
- Affiliate Council Representative (see Article VIII, Section 13; Article IX, Section 1).
- Honorary President (see Article VIII, Section 14);

Termination of Membership has been added (Article X, Section 6).

Voting on the amendments - 26 voting members; 24 votes; 22 votes Yes.

The WAIMH bylaws are available on the WAIMH website: https://cdn.ymaws.com/waimh.org/resource/resmgr/documents/waimh_bylaws_2020.pdf

WAIMH membership 2022

The WAIMH membership year 2021 is about to end on Dec 31, 2021. So, it's time to renew your membership!

There are various ways to renew your WAIMH membership via online payments: For those who have the autorenewal option, membership will renew automatically on Dec 31, 2021. You can also choose to renew your membership manually each year, or you can make a two-year payment, which needs to be renewed manually every two years. The WAIMH membership year is January-December irrespective of when you make the membership payment.

Once you have signed up for or renewed your membership, you can go to the WAIMH Store and subscribe to the *Infant Mental Health Journal* (IMHJ) at a greatly reduced member rate. Note that new membership applications need first to be approved.

Become a member or renew your membership: https://waimh.org/page/membership

Follow WAIMH and read membership newsletters

Please note that WAIMH sends all members messages, and unfortunately the e-mails may land in your spam folders. It is suggested that you look in your spam folder and mark the e-mail as not spam. You can follow WAIMH on social media: Facebook, Twitter and LinkedIn, and use the hashtags #WAIMH #IMH #WorldinWAIMH #PerspectivesIMH #WAIMH2023.

WORLD ASSOCIATION FOR
INFANT MENTAL HEALTH
www.waimh.org

PERSPECTIVES IN INFANT MENTAL HEALTH

Perspectives in Infant Mental Health (formerly, The Signal) is a Professional Publication of the World Association for Infant Mental Health (WAIMH).

It provides a platform for WAIMH members, WAIMH Affiliate members, and allied infant mental health colleagues to share scientific articles, clinical case studies, articles describing innovative thinking, intervention approaches, research studies, and book reviews, to name a few. It also serves as a nexus for the establishment of a communication network, and informs members of upcoming events and conferences.

It is a free open access publication at www.waimh.org

During the past 50 years, infant mental health has emerged as a significant approach for the promotion, prevention, and treatment of social, emotional, relational, and physical wellbeing in infants and young children, in relationship with their parents and caregivers, in their families and communities.

Within this same time frame, the infant mental health movement has expanded to a global network of professionals from many disciplines. This infant mental health global network community of research, practice, and policy advocates, all share a common goal of enhancing the facilitating conditions that promote intergenerational wellbeing; including intergenerational mental health and wellbeing relationships, between infants and young children, parents, and other caregivers, in their communities.

The global reach of infant mental health demands attention to the cultural context in which a young child and family lives, as well as critical attention to issues that affect child development, child health, child mental health, parental mental health and early relationship development.

Invitation to contribute

We invite all members of WAIMH and WAIMH Affiliate members to contribute to Perspectives in Infant Mental Health.

Because WAIMH is a member-based organization, we invite each of you to think creatively and consider submitting an article that provides a “window on the world” of babies and their families –

In the spirit of sharing new perspectives, we welcome your manuscripts. Manuscripts are accepted throughout the year. Articles are reviewed by the Editors, all of whom are committed to identifying authors from around the world and assisting them to best prepare their papers for publication.

Full issue publication dates

Spring issue: April

Papers received by February 1
will be considered for inclusion in this issue.

Summer issue: August

Papers received by May 1
will be considered for inclusion in this issue.

Fall/Winter issue: December

Papers received by October 1
will be considered for inclusion in this issue.

Perspectives in Infant Mental Health Submission Guidelines

APA 7 th Edition.

12-point font.

1.5 or double spaced.

Maximum 3000 words, including references.

All in-text citations, references, tables, and figures to be in APA 7th edition format.

Papers with tables and figures. Please submit the paper as a word-format document with separate files attached for each table and/or figure.

We welcome photos of babies and families.

All photos need to be sent in a separate file with a resolution of at least 72 pixels/inch.

All photos need to include a permission statement from the author for WAIMH to publish the photo in Perspectives and also on WAIMH online social media platforms.

Further details:
www.waimh.org

Contact

To inquire about Perspectives in Infant Mental Health or to submit articles, please contact:

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WAIMH
15-19 July 2023
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WORLD ASSOCIATION FOR
INFANT MENTAL HEALTH

Irish Association for Infant Mental Health

WELCOME

to the 18th World Congress of the World Association for Infant Mental Health 15-19 July 2023, Dublin, Ireland

The Irish Association for Infant Mental Health (I-AIMH) is delighted to invite you to Save the Date to participate in the 18th World Congress of the World Association for Infant Mental Health (WAIMH). Scheduled for 15-19 July 2023, it will be held at the Convention Centre Dublin, situated in the heart of Ireland's beautiful capital city.

The COVID pandemic has brought significant changes across the world and also denied WAIMH members those much desired reunions. However, we are a strong, resilient international community, and as the Irish proverb goes, '*Ar scáth a chéile a mhaireann na daoine*': through the shelter of each other, people survive.

The Dublin Congress aims to provide an in-person stimulating and engaging environment for WAIMH delegates – it will be a truly memorable experience.

Following in the footsteps of previous WAIMH congresses, mutual exchanges that cross interdisciplinary boundaries will be at the heart of the 2023 programme.

We look forward to extending a warm invitation to our infant mental health colleagues across the world to share the latest scientific research, clinical experiences, scientific knowledge and cultural perspectives on a global scale.

Register your interest on the Congress website: www.WAIMH2023.org and we will make sure you are kept updated with the latest Congress news, programme information and links to submit abstracts and register.

Audrey Lonergan
President,
Irish Association for Infant Mental Health

Catherine Maguire
Chair, Local Organising Committee

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