Vol. 30 No. 2 | Summer 2022

Perspectives in Infant Mental Health

Professional Publication of the World Association for Infant Mental Health

Contents

From the Desk of the President of WAIMH

By Campbell Paul, Melbourne, Australia

President of WAIMH, Associate Professor, Royal Children's Hospital Melbourne, University of Melbourne, Murdoch Children's Research Centre

Seeing our complex world through the eyes of the infant…and responding …

I would like to acknowledge the traditional owners of the unceded land on which I'm working today. I am on the lands of the Wurundjeri people of the Kulin nation who have cared for this land in Australia, nurturing a continuous culture for many thousands of years. I'd like to honour and pay my respects to Elders past, present, and emerging. Across Australia it is a sad time with the passing last month of Archie Roach, who was an amazing musician, songwriter, and advocate for first Nations People. Archie was one of many Australian First Nations people who grew up separated from their parents and family because of colonialism and oppressive government policy. Archie Roach, through his music and powerful and evocative songs, was able to instil an understanding of country and culture, and of the profound injustice experienced by generations because of the removal of infants and children from their parents and community ('*Took the Children Away*' Roach, A. https://www.youtube.com/watch?v=IL_DBNkkcSE). His words however, do provide hope and positive direction. Archie worked vigorously with First Nations communities and agencies as well as the broader Australian and international communities to try and undo and repair some of these profound injustices. Archie helped us see through the child's eyes the experience of babies, young children, and their families, suffering trauma through oppression and forcible separation.

Archie Roach, and people of First Nations communities around the world, in North America, Europe, the Middle East, Africa, Asia have much to teach us about the cruelty set upon infants and young children through racism, colonisation and misuse of power. In responding to infants' emerging awareness of self and any emotional and developmental distress, it behoves us to look both within, and

WORLD ASSOCIATION FOR INFANT MENTAL HEALTH

WAIMH Central Office
Tampere University, Faculty of Medicine and Life Sciences, Arvo Ylpön katu 34, Arvo-building, 33520 Tampere, Finland
Tel: + 358 50 4627379, E-mail: office@waimh.org, Web: www.waimh.org

Editorial Staff

Perspectives in Infant Mental Health is a quarterly publication of the World Association for Infant Mental Health. ISSN 2323-4822. All opinions expressed in Perspectives in Infant Mental Health are those of the authors, not necessarily those of WAIMH's. Permission to reprint materials from Perspectives in Infant Mental Health is granted, provided appropriate citation for source is noted. Suggested format: Perspectives in Infant Mental Health 2022, Vol 30 (2).

beyond, the "nuclear family" and draw on the resources of the extended family and other key people in the baby's network of care. Sadly, too often, the emotional and relationship needs of babies seem to be secondary to those of adults.

At our hospital, the Royal Children's Hospital Melbourne, we are currently reviewing our approach to mental health and well-being in the paediatric hospital context and reviewing what it really means to deliver family centred care. This means real and genuine engagement and cooperation with parents, their representatives, and others with lived experience of mental ill-health and distress. On a recent brief trip to the UK and Europe I was privileged to meet with colleagues in Innsbruck, Austria, who are working closely with children, parents, and their community networks where parents experience mental ill-health (Goodyear et al., 2020). A concomitant challenge for infant mental health clinicians and our adult perinatal mental health colleagues is to develop closer clinical and research collaborations. Miri Keren is leading a group within the World Psychiatric Association to foster just these collaborations.

As professionals working with infants, young children, and their families we are in a unique position to advocate for the best outcome for the social and emotional development of the world's infants. Across the globe there is intensification of conflicts and war, natural disasters, climate change and long-standing social and racial inequalities. Infants are especially vulnerable in these circumstances (Keren et al., 2019). There are more infants and children as refugees than there has been in living memory. We have an ongoing task to help infants and young children and their parents experiencing these profound inequalities.

How can we support and help infants and their parents towards optimal development?

It may seem like we're facing an impossible task. But infant mental health as a discipline has made huge developments over the last decades since the first infant mental health world congress was held in Portugal in 1980. Pioneers such as Winnicott, Bowlby, Spitz, Fraiberg, Stern, Brazelton, Lebovici, Trevarthen, Emde and so many others, have set very strong foundations for our work. They observed, researched, and revealed how the baby jumps into their relational world from the very beginning.

It is crucial for us to try and see things through the eyes of the infant. Acting across different modalities, we must provide a voice for the baby and toddler who are in situations of distress and despair. Within the broad membership of WAIMH we have seen some exciting developments in learning, in clinical interventions, training and research.

In a new collaborative webinar training initiative with *Infant and Early Mental Health Promotion (IEMHP),* a program of SickKids, Toronto, we are privileged to hear from a broad range of current experts in the field of infant mental health. Improving access to training has been a major focus of WAIMH. The WAIMH collaboration with Dr Chaya Kulkarni and her colleagues at Infant and Early Mental Health Promotion and Prof Kaija Puura and Tampere University, has produced the amazing 2022 online seminar series "***Laying the Path for Lifelong Wellness***" (https://imhpromotion.ca/Learning-Centre/Expert-Lectures/Lecture-Series-2022). We hope you've all been able to subscribe and access some of the 15 seminars delivered by exceptional people in our field. From the comfort of my home in Melbourne I have enjoyed hearing the many presenters of the seminar series, who are sharing their thoughts, ideas, research, excitement, passion and above all commitment, to the mental health of infants and families. Alicia Lieberman, Arietta Slade, Diane Philipp, Joy Osofsky and others describe important evidence-based interventions. One powerful common theme is our need to do more to address the profound inequalities which children and families face in many countries around the world. The global Covid-19 pandemic has had severely adverse, ongoing, and unequal impacts on health, psychological and developmental growth of children and families in less well-resourced communities in all our countries.

Relationship trauma and injustice exist in all our communities, and we need to address the impact of social, racial, and economic inequalities. It seems that every country has its own tragic systemic ghosts and shame from the present or distant past, whereby the rights of infants and families have been shattered or violated. The WAIMH Board and the Executive have been working at ways to support such communities. Our colleagues at Zero to Three through the Irving Harris Foundation, previously published some important infant mental health practitioner guidelines, 'Tenets to Address Social Inequalities and Injustice'. (See Perspectives, 2013 Seymour et al.)

There have been some very innovative and effective interventions addressing the mental health needs of infants and families at risk, in countries less well-resourced, which can provide models to adapt with other communities (eg Suchman et al., 2020).

WAIMH has a working group whose goal is addressing racism and inequality within the infant mental health clinical research, publication, and implementation arena.

Astrid Berg is leading a WAIMH Global Crises group to support our mental health colleagues working with parents and infants in communities affected by the terrifying experiences of active conflict, war, persecution, and natural disaster. The recent floods in Pakistan for example, constitutes high loss of life and huge disruption of the safety and welfare of thousands of infants and families.

The WAIMH **Dublin 2023 Congress** provides another major opportunity for us to increase our collaborative understanding of the real threats to mental health and development which faces dislocated, traumatised, and frightened infants and their families. *We enthusiastically invite you to come to Dublin and share your therapeutic interventions and innovations for infants and families experiencing trauma, loss, and major mental ill-health*. (https://www.waimh2023.org/)

In your work with families and communities there will be a wide range of social cohesion and social resources and capital. Within every community there will be infants and parents who are suffering mental ill-health and disturbed emotional development. For the Dublin Congress the Scientific Program Committee is very keen to hear of your work within your community because we can learn from everyone engaged with infants and families. We hope that everyone will feel they can share their work. You can submit presentations through either of the Clinical or Scientific streams. The Congress theme is "**Early Relationships Matter: Advancing Practice, Policy, and Research in Infant Mental Health**" and we anticipate that the Congress presentations will demonstrate the essential intertwining of each of these three areas.

I had the opportunity recently to spend two weeks in Europe and I met WAIMH colleagues in London, including Dilys Daws, the founder of AiMH UK, from whom I've learnt so much about infant parent psychotherapies. I met with other infant mental health colleagues in Cambridge, Zurich, Innsbruck, and Vienna. Cambridge was the venue for the 25th anniversary of the Brazelton Centre UK, "*With one voice. How babies around the world are bringing us together*", and the International NBAS and NBO Network Meeting. We had a lot to share, and a lot to catch up on in our exploration of therapy with the newborn baby and parents. Kevin Nugent from Boston who developed the NBO, was honoured. He will be in Dublin next year as a keynote speaker. Other keynote speakers for Dublin are Brenda Jones Harden, David Oppenheim and Nim Tottenham. International travel is now very possible and meeting up in person is an important part of building and maintaining our infant mental health connections and networks.

We look forward to seeing very many WAIMH colleagues and friends in Dublin next year, to hear presentations of your work at the Congress, and to work towards further innovative, equitable, accessible, and effective interventions for infants and families.

Babies depend upon us.

Campbell Paul

President WAIMH

References

Iruka, I. U., Lewis, M. L., Lozada, F. T., Bocknek, E. L., & Brophy-Herb, H. E. (2021). Call to action: Centering blackness and disrupting systemic racism in infant mental health research and academic publishing. *Infant Mental Health Journal, 42*(6), 745-748.

Goodyear, M., Zechmeister-Koss, I., Bauer, A., Christiansen, H., Glatz-Grugger, M. & Paul, J. L. (2022). "Development of an Evidence-Informed and Codesigned Model of Support for Children of Parents with a Mental Illness—"It Takes a Village" Approach." *Frontiers in psychiatry 12*.

Keren, M., Abdallah, G., & Tyano, S. (2019). WAIMH position paper: Infants' rights in wartime. *Infant Mental Health Journal, 40*(6), 763-767.

Suchman, N., Berg, A., Abrahams, L., Abrahams, T., Adams, A., Cowley, B., . . . Voges, J. (2020). Mothering from the Inside Out: Adapting an evidence-based intervention for high-risk mothers in the Western Cape of South Africa. *Development and Psychopathology, 32*(1), 105-122. doi:10.1017/S0954579418001451

Tomlinson, M., & Swartz, L. (2003). Imbalances in the knowledge about infancy: The divide between rich and poor countries. *Infant Mental Health Journal, 24*(6), 547-556.

WAIMH Executive Director Corner

Dear colleagues and friends,

Summer has passed here in the Northern hemisphere and we are starting to prepare for winter – hoping it won´t be too cold. This year we´ve had unusually high temperatures with drought here in Europe while other countries like Pakistan are suffering from floods, and yet others have had major wildfires. As our President Campbell Paul writes in his column: "Across the globe there is intensification of conflicts and war, natural disasters, climate change and long-standing social and racial inequalities. Infants are especially vulnerable in these circumstances". Helping infants and young children to develop a sense of safety and supporting their mental health globally, and particularly in war conditions, is a big task for us all.

Here in Finland we have an official called the Ombudsman for Children. It is an autonomous and independent authority that promotes the realization of the rights and best interest of children. Each year since 2018 the Ombudsman for Children has organized telephone interviews of 400 six-year-olds on some current topics affecting children. The children are randomly selected from all parts of the country, and informed consent for the interview is asked for both from the parents at the beginning of the phone call and then from the children. The six-year-olds have proven to be good informants and almost all have enjoyed being interviewed. The results have been published each year in the Lapsibarometri (Child Barometer) report. This year's topic was safety. According to the children's responses, safety meant the presence of familiar people and things in their everyday life. The full report with more detailed results will be published in December this year.

Most of Finnish six-year-olds live in safe and stable conditions. However, it probably does not surprise any of us, that results from studies with young children affected by armed conflicts or natural disasters also emphasize the importance of parents for children's wellbeing. Secure attachment to parents seems to increase resilience in young children (Al-Yagon et al., 2022). Parents' presence in frightening situations, their reassurance and support in dealing with fear and anxiety and possibilities for playing seem to reduce children's fears (Paryente & Kalush, 2020). Delvecchio et al. (2020) studied the coping strategies of preschool children during the Covid-19 pandemic. They found that young children sought affection from the parents, seemed to accept the situation and also wanted to avoid talking about the virus or pandemic. In her paper, Sudeshna Chatterjee, (2018) emphasizes the significance of play for children's coping, adaptation and resilience in situations of crisis. In a nutshell, in all crisis situations the presence of at least one parent or other secure attachment figure, daily routines and possibilities for play should be provided to all infants and young children. Many papers on scientific and clinical knowledge, and examples of how families have been supported have been published in the abstract books of earlier WAIMH World congresses, the Infant Mental Health Journal and in Perspectives for Infant Mental Health, resources that we all can utilize.

The 18th WAIMH World Congress to be held from 15–19th July, 2023 in Dublin, Ireland is now less than a year away. The submission of abstracts is now open until 14th of October, 2022. This time we have separate submission portals for scientific and clinical abstracts. We hope that this solution will encourage researchers and clinicians to submit their work for the Congress. We also aim to make it clearer in the Congress Program which presentations are research presentations and which are clinical. 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. Our main priority is to get the registration portal opened very soon. At the Dublin Congress we will continue our Sponsor a Delegate tradition that started at the Cape Town Congress. You can support the participation of our colleagues from low and middle low income countries easily when you register for Dublin.

I am also really happy to be able to tell you that the first volume of the WAIMH eBook is now being finalized and will be published soon. The members of the eBook project group, WAIMH Past President Miri Keren, Maree Foley, Deborah Weatherston, Patricia O´Rourke and Kaija Puura are already working on the second volume. The WAIMH eBooks are based on articles from issues of The Signal and Perspectives in Infant Mental Health that the group has chosen on different themes to form chapters of the eBooks. The members of the eBook group have written short synopses of the chosen articles and

supplemented the chapters with introduction and conclusion sections. We hope that this way you can make better use of Perspectives and enjoy reading papers from many great names in WAIMH history.

With warm wishes to you all,

Kaija

References

Al-Yagon, M., Garbi, L., & Rich, Y. (2022). *Children's resilience to ongoing border attacks: the role of father*.

Chatterjee, S. (2018). Children's coping, adaptation and resilience through play in situations of crisis. *Children, Youth and Environments*, 28(2), 119-145. Retrieved from http://www.jstor.org/action/showPublication?journalCode=chilyoutenvi

Delvecchio, E., Orgilés, M., Morales, A., Espada, J. P., Francisco, R., Pedro, M., & Mazzeschi, C. (2022). COVID-19: Psychological symptoms and coping strategies in preschoolers, schoolchildren, and adolescents. *Journal of Applied Developmental Psychology*, 79, 101390.

Paryente, B., & Kalush, M. G. (2020). The subjective experiences and reactions of kindergarten children during and after a period of continuous missile attacks. *Journal of Child & Adolescent Trauma*, 13(4), 481-492.

From the Editor-in-Chief

By Maree Foley, Switzerland

Welcome to this most current full edition of WAIMH Perspectives in Infant Mental Health (2022). Since the last issue, global and regional crises that impact the health and well-being of families with infants continue along with COVID-19, which remains a constant for many of us across the globe.

Perspectives in Infant Mental Health provides a digital platform for WAIMH members (and the extended WAIMH global community) to share current work initiatives and experiences in the field; all of which aim to effectively promote and protect the mental wellbeing and healthy development of infants in their relationships, and their communities.

Furthermore, this WAIMH publication is underpinned by an asset-based community development approach which in turn aims to create digital spaces for shared conversations, reflections, and collegial companionship. As such, the call for papers is always open. Submission details can be sourced here: https://waimh.org/page/perspectives_in_infant_mental_health_call_for_writers

This issue begins with an address from the president of WAIMH Campbell Paul (Australia), followed by an address from the WAIMH Executive Director, Kaija Puura (Finland).

Next, is a paper that focuses on the unique characteristics of leadership in the field of infant and early childhood mental health. The paper is titled: *Supporting Reflective Leadership: Utilizing Reflective Consultation with Organizational Leaders to Promote Program Sustainability During COVID-19*. It is authored by Alison Peak, Diana Morelen, Katherine Johnson, Emma Timmins, Mindy Kronenberg, and Angela Webster (Tennessee, USA).

What follows is a paper that explores that also examines infant mental health workforce capacity knowledge. The paper is titled: *The views of non-clinical staff who participated in an Infant Mental Health (IMH) Training Day in a Child and Family service Cork, Ireland: A window into the general public perspective regarding infant mental health and wellbeing*. It is authored by Isobel de Búrca, Catherine Maguire & Alasdair Ross (Ireland).

News from the WAIMH Office by Minna Sorsa and Neea-Leena Aalto (Finland) follows with further WAIMH Congress Dublin, Ireland, 2023 updates, including the Call for Abstracts.

Finally, this publication is made possible by the WAIMH office staff, led by Dr Minna Sorsa with Neea-Leena Aalto, who both do an amazing job in the office. They juggle all things WAIMH and their office update is a fleeting summary of what they do on our behalf as WAIMH members. This issue, closes with general information about WAIMH Perspectives (including the paper submission process).

As a reminder, *The Signal* and *Perspectives Infant Mental Health* Archive 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. Our warmest wishes to you all.

From Maree Foley (Editor-in-Chief) on behalf of the WAIMH Perspectives in Infant Mental Health editorial team

Supporting Reflective Leadership: Utilizing Reflective Consultation with Organizational Leaders to Promote Program Sustainability During COVID-19

By Alison D Peak, Allied Behavioral Health Solutions, Nashville TN

Diana Morelen, East Tennessee State University, Johnson City TN

Katherine Johnson, Allied Behavioral Health Solutions, Nashville TN

Emma Timmins, Allied Behavioral Health Solutions, Jefferson City TN

Mindy Kronenberg, Private Practice, Memphis Tennessee, and

Angela Webster, Association of Infant Mental Health in Tennessee

Introduction

Reflective Supervision/Consultation (RSC) is regarded as one of the pillars of Infant and Early Childhood Mental Health (IECMH) services from promotion through clinical work (Shea et al., 2016). Recently there has been increased interest in RSC with IECMH program supervisors, organizational leaders, and policymakers, but questions remain about the defining characteristics and implementation of RSC with these professionals (Amulya, 2004; Hilden & Tikkamaki, 2013).

This paper explores a three-year RSC project that served such leaders in Tennessee, USA. Considerable attention is given to the unique presentation of the:

1. Parallel process,
2. Ghosts in the Agency, and
3. Six characteristics that contribute to defining the concept of Reflective Leadership as it applies to emerging IECMH Leaders.

The Tennessee First Five Training Institute (TFFTI)

In 2019, Tennessee launched the Tennessee First Five Training Institute (TFFTI), a 12-month intensive workforce development project designed to build clinical Infant and Early Childhood Mental Health (IECMH) capacity throughout the state. TFFTI was developed as a response to the growing need for clinical services for children from birth through five to support the state's growing Safe Baby Court Team. Prior to 2019, Tennessee had a limited history with evidence-based dyadic interventions for children from birth to 72 months (Peak et al., 2021).

TFFTI is unique not only in its intersection of multiple IECMH trainings, but also in its emphatic concentration on organizational development and leadership support. TFFTI selects participants for the annual training cohort based on organizational applications that require the participation of organizational leadership. Annually, six organizations are selected who each identify three to four clinical staff and two organizational leaders for participation. Clinical participants (n=22) and organizational leaders (n=12) engage in year-long parallel training tracks to support the development of IECMH services within their organization (Figure 1).

The organizational leaders engage in bimonthly reflective consultation calls, complete an IECMH-focused reading syllabus, and participate in two respective planning summits in the fall and spring of each cohort. Leaders also complete Organizational Readiness for Change Assessments (ORCAs) (twice a year), to assess organizational shifts as a result of participation (Helfrich et al., 2009).

Reflective Supervision/ Consultation (RSC)

Selected readings provided leaders with this foundational definition of reflective supervision/consultation (RSC), *"a relationship that aims at creating a climate in which both the client and the helper's needs are being considered, so that the effectiveness of the intervention is being optimized"* (Costa, 2006, p. 124; Heller, 2012, p. 201). RSC offered a routine space to invite slowing down and consideration of multiple perspectives in problem-solving RSC, is a relationship for learning (Pawl, 1995). Within RSC, a relationship between the supervisor and supervisee is intentionally co-created through regular, routine blocks of time in which reflection on a range of clinical and programmatic topics may be thoughtfully considered. Whereas Reflective Practice may be embodied in a variety of activities, RSC is its own separate activity to promote the reflective capacity of the supervisee. Among providers of IECMH services, RSC has been found to increase reflective capacity, decrease staff turnover, and decrease staff experience of secondary trauma (Paradis et al., 2021; Osofsky, 2009).

Consistent with this definition of RSC, TFFTI organizational leaders had an opportunity for *reflective practice*, defined as the process of carefully considering the qualities and

Figure 1. TFFTI Sample Training Schedule (Peak, A., Kronenberg, M., Morelen, D., Norona, C. R., Frankel, K., & Webster, A. (2021). Being with…By Zoom?: Tennessee's story of continuing IECMH workforce support and development in the time of COVID-19. *ZERO TO THREE Journal* 41(4)).

characteristics of one's ideas and/or actions that go beyond the simple application of professional knowledge (Schon, 1987; Heller, 2012). Within RSC, organizational leaders, thoughtfully considered programmatic changes, set up spaces for thought and questioning without the expectation of answers, and engaged in thoughtful pauses during all logistical meetings.

In recent years, considerable efforts have focused on defining the characteristics of RSC that differentiate it from other styles of clinical supervision. These differentiating qualitative aspects are best defined through the Reflective Interactions Observation Scale (RIOS) which identifies five essential elements: understanding the family story, holding the baby in mind, professional use of self, parallel process, and reflective alliance, and five collaborative tasks (describing, responding, exploring, linking, and integrating) (Figure 2) (Watson et al., 2016). The RIOS acts as a guiding framework to acknowledge the complexity of RSC and to highlight the intention of this separate, honored, space.

TFFTI: Engaging Leadership in Reflective/Supervision Consultation

To help promote sustainability in the reflective practice that is foundational for IECMH workforce development, TFFTI's intensive focus on leadership participation was intended to address the attrition that often occurs in learning collaboratives, to bolster organizations embodiment of IECMH principles beyond front-line staff, and to create sustainability for IECMH services and reflective practice beyond the 12-month learning collaborative. What has emerged far exceeds those original goals, as a rich, cohesive, group of leaders have found new ways of leading, new ways of being through COVID-19, and new opportunities for statewide collaboration from their participation in Reflective Consultation.

Of note, this group elected to refer to this cooperative relationship as "consultation" rather than "supervision" as there were no implications for administrative or clinical oversite between the Consultant and the participants. It was felt that the term consultation better communicated a collegial, voluntary, relationship rather whereas "supervision" was felt to connotate oversight and a power differential.

Twenty organizational leaders, including CEOs and Division Directors, from across Tennessee have participated in the three cohorts. The majority of participants have been women. It is important to note that the leaders of color have been minimal, which parallels the few leaders of color within the limited early childhood behavioral health sector. Each cohort begins with a Fall Summit that invites participants to build upon their understanding of RSC and to develop "road maps" for their identified organizational goals. These goals are unique to each organization and range from adding diagnoses from the DC:0-5™ (Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood) into their Electronic Health/ Medical Record (EHR/EMR) to forming workgroups, to increasing IECMH referrals (DC:0-5, 2016).

In the early development of the Organizational Leaders RSC cohort, there were many shared apprehensions about engaging transparently and establishing authentic conversations regarding difficult topics. Many of the participating organizations often competed for grant and programmatic monies and were concerned that sharing staff difficulties or frustrations with organizational policies could negatively impact their work. In lieu of sharing from individual experiences, the cohort began with a syllabus of readings on organizational well-being, organizational trauma, and the role of leadership in workforce sustainability (Vivan et al., 2017).

Selma Fraiberg once stated that working with young children and families was a little like having God on your side (Emde, 1987). In the process of Reflective Consultation, the progress forward often feels a bit the same. The participants came ready to identify similarities between their own experiences of leadership and the educational content. The group began to collectively identify factors that they believed were connected to their own staff's vicarious trauma and staff turnover which led to considering how these staff concerns resulted in difficulties in providing the quality of services with model fidelity that these leaders desired. As conversations progressed, leaders began to identify their frustration over their inability to control the services being provided to families, to buffer staff from the ever-changing landscape of mental health in COVID-19, and the increased acuity of symptoms with which families presented during the pandemic.

This intentional scaffolding of reflective capacity has been repeated across each cohort. While members are invited to remain a part of the group even if their organization chooses not to participate in the next cohort, group participation does change with each annual cohort. Each fall, the process of applying to participate in TFFTI is repeated, the Summit serves as a kick-off event, and the group regresses slightly in the vulnerability of their conversations, returning to scheduled readings as they resume the process of meeting new individuals and building trust amongst themselves. Notably, this process has not taken quite the length of time in the most recent two cohorts as it did with the initial cohort. Following the initial cohort, some participants remained as new participants joined, contributing established relationships to anchor the addition of new relationships. As

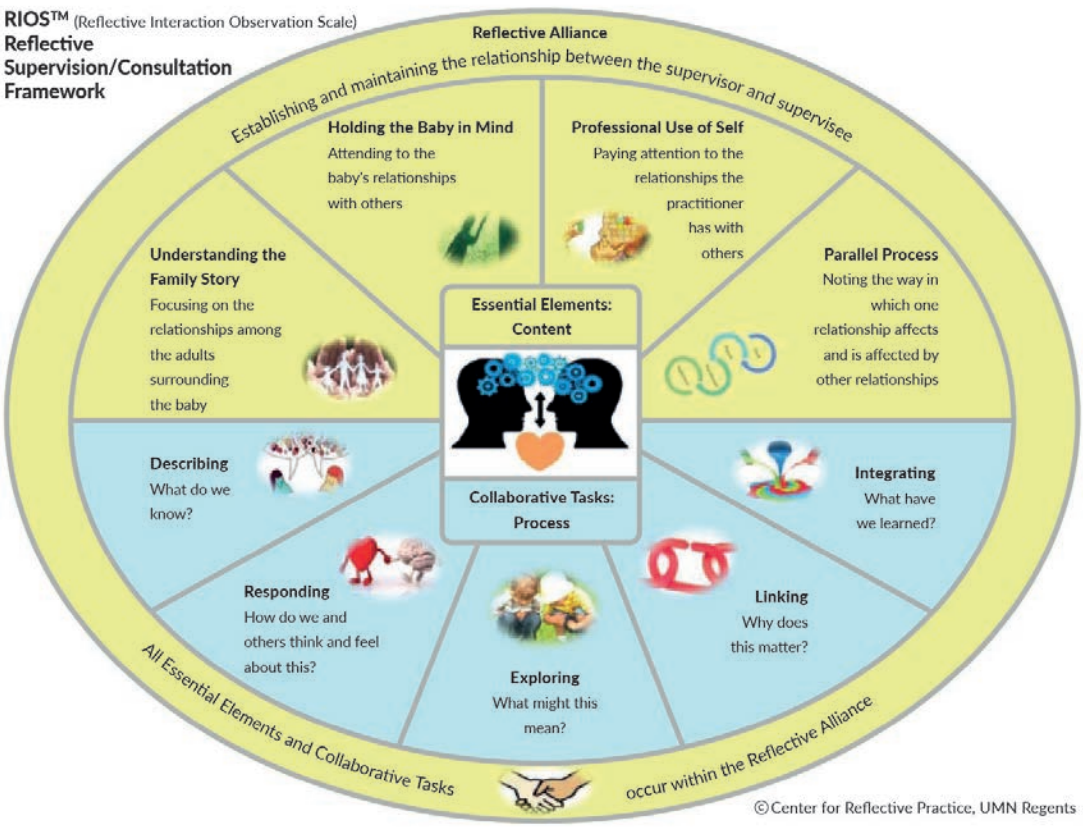

Figure 2. Reflective Interactions Observation Scale (Watson, C. L., Harrison, M. E., Hennes, J. E., & Harris, M. M. (2016). Revealing "The Space Between": Creating an observation scale to understand Infant Mental Health reflective supervision. *Zero to Three*, 37(2), 14-21).

is often the case with group Reflective Supervision between a supervisor and direct service providers, the experience of trust amongst existing members and the experience of being in supervision with the consultant provides a solid foundation to form these new relationships as members join the group.

Ghosts in the Agency

The conversations that emerged around the difficulties of staff oversite and support during COVID-19 were vital turning points not only in the group's ability to engage in RSC, but also in their ability to see themselves as co-creators of the reflective space. One conversation stands out as pivotal in the group's process and their shared reflective vocabulary. The group consistently referenced the idea of "Ghosts in the Nursery" (Fraiberg et al., 1975) after the assigned reading as it resonated with the organizational trauma that was historically observed in several organizations.

Participants told stories of reactive policy implementation after very specific events or of "legendary" actions by staff that were being retold years after the staff exited the organization. The leaders were able to name their own process of decision-making out of a sense of scarcity and referenced connections to historical layoffs and staff conflict from many years prior as internal motivations for their responses to staff and programmatic needs.

From that discussion, it was named that if there were ghosts and angels in the nursery then there must also surely be ghosts and angels in our organizations. This idea connected to the readings around organizational trauma and also created a powerful connection between the leaders' daily lived experiences and IECMH theory. It was a moment when the depth of the vocabulary being used matched the depth of the emotion felt by leaders navigating the unseen and often unnamed forces at work in their respective organizations.

As is often the case in RSC, the ability to identify the presence of such ghosts allowed participants to pause and think critically about their present interactions in the workplace. Participants were able to engage in grounding exercises to support themselves and each other in considering if their current efforts at management were relevant to current concerns of the organization or if alternative supports would better achieve desired outcomes and sustainability. Defining and frequently naming the presence of ghosts also allowed for the defining and naming of angels in the agency (Liebermann et al., 2005). With this connecting language, leaders felt included as part of the broader IECMH system, able to ground to the needs of the moment, acknowledge and understand the ongoing impact of the "ghosts" in their organization, and reflect on their ability to show up and be fully attuned with their staff in their current system.

Parallel Process

This powerful connection permitted the recognition of an expanded parallel process. In the context of clinical work, the parallel process is often thought of as a connection between the infant/young child to the caregiver, to the service provider, and to the reflective supervisor. Jeree Pawl best sums up the parallel process with "do unto others as you would have others do unto others" (Pawl & St. John, 1998). Much like ripples in water or stacking toys, the parallel process draws an image that each relationship between the infant/young child, the caregiver, and the service provider impacts the other relationships around it. In considering the parallel process through a leadership lens, additional layers of the parallel process became clearer through RSC. It allowed leaders to visualize interactions between the agency administrator, supervisor, and service provider as filtering down to the baby or filtering up from the baby, through the service provider, to the supervisor and agency leaders.

In one such example, a leader processed frustrations with staff experiencing low productivity amid an ever-increasing wait list for services with the agency. The staff reported an increase in no-shows and cancellations and an increase in irritability among families who were returning to office-based services. Through RSC and careful consideration of the parallel process, the leader was able to recognize an increase in staff stress following a return to the office from prior work-from-home policies related to COVID-19 that aligned with increased stress in families who were returning to public places and increased staff in young children who had not been in public spaces for a significant portion of their lives.

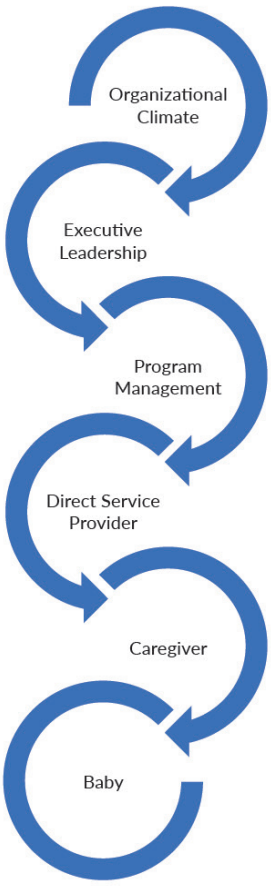

Figure 3. An Organizational View of the Parallel Process.

In addition to layers reaching to organizational climate, the parallel process was also noted to have greater breadth at a systems level. Leaders began to note correlations in staff reports of feeling heard and decreases in the perceived sense of client acuity. While the connections were not always so clearly delineated, observing and giving words to the experience was impactful on the leaders' sense of efficacy with their staff. These interactions also paralleled what we know to be effective with RSC between supervisors and direct service providers—that reflective supervision can help buffer against the stressful impacts of the work (Frosch et al., 2019).

The Leader in the Family System

The naming and defining of ghosts in the agency also supported the need for increased definition and contextualization of both the work that was occurring within the Organizational Leaders' RSC group and the work we were inviting new members to as the

group evolved and expanded across cohorts. Additionally, leaders all had some number of clinical staff engaged in their own RSC and frequently had questions about how that RSC process was similar, or different, or how RSC as a general process develops. The group questioned, "How does reflective practice relate to a different style of leadership?" and "Who am I as a leader as a result of participating in this RSC process?" These questions lead to a frame for considering RSC from the perspective of the organizational leader and a clear definition of the contributing attributes of Reflective Leadership.

Typically, RSC is an individual or group space that is regular, relationship-focused, and collaborative in which a supervisor supports supervisee(s) to better understand themselves in the context of the work, to better understand the family they're serving, and to better understand the connection between the two (Heller, 2012; Shea et al., 2020). As outlined previously, this RSC space intends to utilize the five essential elements and five collaborative tasks outlined within the RIOS, including understanding the family story.

With organizational leaders, the "family story" to be understood has often been the story of the organization itself. These "family stories" have also included the story of how the organization understands its role in providing services, supporting families, and building an IECMH workforce. The "family story" is also called back to the expanded parallel process. Leaders were able to consider this analogy and identify within the "family" of their organization what their role might be and how dynamics between themselves and others might be reminiscent of typical family conflicts.

Additionally, "the baby" referenced in the RIOS presents differently in RSC with leaders. This "baby" is often the most vulnerable perspective in the conversation; a family voice that has gone unheard, an overwhelmed staff that has gotten lost in the attempt to meet programmatic goals or the involvement of other systems and organizations that may have been left out of strategic planning conversations. Consistently within this RSC working with organizational leaders, giving voice to their experiences and helping them to connect those experiences with IECMH direct services facilitated powerful shifts in their reflection and their dedication to systems support for IECMH services.

Understanding Race and Equity in Reflective Spaces of Leadership

The organizational leaders' call to remember the "baby" and understand the "family story", has also served as our call to think critically about race and equity within our work. While these conversations are necessary for each of our participants to reflect on individually, the organizational leaders' cohort is also in a critical space to deeply consider how programs both challenge and uphold systems of racist oppression. Many RSC calls focused on acknowledging the overrepresentation of white service providers serving an overrepresentation of families of color.

The leaders have also consistently noted the lack of colleagues of color within the group itself and the majority of white supervisors throughout the participating organizations. The "family story" of historical trauma was both an ever-present ghost in the organizations and a reminder that with time, effort, and listening to those who live this "story", that the "story" itself has hope for change. The leaders' cohort also worked to acknowledge that listening and holding hope were insufficient in addressing the systemic bias and contributions to systemic racism within their respective organizations. The leaders strongly held to Tenets 8, 9, and 10 from the Diversity Informed Tenets for Work with Infants Children and Families, taking time to focus resources on systems change (Tenet 8), making space and open pathways (Tenet 9), and to advance policy that supports all families (Tenet 10) (Frankel et al., 2019).

The RSC space allowed opportunities for the leaders to consider ways that job descriptions, position titles, screening and hiring processes, and benefits packages participated in that systemic oppression and worked to create concrete plans to change those areas of concern. Individual organizations incorporated these action items into their "roadmaps" to identify the steps their organizations could take in moving toward greater inclusivity.

Defining Reflective Leadership

Shared language and identifying connections between existing concepts and the experience of leadership were key to establishing the leaders' RSC group, developing group cohesion, and maintaining participation. The organizational leaders' cohort found ways to shift definitions or to consider the application of concepts through a systems lens, such as the discussion of ghosts in the agency and the expanded parallel process. However, this group struggled to embody a definition of *Reflective Leadership* and *Reflective Organizations*.

While previous articles discussing Reflective Leadership in the IECMH world do exist, participants felt that the leadership demands of COVID-19 and remote work left the existing literature feeling as though it was missing something (Parlakian & Siebel, 2001; Amulya, 2004; Hilden & Tikkamäki, 2013; Göker & Bozkus, 2017; Schmelzer & Eidson, 2020). As the cohort consulted articles and blogs from Industrial/ Organizational Psychology and Harvard

Figure 4. Reflective Leadership: A Two-Part Definition.

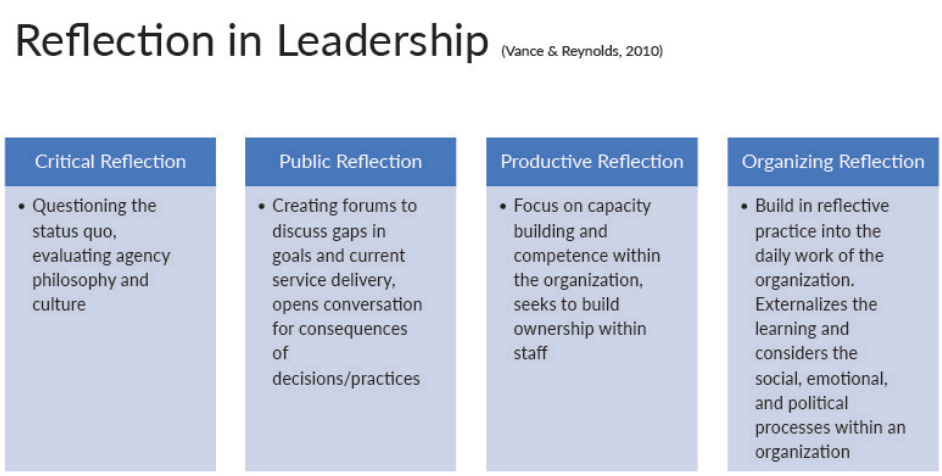

Figure 5. Reflection in Leadership (Vance, R., & Reynolds, M. (2009). Reflection, reflective practice and organizing reflection. In *The sage handbook of management and learning, education and development* (pp. 89-103). https://doi.org/10.4135/9780857021038.n5)

Business Review, there were many concepts and conversations that were connected to Reflective Practice or that sometimes were even referred to as Reflective Practice, and yet missed many of the key facets that Reflective Practice embodies within IECMH work. For example, a regular space to process challenges with a consistent reflective supervisor. Göker and Bozkus (2017) in their discussion of Reflective Leadership, acknowledge the need for shifts in leadership frameworks in response to changes in our broader world.

This review of available information led to the development of a two-part definition of Reflective Leadership for the Spring Summit. This definition was developed to ground the group to the shared themes and vision that they had communicated throughout the biweekly reflective consultation calls. The definition was an aspiration to encompass not only what leaders were doing, but also what they sought as part of their contributions to their personal and organizational development.

Reflective Leadership in its two-part definition includes a) *Reflection in Leadership* and b) *Reflection as Leadership* (Figure 4). Reflection in Leadership utilized the four types of reflection as defined by Vance and Reynolds (2009) as anchoring points to consider ways in which leaders engage in reflection with their colleagues and staff in an effort to move forward with programmatic vision, expectations, and goals.

Reflection in Leadership (Vance & Reynolds, 2009)

Vance and Reynolds identify the concepts of critical reflection, productive reflection, public reflection, and organizing reflection as ways for leaders to consider how they invite conversation within their organization, how they responded when concern or praise is raised, and how staff within the organization might feel as a result of their involvement in these processes (Figure 5). While these four types of reflection helped build the leaders' sense of efficacy with communication, they did not reach the depth of the relational aspect that RSC embodies. These four definitions also left the cohort wondering how leadership is different when RSC is implemented and held as a personal priority. The need to address these two experiences resulted in the development of Reflection as Leadership as an additional component for this definition.

Reflection as leadership

Reflection as Leadership identifies six characteristics; empathy, humility, striving for diversity, seeking equity, transparency, and community, that act as guiding tenets. Much like the Diversity Tenets, these six characteristics are not boxes to be marked as completed, but qualities and goals to be worked towards consistently throughout one's leadership career (Frankel, Njoroge, & Norona, 2019). Like an image of a small child holding many balloons, these six characteristics act as strands to be held in mind, acknowledged when they've been let go of, and regained with the help of others as quickly as possible.

Additionally, the characteristics also called to mind the RSC practice of spotlighting which acknowledges the need for a provider's priority and focus to shift and change in response to the situation at hand (Heller, 2012).

The characteristic of Empathy is best summarized through Brene Brown's quote "Empathy has no script. There is no right way or wrong way to do it. Its simply listening, holding space, withholding judgement, emotionally connecting, and communicating that incredibly healing message of 'You're not alone.'" (2015, p. 91). The characteristic of empathy in leadership, as in life, requires that we show up and listen to what others are telling us and to sit with their emotions. It does not require that we change our minds in our leadership decisions or that we shift direction in programmatic goals, but it does call us to be present with the emotions of those implementing the change.

Humility encourages the utilization of self-awareness, of limitations of ourselves both as humans and leaders, and for leaders to build their reflective capacity to know those limitations. Humility in context further encourages the Leader to acknowledge when their strengths or weaknesses might contribute to organizational growth or struggle, to acknowledge when they don't have the answers to the problem at hand, and to be willing to ask for help from staff or others in moments when

the attributes of others would be better suited to move the work forward.

Striving for Diversity was intentionally worded in this combination as Leaders within this group recognized that Diversity itself was not the endeavor, but that rather the work was of addressing racial inequities in leadership positions, making space and opening pathways to allow for greater representation within systems, and to recognize diversity in various forms of race, ethnicity, country of origin, and ability status. The wording of this characteristic also allows it to stand as a call to action, a reminder that the work will never be complete, but that the success of brown and black colleagues, families and children, is central to the success of all staff, all families, and all children.

Likewise, Seeking Equity challenges leaders to consider how access impacts service delivery, staff retention, staff engagement in RSC, retention of families in services, family success by program, etc. Highlighting equity as access also encourages leaders to consistently hold in mind the "baby." To acknowledge that all situations have a "baby", a perspective or person in a position of disparity calls for leaders to slow down their decision-making process and be intentional about the intended and unintended consequences of those decisions.

The characteristics of Transparency and Community round out the six characteristics included in Reflection as Leadership. Transparency requires Leaders to acknowledge their own emotions within the experience of leadership, to share those emotions as appropriate with staff, and to openly acknowledge moments of uncertainty and where there is a lack of answers. Transparency is not oversharing personal experiences or burdening staff with details of potential struggles that have not yet fully come to light. It is however the process of creating an inclusive experience where the characteristics of empathy and humility are verbalized and shared throughout the organizational hierarchy.

Lastly, the characteristic of Community holds that leading with a reflective stance ultimately means not leading alone. The characteristic of community, this sense of togetherness, and the acknowledgement of shared humanity is a key aspect of RSC as a practice. The Leaders who participated in TFFTI repeatedly commented on how different their work felt because they felt less alone. The sense of Community also promoted our group's awareness that the situations they were navigating were often the result of Ghosts in the Agency and not their own shortcomings as individuals. Community allowed them to gain perspective on situations, hear the "family story," hold the "baby" in mind, and sit in the hard work of beginning race and equity journeys for themselves and on behalf of their programs. Community allowed many of our participants a gathering place of support and shared vision for the first time in their leadership tenure.

Discussion

As with RSC with clinical providers, the RSC space with organizational leaders continues to emphasize the personal experience of the leader themselves, their ability to hold the perspective of the team they are supervising, and how the interconnection between those perspectives impacts the work with infants, young children, and families (Schmelzer & Eidson, 2020). While not discussed in this article, considerable data measures, such as the Freiburg Mindfulness Inventory (FMI) (Walach et al., 2006) and the Curiosity and Exploration Inventory-II (CEI-II) (Kashdan et al., 2010), have been taken with the Leaders who have participated in TFFTI for these three cohorts.

TFFTI adapted the Organizational Readiness for Change Assessment (ORCA) (Helfrich et al., 2009) to focus on the implementation of IEMCH concepts and evidence based-practices in an effort to measure the impact that support for leaders would have on organizational outcomes. While not discussed in this article, those outcomes have been notable and support that the work of RSC with leaders, defining the work of leadership in IECMH settings, and creating the framework of Reflective Leadership has had an impact on the leaders, the staff, and their broader organizations.

Over the duration of the three-year project, participants have increased their ability to engage in vulnerable conversations about things they initially expressed reluctance to discuss, such as: discussing staff concerns, addressing organizational decisions that they disagreed with, and thinking collaboratively about how organizations could work together to improve the provision of services for infants, young children and their families and care for the IECMH workforce across the state.

Further efforts are needed to replicate these concepts with other cohorts of leaders in various geographical settings and from other sectors to identify consistencies and deviations from the experiences noted here. Additional data collection and evaluation should also be considered to identify the individual change in the reflective capacity of leaders over the duration of their participation in Reflective Supervision. Investigating the differences in the content and delivery of RSC with leaders would also be of considerable value to the field much as the RIOS helped to identify the core components of providing RSC with direct care staff.

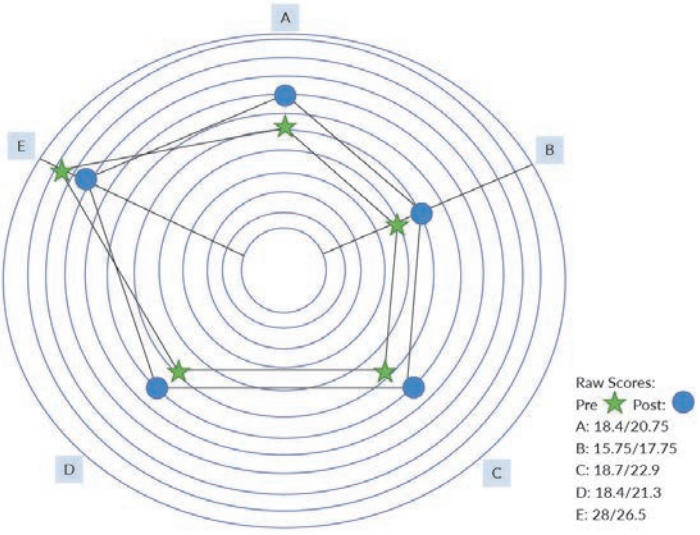

Figure 6.1. TFFTI Cohort 1 ORCA Pre/Post.

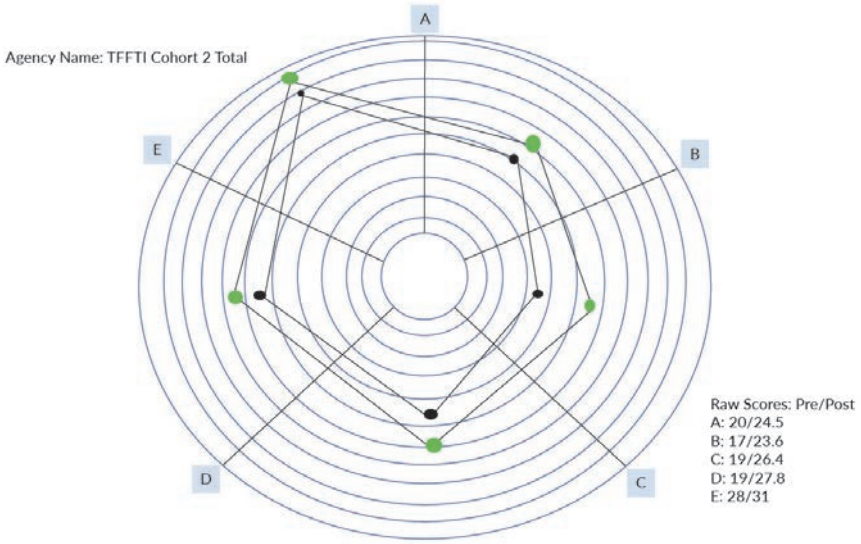

Figure 6.2. TFFTI Cohort 2 ORCA Pre/Post.

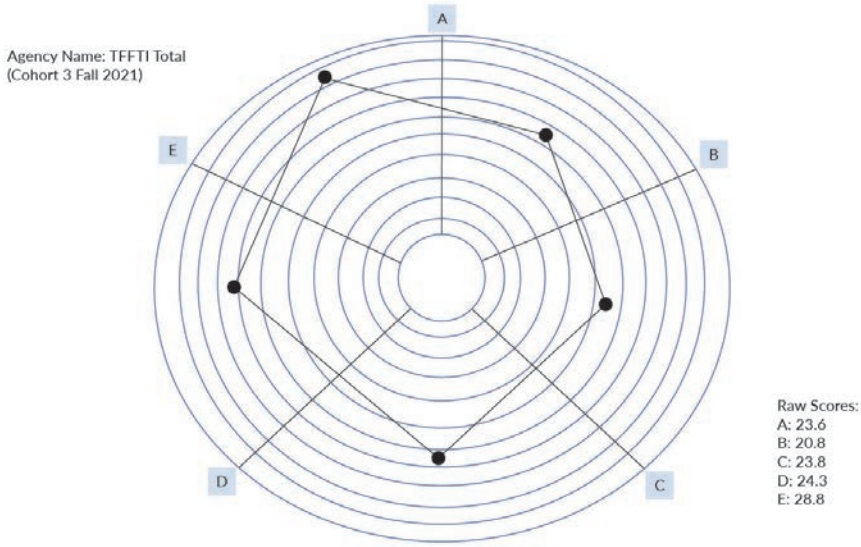

Figure 6.3. TFFTI Cohort 3 ORCA Pre-Only.

Conclusion

RSC is a cornerstone for IECMH direct practice across the continuum of IECMH services. However, its utilization with programmatic, organizational, and policy leaders has been limited to date. This article explores the application of the clinical concepts of ghosts in the nursery (Fraiberg et al., 1975) and parallel processes to organizational leaders and in turn, proposes a working understanding and definition of Reflective Leadership. Preliminary consideration for data collection methods is also discussed.

While the experience has been both relationally powerful and quantitatively impactful for the current participants, more work is necessary to define reflective organizations and to consider how the reflective capacity and cultural embodiment of reflective practice might be measured within organizations. Additionally, greater detail is warranted to explore the confluence of Reflection in Leadership and Reflection as Leadership as the culminating characteristics of Reflective Leadership within IECMH service systems.

Acknowledgements

TFFTI would like to acknowledge the contributions and support of Association of Infant Mental Health in Tennessee (AIMHiTN), BlueCare of Tennessee, Tennessee Department of Children's Services-Building Strong Brains Initiative, Tennessee Association of Mental Health Organizations, and Lynsey Rose. Without their individual contributions and support, this project and its data would not be possible. TFFTI also acknowledges the contributions of one of the Organizational Leaders, Andrea Chase, who lost her battle with COVID in 2020. Her thoughts and perspectives were invaluable to Tennessee's IECMH workforce development.

References

Amulya, J. (2004). What is reflective practice? *Center for reflective community practice at MIT*. http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.737.3650&rep=rep1&type=pdf

Brown, B. (2015). *Daring Greatly*: Penguin; New York, New York.

Dutton, J. E., Frost, P. J., Worline, M. C., Lilius, J. M., & Kanov, J. M. (2002). Leading in times of trauma. *Harvard Business Review*, 80(1), 54-61.

Emde, R. N. Foreword. *Selected Writings of Selma Fraiberg* edited by Louis Fraiberg, Columbus, OH: Ohio State University Press, (1987), p. xix.

Frankel, K., Njoroge, W., & Norona, C. R. (2019). The Diversity Informed Tenets for Work with Infants, Children, and Families: A tool for promoting diversity-informed clinical practice. *Journal of the American Academy of Child and Adolescent Psychiatry* 58(10) ppS383

Fenichel, E. (1992). Learning through Supervision and Mentorship to Support the Development of Infants, Toddlers, and Their Families in E. Fenichel (Eds.), *Learning through Supervision and Mentorship: A Source Book* (pp 9-17) ZERO TO THREE.

Fraiberg, S., Adelson, E., & Shapiro, V. (1975). Ghosts in the Nursery. *Journal of the American Academy of Child Psychiatry* 14, 387-42.

Fonagy, P., Gergely, G., Jurist, E., & Target, M. (2002). *Affect Regulation, Mentalization and the Development of the Self*. New York: Other Press.

Frosch, C. A., Mitchell, Y. T., Hardgraves, L., & Funk, S. (2019). Stress and coping among early childhood intervention professionals receiving reflective supervision: A qualitative analysis. *Infant Mental Health Journal*, 40(4), 443-458. https://doi.org/10.1002/imhj.21792

Göker, S.D., & Bozkuş, K. (2017). Reflective Leadership: Learning to Manage and Lead Human

Organizations. In *Contemporary Leadership Challenges* (Eds) Alvinius, A.

Harrison, M. (2016). Release, reframe, refocus, and respond: A practitioner transformation process in a reflective consultation program. *Infant Mental Health Journal*, 37(6), 670-683. https://doi.org/10.1002/imhj.21606

Helfrich, C., Yu-Fang L., Sharp, N, & Sales, A. (2009). Organizational Readiness for Change Assessment (ORCA): Development of an instrument based on the promoting action on research in health services (PARIHS) framework *Implementation Science* 4(38).

Heller, S. S. (2012). Reflective supervision. *Understanding early childhood mental health: A practical guide for professionals*, 199-216.

Hilden, S., & Tikkamäki, K. (2013). Reflective practice as a fuel for organizational learning. *Administrative Sciences*, 3(3), 76-95. https://doi.org/10.3390/admsci3030076

Jansson von Vultée, P. H. (2015). Healthy work environment – a challenge? *International Journal of Health Care Quality Assurance*, 28(7), 660–666. https://doi.org/10.1108/IJHCQA-11-2014-0108

Kashdan, T., Gallagher, M., Silvia, P., Winterstein, B., Breen, W., Terhar, D., & Steger, M. (2010). The Curiosity and Exploration Inventory-II: Development, factor structure, and psychometrics *PubMed Central* 43(6), 987-998.

Kononowech, J., Hagedorn H., Hall, C., Helfrich C., Lambert-Kerzner, A., Miller, S. C., Sales, A., & Damschroder, L. (2021). Mapping the Organizational Readiness for Change Assessment to the consolidated framework for implementation research *Implementation Science Communications* 2(19) https://doi.org/10.1186/s43058-021-00121-0

Lieberman, A. F., Padrón, E., Van Horn, P., & Harris, W. W. (2005). Angels in the nursery: The intergenerational transmission of benevolent parental influences. *Infant Mental Health Journal: Official Publication of The World Association for Infant Mental Health*, 26(6), 504-520.

Liebermann, A, Gosh Ippen C., & Van Horn, P. (2015). *Don't Hit My Mommy!* ZERO TO THREE

Lindberg, P., & Vingård, E. (2012). Indicators of healthy work environments – a systematic review. *Work*, 41, 3032–3038. https://doi.org/10.3233/wor-2012-0560-3032

Norona, C. R. & Acker, M. (2016). Implementation and Sustainability of Child-Parent Psychotherapy: The Role of Reflective Consultation in the Learning Collaborative Model. *Infant Mental Health Journal* 37(6), 701-716.

Osofsky, J. D. (2009). Perspectives on helping traumatized infants, young children, and their families. *Infant Mental Health Journal*, 30(6), 673–677.

Paradis, N., Johnson, K., & Richardson, Z. (2021). The value of reflective supervision/consultation in early childhood education *ZERO TO THREE Journal* 41(3) 68-75.

Parlakian, R., & Seibel, N. (2001). *Being in charge: Reflective leadership in infant-family programs.* Washington, DC: ZERO TO THREE

Pawl, J., & St. John, M. (1998). *How you are is as important as what you do in making a positive difference for infants, toddlers and their families*. Washington, D.C.: Zero to Three.

Pawl, J. (1995). The therapeutic relationship as human connectedness: Being held in another's mind *ZERO TO THREE Journal*, Feb/Mar 1995.

Peak, A., Kronenberg, M., Morelen, D., Norona, C. R., Frankel, K., & Webster, A. (2021). Being with…By Zoom?: Tennessee's story of continuing IECMH workforce support and development in the time of COVID-19. *ZERO TO THREE Journal* 41(4).

Schmelzer, M., & Edison, F. (2020). The intersection of leadership and vulnerability: Making the case for reflective supervision/consultation for policy and systems leaders *The Infant Crier* November 10, 2020.

Schön, D. A. (1987). *Educating the reflective practitioner: Toward a new design for teaching and learning in the professions*. Jossey-Bass.

Shea, S. E., Goldberg, S., & Weatherston, D. J. (2016). A community mental health professional development model for the expansion of reflective practice and supervision: Evaluation of a pilot training series for infant mental health professionals. *Infant Mental Health Journal*, 37(6), 653-669. https://doi.org/10.1002/imhj.21611

Shea, S. E., Jester, J. M., Huth-Bocks, A. C., Weatherston, D. J., Muzik, M., & Rosenblum, K. L. (2020). Infant mental health home visiting therapists' reflective supervision self-efficacy in community practice settings. *Infant Mental Health Journal*, 41(2), 191-205. https://doi.org/10.1002/imhj.21834

Tomlin, A. M., Hines, E., & Sturm, L. (2016). Reflection in home visiting: The what, why, and a beginning step toward how. *Infant Mental Health Journal*, 37(6), 617-627. https://doi.org/10.1002/imhj.21610.

Tomlin, A. M., Weatherston, D. J., & Pavkov, T. (2013). Critical components of reflective supervision: Responses from expert supervisors in the field. *Infant Mental Health Journal*, 35(1), 70-80. https://doi.org/10.1002/imhj.21420

Vance, R., & Reynolds, M. (2009). Reflection, reflective practice and organizing reflection. In *The sage handbook of management and learning, education and development* (pp. 89-103). https://doi.org/10.4135/9780857021038.n5

Vivian, P., Cox, K., Hormann, S., & Murphy-Kangas, S. (2017). Healing traumatized organizations: Reflections from practitioners *OD Practitioner* 49(4), 45-51.

Vivan, P., & Horman, S. (2015). Persistent traumatization in nonprofit organizations *OD Practitioner* 47(1), 25-30.

Walach, H., Burchheld, N., Buttenmuller, V., Kleinknecht, N., Schmidt, S., (2006). Measuring mindfulness: The Freiburg Mindfulness Inventory *Personality and Individual Differences*, 40(2006), 1543-1555.

Watson, C. L., Harrison, M. E., Hennes, J. E., & Harris, M. M. (2016). Revealing "The Space Between": Creating an observation scale to understand Infant Mental Health reflective supervision. *Zero to Three,* 37(2), 14-21.

ZERO TO THREE. (2016, 2021) *DC:0-5: Diagnostic classification of mental health and developmental disorders of infancy and early childhood*. Washington DC: ZERO TO THREE.

The views of non-clinical staff who participated in an Infant Mental Health (IMH) Training Day in a Child and Family service Cork, Ireland: A window into the general public perspective regarding infant mental health and wellbeing

By Isobel de Búrca, Catherine Maguire & Alasdair Ross, Ireland

We would like to sincerely thank both the staff and management at Childhood Matters for taking part in this evaluation.

Introduction

This paper describes a one-day Infant Mental Health (IMH) workshop which was held for all staff at Childhood Matters, irrespective of their professional role. Childhood Matters is an NGO in Cork, Ireland. The training day was also evaluated. Forty-seven staff attended the workshop and data from thirty evaluation forms is reported. Of these thirty, nine were by staff who were from a non-clinical background (administration, horticulture, security etc). This paper focuses on the evaluation data provided by the non-clinical staff. Although a small sample, it was felt that these were most representative of the general public perspective regarding infant mental health and wellbeing. As such, there was potential to learn about gaps in service awareness and overall public awareness within the Irish context. In analysing this evaluation data, this paper reports on three over-arching themes concerning the ongoing task of IMH awareness and promotion regarding early childhood social and emotional development so that this knowledge is on par with what is already known about physical development to the Irish public.

The organisational and country context

Childhood Matters is a non-profit organisation located on the outskirts of Cork city, Ireland. It is made up of a number of different services inclusive of a parent and infant residential unit which provides parenting capacity assessments, a community family support programme, a creche, a preschool, a teen parents programme, a back-to-education programme and an employment support scheme. The organisation provides child and family services which are aimed at supporting and promoting positive childhood outcomes, developing and understanding parenting capacity and building overall family resilience, contributing to healthier and more sustainable communities. Childhood Matters aims to provide services that support and promote the optimal health and well-being of families at the earliest possible stage. The Childhood Matters staff body is made up of a wide range of disciplines ranging from an executive team to early childcare providers and horticulturalists.

Every year, Childhood Matters connects with over 1000 children through their community and residential services. The service recognises the importance of highlighting the area of Infant Mental Health to staff, families, and the wider community. The service has a Senior Clinical Psychologist and Infant Mental Health specialist affiliated with the Irish Association of Infant Mental Health who provides guidance and training to all staff as well as working directly with parents and families.

The Irish Association for Infant Mental Health (IAIMH) was established in 2009 and is affiliated with the World Association for Infant Mental Health (WAIMH). IAIMH is a non-profit national organisation and a registered charity which was established to promote IMH and provide services to advance the well-being of infants and their caregivers using an interdisciplinary approach (Maguire & Matacz, 2012).

The project

While there is a growing impetus on Infant mental health practices, there are still considerable gaps in service awareness and overall public awareness within the Irish context. To bridge this gap, tailored infant mental health training was required to develop a common language and fluency regarding early childhood social and emotional development which is on par with what is already known about physical development to the Irish public.

Developing the IMH training for all staff within the organisation

Following best practice guidelines and in keeping with the relational approach in *Childhood Matters*, a one-day training on Infant Mental Health principles was conducted for all staff irrespective

of profession or expertise. A public health training approach was therefore adopted to ensure the relevancy of the material to employees from all backgrounds.

The Irish Association for Infant Mental Health Competency Guidelines* (2018) provide professionals with a framework in which to deliver infant mental health knowledge within work settings and across all sectors and disciplines working on promotion, prevention, treatment intervention and policy. In the development of this training programme, these guidelines were consulted and a common language was developed to communicate infant mental health through a blended learning approach.

Participants

Forty-seven employees from Childhood Matters took part in either one of two training days, which were held within the service. Participants were from a range of disciplines and different areas of the service, representing those who worked both directly and non-directly with families. Twenty-two per cent of those in attendance represented staff who did not work directly with families such as those in the Administration and Executive team, Domestic and Household staff, Security, Maintenance and Horticulture staff. The remaining seventy-eight per cent consisted of clinicians, early educators, teachers and family development practitioners.

To facilitate recruitment, an information poster was circulated to staff outlining the importance of Infant Mental Health and its relevance to the service as a whole. Managers from each department agreed to make the necessary arrangements needed so that their staff could attend either one of the two training days organised. Both training days were mixed so that there was a representation of staff who worked directly with families and those who worked non-directly.

The Training

The training was scheduled from 9 am to 4 pm. Lunch and refreshments were provided for all those in attendance on the day. The workshop was designed and presented by the Senior Clinical Psychologist and Infant Mental Health Specialist. The content of the workshop was guided by the foundation skills and competencies listed in the Irish Association for Infant Mental Health Competency Guidelines® (2018). As such, the training sessions focused on the four core areas: What is IMH, and Why it is Important, Brain Development, Foundation Pillars of Attachment, and Emotional Regulation. A blended learning approach was used meaning the information was disseminated using a mix of video and oral-based presentations, a group-based task, and opportunities for discussion.

The Brain Architecture Game was utilized as a group activity during this training. This game was developed by both the National Scientific Council on the Developing Child and the FrameWorks Institute in America. The game is interactive and team-based and illustrates the powerful role that relationships have on early brain development focusing in particular on the type of experiences that promote and derail brain development and the overall consequences for society (The Brain Architecture Game, n.d.).

Evaluation of attendees' experiences of the training

Evaluation aim

The aim was to evaluate the training day and ascertain whether the workshop and information provided were easily accessible to those in attendance with a particular focus on those from a non-clinical background.

Evaluation of the training was conducted in the form of a questionnaire administered to all attendees post-training. The questionnaire contained 14 questions which were a mix of yes/no responses and Likert scales with an opportunity to provide additional feedback in a textbox. The questions analysed whether the attendees felt the training was of use for them in their daily lives; whether the information presented was easily accessible and understood; the main messages taken from the training and any changes they might make. Evaluations were circulated to attendees on completion of training. All questionnaires were completed anonymously and two evaluation boxes were placed in different parts of the campus where staff could return their completed form to. Attendees were given a timeframe of three weeks to return completed forms.

Results

Of the forty-seven evaluation forms which were administered, thirty forms were returned for analysis. Descriptive statistics were used to analyse the results. See Figure1 for a breakdown of clinical and non-clinical respondents.

When asked if the attendees had previously heard of Infant Mental Health before completing the training, twenty-two reported that they were previously aware of this term and eight responded that they were not. Of those who reported they were aware of the term, respondents indicated that they had acquired this knowledge through their area of study in their undergraduate and post-graduate degrees.

When asked to comment on what they found particularly interesting or helpful about the training day, the answers from the non-clinical population shed interesting light on the dissemination of this information to the general public. One non-clinical respondent wrote

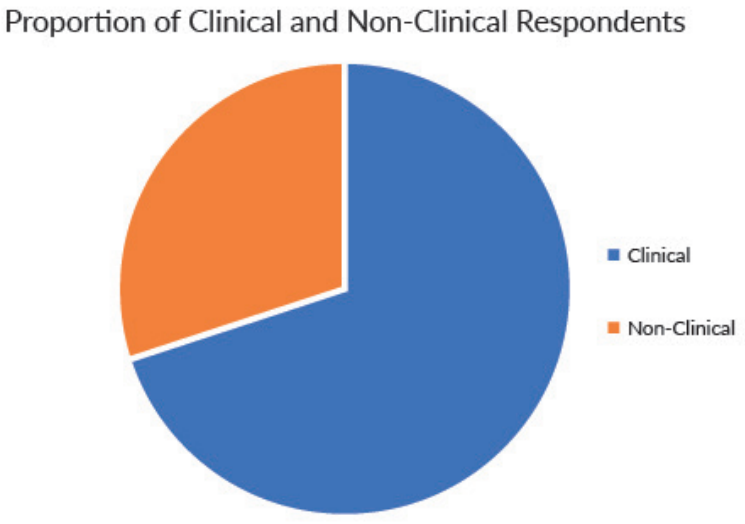

Figure 1. Breakdown of Clinical and Non-Clinical Respondents.

"*I found it fascinating to learn how a baby's experiences in its first hours, days and weeks are critical to its well-being in later life. I found it very interesting to learn how communicating with your baby through gazing and mimicking their sounds has such a huge impact on their social and emotional development and plays a key role in emotional regulation in later years. I found it both helpful and reassuring that a parent/guardian only has to be good enough*".

Another non-clinical respondent commented, "*I thought we thought about mental health when we were older. That was a real surprise. To be aware of the mental health of babies and toddlers is wonderful information to have. It is so helpful.*"

When asked if they felt that this training gave them a good understanding of IMH, all thirty respondents reported that it had. Several respondents commented that the teamwork exercises and video content aided in their understanding of IMH.

In response to the question "Please rate how confident you would feel giving a basic explanation of IMH to a friend/colleague/family member", three responded that they would feel extremely confident, twelve responded that they would feel very confident and eight responded that they would feel confident. Five of the respondents reported that they would feel somewhat confident and two reported that they would not feel confident explaining IMH.

One of the participants who reported that they would not feel confident explaining IMH commented "*It gave me a better understanding, but I would not feel confident to relay this to others. Maybe if it was a 2-3 day training, I would be more confident and feel I understood more*".

Sixteen participants responded that they felt it was extremely important for the general public to have a basic understanding of IMH, ten reported that they felt it was very important and four stated that they felt it was important. When asked to comment on their response, one participant wrote, "*The first three years are extremely important in children's lives. Their brain develops very first and the relationship you form with your child is fundamental to their future*".

Another respondent commented, "*The early days, weeks and months of an infant's life are crucial in terms of brain development, affect regulation and emotional wellbeing. If there were a greater understanding of this, it could have the potential to change entire societies*". Comments from the non-clinical respondents included "*Extremely important – I think that the general public should be made aware that infancy is a critical period for social and emotional development and that down the line, emotional and behavioural difficulties could be avoided. Society, in general, would reap the rewards*".

Another non-clinical respondent commented, "*Extremely important – because most people don't think of the mental health of babies and toddlers as an issue, yet, as we learned how so very important is it in the first months and early years for the mental health of those little ones*".

Respondents were asked to list the main points that they took from the training day and some of the comments included information such as,

- "*Repair is possible*",
- "*Relationships are at the heart of social and emotional development. All development happens within a relational context*" and
- "*Infant mental health needs to be recognised more widely and focused on more in an effort to prevent later difficulties*".

Several respondents also referred to the importance of understanding and acknowledging Adverse Childhood Experiences (ACES) (Felitti et al., 1998).

Answers from the non-clinical respondents to this question included comments such as:

- *The importance of communicating with a baby through gazing/ mimicking/sounds. A parent/ guardian needs to only be good enough.*
- *The importance of a good foundation for healthy brain development and the powerful impact this has on social and emotional development*, and
- *The mental health of babies and toddlers is vitally important; these early years are vital for them to develop mentally and that their supports within the family are sound.*

Emerging themes

Three primary themes from the evaluation data are presented here:

1. Surprise to hear about the ***emerging capacities of the infant from birth***,
2. ***The importance of building strong foundations*** concerning an infant's brain development, and
3. ***The mental health of babies and toddlers***.

1. *Surprise to hear about the emerging capacities of the infant from birth*

Of note was the responses of non-clinical respondents who commented on how surprised they were to hear of the ***emerging capacities of the infant from birth***, specifically, their need and desire to communicate with the primary caregivers through mutual gaze and mimicking of facial expressions and sounds. One respondent noted their surprise at how integral communicating with an infant was to their later life development. This observation was further advanced by another respondent who considered it interesting to learn about just how young babies can take in what is going on around them.

Based on these responses, one could postulate that the general public is still relatively unaware of the emerging capacities of an infant from the time of birth and how infants depend on the reciprocal nature of the parent-infant relationship to develop a sense of themselves and a sense of their identity.

2. *The importance of building strong foundations with regard to an infant's brain development.*

When asked about what main points they took from the training, several non-clinical respondents reported that they noted the importance of building strong foundations for their baby through relational or '*serve and return*' activities and communication. The Centre for the Developing Child (2012) states that these serve and return activities are integral for neural wiring and brain development in infancy.

Consequently, from a public health perspective, this information needs to be made accessible to the wider public. Translating and disseminating infant mental health knowledge and principles at a public health level could provide parents and caregivers with greater awareness and understanding of the key skills and capacities required to give their infant's the best possible start in life.

3. ***The mental health of babies and toddlers.***

The third theme to emerge from the data was the ***mental health of babies and toddlers***. While many of the clinical respondents were familiar with the term, several non-clinical respondents remarked how they previously thought the term Mental Health could be applied to adults and never associated it in relation to the social and emotional development of infants. This evaluation provides us with valuable insight into the wider public's awareness of these issues. While most respondents stated that they had previously heard of the impact of ACE's on later life, most reported they had been unaware of the importance of an infant's experiences in utero, after birth and the first 18 months. Research has consistently demonstrated that this time is most pivotal for the developing brain and human development in terms of life-long health and well-being; neural development is most vulnerable to adverse childhood and environmental experiences (Bergner, 2008; Barlow, 2013).

Conclusion

Infant Mental Health matters and an understanding of what constitutes as good infant mental health and good enough parenting is imperative to the growth and development of secure, healthy present and future generations. On examination of data obtained from the non-clinical respondents, many noted that they were unaware of the term Infant Mental Health and were surprised to hear about both the emerging capacities of the infant from birth and the importance of an infant's experiences in utero, after birth and during the first 18 months. These respondents also remarked on learning about the significance of the parent-infant relationship namely the significance of serve and return communication for promoting healthy brain development and helping infants to build a sense of themselves and a sense of their identity.

The non-clinical population represented those who did not work or study in an area which would directly expose them to the importance of Infant Mental Health and early years development, this population is likely to be representative of the general public. This, therefore, highlights the need to disseminate IMH knowledge and information to make it publicly accessible to all. In addition, it highlights the ongoing challenge within IMH promotion, to continue to build knowledge and understanding about early childhood social and emotional development so that this knowledge is on par with what is already known about physical development to the Irish public.

To address the gaps that currently exist in the awareness of Infant Mental Health among the Irish general public, improving access to IMH knowledge and resources is crucial. Moving outside this staff population and providing the general public with opportunities to attend Infant Mental Health workshops and incorporating the dissemination of IMH information and learning into public policy would be a start in bridging this gap.

References

Barlow, J. (2013). Parenting during the first two years and public mental health. In Lee Knifton & Neil Quinn (eds.) *Public Mental Health Global Perspectives*, McGraw Hill Education; Open University Press.

Bergner, S., Monk, C., & Wagner, E. A. (2008). Dyadic intervention during pregnancy. Treating pregnant women and reaching the future baby, *Infant Mental Health Journal*, 29, 399-419.

Clinton, J., Feller, A. F., & Williams, R. C. (2016). The importance of infant mental health. *Paediatrics & child health*, 21(5), 239-241.

Davis, E., Sawyer, M. G., Lo, S. K., Priest, N., & Wake, M. (2010). Socioeconomic risk factors for mental health problems in 4–5-year-old children: Australian population study. *Academic Pediatrics*, 10(1), 41-47.

Early Childhood Development. *The World Bank*. https://www.worldbank.org/en/topic/earlychildhooddevelopment#.

Eccles, M. P., & Mittman, B. S. (2006). Welcome to Implementation Science . *Implementation Sci 1*, 1. https://doi.org/10.1186/1748-5908-1-1.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258.

Irish Association for Infant Mental Health Competency Guidelines® (2018). I-AIMH Endorsement for culturally Sensitive Relationship Focussed Practice Promoting Infant Mental Health.

Lyons-Ruth, K., Todd Manly, J., Von Klitzing, K., Tamminen, T., Emde, R., Fitzgerald, H., Campbell, P. Keren, M., Berg., A., Foley, M., & Watanabe, H. (2017). The worldwide burden of infant mental and emotional disorder: report of the task force of the world association for infant mental health. *Infant Mental Health Journal*, 38(6), 695-705.

Maguire, C., & Matacz, R. (2012). Bridging the Gap in Service Development in North Cork and Primary and Continuing Care: The Development and Integration of an Infant Mental Health Model into Existing Service Delivery, *Child Links Infant Mental Health: The Journal of Barnardo's Training and Resources Service*, 2, 30-34.

Moore, T. G., Arefadib, N., Deery, A., & West, S. (2017). *The First Thousand Days: An Evidence Paper*. Parkville, Victoria; Centre for Community Child Health, Murdoch Children's Research Institute.

Rabin, B. A., & Brownson, R. C. (2012). Developing the terminology for dissemination and implementation research. In R. C. Brownson, G. A. Colditz, & E. K. Proctor (Eds.), *Dissemination and implementation research in health* (pp. 23–51). New York, NY: Oxford University Press.

Serve and Return. *Centre on the Developing Child, Harvard University*. https://developingchild.harvard.edu/science/key-concepts/serve-and-return/.

Shonkoff, J. P., & Phillips, D. A. (2000). *From Neurons to Neighbourhoods: The Science of early childhood development*. Committee on Integrating the Science of Early Childhood Development, National Research Council & Institute of Medicine. Washington, DC: National Academy Press.

The Brain Architecture Game. (n.d.) https://dev.thebrainarchitecturegame.com/

Donate to support infant mental health globally

By Minna Sorsa and Neea Aalto, Finland

Dear WAIMH members,

The World Association for Infant Mental Health has made it its goal to be truly multi-national and culturally diverse. The majority of infants live in developing countries, and clinicians and researchers serving their needs have less resources for sharing the current knowledge and skills of infant mental health with colleagues from other countries.

You can donate to WAIMH or sponsor two current programs via WAIMH web-page: *Sponsor a Membership* or *Donate to WAIMH*. Additionally, you can support colleagues from low-income countries to participate in the next 18th WAIMH World Congress in Dublin, Ireland via the *Sponsor a Delegate* program.

Sponsor a Membership (Beacon Club)

Help fulfill WAIMH's International Development Mission to build capacity for promoting the well-being of infants and their families.

The Beacon Club promotes WAIMH's objectives by:

- Sponsoring WAIMH memberships and Infant Mental Health Journal (IMHJ) subscriptions for individuals from developing countries.
- Extending the influence of infant mental health to countries now developing new approaches to issues of infancy.

Become a Sponsor

As a Beacon Club Sponsor you have the choice of sponsoring a person for 1-3 years for $115.00 per year. The Beacon Club scholarship includes a one-year professional WAIMH membership and an online subscription to IMHJ. You will need to fill in the details in WAIMH Store: Become a Beacon Club Sponsor

Apply for a Scholarship

The Beacon Club scholarship is intended for developing countries' professionals in the field of Infant Mental Health. If you are interested in receiving a scholarship, please fill out the application form: Apply for a Scholarship

Donate to WAIMH

WAIMH has been organized to operate exclusively for scientific, charitable and educational purposes as follows:

> *To operate exclusively for charitable, scientific and educational purposes, and more specifically to research and study throughout the world, the mental development and mental disorder in children from conception through three years of age; To facilitate international cooperation among individuals concerned with promoting conditions that will bring about the optimal development of infants and infant-caregiver relationships; To encourage the realization that infancy is a sensitive period in the psychosocial development of individuals; To promote education, research, and study of the effects of mental development during infancy on later normal and psychopathological development; To promote research and study of the mental health of the parents, families and other caregivers of infants; To promote the development of scientifically based programs of care, intervention, and prevention of mental impairment in infancy. (WAIMH Bylaws, ARTICLE II, Section 1)*

WAIMH Store has now an option for donations. You can choose a sum (20, 50, 100 or 200 USD) and donate to scientific, charitable and educational purposes: Donate to WAIMH

Sponsor a Delegate

The Sponsor a Delegate program aims at providing more colleagues from developing countries a chance to participate in the WAIMH World Congress.

Delegates from Low Income (LIC), Lower-Middle (LMC) and Upper-Middle Income (UMC) countries can be sponsored by High Income Country peers - by individual infant mental health professionals, by Affiliate Associations of WAIMH or by companies. Sponsored delegates will have the opportunity to participate in the Congress, to learn about new scientific and clinical practice on infant mental health, to share their own knowledge and to meet colleagues working internationally in the field.

The Sponsor a Delegate program of WAIMH 2023 Congress in Dublin will be open within the congress registration portal.

If you have any questions, please contact us at memberships@waimh.org. We thank you warmly for your contributions to support infant mental health globally!

With best wishes,

Minna and Neea, WAIMH Central Office

WAIMH 2023 Call for Abstracts

18th World Congress for the World Association for Infant Mental Health

Early Relationships Matter: Advancing Practice, Policy and Research in Infant Mental Health

15-19 July 2023 Dublin, Ireland

Abstract submission now open!

Scientific and clinical abstracts are invited under the following presentation submission categories:

- Brief Oral Presentation
- Poster Presentation
- Poster workshop
- Workshop
- Symposium
- Video presentation
- Find out more about each of the categories here.

Authors wishing to submit either a clinical or scientific abstract are requested to submit a maximum of 300 words (excluding the title, authors and affiliations) through the online submission portals on the Congress website www.waimh2023.org/abstracts-2/, under one of the following themes:

- Advocacy and infant mental health policy
- Antenatal and perinatal practices
- Attachment: research, security of attachment and disorders of attachment

- Caregiving contexts
- Cross cultural studies – Global strategies for infants, families and communities
- Early development, child health and mental health
- Evaluation and outcomes: scientific studies and early interventions
- Infant mental health services, training, teaching, supervision and consultation
- Observation and assessment: diagnosis, treatment and clinical issues
- Parent-infant interaction and early relationship development
- Parenting and family process
- Prematurity and high-risk infants
- Problems, symptoms and disorders of the infant
- Problems with parenting and high risk families (e.g. adolescent parenting, parental substance abuse, family violence and child abuse)
- Promotion and prevention in community context
- Ethical responses to cultural diversity, equity and racism

Submit before the deadline of Friday 14 October 2022.

Awards in recognition of impact in the field of infant mental health

WAIMH offers four important awards in recognition of individuals from across the world who have made very important contributions to the infant mental health community in the course of their careers.

Interdisciplinary by design, WAIMH invites nominations from the fields of health, mental health, early care and education, early intervention, hospitals, colleges and universities, legislatures, to name just a few.

The nomination materials are submitted by December 31, 2022. The awardees will be presented at Dublin World Congress in Ireland, which will take place 15-19 July, 2023.

There are 5 award categories: **WAIMH Award**, **Sonya Bemporad Award**, **Serge Lebovici Award**, **René Spitz Award** and **WAIMH New Investigator Award**.

Read more online at WAIMH website.

Photo: Emeritius Professor Bob Emde presenting the René Spitz Award to Antoine Guedeney in Rome in 2018.

18th World Congress for the World Association for Infant Mental Health

Early Relationships Matter: Advancing Practice, Policy and Research in Infant Mental Health

15-19 July 2023 Dublin, Ireland

Congress registration now open

Registration for the 18th World Congress for the World Association for Infant Mental Health is now open!

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.

We invite you to register and secure your place at what is set to be a stimulating and engaging event at the Convention Centre Dublin in July 2023.

Register now at the early bird rates

The main Congress registration fee includes:

- Attendance at all sessions and entrance to the exhibition area
- Congress materials
- Attendance at the Welcome Reception
- Opportunity to purchase a ticket to the Gala Dinner
- Morning and afternoon breaks and lunch

The Accompanying person registration includes:

- Ticket to the Welcome Reception
- Ticket to the Opening and Closing Ceremony

For further information about the Congress, visit the website (waimh2023.org) or register today (https://inconference.eventsair.com/waimh-2023/registration/Site/Register).

Registration Type	Early Bird *(until 1 March 2023)*	Standard Rate *(from 2 March 2023)*
WAIMH Member	€550.00	€650.00
Non-member	€650.00	€750.00
Student/Developing Country	€285.00	€335.00
Day Registration	€275.00	€275.00
Accompanying Person	€100.00	€100.00

LAYING THE PATH FOR LIFELONG WELLNESS

INFANT AND EARLY MENTAL HEALTH LECTURE SERIES 2022

Infant and Early Mental Health Promotion IEMHP | A program of SickKids

World Association for Infant Mental Health

Tampere University

OVERVIEW

This year, the Infant and Early Mental Health Promotion (IEMHP) organization at The Hospital for Sick Children has partnered with the World Association of Infant Mental Health (WAIMH) and Tampere University to develop and offer a unique lecture series on infant and early mental health. This series will offer practitioners around the world the opportunity to hear directly from some of the pioneers and experts of infant and early mental health research and practice. This web-based series will provide insight into the foundational science of infant and early mental health, the importance of promotion and prevention policies and strategies, evidence-based interventions, and treatment approaches. The structure of the series aligns with the Competency Framework developed by IEMHP.

TRAINING DETAILS

Includes 15 recorded lectures (each approximately 90 minutes to two hours in length) and access to additional resources provided by presenters. Please note new lectures will be uploaded as they are recorded.

- All 15 sessions will be available by September 2022. Learners will be receiving an email announcement when a new lecture is uploaded. Learners may choose to complete the Lecture Series as sessions become available (first lecture will be available on February 22, 2022) or after all 15 sessions have been uploaded.
- Learners will be eligible for the Certificate of Completion after successfully viewing all 15 lectures and completing the associated feedback surveys.
- Learners will have access to 13 Bonus lectures from the 2020/21 Lecture Series (an additional 26 hours of content).
- Access to all lectures ends September 2024.

REGISTRATION

- For those wishing to register as individuals please visit this '*How to Register and Access Lecture Series 2022*' for step-by-step instructions to register at https://learning.iemhp.ca.
- For those wishing to register groups ranging in size from 10 or more participants, please contact us directly at iemhp.lectureseries@sickkids.ca.
- For more detailed information, please visit: https://imhpromotion.ca/Learning-Centre/Expert-Lectures/Lecture-Series-2022

We look forward to connecting!

LAYING THE PATH FOR LIFELONG WELLNESS

INFANT AND EARLY MENTAL HEALTH LECTURE SERIES 2022

Infant and Early Mental Health Promotion IEMHP | A program of SickKids

World Association for Infant Mental Health

Tampere University

Session 1 - Entering the Worlds of the Troubled Infant, Toddler and Their Parents Across Cultures

Dr. Campbell Paul, MB, BS, FRANZCP, Cert Child Adol Psychiatry, Consultant Infant Psychiatrist, Royal Children's Hospital and the University of Melbourne, Victoria, Australia

Dr. Kaija Puura, MScD, Docent of Child Psychiatry, Professor of Child Psychiatry, Tampere University, Finland

Dr. Chaya Kulkarni, MEd, EdD, Director, Infant and Early Mental Health Promotion (IEMHP), the Hospital for Sick Children, Toronto, Canada

Session 2 - Navigating Equitable Care for Infant Mental Health Within and Across Borders

Dr. Hisako Watanabe, MD, PhD, Vice president, Life Development Center, Watanabe Clinic, Kanagawa /Japan

Dr. Paul Spicer, PhD, Professor of Anthropology, University of Oklahoma, Oklahoma, USA

Tee Garnett, MA, PhD (Candidate), Executive Lead and Strategic Advisor, Equity, Diversity and Inclusion, The Hospital for Sick Children, Ontario, Canada

Heidi Fjeldheim, Special advisor in Child and Adolescent mental health, RBUP, PhD (Candidate), Ahus & UiO, Centre for Child and Adolescent Mental Health, Eastern and Southern Norway, RBUP, University of Oslo, Department of Psychology, Akershus University Hospital, Viken, Norway

Session 3 - Emerging Issues in Infant Mental Health

Dr. Charles Zeanah, MD, Professor of Psychiatry and Pediatrics, Tulane University, Louisiana, USA

Session 4 - How Perinatal Health and Wellbeing Influence a Baby's Health and Wellbeing

Dr. Jovana (Joey) Martinovic, MD, FRCPC, Psychiatrist, Reproductive Life Stages Program, Fellowship and Faculty Development Lead, Department of Psychiatry, Women's College Hospital, Lecturer, University of Toronto

Dr. Riikka Korja, Professor, Psychology, Integrative Psychotherapist, Developmental Psychologist, University of Turku

Session 5 - The Culture of Modern Fathering

Dr. Hiram Fitzgerald, PhD, MA, BS, University Distinguished Professor Emeritus, Ecological / Community Psychology, Michigan State University, Department of Psychology college of Social Science, USA

Dr. Astrid Berg, President-Elect, WAIMH, Western Cape, South Africa

Dr. Geoffrey Brown, PhD, Developmental Psychology, Associate Professor, Department of Human Development and Family Science, University of Georgia, Georgia, USA

Session 6 - The Effects of Early Life Adversity on Child and Brain Development

Dr. Charles Nelson, PhD, Professor of Pediatrics and Neuroscience (Harvard Medical School), Professor of Education (Harvard University); Richard David Scott Chair in Pediatric Developmental Medicine Research, Boston Children's Hospital, Boston Children's Hospital, MA, USA

For more detailed information, please visit:

https://imhpromotion.ca/Learning-Centre/Expert-Lectures/Lecture-Series-2022

Session 7 - Building a Culture of Support and Strength Through Trauma-Informed Care

Dr. Sheri Madigan, PhD, R.Psych, Tier II Canada Research Chair, Associate Professor, University of Calgary, AB/Canada

Session 8 - Exploring Interventions Designed Specifically for Young Children and Their Families

Dr. Angelique Jenney, MSW, PhD, RSW, Associate Professor, Wood's Homes Research Chair in Children's Mental Health, Faculty of Social Work, University of Calgary, Alberta, Canada

Dr. Carole Anne Hapchyn, MD, FRCPC, Psychiatrist, ElmTree Clinic, Edmonton, AB, Canada

Professor Mark Tomlinson, PhD, Co-Director, Institute for Life Course Health Research, Stellenbosch University, Cape Town, South Africa

Session 9 - Supporting Young Children Exposed to Trauma and Loss

Dr. Joy Osofsky, PhD, Professor of Psychiatry and Pediatrics, Louisiana State University Health Sciences Center, New Orleans, LA, USA

Session 10 - The Relational Foundations of Reflective Practice and Reflective Parenting

Dr. Arietta Slade, PhD, Professor of Clinical Child Psychology, Yale Child Study Center, USA

Session 11 - Speaking the Unspeakable: Child-Parent Psychotherapy to Repair Trauma and Promote Secure Attachment

Dr. Alicia Lieberman, PhD, Professor, Psychiatry, UCSF Weill Institute for Neurosciences, School of Medicine, University of California, San Francisco, CA, USA

Session 12 - Reflective Family Play A Whole-Family Treatment Model for Infants and Younger Children

Dr. Diane Philipp, MD, FRCP(C), Staff Psychiatrist and Assistant Professor (clinical), SickKids Centre for Community Mental Health and The University of Toronto, ON, Canada

Session 13 - Global Perspectives on Infant Mental Health

Dr. Nandita Chaudhary, PhD, Retired Professor, University of Delhi, India

Dr. Anusha Lachman, MBCHB, FCPSYCH, MMED, MPHIL, Cert Child Psych, Child & Adolescent Psychiatrist, Head Of Clinical Unit, Tygerberg Hospital Child Psychiatry, Stellenbosch University, Cape Town, South Africa

Session 14 - Nurturing the Seed: A Collaborative Approach to Supporting Infant and Early Mental Health

Panel with Distinguished Guests

Moderator: **Dr. Chaya Kulkarni**, MEd, EdD, Director, Infant and Early Mental Health Promotion (IEMHP), the Hospital for Sick Children, Toronto, ON, Canada

Session 15 - Wrap Up: How Our Collective Understanding of Infant Mental Health Can Lead to changes in Practice, Research, and Policies

Dr. Campbell Paul, MB, BS, FRANZCP, Cert Child Adol Psychiatry, Consultant Infant Psychiatrist, Royal Children's Hospital and the University of Melbourne, Victoria, Australia

Dr. Kaija Puura, MScD, Docent of Child Psychiatry, Professor of Child Psychiatry, Tampere University, Finland

Dr. Chaya Kulkarni, MEd, EdD, Director, Infant and Early Mental Health Promotion (IEMHP), the Hospital for Sick Children, Toronto, ON, Canada

For more detailed information, please visit:
https://imhpromotion.ca/Learning-Centre/Expert-Lectures/Lecture-Series-2022

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:

Maree Foley (PhD) (Editor-in-Chief)
Email: perspectives@waimh.org

CONTACT

WAIMH

Tampere University

Faculty of Medicine and Health Technology

Arvo Ylpön katu 34

Arvo Building

33520 Tampere

Finland

Tel: + 358 50 4627379
E-mail: office@waimh.org
Web: www.waimh.org

www.waimh.org