Perspectives in Infant Mental Health

Contents

Professor Daniel Fung and President Campbell Paul at IACAPAP 2022 congress. Photo: WAIMH/Minna Sorsa

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

From my home in Naarm (Melbourne), I'd like to honour and pay my respects to the traditional owners of the land from which I'm writing to you, the Wurundjeri people of the Kulin nation. I've learnt so much about infants, community, about care of our youngest from our First Nations people.

We live in an era of constant change and over these last few years we have seen many of our communities across the world face major trauma and severe disruption. The Covid-19 pandemic still challenges us, but many have now been able to travel to meet with family, friends, and colleagues in person. We are certainly looking forward to the opportunity to do just this at the WAIMH Congress in Dublin, just several months away. We have received 1411 submissions for the Congress and the initial program is up on the web. The program is extremely rich and varied and I am really looking forward to hearing the scientific and clinical contributions about new developments in infant mental health. The Scientific Program Committee has been extremely busy, as have the Local Organising Committee and the WAIMH Office in Tampere in preparing for the Congress. Dublin, a city filled with literature, friendship, and history, will be our wonderful host.

Sponsor a Delegate to the WAIMH Congress Dublin. To meet in person at the Dublin congress, is a wonderful opportunity, and we would very much like to share this opportunity with our colleagues from less well-resourced countries who might not be able to attend without some support.

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WAIMH members have a strong history of generosity. When you register for the WAIMH Congress you may donate to the Sponsor a Delegate Program as you proceed through the registration process. https://www.waimh2023.org/delegate-funding/

Eligible persons can apply to the registration link now (https://inconference.eventsair.com/waimh-2023/application-for-sponsorship/Site/Register) and the submissions go to the Local Organising Committee for selection. Our goal is to have as many people from lower/middle-income countries participating as possible. You may also support colleagues through your local Affiliate.

In November last year, I was privileged to be able to travel to several conferences: Miri Keren, as a past president of WAIMH and Chair of the World Psychiatric Association Perinatal and Infant Mental Health Section, has been very active in linking colleagues in *adult and perinatal* and *infant mental health*. We presented at the WPA Thematic conference in Malta where we focused on the importance of close collaboration between infant mental health and adult mental health clinicians and services.
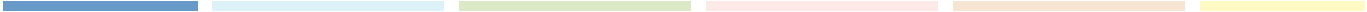
This theme of collaboration amongst disciplines and different sectors of health service delivery was also the focus of an annual conference in November at Avignon, organised by Michel Dugnat with our French colleagues. This was a very enlivening conference, entitled "*Environner Bebe: Quel 'village' pour un developpement suffisament?*".. exploring what sorts of intersectoral collaboration, or "village" work towards the best outcome for babies and families. Michel and his colleagues from AIMH France and French-speaking countries, interwove the science of understanding infant and family development and relationships, with a broad array of social, psychological, cultural, and artistic initiatives.

It was an honour for me to meet up with WAIMH colleagues in Paris including another esteemed past president, Antoine Guedeney, and then to travel afterwards to Innsbruck and Vienna, Austria, where there are vigorous developments in infant and perinatal mental health, also with cross service collaborations. On my way home to Melbourne, I attended the 25th World Congress of IACAPAP in Dubai where infant mental health was strongly represented from the Tampere WAIMH office, with presentations from Minna Sorsa, Kaija Puura, from the WAIMH office, me, Sari Jarvi, Finland and Salisha Maharaj, Cape Town. Salisha is the Assistant Editor for Perspectives.

Communication is such an important thing for our global organisation and for the infants and families we serve, and it seems that one potential benefit from the COVID pandemic has been an increased opportunity to communicate through the web and social media. I would like to take the opportunity to thank Maree Foley as Editor-in-Chief of Perspectives as she has taken our online journal to amazing heights as an available, creative, and professional journal. The Infant Mental Health Journal is also going from strength to strength as a key communicator of cutting-edge research.

At the IACAPAP Congress in Dubai, Daniel Fung, then President of IACAPAP and I as president of WAIMH signed a memorandum of understanding between our two organisations to promote collaboration and cooperation. Our Congress hosts were very generous, and we had several meetings with colleagues who have established an Infant Mental Health Affiliate in the Emirates, including the current affiliate president, Dr Azhar Abu Ali.

One of the fruits of this collaboration has been launch last year of the **World Infant Child and Adolescent Mental Health Day**. This year the world focus on mental health needs of infant, children and adolescents will be on **23 April**. Details of some of the events, including a joint seminar with IACAPAP, WPA Child and Adolescent Section, and the International Society for Adolescent Psychiatry

and Psychology, can be obtained in Perspectives, and online at the IACAPAP website. The seminar will focus on children and young people affected by war, earthquake, and implementing evidence-based responses.

With our Affiliates, WAIMH supports major regional meetings and in February, we saw the launch of an exciting online Spanish-speaking Conference, "*Perinatality, Childhood and Family, How do we care?*". This well attended online conference, was chaired by the president of ASMI, Pascual Palau Subiela, and there were some 280 participants from Spanish-speaking and other parts of the world. Members of the WAIMH Board presented a symposium.

The German-Speaking Affiliate will have their annual meeting in Salzburg, Austria in May, and President-elect Astrid Berg will speak online at the conference also.

The theme for the World Infant Child and Adolescent Mental Health Day this year is **Stand Against Infant, Child, and Adolescent Trauma**. I think this is an important opportunity for us to share our understanding that even very young babies and toddlers are affected by trauma which may surround them. One of the key roles for infant mental health clinicians, I believe, is to help colleagues and the general public, understand the baby's capacity for *intersubjectivity*, the infant and toddler's capacity for reading and trying to understand intense expressed emotion from those caring for them. The infant is an acutely sensitive and attuned social being from the beginning. In the midst of natural and man-made crises and conflict, human systems often overlook the needs of our youngest who can clearly be traumatised, whether it be on a large-scale or within an individual family set-up.

I look forward to meeting up with you in Dublin in July!

Campbell Paul

WAIMH President

Naarm/Melbourne, Australia

WAIMH Executive Director Corner

Dear colleagues and friends,

We all have difficult periods in our lives at times. For me the past six months have been a period with mixed emotions. Through the winter we have constantly had to read news about terrible things happening in different parts of the world, with natural disasters occurring on top of armed conflicts and resulting in distress for so many families with infants and young children. In my personal life I lost contact with the early education professional in Ukraine who I had supported through regular Teams sessions once a month since last summer. This increased my worry about her and all the young children and their parents she was helping and caring for. And just when our long winter turned into spring, a close colleague and friend of mine experienced a great loss that made me think how we humans sometimes face so much grief and anxiety, yet still find ways to carry on with our lives.

As a contrast to the challenging life events, my classmate from medical school and a friend of 40 years came for a visit and gave me the book Factfulness (2018) written by Hans Rosling, Anna Rosling Rönnlund and Ola Rosling. The book gives the reader facts on how much better things are in the world nowadays in contrast to what the information we get from news and other media may make us believe. Hans Rosling was a Swedish physician, professor of international health and co-founder and chairman of the Gapminder Foundation, which developed the Trendalyzer software system. Hans Rosling mentions in his book how hard it can be to believe the positive facts of the world when your brain is wired to be constantly looking out for threat and possible calamity (something the media uses for its advantage), and that was my experience as well while I read the book and visited the Gapminder website. But the facts are that the number of children dying prior to their fifth birthday has steadily decreased, the proportion of children vaccinated against harmful diseases, and life expectancy have increased globally. These improvements are the result of people in different countries and organizations working together for the common good, slowly but surely.

Soon after my friend's visit my Ukrainian friend emailed that they had restored electricity in their town, and we were able to re-establish our collaboration. Being able to see each other on the screen and to talk about children's experiences and symptoms together was a great relief for both of us. In these consultation or supervision sessions I believe the most empowering factor for my friend is being in contact with another professional working with young children and being supported in what she is doing. For my part I am grateful for the opportunity to offer my friend at least some support so that she can in turn support and help both children and their parents.

In Finland we have a saying "Jaettu ilo on kaksinkertainen ilo, jaettu suru on puoli surua" which means that shared joy is doubled, and shared grief is halved. Human connection, sharing emotions and thoughts about happy and sad things in life is the way to cope with hardship. And it doesn't always even need words. Just being able to be together can be enough. Our 18th WAIMH World Congress in Dublin, Ireland is rapidly approaching and I don't think I'm alone in eagerly waiting to see – and hug – friends and colleagues I haven't been able to meet in person for so many years. At the Dublin congress we will for the first time have a space where anyone can come to share with others their thoughts and experiences of childhood and parenting. The open space is not part of the scientific program, but more of an opportunity to meet others and maybe find new friends from the "WAIMH family".

With warm wishes to you all,

Kaija

References

Rosling, H. (2018). *Factfulness*. Flatiron Books.

From the Editors

By Maree Foley, Editor-in-Chief, Switzerland and Salisha Maharaj, Assistant Editor, South Africa

Welcome to this Spring (2023) edition of WAIMH *Perspectives in Infant Mental Health*. As a publication primarily for the IECMH profession, we bring this issue to you, mindful of you and your work challenges and growth moments as you journey alongside infants and young children in their families meet daily. As such, we begin with an acknowledgement:

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

This issue begins with a feature: *From the Desk of the WAIMH President*, Campbell Paul (President of WAIMH). This paper is followed by *WAIMH Executive Director Corner*, Kaija Puura (WAIMH Executive Director).

We will feature a re-introduction to Joy in the mid-year issue. In addition, Salisha Maharaj (Intern editor) has recently been appointed as WAIMH Perspectives Editorial Assistant. In this issue, we feature an introduction to our newly appointed WAIMH Perspectives Editorial Assistant, Salisha Maharaj, who is from South Africa. Salisha has seamlessly transitioned from her role as intern editor to this new role within the publication. This new role combined with Salisha's expertise enables us to further grow the publication across a range of mediums, including social media channels.

In addition, since our last full issue, Joy Osofsky (Ph.D.) has joined the Perspectives team as an Associate Editor. Joy is a Professor of Pediatrics, Psychiatry, and Public Health, Head, Division of Pediatric Mental Health, at Louisiana State University, USA. She is also a past – president of WAIMH and currently an honorary president of WAIMH.

We are delighted to have Joy join our team and we will provide a feature on her work, global contributions, and generosity in our field in our mid-year issue of Perspectives.

What follows is a paper by Sarah Garrity, Sascha Longstreth, and Lisa Linder. All authors are from San Diego State University, USA. The title of their paper is *A tale of two programs: Using the Teaching and Guidance Policy Essentials Checklist to guide early childhood mental health consultation at the programmatic level*. Their paper describes an early childhood education (ECE) pilot program. The paper specifically explores the interaction between infant mental health consultation and early childhood education-informed guidelines, designed to support early education staff, young children, and their families in ECE settings.

The WAIMH "*Infants in Crises*" webpage, that has recently been developed by the Perspectives team, is also featured in this issue. Supporting infants and their families even in ideal conditions can be difficult. Adding crises of war, environmental disasters, political unrest, displacement of populations and food and shelter insecurity makes lending one's mind to that of infants even more challenging. There has been a growing need to focus our efforts on supporting those individuals who work in extremely vulnerable conditions with the development of the "Infants in Crises" webpage. The focus of the webpage is to provide information and resources that are predominately open-source and free access, and that focus on the needs of infants and their families amidst global crises.

The issue then highlights a new WAIMH publication: WAIMH ebook. Global Perspectives on the Transdisciplinary Field of Infant Mental Health 1993 - 2021: WAIMH eBooks Topical Resource Guide, Volume 1. The editors are Miri Keren (Israel), Maree Foley (Switzerland), Deborah Weatherston (USA), Kaija Puura (Finland) and Patricia O'Rourke (Australia).

This World Association of Infant Mental Health (WAIMH) ebook,

> … provides readers with a nearly three-decade-long window from which to view theories, interventions, and treatment practices within the specialized and interdisciplinary field of infant mental health. It does this by highlighting a representation of papers, published by WAIMH, in The Signal and Perspectives in Infant Mental Health, from 1993-2021. This ebook comprises 17 chapters. These chapters provide an overview of infant mental health principles and observation practices, professional development topics, such as reflective supervision, parent-infant therapeutic modalities, and settings, as well as contextual topics in the field, such as infant mental health promotion, infant rights, COVID-19, and resilience. Each chapter provides a summary of the topic as well as an invitation to readers to reflect on future directions, opportunities, and challenges, as we continue to work together to progress the social, emotional, and relational health of all infants in their families within their communities.

What follows is a window into some of the WAIMH global activities. First is a brief WAIMH report regarding preparation for the Dublin July 2023 Congress. This report highlights the work of the program committee assessed the abstracts for the Dublin 2023 congress. Continuing with the WAIMH congress theme, this issue then provides details of the WAIMH Sponsor a delegate program that is designed to support inclusive participation in the WAIMH 2023 Congress. Next, is a WAIMH travel report by Kaija Puura and Minna Sorsa (Finland) on the International Association of Child and Adolescent Psychiatry and Allied Professions (IACAPAP) Congress, held in Dubai, in December 2022. Finally, this section on WAIMH reports concludes with a brief report on the ASMI – Spain Association for Infant Mental Health and WAIMH Infant and Perinatal Mental Health Regional online Spain and Spanish speaking countries regional congress 2023 (ASMI – Spain Association for Infant Mental Health since Gestation – *Asociación para la Salud Mental Infantil desde la Gestación* in partnership with Conecta Perinatal – conectaperinatal. com and the World Association for Infant Mental Health).

Next, is a book review by Salisha Maharaj (South Africa), WAIMH Perspectives in Infant Mental Health Assistant Editor. The reviewed book is Babies in Mind: Understanding your baby's psychological needs, by Jenny Perkel (South Africa). The book was originally written in 2007, with an E-book second edition, revised and updated in 2014 available at: www. childreninmind.co.za/product/babies-in-mind-digital-copy/

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

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

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

The WAIMH Perspectives in Infant Mental Health editorial team

Maree Foley (Editor-in-Chief), Salisha Maharaj (Assistant Editor), Jody Todd Manly (Associate Editor), Patricia O'Rourke (Associate Editor), Azhar Abu Ali (Associate Editor), Chaya Kulkarni (Associate Editor), Joy Osofsky (Associate Editor) Neea-Leena Aalto (Production Editor), and Minna Sorsa (Production Editor).

Newly appointed Perspectives Editorial Assistant

By Salisha Maharaj, South Africa

Hello from Cape Town, South Africa! What an incredible journey it has been to be part of the Perspectives family. Recently, my role has changed from Intern Editor to Assistant Editor and I would like to share a little about myself, my journey and experience thus far.

I am Salisha Maharaj, a clinical psychologist and lecturer working at Tygerberg Hospital Child, Adolescent and Family Unit/Stellenbosch University. I completed my undergraduate and post-graduate training at University of Witwatersrand in Johannesburg and worked for over a decade at Rahima Moosa Mother and Child Hospital. During this time my own family grew, and I am the mother to two very special boys. They humble me each day to the work that I do, and specially to the importance of psychological wellness for the people of South Africa who have been inflicted with so much pain of the past.

Spending time working in a community rife with socio-economic challenges, intergenerational trauma and recurrent cycles of violence, abuse and attachment disruptions I began to focus on developing my skills and clinical work with children under the age of 3 years. I discovered the WAIMH community when the congress was hosted in Cape Town in 2012 and found myself being drawn to a local and international community of like-minded individuals who despite various geographical and professional backgrounds keep the baby at the forefront of heart and mind.

After moving to Cape Town, I had the pleasure of working alongside Professor Astrid Berg who encouraged me to join Perspectives as an Intern Editor. This was when I was introduced to Dr Maree Foley and the larger Perspectives family. My role was to assist with ongoing editorial tasks during the Perspectives publication seasons. During this time, I had a window into monumental sacrifice and effort made by the entire Perspectives editorial staff, and the WAIMH board members in their continued efforts to engage and encourage the development of infant mental professionals from around the world.

As Perspectives has grown, so has the need for administrative support. This is when I moved into an Assistant Editor role. There has been incredible support from Maree, and Minna at the WAIMH office in guiding

Photo: Salisha Maharaj

me into this new position, and with that a feeling of being able to tackle challenging tasks during a time of trepidation for what this new role will mean for me. Primary, I will be responsible for assisting Maree with editorial tasks, managing the Perspectives email and communication with current and prospective authors who contribute to the Perspectives issues. I am also working alongside the team in the development of the Infants in Crises webpage, which has never been more relevant with the war in Ukraine and the tragedy in Syria and Turkey.

I am looking forward to continuing this year-long journey with the Perspectives team and hoping for many more years of serving the WAIMH community and its continued efforts for babies and their caregivers worldwide. As one of my first tasks I would like to remind authors of Perspectives in Infant Mental Health Submission Guidelines

APA 7 th Edition.

12-point font.

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.

Questions and comments can be directed to: perspectives@waimh.org

A tale of two programs: Using the Teaching and Guidance Policy Essentials Checklist to guide early childhood mental health consultation at the programmatic level

By Sarah Garrity, Sascha Longstreth, and Lisa Linder, USA

Introduction: Strategies for Preventing and Addressing Young Children's Challenging Behavior in Early Childhood Settings

Data on high rates of suspension and expulsion in early childhood settings (Gilliam, 2005; Gilliam & Shahar, 2006; National Survey of Children's Health, 2016), especially for young boys of color and young children with disabilities (U.S. Department of Education Office for Civil Rights, 2014), have led to an urgent need to reconsider the use of punitive discipline strategies in the early years. Both early childhood mental health consultation (ECMHC) (Albritton et al., 2019; Gilliam & Shahar, 2006; Perry et al., 2010) and the use of policy (U.S. Department of Health and Human Services & U.S. Department of Education Office for Civil Rights, 2014) are effective strategies for preventing and addressing young children's challenging behavior. This paper describes a pilot project aimed at exploring the intersection of these practices using the Teaching and Guidance Policy Essentials Checklist (TAGPEC) as part of ECMHC.

The Teaching and Guidance Policy Essentials Checklist (TAGPEC)

The *Statement on Expulsion and Suspension Policies in Early Childhood Settings* (U.S. Department of Health and Human Services & U.S. Department of Education Office for Civil Rights, 2014) proposes that high-quality discipline policies at the program level can help translate research into practice and address alarming rates of suspension and expulsion. Similarly, the National Association for the Education of Young Children (NAEYC), along with 34 agencies dedicated to the well-being of children and families, cite the need to create systems, policies, and practices that are data-informed and reduce disparities across race and gender to prevent, and

ultimately eliminate, expulsions and suspensions in settings serving young children (NAEYC, 2014).

The TAGPEC is an easy-to-use 30-item checklist describing seven Essential Features of high-quality behavior-guidance policies for programs serving children from birth to eight years of age. The original version of the TAGPEC was developed by Longstreth, Brady, and Kay (2013) via an extensive review of the literature in the fields of general education, special education, early childhood education, early childhood special education, educational administration, and school psychology and it has been refined over the years as part of an ongoing research project (Garrity et al., 2015, 2016; Longstreth et al., 2013; Longstreth & Garrity, 2018; Garrity & Longstreth, 2020). Each item on the TAGPEC is rated along three dimensions: (a) a score of 0 is given if the item is not addressed in the policy, (b) a score of 1 is given if there is some evidence the item is addressed, and (c) score of 2 is given if the item is clearly addressed. The highest possible score a program can obtain on the TAGPEC is a 60, indicating that all seven Essential Features and corresponding 30 items are present. The 7 Essential Features of the TAGPEC are presented in Table 1.

Studies using the TAGPEC have found that early childhood behavior guidance policies seldom reflected evidence-based practices and often promoted a punitive rather than preventive approach to challenging behavior (Garrity et al., 2015; Garrity et al., 2017; Longstreth et al., 2013; Tamagni & Wilson, 2020). Programs scored particularly low on the Essential Features assessing the family-centered nature of early care, staff training and professional development, and the use of data for continuous improvement (Garrity et al., 2017). Research also indicates that alarmingly few programs address the importance of linguistically and culturally appropriate environments, experiences, and professional development, that ensures staff have a strong understanding of culture and diversity and engage in self-reflection to increase awareness of biases (Garrity & Longstreth, 2020).

ECMHC

ECMHC is an evidence-informed, multi-tiered intervention in which mental health professionals work with those who care for young children ages 0-6 to promote healthy social-emotional development and improve the ability of staff, families, programs, and systems to prevent, identify, treat, and reduce

Table 1. Seven Essential Features of the TAGPEC.

	Essential Feature
1	Intentional Focus on Teaching Social-Emotional Skills
2	Developmentally and Culturally Appropriate Learning Environment
3	Setting Behavioral Expectations
4	Preventing and Addressing Challenging Behaviors Using a Tiered Model of Intervention
5	Working with Families
6	Staff Training and Professional Development
7	Use of Data for Continuous Improvement

the impact of mental health problems (Cohen & Kaufmann, 2005; SAMHSA, 2014). Because ECMH consultation is designed to build the capacity of administrators and caregivers to manage challenging child behaviors, it adopts a systemic approach designed to improve programmatic functioning (Hunter et al., 2016). Research indicates that ECMHC reduces challenging behaviors and the risk of expulsion (Albritton et al., 2019; Gilliam & Shahar, 2006; Perry et al., 2010), while also improving the mental health of teachers (Brennan et al., 2008).

The Georgetown Model of ECMHC

The Georgetown model of ECMHC (Hunter et al., 2016) has been designed specifically for use in school settings and describes consultation at three levels: programmatic, classroom, and child and family. Child and family-level consultation addresses factors contributing to an individual child's functioning and is often initiated because of concerns about a child's behavior. At the classroom level, consultation is provided to teachers regarding how to best support the social and emotional development of all children. The goal of programmatic consultation is to build the program's overall capacity to support social-emotional development by collaborating with and securing buy-in from school leaders and other support staff, which is essential to the success of ECMHC. Like the approach espoused by the TAGPEC, programmatic consultation adopts a systemic approach and seeks program-wide impact by focusing on multiple issues to improve overall program functioning. Programmatic

consultation addresses issues related to philosophy, mission, program structure, policies, procedures, and professional development and requires administrators to consider how they support the mental health of young children and the overall social and emotional climate of the program.

The seven Essential Features and 30 items of the TAGPEC address many of these areas and provide a systematic and measurable approach to support the facilitation of ECMHC at the programmatic level. In addition, the TAGPEC Five-Step Process for revising a behavior guidance policy (Longstreth & Garrity, 2018; Longstreth et al., in press) aligns with the phases of programmatic consultation described by the Georgetown model, as depicted in Table 2.

The Pilot Project: An overview

Aims

The purpose of this pilot study was to describe our experience using the TAGPEC to revise the discipline policy of two early childhood education (ECE) programs as part of ECMHC. Early childhood leaders play a critical role in shaping discipline policy and practice (Whitebrook et al., 2012). Early childhood programs that have been successful in implementing positive rather than punitive discipline are characterized by high teacher morale and cohesion, ample staffing and resources, and administrator support (Gray et al., 2017). In our experience, there has not been enough attention given to providing administrators with the training and support needed to help them understand the negative effects

of punitive discipline and embrace positive and preventative climate-improving practices. Our goal with this study was to build strong leadership around climate and discipline that could, in turn, support consistent and evidence-based practices among all staff.

A brief description of the pilot program

In 2019, our state released guidance for the implementation of center-based ECMHC in subsidized childcare programs. Despite positive efforts on the part of the state to encourage the use of ECMHC, the funding formula proved to be a significant barrier to programs that did not already have an ECMHC program in place, preventing even highly motivated programs from participating. To address this issue and recognize the potential of ECMHC to improve the quality of ECE programs, the local County Office of Education partnered with First 5 California, a statewide agency committed to improving the lives of California's young children and families, to provide supplemental funds to support a pilot project examining how ECMHC could be provided in subsidized ECE programs. The Georgetown model of ECMHC met all the criteria outlined by the state and was thus selected as the framework for ECMHC services provided in the pilot.

Context and Participants

The programmatic consultation described in this article was part of a larger ECMHC project. Consultation at the program level was conducted by the first and second authors, both of whom are early childhood faculty

Table 2. Alignment of the TAGPEC 5 Step Process and the Phases of ECMHC Programmatic Consultation.

TAGPEC 5 Step Process	Phases of ECMHC Programmatic Consultation
Step 1: Assemble your behavior guidance team	Phase 1: Initiation
Step 2: Commit to improving your behavior guidance policy and practice	Phase 2: Exploration of Concerns
Step 3: Collect the program guidance policy and practice documents	
Step 4: Assess the quality of your behavior guidance policy using the TAGPEC	Phase 3: Plan Development
Step 5: Implement and monitor your action plan to improve your behavior guidance policy	Phases 4 & 5: Plan Implementation and Transition Plan and Maintenance

with expertise in social-emotional learning and educational leadership. The two early childhood programs that participated exemplify the wide variety of program types found in ECE. Both programs receive state funding and participate in the county's Quality Rating Improvement System (QRIS), but are very different in terms of geographic location, child population, size, and administrative structure.

Site A is part of a school district known for its large refugee population, and the early childhood program includes state-funded preschool, transitional kindergarten, and early childhood special education. All programs fell under the auspices of an early childhood director, who was responsible for 21 state preschool classrooms located across 12 schools serving approximately 500 children. The program did not have a center or site directors at each location, but instead provided teachers with 10 hours a week outside of the classroom to complete administrative tasks.

Site B is in an area known for its large Spanish-speaking population and included two child development centers, one serving 80 infants and toddlers and another serving 186 preschoolers. A program director supervises two center directors responsible for day-to-day operations.

Both programs were selected for participation because they were rated a 4 or 5 on our state's 5-tiered QRIS. Because the Georgetown model cites the importance of a program/

school's readiness for consultation, it was important to pilot this work with programs that had existing quality indicators in place, including administrative systems that could support ECMHC. An additional requirement was participation, through QRIS, in California's Teaching Pyramid Framework (https://cainclusion.org/camap/map-project-resources/ca-teaching-pyramid/training) which is a series of five modules that address the key components of the Pyramid Model, a framework of evidence-based practices for promoting young children's healthy social and emotional development (https://challengingbehavior.org/pyramid-model/overview/basics/).

The Pilot Project in Action across Two ECE Sites

TAGPEC Five-Step Process and ECMHC Programmatic Consultation

Step 1

The first step when using the TAGPEC to revise a program's discipline policy is to assemble a behavior guidance team. This step corresponds to the initiation phase of programmatic consultation in which consultants build a relationship with key school administrators and support staff. The consultants reached out to the program directors, described the purpose of the programmatic consultation, and asked them to identify members of their behavior guidance

team. At Site A, the behavior guidance team included the consultant, the program director, a program specialist, and a behavior intervention specialist. The behavior guidance team at Site B included the consultant, the program director, a developmental specialist, a developmental specialist assistant, and the site supervisors.

Step 2

The second step of the TAGPEC five-step process requires the team to commit to improving their discipline policy by examining their goals, values, strengths, and areas in need of improvement. This step corresponds with the exploration of concerns phase in the Georgetown model. The behavior guidance team completed a *Strengths, Needs and Goals Interview*, which was developed to help the team reflect and develop broad goals for programmatic change. *Behavior Guidance Team Reflection Questions* were also used to facilitate dialogue about the team's beliefs and views about behavior guidance. The questions ask members of the team to reflect on their own experiences of discipline growing up and how these and other experiences (e.g., schooling) influenced their views about how to best address challenging behavior in the classroom.

Data gathered during this step indicated that there were similarities and differences across the two sites in terms of how they perceived their program's strengths, barriers, and goals. Both programs identified the commitment of their staff and existing

systems and policies as strengths and cited QRIS as a resource they relied on to improve program quality. Both teams specifically mentioned the Teaching Pyramid training as particularly helpful in increasing program capacity to prevent and address challenging behaviors. They also acknowledged that more work needed to be done to implement the model with fidelity.

Both sites described challenges related to a lack of time for professional development and data collection activities; both of which are important activities described by the Georgetown model of ECMHC and the TAGPEC. Funding, particularly the lack of money to hire substitutes to allow teachers to attend professional development and have time away from the children to complete paperwork, was described by both directors as a barrier. This challenge was especially acute for Site A because of district staffing patterns that rely on part-time teacher assistants to support lead teachers. Teaching assistants are unable to attend professional development activities, including the training that was provided as part of the programmatic consultation. An additional difference between the two programs was that the director at Site A wished for a greater understanding of early childhood development from the school district and more training and professional development that addressed this period. Importantly, Site B identified the need for resources related to special education services and described challenges in helping families access services and a need for targeted strategies to support children with disabilities. Conversely, because Site A was part of the local education agency, access to special education services was identified as a strength.

Step 3

Step 3 of the TAGPEC five-step process also encompasses the exploration of concerns phase of the Georgetown Model and requires programs to collect all existing information related to discipline. While many programs have a stand-alone behavior guidance policy, information about behavior guidance is often found in other documents, including parent and staff handbooks, incident reports, behavior support plan and referral forms, curriculum guides, or licensing documents. A critical part of revising a policy and strengthening the overall system is making sure all documents align and reflect the program's philosophy, approach to behavior guidance, and goals for children's learning and development.

At Site A, the parent handbook was quite extensive and had a Child Behavior section explaining program goals and what healthy social-emotional development and challenging behavior look like. It also described the Teaching Pyramid model of support and program-wide expectations: Be Safe, Be Healthy, Be Respectful, and Be Friendly. There was a description of procedures for working with children who demonstrate challenging behaviors and for the development of a behavior support plan. Elements of discipline were also found in other sections of the handbook, particularly those which described curriculum and parent engagement. The program also had a very comprehensive staff handbook that described program operating guidelines including policies and practices related to behavior guidance. The documents collected at Site B were a Prosocial Agreement and resources used to guide responses to challenging behavior, which included a developmental specialist referral form, an antecedent-behavior-consequences data collection tool, an observation form, and a behavior support intervention plan. Data collected during this step supported the results of the *Strengths, Needs, and Goals Interview* indicating that a strength of both programs was strong systems and policies.

Step 4

The fourth step of the TAGPEC process requires teams to carefully review all documents and assess the quality of their existing policy using the TAGPEC. This step corresponds to phase 3 of the Georgetown Model (plan development), which includes the review and assessment of data and collaborative plan formulation. At Site A, the consultant conducted an initial review of all documents, making notes on items that were not clear, or that were contradictory. She then met with the behavior guidance team and shared a preliminary document listing each essential feature, noting the strengths (items scored 2) and next steps (items scored as 1 or 0) and asked questions and gained additional clarity. At Site B, each member of the team individually reviewed all documents and scored the TAGPEC. The team then met with the consultant to come to a consensus about the ratings. TAGPEC results from both sites are presented in Table 3.

Once each team had reviewed and discussed the results of the TAGPEC, they developed goals for improving their policy. At Site A, the team decided to focus on ensuring the policy was consistent with all other documents, was more explicit about the strategies described by the Teaching Pyramid, and described processes for assessing children's academic, behavioral, and social-emotional progress and implementing interventions. The action plan at Site B included a focus on developing wide behavioral expectations and a behavior matrix to support the consistent use of positive guidance strategies. An additional goal was to develop a consistent process for reporting challenging behaviors. Both sites sought to be more intentional about professional development and using data to check for implicit bias, as these were areas in which they received a score of zero on the TAGPEC.

Once behavior guidance teams set goals, they then worked to revise the policy. At Site A, the consultant completed the first draft of revisions based on the action plan developed with the team. The consultant and behavior guidance team provided back-and-forth updates and revisions via a shared google document. At Site B, the site supervisors and their staff met to develop a set of behavioral expectations, which were then used to guide the development of the behavior matrix. The consultant met with the behavior guidance team to discuss the policy revisions needed based on the TAGPEC results. This policy was shared with all team members on Google Drive so they could continue to provide suggestions and edits.

Step 5

The final step in the TAGPEC five-step process is to implement and monitor the action plan to improve your behavior guidance policy, which corresponds with phases 4 and 5 (plan implementation and transition plan and maintenance) of the Georgetown Model. Unfortunately, this step was not completed, as two months prior to the conclusion of the consultation, both programs were closed because of the COVID-19 pandemic.

Table 3. Site A and Site B TAGPEC Scores.

EF 1 Intentional Focus on Teaching Social Emotional Skills		
	Site A	Site B
1. The policy clearly states that the goal of behavior guidance is to teach social emotional skills to all children.	2	2
2. The policy clearly describes the role of the teacher in proactively teaching all children social-emotional skills.	2	2
3. The policy clearly describes the role of positive and consistent interactions among teachers and children in promoting positive behavior.	2	2
4. Multiple, evidence-based, developmentally and culturally appropriate strategies are described.	1	1
Subscale Score	1.75	1.75
EF 2 Developmentally and Culturally Appropriate Learning Environment		
5. The policy clearly describes the importance of nurturing and responsive teacher-child relationships as essential to preventing challenging behaviors.	2	2
6. The policy emphasizes the importance of the sufficient and active adult supervision of all children.	2	1
7. The policy describes the need for staff to continuously (at all times) monitor and respond to children's behavior.	0	1
8. The policy clearly describes the use of ecological arrangements (classroom environment and materials) as a means for promoting positive, pro-social behavior.	1	2
9. The policy clearly describes the need for a predictable, intentional, and developmentally appropriate daily schedule (e.g. small and large group times, carefully planned transitions, child and adult initiated activities).	2	2
10. The policy clearly describes the value of an engaging curriculum that takes a strengths-based view of culture and language as a deterrent to challenging behavior.	1	1
Subscale Score	1.4	1.6
EF 3 Setting behavioral expectations		
11. The policy has clearly stated program-wide behavioral expectations that are developmentally appropriate and reflect the natural learning abilities typically associated with the age groups of children served. **If this item is answered no, items 12-15 must be answered no**	2	0
12. Behavioral expectations are stated positively and emphasize what children can and should do rather than what they cannot do.	2	0
13. Behavioral expectations are designed to promote children's self- regulation, promoting external to internal foci from staff to self.	2	0
14. The policy describes the need for clearly defined rules that are observable and measurable at the classroom level	2	0
15. The policy describes the need for a connection between program- level behavioral expectations and classroom rules.	2	0
16. The policy clearly describes practices that are unacceptable for use by staff (e.g. humiliation, depriving meals, snacks, rest, etc.).	0	2
Subscale Score	1.66	0.4
EF 4 Preventing and Addressing Challenging Behaviors Using a Tiered Model of Intervention		
17. Procedures are in place to screen children for behavioral concerns.	2	2
18. The policy clearly describes the need to understand challenging behavior as children's effort to communicate.	0	1
19. The policy clearly describes primary strategies to teach and reinforce pro-social behaviors in all children (see Items 1-10).	2	1
20. The policy describes targeted secondary strategies for children who are at risk for problem behaviors (e.g., the use of social skills curricula, intentional small group instruction).	1	2
21. The policy clearly describes the use of tertiary strategies for helping children who exhibit chronic and intense problem behaviors (e.g., developing a behavior support plan, early childhood mental health consultation, trauma-informed care).	2	2
Subscale Score	1.4	1.6
EF 5 Working with Families		
22. The policy promotes pro-active (rather than reactive) collaborative relationships as a means of promoting social competence in children.2	2	2
23. The policy promotes authentic staff-family collaboration in effectively dealing with challenging behavior and families are given an opportunity to participate in developing and implementing interventions.	2	2
24. The policy describes the need for obtaining contextually and culturally relevant information (e.g. at-home sleeping and eating habits, family events, favorite toys and activities) from families in order to understand children's inappropriate behavior.	0	1
25. The policy promotes embedding individual behavior support plan goals and objectives into family/home routines and activities.	0	1
Subscale Score	1	1.5
EF 6: Staff Training and Professional Development		
26. The policy describes practices that are in place to ensure that staff understand and can articulate the behavior guidance policy.	0	1
27. The policy describes a process for ongoing professional development opportunities to support staff in the use of evidence-based prevention and intervention strategies.	2	2
28. The policy describes the intent of the program to ensure that staff have a strong understanding of culture and diversity and are provided opportunities to engage in self-reflection and ongoing professional development that encourage awareness of implicit and explicit biases that may affect their work with children and families.	0	0
Subscale Score	0.67	1
EF 7: Use of Data for Continuous Improvement		
29. Policy evaluation procedures are in place and clearly describe how the success or failure of the policy will be measured.	0	0
30. The policy describes how data will be used to engage in continuous improvement in order to ensure that practices are in line with the intent of the behavior guidance policy and to ensure fairness and equity for all children.	0	0
Subscale Score	0	0
TOTAL SCORE	34	35

Conclusion

The use of the TAGPEC supported the behavior guidance team to focus on multiple issues related to the overall quality of the program and make explicit changes to program policy to support program goals. The programs had differences in terms of their strengths and needs, and the early identification and understanding of these needs allowed the consultant to individualize the consultation process, a key feature of the Georgetown model. A collaborative, flexible, and individualized approach are also essential to the Georgetown model, and our findings suggest that the TAGPEC was a useful tool to support policy change, despite the significant contextual differences between Site A and B in terms of geographic location, administrative structure, and staffing.

As we reflect on the implementation of this project, it is important to acknowledge that our work represents the intersection of ECE and ECMHC in a unique way. This study was conducted by researchers at the Center for Excellence in Early Development (CEED) at San Diego State University, a transdisciplinary, research-based, training facility with a holistic approach to supporting early childhood development, mental health, and early childhood education. CEED was founded by the authors of this study to bridge ECE and early childhood mental health, and as such the researchers and clinicians who participated in this project share common goals, approaches, and philosophies. Project staff met regularly to address problems of practice, identify gaps and opportunities, and ensure that services were being implemented with fidelity. We believe that this approach reflects the intent of the Georgetown model and the TAGPEC's goal of guiding programs to create an infrastructure that supports the social, emotional, and academic success of all children.

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The WAIMH Infants in Crises Webpage

WAIMH has over the past three years of the COVID-19 pandemic, provided support and resources to those who work with infants and their families. At the end of 2022, WAIMH began to broaden this focus to infants all over the world who face various humanitarian and environmental crises beyond the pandemic. Aligned with this focus, is this new WAIMH webpage: *Infants in Crises*.

WAIMH as a global community comprises colleagues from diverse regions, including colleagues living in areas within current crises. This *Infants in Crises* page, is intended to be a support resource for any professional who is in a position to lend their minds to infants and their families in crises. It is also intended to be a resource for professionals to also become advocates for our colleagues working amidst and within crises contexts, to be voices for babies, and to be agents of change for families whose physical, emotional, and psychological safety are at risk.

Many countries saw in the new year with hope and optimism, with the

biggest crisis of the past three years, COVID-19 finally loosening its grip on hard lockdowns, economic decline, and human mortality. There will no doubt need to be continued work, especially in the field of mental health to recover from this pandemic which impacted every person on the planet in some shape or form. Despite its devastating impact, the pandemic also allowed the world to focus on the discrepancies of resources that exist between different parts of the world. Those parts of the world in which face crises of war, political unrest, environmental disasters and with it the displacement of populations have suffered and continued to do so most greatly by the pandemic.

This page comprises free and open-access resources. It also functions as a compliment to the work of the WAIMH *Infants in Crises* working group. This WAIMH working group, led by President Elect Professor Astrid Berg, aims to develop systems and people-focused relationships within the WAIMH global professional community, that directly function to support colleagues working

with infants in crises contexts. There are plans for the working group to have an in-person meeting during the upcoming WAIMH Congress in Dublin, July 2023.

The link to the webpage is here: https://waimh.org/page/infants_in_crises

WAIMH ebook. Global Perspectives on the Transdisciplinary Field of Infant Mental Health 1993 - 2021: WAIMH eBooks Topical Resource Guide, Volume 1

Keren, M., Foley, M., Weatherston, D. J., Puura, K., & O'Rourke, P. (Eds.) (2022). Global Perspectives on the Transdisciplinary Field of Infant Mental Health 1993 – 2021: WAIMH eBooks Topical Resource Guide, Volume 1. Finland: World Association for Infant Mental Health

This World Association for Infant Mental Health (WAIMH) ebook, *Global Perspectives on the Transdisciplinary Field of Infant Mental Health 1993 – 2021: WAIMH eBooks Topical Resource Guide, Volume 1*, provides readers with a nearly three-decade-long window from which to view theories, interventions, and treatment practices within the specialized and interdisciplinary field of infant mental health. It does this by highlighting a representation of

papers, published by WAIMH, in *The Signal* and *Perspectives in Infant Mental Health*, from 1993-2021. This ebook comprises 17 chapters. These chapters provide an overview of infant mental health principles and observation practices, professional development topics, such as reflective supervision, parent-infant therapeutic modalities and settings, as well as contextual topics in the field, such as, infant mental health promotion, infants rights, COVID-19, and resilience. Each chapter provides a summary of the topic as well as an invitation to readers to reflect on future directions, opportunities, and challenges, as we continue to work together to progress the social, emotional, and relational health of all infants in their families within their communities.
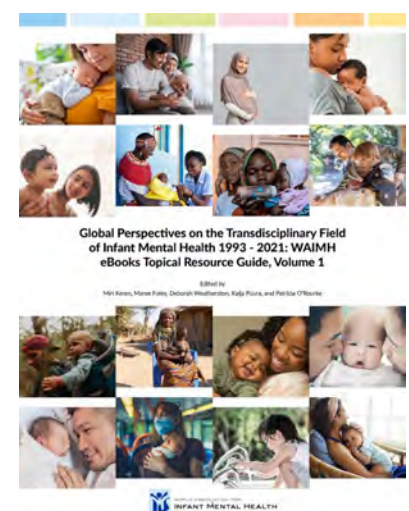
Current WAIMH members can download the ebook for free, and for others the cost is 10USD. Go online to WAIMH Store and download this resource: https://waimh.org/store/

The program committee assessed the abstracts for the Dublin 2023 congress

WAIMH has received over 1400 submitted abstracts to the 18th World congress in Dublin in July 2023. These included 848 Scientific Abstracts and 563 Clinical Abstracts.

The Program Committee met this week in Tampere, Finland and assessed the peer-reviewed abstracts. There were 86 peer reviewers in 16 review panels, whose work is highly appreciated! All abstracts were reviewed blindly by at least two persons, and the scoring was completed by the Program Committee which took place 13-15th January, 2023.

In total the presentation abstracts were from the following categories:

Brief Oral Presentations = 419

Poster Presentations = 297

Poster Workshop = 18

Symposia = 497 (individual and overall)

Video Presentations = 16

Workshops = 176

The 18th WAIMH congress in Dublin, Ireland July 15 – July 19, 2023 is nearing with the central theme being "*Early Relationships Matter: Advancing Practice, Policy and Research in Infant Mental Health*". There will be two pre-congresses Saturday 15th July focusing on diversity and inclusion, and on affiliate development in areas where WAIMH does not yet have affiliates.

The Chair of the Program Committee is Elisabeth Hoehn, the Past Chair is David Oppenheim, and other members serving are Jane Barlow, Holly Brophy-Herb, and Catherine Maguire. The Associate Executive Director Reija Latva represents WAIMH Office in the Program Committee. The professional congress organizer is In Conference, and Sharon

Kerr and Marianne Kardara from In Conference provided their invaluable and efficient support in the meeting.

The amount of submissions means that the congress days will be full of new scientific knowledge, discussions, and a plentitude of information of infant mental health interventions and theories related to practice and the emerging field. The chair of the Program Committee Dr Elisabeth Hoehn said she is excited by the diversity and quality of the presentations that have been received and is looking forward to meeting so many of our colleagues from around the world in Dublin, at what will be a wonderful opportunity for professional development and networking. WAIMH thanks all submitters for their interest! The WAIMH membership gives a significant reduction of the registration fee.

The Program Committee of the 18th World Congress met at Tampere University and Wellbeing area of Pirkanmaa facilities in Tampere, Finland. Photo: WAIMH/Minna Sorsa

Sponsor a delegate to participate in the WAIMH 2023 Congress

Photo from the WAIMH 14th World Congress in Prague. Photo: WAIMH

WAIMH started the Sponsor a Delegate program in 2012 WAIMH Cape Town congress under the leadership of Professor Astrid Berg. Individuals and organisations, e.g. affiliates, can donate participation fees to persons from developing countries.

The Local organising committee in Cape Town, South Africa was successful in attracting participants from 39 countries, including India for the first time in WAIMH history, and participants from Burkina Faso, Zimbabwe, Malaysia, and Thailand. Read about memories from the congress in South Africa: by Neta Guttman-Avner, Maree Foley and Elizabeth Tuters.

Many of our colleagues in less well resourced countries and those in the midst of major conflicts and civil disruption will find it difficult to find funds and support to attend and participate in the WAIMH Congresses.

Our Sponsor a Delegate Program as part of the World Congress provides colleagues from developing countries, and those in the midst of major conflict or catastrophe, an opportunity to attend the Congress, hear the range of scientific presentations and importantly meet with the members of the infant mental health community in person.

When you come to register for the Congress please keep this in mind. You may wish to add a small amount to your Congress registration. It's easy to do when you get to the latter stages of the registration process.

President Campbell Paul said that he believes the WAIMH worldwide community is thoughtful and generous, and he is sure that any of our colleagues from such diverse communities would be extremely appreciative of financial support to attend the Congress. He wants to thank you for your consideration in advance.

The WAIMH 18th World Congress takes place in beautiful Dublin with the theme: "EARLY RELATIONSHIPS MATTER: ADVANCING PRACTICE, POLICY AND RESEARCH IN INFANT MENTAL HEALTH". You are welcome to register, and please note the Sponsor a Delegate donation option alongside the registration: https://www.waimh2023.org/registration/

Travel report from the IACAPAP Dubai Congress December 2022

By Kaija Puura and Minna Sorsa, Finland

After lifting of the traveling restrictions caused by the pandemic, Executive Director Kaija Puura and Senior Administrator Minna Sorsa from the WAIMH Office together with our President Campbell Paul traveled to Dubai to attend and present in the International Association for Child and Adolescent Psychiatry (IACAPAP) Congress. The main purpose of the trip was naturally to increase global awareness of Infant Mental Health among multidisciplinary professionals of Child and Adolescent Mental Health, and to promote attendance to our own Dublin Congress in July 2023. Kaija Puura, Minna Sorsa and Campbell Paul together with Salisha Maharaj from South Africa presented in the WAIMH Invited Symposium.

The WAIMH stand had a brilliant location in the Exhibition area, where also the poster stands were located. At our stand we had roll-ups giving information about WAIMH, about our Affiliates, of the Perspectives in Infant Mental Health, and WAIMH position papers. In addition, we had flyers of the Dublin Congress. It was heartwarming and exciting to see and hear how the interest toward Infant Mental Health

We met professionals and students from all over the world, the photo showing clinicians from Ethiopia and Ghana together with Professor Puura. Photo: WAIMH/ Minna Sorsa

has grown. Everyday there were several delegates who stopped by to talk about the situation in their own country and to ask how they could maybe become members of WAIMH and start an Affiliate of their own. In discussions with colleagues for example

from Ethiopia, Ghana, and Kenya it also became apparent how creative Mental Health specialists are in establishing and maintaining services with very little resources.

Meeting with Arab Emirate WAIMH Affiliate. From left Ammar Albanna, Campbell Paul, Minna Sorsa, Kaija Puura, Hanan Derby, Azhar Abu Ali and Hakam Khair. Photo: WAIMH

The WAIMH Invited Symposium titled "Intervening early to support distressed parents and infants diverse clinical and cultural settings: infant mental health" was well attended and each presentation was followed with an inspired discussion. In the first presentation Kaija Puura talked about the prevalence of fear of childbirth in different countries, and described then an intervention, Imaginary Journey to Childbirth and Early Interaction. Minna Sorsa talked then about parents' barriers to treatment even in countries with universal access to care. Salisha Maharaj talked about a case with a dysregulated little boy and his exhausted, depressed mother with a successful treatment and brighter future for the dyad. Campbell Paul ended the symposium with a poignant and touching presentation of why we need Infant Mental Health.

After the symposium Campbell, Kaija and Minna had a short meeting with the local WAIMH Affiliate members Ammar Albanna, Azhar Abu Ali, Hakam Khair and Hanan Derby. We discussed the activities of the Affiliate and how to further promote both research and clinical practice of Infant Mental Health in different parts of the world, and especially the development in the Emirates. Many interventions for families have been developed in western countries, and another challenge is the shortage of trained staff. Using evidence-based practices is therefore demanding yet can show progress when taking science-based practical steps.

One of the highlights of the trip was the signing of the Memorandum of Understanding between WAIMH and IACAPAP. The MOU will ensure further collaboration between the two organizations, and we will see our colleagues from IACAPAP presenting in an Invited Symposium in Dublin next summer.

Presenters at WAIMH Invited symposium at IACAPAP congress with Campbell Paul (Australia), Kaija Puura (Finland), Salisha Maharaj (South Africa) and Minna Sorsa (Finland). Photo: WAIMH

A brief report: ASMI Spain and WAIMH Infant and Perinatal Mental Health Regional online Congress 2023

By Astrid Berg, South Africa and Campbell Paul, Australia

The Spain Association for Infant Mental Health (ASMI) held a European-Latin American Congress from the 16th to 18th February 2023. The theme of this Congress was *Perinatality, Childhood and Family, How do we care?* The presentations were rich and diverse, consistent with the diversity of dedicated clinicians. The conference was opened by Pascual Palau Subiela, Campbell Paul and Bernard Golse from Paris.

It was an online Congress and had 280 mainly Spanish but also French, Portuguese and some German-speaking participants. Attendees online were also Spain, Argentina, Peru, Porto Rico, Italy, Finland, Israel, South Africa, UK and Australia.

Campbell Paul, President of WAIMH, gave an opening address. He spoke about the challenging topic of helping very ill infants. The title of his talk was "*Professionals and parents working together with sick and troubled infants and families: seeing things through the baby's eyes*". His presentation showed how it is possible to address the infant directly, even if very small and ill. He demonstrated how this empathic and reciprocal interaction is possible even
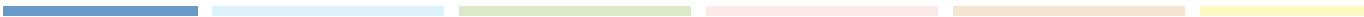
if it takes place via zoom. If there is one aspect that sets infant mental health apart from work with older children, it is this acknowledgement that infants have an inner life and that have their own experiences separate from their parents. That they too see, feel and hear the world and themselves in their own unique way.

Campbell's rich presentation was followed by the **WAIMH Symposium** with the title of **Initiatives in responding to the mental health needs of infants whose parents have mental health problems**.

Kaija Puura from Tampere University in Finland presented *Modification of Dialectic Behavioral Therapy: Web-based Parental Coaching*. This intervention aims to improve emotion and behaviour regulation in parents which in turn would result in reducing their children's emotional and behavioural symptoms. A web-based parental coaching programme was developed during 2019 -2022 with four different programmes each focusing on a particular symptom, such as temper tantrums of sleep or eating difficulties. Content and videos were provided online, including in Apps on mobile phones. There were weekly exercises and check-ins. For the staff this intervention was easy and feasible to do. For the parents that participated

it was beneficial and they appreciated not having to travel but that they could still have regular contact with the coach. This novel way of helping parents to contain their children was particularly important and relevant during the Covid pandemic, but it may well be the beginning of an ongoing possibility for interventions with parents.

Miri Keren from Tel Aviv University Medical School in Israel presented *Paternal Mental Health: Why is it relevant to Infant Mental Health?* The inclusion of fathers in the field of perinatal mental health is gaining increasing attention. She gave an interesting clinical example of a family where the father's anxiety disorder was brought to light through the consultation with his family about their toddler's problematic behaviour. Paternal mental health is a neglected topic, despite evidence in research and clinical experience of the importance of the unique role that fathers play. Problematic paternal behaviours because of mental health issues have a direct impact on children's emotional development. Depression in fathers occurs in 10% of men and occurs between 3-6 months post-partum. The incidence may well be higher, because the focus has been more on the mothers and fathers might find it difficult to ask for help. Fathers may also be at the same risk for anxiety disorders

than mothers. Paternal substance abuse and anti-social personality disorder impact the child through the effects of their behaviour on the family. Genetic transmission is an added risk factor for the children born into such affected families. Thus, as we advocate for increased father involvement in children's lives, we also need to pay more attention to paternal mental health.

Astrid Berg from the Universities of Cape Town and Stellenbosch in South Africa concluded the symposium with a presentation on ***Mothering-from-the-Inside-Out: A reflective parenting intervention implemented in South Africa***. This intervention was adapted to the local context and proved to be acceptable and feasible to the patient groups who were part of the study. The principles of this intervention have overlaps with Dialectic Behavioural Therapy in that the aim is to facilitate parents to mentalize for themselves and their child. This particular intervention was developed at Yale University in the USA, so it was of importance to see how it could be adapted to suit a different context. The fact that the manualization of this intervention is based on broad principles such as foregrounding the therapeutic alliance, of bestowing personhood on the infant, of providing a space for reflection and developmental guidance, made it possible to reach and help mothers in diverse settings and from diverse cultural and language backgrounds. In the end, perhaps no matter where in the world, it is the relationship that matters – whether between parent and infant or between therapist and parent and infant.

This congress was held in Spanish, and we were concerned about the issue of translating from English into Spanish. This was however handled well by Natalia Valverde of the *Equipo Organización Congreso*. She was helpful in organizing and reassuring us. The online format worked smoothly.

We look forward to another Spanish-speaking regional conference.

Book Review: Babies in Mind: Understanding your baby's psychological needs

Reviewed by: Salisha Maharaj, South Africa, WAIMH Perspectives in Infant Mental Health Assistant Editor

About the author: Jenny Perkel

Jenny Perkel is a Clinical Psychologist in Private Practice in Cape Town, South Africa. She is a past chairperson of the Western Cape Association for Infant Mental Health and a current member of the South African Association for Infant Mental Health. Jenny has authored "Babies in Mind" and "Children in Mind", bringing to the foreground psychological aspects of child-rearing along with practical ones. Find Jenny online at www.babiesinmind.co.za

About the book: Babies in Mind: Understanding your baby's psychological needs

Babies in Mind is essential for new parents and practitioners who want to gain insight into the psychological experiences of the baby in the first year of life. The book is written with the aim of parents in mind, and Jenny is able to make raw psychological concepts digestible and accessible.

Part one of the book takes the reader through the journey of parenthood before it begins, focusing on expectations in pregnancy, childbirth, and how to handle parenting advice. This section highlights the reality of parenthood as one that is filled with incredible joys, but also the uncertainties that come with raising a human who is filled with their own idiosyncratic needs. Jenny gently moves parents who often have an idealized image of parenthood in mind, to face the real-life challenges of having a baby who is completely dependent on their every-need being met.

Part two journeys into what it is like to welcome a new baby into one's life. It offers practical suggestions on early feeding, sleep, understanding a baby's cries, growth, and development as well as fostering family bonds. Along with the sound and practical input, Jenny provides parents with simple reflective exercises for them to understand the state of mind that their baby is in during ordinary, as well as challenging moments of growth and development. In her chapter "*Listen to Me, I'm Crying*", Jenny positions helpful suggestions like "*talk and sing to her*" with wondering about the state of the baby's mind with an invitation to, "*observe your baby, tune into the cry and try to work out what it means*". Jenny also provides opportunities throughout the book for parents to observe their mental states. There is a special chapter on fathers which highlights their role as a *container* for the mother's psychological needs and *detangler* of mothers and baby's oneness to foster healthy autonomy for the baby.

"*Troubling aspects of being a parent*" is the focus of part three of the book. In these chapters Jenny addresses topics like *negative feelings towards your baby, caring for a high-needs baby, maternal stress, and post-partum depression*. There are helpful reflections for mothers on their own experiences of being mothered with an opportunity to understand how these experiences may impact their relationship with their new baby. Jenny also includes the Edinburgh Post-Natal Depression Scale and a Self-Rated Depression Scale. These are positioned as helpful guides to know when to access medical support.

Babies in Mind is a thoughtfully written book that draws the reader into the mind and experience of the infant. There is room for parent reflection on their journey as parents, and this invitation to reflect is offered in a non-judgmental manner. It also provides useful practical suggestions on managing some of the ordinary and challenging areas of childcare in the newborn phase such as feeding, sleeping, and understanding a baby's needs. This book is a generous addition to resources available on guiding parents to navigate the experience of parenthood while keeping the baby at the center point of this journey.

Babies in Mind offers a freely available, open-access, manualized guide for professionals wanting to conduct workshops with new parents and caregivers: Babies in Mind Link: here.

News from the WAIMH Central Office

By Neea Aalto and Minna Sorsa, Finland

WAIMH 2023 World Congress in Dublin, Ireland

The 18th WAIMH World Congress to be held in Dublin, Ireland 15-19th July 2023 is nearing with the central theme being "*Early Relationships Matter: Advancing Practice, Policy and Research in Infant Mental Health*". The full congress programme is now available online: https://inconference.eventsair.com/waimh-2023

The WAIMH Sponsor a Delegate Program as part of the World Congress provides colleagues from developing countries, and those in the midst of major conflict or catastrophe, an opportunity to attend the Congress, hear the range of scientific presentations and importantly meet with the members of the infant mental health community in person. When you come to register for the Congress, you may wish to add a small amount to your Congress registration. The Sponsor a Delegate donation option can be found in the latter stages of the registration process: https://www.waimh2023.org/registration/

If you represent a WAIMH Affiliate and want to donate as an association, please contact the Congress Organizer via e-mail at waimh2023@in-conference.org.uk. You can read more about this option online: https://perspectives.waimh.org/2023/01/27/sponsor-a-delegate-to-participate-in-the-waimh-2023-congress/

Remember that as a WAIMH member you get a reduced registration fee at the Congress. Please watch the Congress website at https://www.waimh2023.org/ and follow WAIMH on Facebook, Twitter, and LinkedIn for ongoing information about the Congress. You can use the hashtags #WAIMH2023 and #WAIMH or #IMH, when communicating in social media.

WAIMH Affiliate Council Chair and Representative Elections

This year in July at the Dublin congress the terms of office of both the Affiliate Council Chair and Representative will come to an end. Anna Huber has been serving as Chair since 2014 and Jane Barlow has been serving as Affiliate Representative since 2018. Their terms would ordinarily have expired in 2022 but were extended for one year to enable the election of new office bearers to coincide with a Congress year.

Nominations are invited for both posts until 28th April 2023. Any current or past president of a WAIMH Affiliate who is currently an active WAIMH member (i.e., financial) and has been for the past year (active membership 2022-2023), can stand as a nominee. Following the close of the nomination process, all WAIMH Affiliate Presidents will be sent the information with the nominees and will be invited to participate in an online vote in May 2023. The results will be published 9th June 2023.

Please contact the WAIMH office for further details on the election process.

World Infant, Child and Adolescent Mental Health Day 23rd April 2023

In 2022 WAIMH connected with IACAPAP (International Association for Child and Adolescent Psychiatry and Allied Professions), WPA-CAP (World Psychiatric Association Child and Adolescent Psychiatry Section) and ISAPP (International Society for Adolescent Psychiatry and Psychology) to initiate a World Infant, Child, and Adolescent Mental Health Day (WICAMHD) on 23 April annually.

The specific aims are to:

- Recognize the global importance of infant, child, and adolescent mental health, and

- Advocate for the promotion of mental health and prevention of mental illness in infants, children, and adolescents.

The WICAMHD 2023 webinar was organized on Sunday, 23 April 2023 with the theme "*Stand Against Infant, Child and Adolescent Trauma*".

Read more about the WICAMHD: https://iacapap.org/events/world-infant-child-and-adolescent-mental-health-day/wicamhd-2023.html

Contact us

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1. Entering the Worlds of the Troubled Infant, Toddler and Their Parents Across Cultures
   Dr. Campbell Paul, Dr. Kaija Puura, & Dr. Chaya Kulkarni

2. Navigating Equitable Care for Infant Mental Health Within and Across Borders
   Dr. Hisako Watanabe, Dr. Paul Spicer, Tee Garnett, & Heidi Fjeldheim

3. Emerging Issues in Infant Mental Health
   Dr. Charles Zeanah

4. How Perinatal Health and Wellbeing Influence a Baby's Health and Wellbeing
   Dr. Jovana (Joey) Martinovic & Dr. Riikka Korja

5. The Culture of Modern Fathering
   Dr. Hiram Fitzgerald, Dr. Astrid Berg, & Dr. Geoffrey Brown

6. The Effects of Early Life Adversity on Child and Brain Development
   Dr. Charles Nelson

7. Building a Culture of Support and Strength Through Trauma- Informed Care
   Dr. Sheri Madigan

8. Exploring Interventions Designed Specifically for Young Children and Their Families
   Dr. Angelique Jenney, Prof. Mark Tomlinson, & Dr. Carole Anne Hapchyn

9. Supporting Young Children Exposed to Trauma and Loss
   Dr. Joy Osofsky

10. The Relational Foundations of Reflective Practice and Reflective Parenting
    Dr. Arietta Slade

11. Speaking the Unspeakable: Child-Parent Psychotherapy to Repair Trauma and Promote Secure Attachment
    Dr. Alicia Lieberman

12. Reflective Family Play A Whole-Family Treatment Model for Infants and Younger Children
    Dr. Diane Philipp

13. Global Perspectives on Infant Mental Health
    Dr. Nandita Chaudhary & Dr. Anusha Lachman

14. Nurturing the Seed: A Collaborative Approach to Supporting Infant and Early Mental Health
    Panel with Distinguished Guests & Moderator Dr. Chaya Kulkarni

15. Wrap Up: How Our Collective Understanding of Infant Mental Health Can Lead to Changes in Practice, Research, and Policies
    Dr. Campbell Paul, Dr. Kaija Puura & Dr. Chaya Kulkarni

For more detailed information, please visit

www.IMHPromotion.ca

PERSPECTIVES IN INFANT MENTAL HEALTH

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

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

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

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

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

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

Invitation to contribute

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

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

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

Full issue publication dates

Spring issue: April

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

Summer issue: August

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

Fall/Winter issue: December

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

Perspectives in Infant Mental Health Submission Guidelines

APA 7 th Edition.

12-point font.

1.5 or double spaced.

Maximum 3000 words, including references.

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

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

We welcome photos of babies and families.

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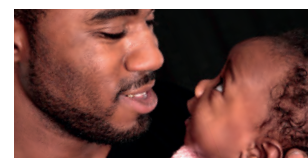
All photos need to include a permission statement from the author for WAIMH to publish the photo in Perspectives and also on WAIMH online social media platforms.

Further details: www.waimh.org

Contact

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

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www.waimh.org