

# Perspectives in Infant Mental Health

Professional Publication of the World Association for Infant Mental Health

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## From the Editors

By Maree Foley (Switzerland), Jane Barlow (United Kingdom), and Salisha Maharaj (South Africa)

Welcome to the December 2023 edition of WAIMH *Perspectives in Infant Mental Health*. This edition of Perspectives IMH has been compiled during a time of growing global humanitarian crises, with the most recent Israel-Gaza war that has significantly impacted infants and their families. The war in Ukraine also continues and each month there are more infant and family refugees. In mid-2023, the UNHCR reported that there were 110 million forcibly displaced people worldwide, as a result of persecution, conflict, violence, human rights violations or events seriously disturbing public order [unhcr.org/refugee-statistics/](https://www.unhcr.org/refugee-statistics/); children make up over 40% of refugees [Child Displacement and Refugees - UNICEF DATA](https://data.unicef.org/topic/refugees-and-displacement/)

The WAIMH position paper on infants' rights in wartime (Keren et al., 2019) ([WAIMH Position Paper: Infants' Rights in Wartime - Perspectives \(waimh.org\)](https://www.waimh.org/publications/infants-rights-in-wartime)), highlighted that despite the numerous violent conflict zones across the globe, little attention is paid to the significant current and intergenerational price that infants, toddlers, and young children pay. Survival challenges for infants and young children in humanitarian settings are immense as their right to nutritious food, adequate healthcare, and shelter, and all early development needs including safety in the care relationships, are degraded during times of war.

Extending the *Nurturing Care Framework* [Child Health and Development \(who.int\)](https://www.who.int/publications/m/item/nurturing-care-framework), the WHO with UNICEF have released a policy brief on Nurturing care for children living in humanitarian settings [Nurturing care for children living in humanitarian settings: thematic brief \(who.int\)](https://www.who.int/publications/m/item/nurturing-care-for-children-living-in-humanitarian-settings). This brief explicitly addresses the global need for all international and local non-governmental stakeholders to include early childhood development policies for crisis-affected populations. They state that the work needs to "start with strengthening the identification of early childhood as a necessary component of humanitarian response" (WHO, 2020, p. 9).

Throughout the past months, the WAIMH Executive Committee have been actively committed to finding ways to situate WAIMH as a global non-profit organization meaningfully into this space as experts in infant mental health. These endeavours are reported in the columns below in From the Desk of the President and the Executive Director Corner.



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INFANT MENTAL HEALTH

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Furthermore, in support of the WAIMH working group on infants in crises, the Perspectives team established a new WAIMH web resource page on infants in crises [Infants in Crises - World Association for Infant Mental Health \(waimh.org\)](https://waimh.org/Infants-in-Crises). To further support the work of WAIMH, the Perspectives IMH team is also inviting calls for papers for an upcoming issue on diversity equality and culture. This includes highlighting the needs and rights of infants and young children and their families in emergency and humanitarian settings. This call for papers is included in this issue.

The remainder of this column is divided into two main sections:

1. Issue contents; and
2. WAIMH Perspectives Survey announcement.

Then, immediately following this column, we introduce readers to five new Perspectives IMH Editors.

### Issue contents

This edition includes papers that call attention and consideration to what WAIMH members and allied infant mental health colleagues, around the world, are thinking, doing, and writing about.

Following this column, we introduce readers to five new editors. Next is an open call for papers for the April 2024 Perspectives IMH issue that focuses on diversity, equity, and inclusivity in infant mental health research, practice, and policy.

Next is a paper entitled: Mt. Hope Family Centre: Contextually sensitive clinical work influenced by evidence-based research. It is a paper based on an interview with Jody Manly Todd (Rochester, New York, USA) by Salisha Maharaj (Assistant Editor). Jody is a past WAIMH EC member and a current Associate Editor. She is a clinician-researcher and eloquently shares with us some of the highlights of her clinical research work at Mt Hope Family Centre.

What follows is a paper by Maree Foley (Switzerland) that will be included in the forthcoming WAIMH ebook volume 2 publication; a sequel to 2022, *Global perspectives on the transdisciplinary field of infant mental health 1993 – 2021: WAIMH eBooks Topical Resource Guide, Volume 1*. The paper examines a selection of cultural representations of Infant Mental Health within two WAIMH publications: *The Signal* and *Perspectives in Infant Mental Health* (1993-2021).

This overarching summary paper is followed by a close-up lens on infant mental health practice in Ethiopia that focuses on growing infant mental health practice through the Enrichment Centre Ethiopia. Sahilu Baye Alemu (Ethiopia), the founder of the Enrichment Centre with Salisha Maharaj (South Africa) describe a contextual knowledge-based account of the development and growth of the centre to serve IMH needs in the region. They state "... it is important to address the distinctive features of Ethiopian culture that provide the context and justification for the use of particular techniques to treat children's mental health needs, that are not consistent with what is known to be effective in terms of the wider evidence base..." (Alemu with Maharaj, 2023).

In keeping with cultural lenses on aspects of infant mental health, we then feature the recent position paper by the German Speaking Association of Infant Mental Health (GAIMH) on Digital Media and Early Childhood. (German and English versions). GAIMH have generously made available to WAIMH the German and English versions of their position statement.

Next, we draw readers attention to a recently published open-source Infant Mental Health Journal (IMHJ) paper that addresses the issue of ethics in infant and early childhood mental health practice with

following authors: Paula Zeanah, Alison Steier, Izaak Lim, Jon Korfmacher, and Charles H Zeanah. Details and links are provided for readers to access the paper from the IMHJ.

The focus then turns to reflective writing. We encourage readers to consider creative and reflective writing as part of our infant mental health journey of professional development and to our relationships with the babies and families we meet along the way. Heather Warne (Australia) shares her reflective writing with readers in her paper "Who am I to you in your heart and mind?". The paper concludes with reflective practice questions as a way to bridge the reflective writing process with personal and professional infant mental health practice.

Next, in keeping with the theme of creative writing, we share news from Victoria (Australia) regarding the 2023 Ann Morgan Prize Winners, Abigail (Abi) Arnold for her entry "A Turning Point" and Senada (Nada) Aldobasic for her entry "Blak Lives Matter Intergenerationally". We also provide links for readers to access the writing from the Victoria branch of AAIMHI.

In the final section of this issue, we feature news from WAIMH beginning with *From the Desk of the President*: Campbell Paul. The Presidential address is followed by the WAIMH Executive Director Corner (Kaija Puura, WAIMH Executive Director). News from the WAIMH Office (Minna Sorsa and Neea Aalto) updates readers on recent WAIMH office activities and includes updates about the WAIMH interim Congress in June 2024 (Tampere, Finland). This section concludes with an announcement from Joy Osfosky (USA) (Past president of WAMH, and Perspectives IMH Associate Editor) about the forthcoming 2 volume WAIMH Handbook, which will be published in early 2024.

## WAIMH Perspectives in Infant Mental Health survey

Over the next couple of months, all WAIMH and WAIMH affiliate members will be invited to participate in an anonymous survey about our WAIMH publication: *Perspectives in Infant Mental Health*. Over the past few years, our WAIMH publication has evolved into an open-source online resource that includes access to current and past publications as well as social media posts. As we continue to grow as a

publication, we are keen to hear from you about your ideas and experiences about Perspectives IMH. Thank you in advance for your participation.

For those who are new to Perspectives IMH, all issues of Perspectives can be accessed online, with past issues dating back to 1993 currently available by following this link: <https://perspectives.waimh.org/perspectives-archive/>. In addition, past articles are also available online in text format, which in turn can be shared: <https://perspectives.waimh.org/>

## Concluding thoughts

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

We end the year with thanks to the WAIMH Board of Directors, the WAIMH Central Office staff, and the many WAIMH members and allied colleagues who have enriched our thinking through contributions to *Perspectives IMH*. These remain uncertain times for many colleagues and families. In 2024, we will continue to build this publication to support our colleagues and the infants and families they work alongside.

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# Introducing new editors to the Perspectives IMH team for 2024

## Veronica Mestre (Intern Editor)



Photo: Veronica Mestre. Credit: Christen Cantu Photography

Hello from the beautiful hill country of Texas! With deepest gratitude, I have been gifted with the joyous opportunity to join the lovely WAIMH Perspectives IMH family as their new Intern Editor. I am incredibly excited for this new journey and the many serendipitous tomorrows that are yet to come!

I am Veronica Mestre, Parent-child Interaction Research Coder for The University of Washington's School of Nursing at The Barnard Center for Infant & Early Childhood Mental Health and a Member of the Texas Pediatric Brain Health Initiative. My research experience is rooted in identifying infant and caregiver biobehavioral cues during parent-child interactions as a glimpse into the health of the relationship. Further, it provides a window of opportunity for early clinical interventions and support to be provided for caregivers to form more nurturing, attuned, and responsive relationships with their infants to prevent the development of severe mental illnesses early on.

Over the last 15 years, I have been graciously placed to work in spaces focused on holistic childhood development within childcare, foster care, and educational environments. In my most recent years, I have also been a new patient intake care coordinator & practice manager for several Pediatric Mental Health Clinics across the United States, specializing in trauma-informed care for children, families, and young

adults. I have learned much more about the mental health crisis our world is facing today and ponder on the endless possibilities that we have yet to discover for infant mental health clinical care opportunities.

What most interests me is seeking further advancements in the protection of high-risk infants' mental health through early identification of mental illnesses and preventative-care interventions. Diversely supporting families in meaningful ways that meet each of their unique needs, stories, and experiences. I am always seeking new avenues to learn more about how to nurture intergenerational wellness starting at the beginning of life despite early traumas or considered encoded epigenetics. I hope to continue expanding on the theories of essential optimization of caregiver-led interventions that intentionally create enriching experiences during these very special seasons of life and how this aligns with the blossoming of overall human development.

I am extraordinarily passionate about the global research work that we are a part of, reforming international accessibility to infant mental health care and education. Blurring the lines of our international borders through this shared space that has been created by the WAIMH as a community for relational connections and the sharing of enlightening awareness. Grounded in the vision and practice of creating a world with healthier babies and families. What a world that could be and will be! I look forward to being a small part of the many more years of advancements we will discover together!

## Dr Michelle du Plessis (Associate Editor)



Photo: Michelle du Plessis. Credit: Michelle du Plessis

It is a great privilege to be a part of the new editorial team of the WAIMH Perspectives in Infant Mental Health. As a South African, I hope to support the rising voices of those from the global South, thereby helping to bridge the North-South gaps. I also hope to expand the reach of Infant Mental Health (IMH) by strengthening intersectoral relationships and by supporting the growth of translational research suitable for use within lower-resourced primary health care and community settings.

My precious experiences as a South African general medical doctor have provided me with a rich experience of diversity and fervor for the building of bridges. The South African context is rich with diversity - diversity in terms of culture and practice, opportunities and challenges. I have also had a richly diverse career path as a doctor, which included working in rural South African public hospitals, deep rural primary health care and HIV clinics, followed by the experience of working in university-based paediatric infectious diseases and life course health clinical research. I have also had the great privilege of completing a Master of Philosophy in Infant Mental Health at the University of Stellenbosch.

Lately, I have been involved in the non-profit sector, setting up an urban holistic health centre in a low-resource setting with various mother-infant and early childhood development community projects and research.

Currently, I am working as a volunteer within developmental paediatrics in a public hospital, whilst working as a community-based general medical practitioner with a special interest in early childhood and family mental health; hoping to bridge public-private and intersectoral bridges. These opportunities have helped me develop as a professional, but more so as a person. I hope to bring the perspective and experiential knowledge of the opportunities and challenges that are presented within sub-Saharan African (rural and urban) contexts within the field of IMH.

Local adaptation and implementation of IMH approaches and services that were mostly developed within high-income Western countries, present unique developmental opportunities. For the field of IMH to develop within the global South and under-represented communities, we need to develop with our context. Just as we work together with caregivers to walk alongside their children on the path of their development, we need to walk alongside under-represented caregivers and children to learn what support they want and need.

## Dr Harleen Hutchinson (PhD) (Associate Editor)



Photo: Harleen Hutchinson. Credit: Harleen Hutchinson

It is a great honor to introduce myself as the next associate editor of the WAIMH Journal. The role of associate editor is a significant responsibility, and I thank WAIMH and the selection committee for the trust they have placed in my ability to be an associate editor. I am excited about the future of the journal, and I am committed to helping continue the impressive trajectory it has established over the years. What should you know

about me? I am an Afro-Caribbean Black woman, who was born in Jamaica and raised in NYC in a multicultural family. I am a mom, a sister, an auntie, and a daughter. I have lived in several places and have travelled to several countries. I am also an adjunct professor with the Barry University, School of Social Work. I am a social worker, a child psychologist, and an infant mental health clinical mentor. My life's work is centered on ensuring that young children have access to high-quality early pediatric behavioral health programs, and services that are developmentally, and culturally appropriate. My work is grounded through my cultural lens, my experiences, and my spirituality.

I am currently the president of the Florida Association for Infant Mental Health (FAIMH), and Executive Director for The Journey Institute, Inc. I serve as a FAIMH Training Academy Expert Trainer, Reflective Consultant statewide, nationally, and internationally. I provide early childhood equity training, reflective consultation, lectures, and consults locally, statewide, nationally, and internationally, on issues relating to diversity and inclusion, trauma and aces, maternal mental health, early childhood mental health, attachment, and pediatric bereavement.

I was fortunate to be one of the contributing authors in the DC: 0-5 Case Book "Disorder of Dysregulated Anger and Aggression of Early Childhood. My writings have also expanded to centering young children in the green space arena in the book Nature-Based Play and Expressive Therapies: Interventions For Working With Children, Teens, And Families in the chapter "The Sacred Ground: The Cultural Implication of Nature-Based Therapy With Young Children and The Intersection of Culture." My life work has focused on centering the voices of the marginalized and oppressed to ensure the inclusivity of voices.

As an Associate Editor of Perspectives IMH, I hope to ensure that writers are embracing a multicultural lens framework that includes diversity and inclusion in their writing, to tell the stories of our multicultural babies and caregivers, and to ensure that content is shaped from the ground up by many points of view. I am excited to be on this journey in 2024, and I look forward to hearing and embracing all the stories of diversity and inclusion in the work we so passionately do.

## Dr Nicki Dawson (PhD) (Associate Editor)



Photo: Nicki Dawson. Credit: Pieter Crous

As a young South African child, I dreamed of becoming an author. I would spend hours sprawled out on my bedroom floor, surrounded by a sea of pens and paper, writing stories at the back of old schoolbooks. In retrospect, this was a catharsis for me - an opportunity to put voice to the unconscious musings and anxieties of a young child; to process feelings of unfairness or injustice that rose in me after an altercation with a sibling, a misunderstanding on the playground or a reprimand from a parent. As I entered my adolescence and became more aware of the social injustices around me, my interests shifted. I found myself drawn to the helping professions, and to vulnerable infants in particular.

During my university years, I felt torn by my two areas of passion and enrolled in a dual major in psychology and media studies. I constantly went back and forth - should I be a journalist or a psychologist? To settle both conflicting passions, I worked as an editor for a youth magazine, while also volunteering at a local orphanage. Much of what I wrote about was social justice issues, calling people to respond, while finding deep meaning in the opportunities to directly respond myself.

Soon my interest in writing took a back seat to a career in psychology and ultimately a career in infant mental health. I was lucky enough to secure a psychology internship at the Ububele Educational and Psychotherapy Trust, a nonprofit organisation based in Alexandra Township in Johannesburg, South Africa. Infant Mental Health has been a central focus of Ububele's

service and training offerings since its post-Apartheid inception in 2000, and I have had the privilege of holding various Infant Mental Health-focused clinical roles in my 12 years at the organisation. Currently, I hold the role of Parent-Infant Programmes Clinical Lead, in addition to leading the organisation's research division. Ububele's Infant Mental Health programme offers internationally developed interventions including Parent-Infant Psychotherapy, the Newborn Behavioural Observation System and Circle of Security Parenting, as well as locally developed programmes such as the Ububele Baby Mat Service and the Ububele Home Visiting Programme.

I am grateful to my training at both the University of Witwatersrand and Ububele, as well as to my family, for conscientizing me to the pervasive impact of colonisation on everyday life for South Africans. It is the critical lens developed through these experiences that drew me to my doctoral research topic - an investigation into the contextual and cultural validity of attachment constructs and measures for South Africa. As a white South African myself, a descendant of British and Voortrekker settlers in South Africa, I am deeply conscious of the need to constantly interrogate the contextual validity of the service I provide. As a result, my ongoing research work continues in this vein, as well as focusing on documenting the adaption and development of infant mental health programmes in the South African context.

As I reflect on the twists and turns of my journey, from the dreams of a young storyteller to the reality of advocating for infant mental health, I am thrilled to embark on a new chapter as an Associate Editor of Perspectives IMH. I am deeply excited about the opportunity to help curate content that sparks conversations, challenges assumptions, and creates a more global picture of infant mental health.

## Lauren Keegan (Editor)



Photo: Lauren Keegan. Credit: Emily Obrien

I am Lauren Keegan, a perinatal psychologist from Sydney, Australia. I have extensive experience in a hospital-based perinatal and infant mental health service. More recently, I have moved into private practice. I am an accredited Marte Meo Therapist and Trainer (and supervisor-in-training) and I love teaching a strengths-based approach to professionals who work with infants, children, and families. I am also a writer, blogger, and mother of two girls. I am thrilled to join the WAIMH Perspectives in Infant Mental Health editorial team.

# Perspectives in Infant Mental Health: Focus on diversity, equity, inclusivity and belonging in IMH practice, research, and policy: A call for papers

For the forthcoming *Perspectives in Infant Mental Health* full issue (April 2024), we welcome interdisciplinary papers, including papers from practitioners, researchers, and policymakers, with a focus on diversity, equity, inclusivity and belonging in infant mental health practice, research, and policy.

We believe that when people feel respected, and included, they can be more creative, innovative, and successful. While we have more work to do to advance diversity, inclusion and belonging, we are committed to advocating for racial equality in the content we publish and are invested in ensuring that more voices are represented and amplified in moving WAIMH forward in the field of Infant Mental Health.

This focused issue, is an opportunity to share current projects, work programs, experiences related to issues of diversity, equity, inclusion and belonging within the field, or any endeavours that aim to contribute to ensuring that all infants, their families, and professionals who works with, or on their behalf are represented in the work we do.

As a global organization, it is our responsibility to ensure that everyone is given an equal voice in a world where marginalized groups are still very often discriminated against. *WAIMH Perspectives in Infant Mental Health* is committed to publishing high-quality diverse, equitable, and inclusive content across its publishing platforms (the full issue publication, the WAIMH webpage, and WAIMH social media platforms).

The Global North has access to resources that propel a particular perspective on infant rearing, attachment relationships, family systems; and there exists a large research and policy base on these assumptions. As a publication, we are committed to addressing biased perceptions within our field of infant mental health that are sustained by the under-acknowledgement of the rich and diverse multi-faceted contexts, and the multi-level unique relationships that infants grow and develop within.



We welcome interdisciplinary papers, including papers from practitioners, researchers, and policymakers, with a focus on **diversity, equity, inclusivity and belonging, in infant mental health practice, research, and policy.**

## Timeline

- Full paper submissions: December 2023 to February 15, 2024
- February 15 – February 25, 2024: Review process
- February 25 – March 25, 2024: All accepted papers to complete review feedback and submit final papers.
- Perspectives issue publication: April 2024

## Paper submission guidelines

[Perspectives in Infant Mental Health - Call for writers - World Association for Infant Mental Health \(waimh.org\)](#)

- Style guide: APA 7th Edition.
- 12-point font.
- 1.5 or double-spaced.
- Maximum 3000 words, including references.
- All in-text citations, references, tables, and figures are 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 all WAIMH online social media platforms.

## Send all submissions to:

Email header: Perspectives diversity and inclusivity and belonging in IMH practice, research and policy

Email to: [perspectives@waimh.org](mailto:perspectives@waimh.org)

## General enquiries

For any general enquiries about this special issue, please direct to:

Maree Foley (Editor-in-Chief  
*Perspectives in Infant Mental Health*):  
email [perspectives@waimh.org](mailto:perspectives@waimh.org)

# Mt. Hope Family Centre: Contextually sensitive clinical work influenced by evidence-based research

By Salisha Maharaj (South Africa) and  
Jody Manly Todd (United States)

Jody Manly Todd, Clinical Director of Mt. Hope Family Centre shares more about her work at University of Rochester's Mt. Hope Family Centre. With 40 years of experience, Jody provides an overview of the TRANSFORM National Center Grant and the research studies that it funds at Mt. Hope. She highlights important study findings and provides insights into the value of clinical work informing evidence-based research and how this contributes to contextually relevant interventions.

## Getting to know Jody and Mt. Hope Family Centre

**Salisha Maharaj:** Please share more about yourself and the work you're involved in at Mt. Hope Family Centre.

**Jody Todd Manly:** *OK well I am a Clinical Psychologist by training. I am the clinical director at Mt. Hope Family Center. It's affiliated with the University of Rochester, but it's located in a separate building off campus. Mt. Hope is a pretty unique place in that we have clinical services to support children and families, and we conduct research which includes treatment evaluation studies that inform our clinical practice. We do translational research where we'll investigate a treatment modality, see if it's efficacious and then bring it into our clinical service delivery. Our clinical work informs our research questions and helps us, I think, to provide a richer evaluation as well as some basic research where we're trying to find out some information that can inform the treatment and vice versa. And then we're training not only students, but also other professionals around the country. We're part of the National Child Traumatic Stress Network (NCTSN) in the US which is a grant funded network of people who are doing work in the area of trauma across the country. We also have a federally funded grant that supports our Transform Center, which is a National Center devoted to child abuse and neglect prevention. We are one of three national centers that focuses on child abuse and neglect, the prevention and treatment and research, and also translating research so that it*

*can be disseminated to different people in different disciplines, different fields, whether that's family court, judges and attorneys, whether it's teachers or child care providers or medical professionals and law enforcement. We're trying to get the information out and disseminate it as broadly as possible.*

**Salisha:** That's incredible, Jody. How long have you been at Mt. Hope?

**Jody:** *I'm coming up on 40 years actually. I started here as a graduate student and I thought that I would, you know, finish my graduate work and move on. But I found this to be such a unique setting, particularly with that integration... A real true integration of clinical service provision and research that I ended up staying and I've continued to be here. I remark on it often that I have a fabulous team here and our clinical service providers, some of them have been here 5, 10, 15, 20 years, so it's pretty unusual, especially given how challenging the work in the trauma field is, to not have more staff turnover. And we do have more staff turnover in our research staff because a lot of our research assistants who are working full time with us have graduated from their universities and they're getting some experience before they go on for their graduate work.*

**Salisha:** I am wondering about the history of Mt. Hope... is it part of the University of Rochester from the get go

or was that something specifically set up for this kind of purpose?

**Jody:** *It was part of the university from the beginning. In the beginning we had a therapeutic preschool program and so a lot of the emphasis was on supporting the kids in the preschool as well as doing some parenting programs. And we worked a lot with special education and kids with special needs, particularly because of trauma. So even from the beginning, we were doing a lot of work in child abuse and neglect, which actually was one of the things that attracted me to Rochester and to the University of Rochester for my graduate work because Mt. Hope was already a center that was working in the area that I was interested in. That was even before Dante Cicchetti came on board as our director, and he was my mentor for most of my graduate work. It's interesting because we've had some people who have read our research in journals, and I can think of one person who started working with us after she learned about our work in South Korea. And she came from South Korea to the US and worked with us for a number of years before she went into a faculty position at Virginia Tech and now she's partnering with us again. So sometimes people leave and then cycle back even after they've left us and they come back. One of our current clinical staff members worked in our therapeutic preschool left for a while and then came back and our current research*



director was a research assistant with us before she went to Graduate School and now she's come back and is working with us as our research director so that I think also speaks to how once you're part of our Mt. Hope family, people remain part of the family. And even if they're off doing other work, we stay connected and we have partnerships with them. It's a special place with a lot of special people who work here and I could not do the work by myself. I think having that very, very dedicated team supporting my work and inspiring me is one of the reasons I've stuck around here for so long.

**Salisha:** It sounds like a real home base...people go grow and go off and come back, but there's always connection. It sounds very special.

## TRANSFORM: National Centre on Child Abuse and Neglect Prevention

**Salisha:** Can you share more about the TRANSFORM treatment evaluation study?

**Jody:** Well, I would say that TRANSFORM is a center grant. So, it's a National Center on child abuse and neglect prevention. In our current iteration our current grant funding has three different studies that are part of it as well as a dissemination and community engagement arm. So, two of those studies involve some basic research, but it's longitudinal follow up.

We used to have a summer camp program where about 250 kids participated every year. That actually was the basis of my dissertation... starting that summer camp program back in the day. We had over 2000 children who came through our summer camp programs over the years and now we're following those families up and they're in adulthood. We have extensive information about them when they were children. Now we're trying to get back in touch with them, see how they're doing as adults and the newest piece is looking into the next generation. We're going to also be following the children of those former summer camp participants... So that's a really cool piece. It does make me feel kind of old when I'm looking at the children of our participants and we already have some preliminary information. First of all, about a lot of the challenges and risks that these individuals have had in their lives. By design, half of those kids attending the summer camp had experienced child abuse and neglect. The other half as best as we could tell, had not, but had some of the similar challenges of coming

from economically challenged families. Looking across time then at the impact of those early experiences, we're finding some significant physiological changes as well as psychological changes from some of that chronic stress and that early adversity.

## Key research findings

**Salisha:** Jody, can you share some of the key research findings from the studies that are underway?

**Jody:** I'll talk about two different treatment evaluation studies. One is wrapping up and the other one is going to get started this year. The one that's wrapping up is the one that's most relevant to the infant mental health work, and that is what we called our **Promise Project**. So, in that study, we started working with women during their pregnancy and kind of related to some of the other challenges that we found in our other studies. **We found that 44% of those women who were participating had experienced sexual abuse during their childhood.** So that's a really high rate in my way of looking at things. But we're looking at the impact of that in our family health study, the effect of sexual abuse on reproductive health outcomes. But in our Promise Project, we started working with women during their pregnancy and we followed them up until their child was fifteen months of age. We were able to follow them over time and look at not only what were their expectations of their babies before they were born, and then how did that play out in their relationships with their children after they were born? We were specifically evaluating an intervention that is child-parent psychotherapy. Child-parent psychotherapy is typically delivered as a 12-month intervention, but there are a lot of requests to see whether you could have the same kind of outcomes with a shorter duration of treatment. A lot of policymakers and funders, and sometimes the families themselves are looking for a shorter intervention. So, we were comparing the typical 12-month intervention with a 6-month version and we were also asking the question of the pregnancy and birth period as a ripe opportunity to support families. But is it better to try and begin that support during pregnancy or to wait until after the baby is born and work on the parent-child relationship when the baby has actually arrived? So those are some of the research questions that we are now on the brink of being able to address because we've just finished up our pre-post time sets and now we're just left with finishing

up the remaining follow-up after the intervention is concluded.

The Promise Project that is some of what I presented at the WAIMH Congress in Dublin and one of the preliminary findings, the early findings that really was exciting for me is even during pregnancy, even before we'd started entering intervention...and we're just looking at baseline data...We thought that things like a parent's own history of child abuse or neglect in their childhoods and the presence or absence of intimate partner violence with their partner would influence the way that they viewed their baby. And that, uh, we had a scale of maternal fetal attachment to look at just their perceptions of the baby, how they're viewing that relationship even before birth. **What we found is that instead of those adversities having the biggest role in how they were perceiving their babies, it was actually benevolent, childhood experiences and social support that played the biggest role in influencing those perceptions.** In our child parent psychotherapy work, we talk about angels in the nursery and, you know, certainly ghosts in the nursery is a concept, but also angels (Lieberman, Ippen & Van Horn, 2015). And it was like evidence for the important role that angels and positive experiences can play. And that's what we hope to then harness when we're intervening with families to build on that support and build on those positive memories in hopes of having more positive outcomes.

**Salisha:** That's so interesting because what you are saying is that if you can hold on to those benevolent experiences and carry them with you through pregnancy and birth that has more of an influence than the negative experiences. There is a lot of hard work that goes into the patient and clinicians in terms of looking at those ghosts and unpacking them and processing them. The research evidence perhaps supports an intervention that's not as intense, not fraught with a lot of unpacking of deeper material and one that's more about a fostering of resilience and growth and support and holding on to that.

**Jody:** I think you're right that so **many of our systems, especially our medical models, are built on this, umm, pathologizing and diagnosing and looking for the problems. In some cases, not intervening until the problem is big enough or severe enough...and I think we do really need to look at how to change that up and**

### **have a real strength-based approach.**

How do we really harness those positive experiences to build on to say, "what is the relationship you want to create with your baby?" "How can you look back on those experiences of feeling safe and protected and cared for, and create that with your baby?" Or if you didn't have those experiences, how can you build new memories with your baby?

**Salisha:** I'm remembering the paper *Ghosts in the Nursery* and you know, it's not just the memory, but it's the affects, the feeling of those memories that creates a shift in the patient. As you're talking, I'm just thinking, wow, how powerful is it to not just to be able to talk about the positive, benign, supportive experiences but to be able to remember the feeling of them.

**Jody:** And I think we still **need to acknowledge the impact of trauma. We still need to speak the unspeakable and help families to process that trauma, but one of the ways of fostering healing can be also bringing in that benevolence, bringing in those feelings of relationships that did elicit care and concern and love and compassion.**

**Salisha:** Jody can you share how you measured these experiences in your research? What you are saying has been a part of psychoanalytic thinking for a long time but this is something that has been evaluated using standardized measures.

**Jody:** Well, we have a lot of different things that we've incorporated. One of which is the maternal fetal attachment scale (Cranley, 1981) to look at mother's perceptions and Angela Narayan (Narayan, Rivera, Bernstein, Harris & Lieberman, 2018) developed a benevolent childhood experiences scale that we incorporated, but we have a host of measures that we're still tapping into. For example, we asked mothers to describe some of their relationships and a 5-minute speech sample to assess their expressed emotions. We asked them to talk about their babies even before birth and their own caregivers, and to talk about themselves in these different 5-minute speech samples. We're currently coding right now especially that 5-minute speech sample about the unborn baby, not only to code that in a quantitative way, but we also want to look at it from a qualitative research standpoint and try and look at what the themes are that the mothers are sharing. And we also have some things built in. For some of our follow up, we didn't get this at baseline,

obviously because the baby wasn't born. But when the babies were 15 months old, we have *Strange Situations* (Ainsworth & Wittig, 1969) where we're going to be able to capture that attachment relationship and code that. Because we had a pandemic in the midst of our data collection, we had to switch to some of the things that maybe don't require the families to come in, in person. Although as soon as they were able to we got back to those, some of the things like the *Strange Situations* were shut down for a while, but we resumed.

But we also built in some things like a *Parent Development Interview* (Slade, Aber, Berger, Bresgi, & Kaplan, 2020) to be able to capture some of that information in a different way as well as we added some COVID assessments to say, you know, how was the family impacted by COVID, the stress of maybe not being able to have your partner in the delivery room with you, in addition to how it impacted medical care and whether they had lost a job, lost a family member, had more financial stress or more loss and grief, or general stress with the anxiety of the pandemic. We're also looking at the effect that that had because we have some families that we had already done some assessment with before the pandemic and then we had some, that didn't start with us until after the pandemic shutdown. So, there we have many layers of things that we're going to be evaluating and I'm sure it will take us some time to process all of that.

**Salisha:** What a huge amount of important data. It is very rich...

**Jody:** Yes, we also have maternal cortisol. So, we were looking at maternal stress regulation and we had a paradigm where we had an infant cry and we were assessing mom's cortisol before and after hearing that during pregnancy and then before and after the *Strange Situation*. We are looking at a physiological change as well as psychological changes. I'll also highlight some of the findings from that **Adult Family Health** study in TRANSFORM, including the **impact of early child maltreatment on things like cellular aging. We're studying telomere lengths and we're looking at epigenetic changes and already seeing some cognitive decline in the participants who experienced chronic stress and early maltreatment histories, even though they're only in their 30s.** But there's already several domains of functioning that are impacted by that early history of adversity and how that plays out as people develop

over time. So, I think having that ability to do that longitudinal work, because there are a lot of consequences that you know conceptually, theoretically we would assume would be the case and there are a few other studies that have been able to do longitudinal follow-ups. But really, being able to do the deep dive so we understand those processes and if we understand those processes of how those things can play out, then we can **really look at what are the optimal windows for intervening or what are the ways that we can implement preventive strategies.** I think the deeper our understanding is the more we can use that to target intervention and prevention efforts.

**Salisha:** That's so important. It becomes so much more effective, for patients and cost of the intervention especially in resource limited settings. It also allows prevention to take focus with an evidence base.

**Jody:** And that's such an important point too, because the prevention piece is sometimes hard to document, to say what didn't happen. But the more we have this data and the evidence to support it and I think your point about resources is so important, that so often the larger systems put their resources where it's going to make the most difference understandably... But sometimes it's hard to make the case for prevention and I firmly believe that prevention is really the way to go, especially if you're talking about trauma and you're talking about maltreatment. And obviously we want to prevent the suffering that goes along with those, but making the case to funders or policymakers sometimes is hard without having that data. So, we are trying to compile the data in a way that we can use it not only for our treatment and our intervention, but also for those policy pieces.

## **Insights on developing evidence-based research that is influenced by clinical work**

**Salisha:** Jody, can you share some of your insights on the research process in developing evidence-based research interventions that are influenced by clinical work?

**Jody:** Yes, everybody should incorporate both clinical work and research into their work, but I will say when you're trying to do it all, you don't get much sleep! So, it's yes, so it's hard for a lot of places to do

both. I've certainly done work partnering with clinical agencies that just don't have either the bandwidth or the expertise to do the research piece and similarly a lot of research institutions are not set up to have the clinical piece. That's one of the reasons that I feel so fortunate to be at a place like Mt. Hope, because **I think even our research, is more likely to be successful because we're seen in the community as not just a research ivory tower**, that is only using people as Guinea pigs. We are actually doing the work to support families. I think that's helped us with our research being able to get off the ground and being able to recruit participants in all of that. And I also think that in our research work, we've never done the very limited treatment evaluation studies where the inclusion criteria are so restrictive that it's like a pure sample that's not representative of the larger community. **Our research has always been very real world and understanding the challenges in the community, and we've tried to be as open as we can with our inclusion criteria so that we capture some of those real world dimensions and challenges and then it's easier to translate that work into a clinical setting** because it's not saying "ohh you, you can't participate if you have XY or Z or like comorbidity, if you have more than one diagnosis or more than one challenge going on then you know we can't take you". We're much more aware that it's the majority of people that have more than one thing going on, so we want be inclusive of that. If we're doing the work because that is the reality.

**Salisha:** It sounds like it is not about going out there to find people to answer a research question. It seems much more sort of a keen eye on the community and what some of the challenges are and using those to really inform some of the questions. What are the attrition rates like? I would imagine that they may be low since the research harnesses the needs of the community?

**Jody:** Yes, I don't want to minimize the challenges because it's very hard to track people down over time. Some of them have moved away or they're incarcerated or they have died, unfortunately. When we're following a group of people over time or they're like, "I don't wanna be bothered". During the work and even our treatment evaluation studies, we're offering free treatment and not everybody takes us up on that. Even if you know you're assigned to a treatment group, that doesn't mean you're going to follow through and actually participate in

counseling. So, it's hard work and there are a lot of challenges there and yet I feel like the quality of the work overall is improved and what we're learning is improved. I'll give an example that doesn't have to do with our Transform center, but one of the treatment evaluation studies because we keep doing this cycle of we need to intervene earlier and earlier and earlier. When we were working with older parents, then we're looking at what about teen parents? Maybe we intervene there and then we're like, well, what if we intervene with the teens before they get pregnant? And can we look at that and we keep going around the cycle and cycling around and around. In a study that we did a few years ago, we were looking at treating depression in teenage girls and hoping that if we addressed some of the depressive symptoms then they might have better outcomes over time. And you know, perhaps even prevent pregnancy. But that wasn't our main goal. When we started recruiting for that study and we were saying we want to find, girls who were 13 to 15 year olds who are experiencing depression and we started working with youth programs and going out and doing depression screenings, and we found so many girls who not only experienced symptoms of depression, that they may or may not have told anybody about, but they also told us about a lot of suicidal thoughts and sometimes suicide attempts that they've never shared with anybody before. So, it's like if you're aware of what some of the challenges are and you go out and you ask, you find that a lot of people are struggling in a way that you wouldn't know if you didn't bother asking.

**Salisha:** I think perhaps what you're saying is that the flexibility of the research and allowing the participants to sometimes lead the process is the real power of evidence based-research that leads clinical intervention. We are coming up to the last question which is about speaking to the global applicability of the project and the work that you're doing. How can this fit in elsewhere?

**Jody:** Well, I think that an important consideration that I know you're very aware of, because we've talked about it before, but is looking at the **cultural context of the work that we're doing**. And so it's very important to be mindful of that context, because there are a lot of contextual factors that do influence the work, and I'm going take a side tangent and then hopefully I'll get myself back. But the tangent is the other new project that's coming up for Transform that I haven't mentioned yet. We are looking

at,, trying to **improve treatment for youth who are African-American or identify as Black, who may have experienced child abuse and neglect as well as racial discrimination and oppression, and asking how we can infuse our ongoing treatment with more sensitivity to racial socialization and positive racial identity for Black youth who in the US, unfortunately we have this long history of slavery and discrimination, particularly against Black families and Black individuals. We are trying to see how our treatment can change to be more sensitive to the needs of that cultural group.** To loop back to the global applicability... That project may or may not have a more global recommendations for treatment of how to do that in other places, but it does really underscore how important it is in my belief to really look at the cultural context... And then how can we continue to ask ourselves **how to improve treatment so that we're more responsive to the needs of the people that we're trying to serve?** And I think there are **some things that we can learn from different treatment approaches that could be extended into other countries or other places.** But we always have to **ask ourselves what adaptation might be needed, and I think assuming that Western approaches are automatically going to be useful in other places may have some limitations in our thinking...** and there are some things that we need to think about from within a group. You know, maybe you **start with asking the community what they need and listen to that and trying to map our services onto those needs rather than the other way around.** It is very difficult to do cross-cultural work that involves **not only interpretation of the language, but it also means looking at what are the goals and the priorities and the assumptions that the treatment is trying to bring.** And are those assumptions valid, so one of the things that I like about our child-parent psychotherapy work, building off the work of Alicia Lieberman, who started evaluating the studies with Latina moms who had immigrated to the US and that was the beginning of the treatment evaluation and the evidence base for child-parent psychotherapy (Lieberman, Ghosh Ippen, & Van Horn, 2015). And we have done the work also with minoritized people who are struggling with multiple challenges. So that intervention wasn't developed with a kind of Westernized top down approach. It was **developed from looking at the needs of that**

**community and I think we need to do more of that.** Umm, although there are some things that we look at, like the pandemic **effect at all of us across the globe** and some things like one of my colleagues here, Christie Petrenko does work in a fetal alcohol spectrum disorder. So prenatal exposure to alcohol has similar consequences on the developing fetus, no matter where that fetus is living. However, there are also a lot of contextual pieces of what services are available, what supports are available, and how is that viewed and different countries etc... there's both and **there are some things that we need to support children and families with globally, especially in the midst of wars and other things that are catastrophic for children and families' development... And at the same time, we need to be very sensitive to where the child and family are located and what are the external environmental factors that are impacting them.**

**Salisha:** Jody, that is such a brilliant description of holding in mind both the context and the people that you're working with as well as considering global factors that influence them.

**Jody:** Well, and it's one of the things I love about WAIMH too, because I think **WAIMH has a way that we can look at a global perspective and we can find both the commonalities that are similar in our human development with people who have babies across the world...and we also can look at our differences and how we need to be very mindful of place and time and that influence on development as well.**

**Salisha:** In wrapping up Jody, is there anything else that you would like to share?

**Jody:** Well, I guess I will just wrap up with the fact that a lot of people are doing this work across the globe and that I get so inspired by seeing what everyone is working so hard to do to support especially babies. **I think our youngest global citizens are so important to protect and to give voice to, since they may not be able to speak or have language for themselves and that makes advocacy so important too.** I think coming together, sharing ideas, all of us, knowing that there is a big picture, we are all working together and despite all of the challenges and how hard the work can be for me, organizations like WAIMH and other ways that we come together. It was so delightful for me to be in Dublin at the WAIMH Congress this year...and to say it feels so good to be together, to be able to be in person that

*gives me hope that gives me inspiration. Those relationships are so important too, and that gives me strength. I just give a lot of credit to WAIMH and to **our global efforts to support kids and families and to make sure that our youngest world citizens aren't overlooked, that we are working on their behalf.***

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Further information about Mt. Hope Family Centre, clinical services, community projects, research and training can be found at <https://www.psych.rochester.edu/MHFC/about/>.

Mt Hope Family Centre project descriptions can be found at <https://www.psych.rochester.edu/MHFC/community-services/study-participation/>.

More information on the TRANSFORM Research Centre can be found at <https://www.psych.rochester.edu/MHFC/transform/>

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Photo: Jody Manly Todd

# Cultural representations of Infant Mental Health within two WAIMH publications: The Signal and Perspectives in Infant Mental Health (1993-2021)

By Maree Foley (Switzerland)

This article focuses on a selection of papers, published by the World Association for Infant Mental Health (WAIMH), in *The Signal* (1993–2011) and *Perspectives in Infant Mental Health* (2012 to current) that directly address issues of culture within infant mental health (IMH) research, assessment, and intervention. This article forms part of a forthcoming WAIMH ebook publication; a sequel to *Global Perspectives on the Transdisciplinary Field of Infant Mental Health 1993 – 2021: WAIMH eBooks Topical Resource Guide, Volume 1*, (Keren et al., 2022).

Cultural expressions of parenting and the caregiving of infants and young children occur within culturally sensitive contexts that inform, protecting, caring for, and socializing children to optimally function in the world the parents perceive that they will grow up in (Bornstein, 2012; Bornstein et al., 2012; Bornstein & Lansford, 2010; Harkness et al., 2007). Similarly, infant mental health (IMH) as a field has highlighted the interconnectedness between cultural and relational experiences of parenting and caregiving, across generations (Fitzgerald et al., 2009; Spicer, 2011; Seymour St. John et al., 2013). Tronick (2007) states that,

... culture helps define those features of the child's behavior and communication that require attention and response, as well as the culturally appropriate form of the response. (p. 99)

What follows is a summary of selected papers, published by WAIMH in *The Signal* and *Perspectives in Infant Mental Health* (herein referred to as *Perspectives*), between 1993 and 2021, that explore the following themes:

1. IMH within cultural contexts,
2. IMH in humanitarian settings, and
3. Headlining culture within infant mental health interventions and services.



The paper concludes with reflective questions. The questions invite us each to consider how we can grow together, beyond a single story or narrative about culture in IMH. They are an invitation to strive to listen to a rich complete narrative of each baby, in their family and their community, while also being awake to our personally and professionally culturally shaped and dynamic IMH narratives.

## Culture in context matters

Miri Keren (Israel)

[Keren, M. \(2009\). Editors Perspective: Is culture really taken into consideration in our tools for assessment and intervention, \*The Signal\*, 17 \(4\), 9.](#)

In this paper, Keren highlights the importance of attending to culture as an integral part of any IMH intervention and this involves not only being curious and cognizant of the culture of the infant and families we are working with, but also of our own culture, and that which is embedded within of our IMH discipline.

... while we assess parent-infant interactions, we must know what is the profile of the

best-fitted individual to the specific cultural group they belong to: the interactions of mother and infant can be seen as uniquely suited to the cultural goals and expectations. Overlooking it may lead to false diagnoses and irrelevant interventions. (Keren, 2009, p. 9)

In this brief salient paper, Keren provides a plethora of examples, with a focus on attachment behaviors across cultural settings.

Specifically relating to attachment behaviors across cultures, the Efe people (in the Ituri rainforest in Congo) have adopted a strategy that mitigates against risk of infant's survival, as well as against loss of parents, in the form of multiple nursing and caregiving. This practice enhances the infant's ability to form trusting relationships with a variety of individuals and probably impacts on the infant's and adult caregivers'

brains. The Efe infant will show attachment behaviors to any individual in the group when distressed, as opposed to the Western infant who is expected to turn only to their immediate caregiver. (Keren, 2009, p. 9)

Connie Lillas and Mary Ann Marchel (USA)

[Lillas, C., & Marchel, M. A. \(2015\). Moving away from WEIRD: Systems-based shifts in research, diagnosis, and clinical practice, \*Perspectives in Infant Mental Health\*, 23 \(1-2\), 10 – 15.](#)

This paper examines trends in research regarding diversity and observes a parallel process within the field of IMH. Drawing on the work of Henrich et al. (2010), the paper explores mismatches between research, diagnostic matters, and the families met in the day-to-day context of practice. Lillas and Marchel (2015) state,

As we explore the mismatches between current research and diagnostic approaches and their incongruence with the “real (clinical) world,” we hope to demonstrate that outside of the field of IMH, there is a more recent push to move from the simple to the complex, from the linear to the nonlinear, from the categorical to the dimensional, from the laboratory (isolated) to the community (collaborative) –all embedded within a dynamic systems framework. (p. 11)

This paper explores these emerging shifts in light of the emerging body of evidence-based treatments (EBTs) and concludes with a set of recommendations that remain salient within the IMH field.

1. Be a responsible consumer of EBTs; notice the exact population, setting, and types of providers offering the EBT.
2. Become an advocate for families in communities being offered EBTs that have evolved

from subclinical mismatches and disparities.

3. Even with EBTs targeted to actual high-risk clinic populations, not all were found to be superior in outcomes to “usual care” being offered. Do not disregard “usual care” as an anomaly but include it in an expanded database and treat it with respect and as part of the informed choice families have (Weisz & Gray, 2008).

4. Support community-based orientations in research. Get involved on a ground floor level as a practitioner working in a community setting, working with real-world families that have multiple problems and co-morbidities.

5. Use frameworks that hold multiple causalities, cut across diagnostic categories, and shed light on underlying neurodevelopmental processes and dimensions.

6. Accept the challenge to work across silos. Move away from disciplinary fragmentation into interdisciplinary work –whether on an academic, research, or clinical level. (Lillas & Marchel, 2015, p. 14)

Suzanne Gaskins (USA) and Heidi Keller (Germany/Israel)

[Gaskins, S., & Keller, H. \(2019\). Learning about children by listening to others and thinking about ourselves. \*Perspectives in Infant Mental Health\*, 27 \(2\), 1-4.](#)

This editorial by Suzanne Gaskins and Heidi Keller was written in response to the Presidential Address by Kai von Klitzing (WAIMH President) published in the previous issue of *Perspectives*: WAIMH’s infants’ rights statement—a culturally monocentric claim? (von Klitzing, 2019). Gaskins and Keller (2019) stated, “... who should decide what is best for children growing up in a culturally specific context when these

two sets of commitments conflict?” (p. 2). They encouraged WAIMH to continue with its commitment to inter-disciplinary dialogue regarding culture and IMH. In addition, they challenged the notion of universal pathways for child development and stated,

We fully agree that infants need reliable and emotionally responsive care from continuous caregivers. Our concern is that often a culturally specific model of who is the best caregiver and what is “sensitive care” is used to judge caregiver practices in other cultures. (Gaskins & Keller, 2019, p. 2)

Gaskins and Keller (2019) also challenged WAIMH to continue to be committed to inter-disciplinary dialogue:

We believe that any group trying to help children should be committed to the principle of “First, do no harm.” To this end, there is an urgent need to include anthropologists, sociologists, and cultural psychologists of childhood when formulating policies and interventions, to ensure that whole cultural systems that shape children’s lives are considered, not just isolated behaviors taken out of context. (Gaskins & Keller, 2019, p. 4)

For those who wish to further explore the work of Gaskins and Keller (2017), the following resource: Heidi Keller and Kim Bard (Eds.) (2017), *The Cultural Nature of Attachment: Contextualizing Relationships and Development*, Strüngmann Forum, Cambridge: The MIT Press. This edited text presents “multidisciplinary perspectives on the cultural and evolutionary foundations of children’s attachment relationships and on the consequences for education, counseling, and policy” (<https://mitpress.mit.edu/books/cultural-nature-attachment>).

## IMH in humanitarian settings

Joshua Sparrow (USA)

[Sparrow, J. \(2017\). Introductory remarks by Joshua Sparrow. \*Perspectives in Infant Mental Health\*, 25 \(3-4\), 9.](#)

In this brief commentary, Joshua Sparrow introduces the Perspectives paper below by Mayssa El Hussein, Leyla Akoury-Dirani, Rami El Hussein, and Marie Rose Moro (2017). Sparrow draws attention to the cultural awareness and inclusion of El Hussein and colleagues (2017) as they reflect on IECMH practice in Haiti, following the 2010 earthquake and ensuing cholera epidemic. Echoing and elaborating on Keren (2009), Sparrow reflects,

When infant mental health workers attempt to repair the disruptions of family ecosystems caused by natural or human-made disasters in cultures different from their own, they often bring interventions from their own cultures, along with the unexamined belief systems and cultural constructs that underlie them. Their understanding of those of the cultures they intend to work in are often understandably limited. Their interactions with those they intend to serve are also often marked by the trajectory of colonization and decolonization. (Sparrow, 2017, p. 9)

Mayssa El Hussein, Leyla Akoury-Dirani, Rami El Hussein, and Marie Rose Moro (Hussein and Moro, France; Akoury-Dirani and El Hussein, Lebanon)

[El Hussein, M., Akoury-Dirani, L., El Hussein, R., & Moro, M. R. \(2017\). Considering cultural practices within a psychoeducational community support service for mother-infant health care: Field report. \*Perspectives in Infant Mental Health\*, 25 \(3-4\), 9-13.](#)

This paper provides a reflection from French interventionists working in Haiti, following the 2010 earthquake where over 230,000 people died and 220,000 people were injured. This disaster was followed by a cholera epidemic, that occurred a few months after the earthquake. The authors stress the importance of holding local belief systems at the centre of all interventions. The paper specifically provides a qualitative narrative concerning infants and parents and their experiences of devastating loss, trauma, and the impact of this on the mental well-being and the feeding relationship. El Hussein et al. (2017) "reaffirm the legitimacy of cultural knowledge" (p. 12), as a foundation stone for new understandings that in turn inform interventions.

This paper presents illustrations of the work of international NGOs with Haitian caregivers and young children following significant humanitarian crises. At the same time, it raises important social and cultural questions about the interface of Euro-American practices within

the cultural fabric of the Haitian community. It is not an exhaustive study of the humanitarian interventions and their impact on the Haitians' cultural beliefs, but illustrates some of the barriers and also possibilities to effective intervention when there are social and cultural differences between those providing the services and those receiving them. (El Hussein et al., 2017, p. 9)

El Hussein et al. (2017) vividly describe what they describe as "ruptures in the cultural dimension" (p. 12). They provide a narrative that further describes this phenomenon:

Collective crises and potential traumas may create a rupture in the continuity of the cultural transmission. This includes the massive intervention of NGOs and their disruption of the long-established harmony between Euro-American medicine and traditional

Box 1. Examples of IMH and cultural context within humanitarian settings.

Zanon, O., Lus, M., & Milano, P. (2016). An immigrant family's story. A shared care plan for early childhood development: A partnership experience between families, early childhood services, social and health services. *Perspectives in Infant Mental Health*, 24(4), 5-10. [An Immigrant Family's Story. A Shared Care Plan for Early Childhood Development: A Partnership Experience between Families, Early Childhood Services, Social and Health Services - Perspectives \(waimh.org\)](#)

Romano, H., Baubet, T., Marichez, H., Chollet-Xémard, C., Marty, J. & Moro, M. R. (2011). Medical and psychological airport reception and care of children from Haiti adopted in France. *The Signal*, 19(1), 14-16. <https://perspectives.waimh.org/2011/03/15/medical-psychological-airport-reception-care-children-haiti-adopted-france/>

Moro, M. R. (1994). Psychiatric interventions in crisis situations: Working in former Yugoslavia. *The Signal*, 2 (1), 1 -6 [Scan\\_6-28-2019\\_15-28-54\\_1.pdf \(waimh.org\)](#)

Rygaard, N. P. (2015). Infant mental health in the global village. An invitation to reader's debate: Emerging infant environments, and future research. *Perspectives in Infant Mental Health*, 23(1-2), 3- 7. [INFANT MENTAL HEALTH IN THE GLOBAL VILLAGE. An invitation to reader's debate: Emerging infant environments, and future research. - Perspectives \(waimh.org\)](#)

Murray Harrison, A. (2014). "Los Momentos Magicos": A practical model for child mental health professionals to volunteer by supporting caregivers in institutions in developing countries. *Perspectives in Infant Mental Health*, 22 (2), 10. ["Los Momentos Magicos": A Practical Model for Child Mental Health Professionals to Volunteer by Supporting Caregivers in Institutions in Developing Countries - Perspectives \(waimh.org\)](#)

Haitian culture that Haitian society had evolved. This resulted in a defect in the cultural envelope that protects collective representations. When traditional and internalized collective convictions are shaken, a door to doubt and confusion is opened. The new transmissions that the NGOs dispense penetrate these openings and act as external objects that are difficult to integrate. (El Hussein et al., 2017, p. 12)

The paper is rich in ethnographic details and shows how unintentional contradictory messages were conveyed to mothers during psychological interventions in the humanitarian context. The authors call for local social and cultural dimensions to be central to any intervention and “reaffirm the legitimacy of cultural knowledge” (El Hussein et al., 2017, p. 12). They further state that “... to ensure adequacy and efficacy of their services, the International NGOs need to include an ethnological perspective while applying psychosocial interventions (El Hussein et al., 2017, p. 13).

Other examples that specifically highlight infant mental health within local cultural contexts and humanitarian settings are noted in Box 1.

## Headlining culture within infant mental health interventions and services

Culture is significant in research and practice yet over-represented by “Western, Educated, Industrialized, Rich, and Democratic (WEIRD) societies” (Henrich et al., 2010). For example, in Henrich et al.’s (2010) review of the subjects in behavioral science data, subjects from WEIRD societies were identified as the dominant subjects with findings assumed to have relevance across all cultures and cultural groups. However, the majority of infants live in societies recognised as low-middle-income countries and as such, are well-under-represented across global health and wellbeing research (Black et al., 2017; Lu et al., 2020).

WAIMH is an international organization and throughout *The Signal* and *Perspectives IMH*, there is a plethora of

Box 2. Examples of papers in *The Signal* and *Perspectives IMH* that headline culture within infant mental health interventions and services.

Abatzoglou, G. (2011). Meeting infants and staff at the founding home: Introducing concepts of transference and countertransference in an institutional context. *The Signal*, 19(1),10-12. [Meeting infants and staff at the founding home: Introducing concepts of transference and countertransference in an institutional context - Perspectives \(waimh.org\)](https://perspectives.waimh.org/2020/05/22/diversity-and-the-positive-impact-of-culture-and-supporting-families-in-context-a-view-from-africa/)

Berg, A. (2020). Diversity and the positive impact of culture and supporting families in context. A view from Africa, *Perspectives in Infant Mental Health*, 28(1),33-36. <https://perspectives.waimh.org/2020/05/22/diversity-and-the-positive-impact-of-culture-and-supporting-families-in-context-a-view-from-africa/>

Brown, K. A., Brown, C., & Berg, A. (2016). A parent group initiative intensive care unit South Africa. *Perspectives in Infant Mental Health*, 24 (1-2),16-20. <https://perspectives.waimh.org/2016/06/15/parent-group-initiative-intensive-care-unit-south-africa/>

Dube, T. (2014). A Community Service Clinical Psychologist Reflects on a Parenting Skills Workshop in Nolongile Clinic in Khayelitsha, Cape Town. *Perspectives in Infant Mental Health*, 22(1),5-6. [A Community Service Clinical Psychologist Reflects on a Parenting Skills Workshop in Nolongile Clinic in Khayelitsha, Cape Town - Perspectives \(waimh.org\)](https://perspectives.waimh.org/2013/12/15/orphanage-improvement-important-part-child-protection-discussion/)

Fitzgerald, H. E. (2020). Celebrating Hiram Fitzgerald: Forty years with infant mental health. *Perspectives in Infant Mental Health*, 28(1),11-16. <https://perspectives.waimh.org/2020/06/26/celebrating-hiram-fitzgerald-forty-years-with-infant-mental-health/>

Gonzalez-Mena, J & Briley, L. (2011). Improving infant mental health in orphanages: A goal worth considering. *The Signal*, 19(4),14-16. [Improving infant mental health in orphanages: A goal worth considering - Perspectives \(waimh.org\)](https://perspectives.waimh.org/2013/12/15/orphanage-improvement-important-part-child-protection-discussion/)

Lopez, M. E., Shabazian A. N. & Spencer, K. A. (2013). Orphanage improvement. An important child protection discussion. *Perspectives in Infant Mental Health*, 21(4),7-12. <https://perspectives.waimh.org/2013/12/15/orphanage-improvement-important-part-child-protection-discussion/>

Martinez, B. Webb, M., Rodas, P., Gonzalez, A., Grazioso, M. & Rohloff, P. (2016). Field report: Early child development in rural Guatemala. *Perspectives in Infant Mental Health*, 24(1-2),6-8. <https://perspectives.waimh.org/2016/06/15/field-report-early-child-development-rural-guatemala/>

Peers, R., & Frost, K. (2013). The Ububele Baby Mat Project: a brief and cost-effective community-based parent-infant intervention. *Perspectives in Infant Mental Health*, 21(3),5-9. [The Ububele Baby Mat Project: A Brief and Cost-Effective Community-Based Parent-Infant Intervention - Perspectives \(waimh.org\)](https://perspectives.waimh.org/2013/12/15/orphanage-improvement-important-part-child-protection-discussion/)

Puura, K., & Berg, A. (2018). Integrating infant mental health at primary health care level. *Perspectives in Infant Mental Health*, 26(2-3),4 – 7. <https://perspectives.waimh.org/2018/04/27/integrating-infant-mental-health-at-primary-health-care-level/>

Reams, R. & Light, P. (2019). Going the distance: promoting rural participation in the professional development of infant mental health workers. *Perspectives in Infant Mental Health*, 27(3),28-30. <https://perspectives.waimh.org/2019/11/08/going-the-distance-promoting-rural-participation-in-the-professional-development-of-infant-mental-health-workers/>

Salaka, S. (2011). Reaching out to young parents through the media – Keeping up with the (contemporary) times. *The Signal*, 19(1),9. [Reaching out to young parents through the media - Keeping up with the \(contemporary\) times - Perspectives \(waimh.org\)](https://perspectives.waimh.org/2011/03/15/attachment-based-parent-preschool-teacher-training-research-programs-latvia/)

Sebre, S. & Skreitule-Pikse, I. (2011). Attachment-based parent and preschool teacher training and research programs in Latvia. *The Signal*, 19(1),7-8. <https://perspectives.waimh.org/2011/03/15/attachment-based-parent-preschool-teacher-training-research-programs-latvia/>

Webb, M. F., Martinez, B., Rodas, P., Gonzalez, A., Rohloff, P. & del Pilar Grazioso, M. (2020). Language Interpretation in the administration of the Bayley Scales of Infant Development-III for an indigenous population in Guatemala. *Perspectives in Infant Mental Health*, 28(1),29-32. <https://perspectives.waimh.org/2020/05/15/language-interpretation-in-the-administration-of-the-bayley-scales-of-infant-development-iii-for-an-indigenous-population-in-guatemala/>

papers that address in part, the issue of culture within infant mental health interventions and services. A sample of these papers is represented in Box 2.

Astrid Berg (South Africa)

[Berg, A. \(2012\). When a little means a lot. \*The Signal\*, 20\(2\), 1- 5.](#)

This paper reports on the development of infant mental health as a field of practice and research within South Africa. Berg (2012) eloquently threads and balances the expertise of local colleagues with those from abroad who collectively have contributed to the growth of IMH as a practice in South Africa.

Living and working in a country where there are not only enormous economic disparities, but also enormous cultural and language differences, we as mental health professionals face many challenges... One of the most profound challenges is that of meeting 'the other' - in essence it is the challenge of life: for the self to engage with an other – it is that on which our whole development is built ... (Berg, 2012, p. 1).

Berg (2012) in acknowledging political and cultural change also reflects, "... have we truly dismantled and discarded our colonial attitude? Have we truly stopped to project our shadow, our inferior, disowned parts onto the racially 'other'? Do we indeed realize that our world view is not shared by all?" (p. 2). In response to these reflective questions, Berg (2012) shares her experiences of working in Khayeltisha and working alongside a colleague who,

... knew about my patients' beliefs, values and who could help me translate – not only from isiXhosa into English, and vice versa, but help me to get to know the culture in which my patients were embedded. This is more than understanding about poverty, or bridging language differences – it is about obtaining a deep knowing

about another system of values and priorities where much is the same, but much is also different. (Berg, 2012, p. 2)

The remainder of the paper is a treasure trove of lived experience and wisdom where Berg (2012) shares that "... often not that much is needed - a little can mean a lot - but that little has to be an attuned, mindful little" (p. 2). Berg shares specifically about the significance of a cultural mediator. A person who has lived experience and knowledge of the culture and world in which the mother has grown up and is currently living. The cultural mediator is a co-therapist. That is, to not literally translate the medical questions to the patient but to culturally translate and engage with the questions and the patient in a way that optimised the patient's security and capacity to respond.

An example of this is provided by Berg:

Dr: Is she HIV?

CM: Can I ask something, are you both well?

Pt: No I went for an HIV check and they said I'm negative.

CM: when you were pregnant?

Pt: Yes they said I'm negative but even though I have a baby I want to check again

CM: Is it because you have a boyfriend?

Pt: No, but I don't know

CM: What is it that you don't know?

Pt: The other thing is I had TB when I was young. (Berg, 2012, p. 3)

Berg (2012) concludes with a reflective query for WAIMH.

... we cannot assume to know it all when other people have lived knowledge of a particular context. Let's make links globally, let's listen to each other and let's put into practice what we say we believe, namely that the needs of human infants are the same,

but that there are different ways of rearing infants –let's get to know these, let's respect them, but at the same time we need to tell the world what we are continually learning about the beginning of life. (p. 5)

## Concluding reflection

While the overall content of *The Signal* and *Perspectives IMH* reflects practice with infants within OECD countries, this paper highlights work across both publications that acknowledge and apprehend experiences of culture within multi-level contexts. All infant mental health research, assessment, treatment tools and modalities, are culturally embedded, though not always culturally articulated. However, there is a growing body of work within the field that is specifically addressing cultural sensitivity in practice. For example, Meurs et al. (2022) advocate for the interdisciplinary convergence of anthropology and psychology as a pathway to translating cultural sensitivity into practice.

As the field of infant mental health grows within an ever-evolving globalization of health context, it is acknowledged that more needs to be done to support local clinicians and researchers to tell the stories of infants and families in their communities and to share their expertise and practice wisdom with the global infant mental health community. Beginning with *The Signal* and carried forward to *Perspectives IMH*, this publication remains committed to addressing cultures in context as part of its aim to promote and protect the mental health needs of all babies in their families in their communities.

## Reflective questions: Beyond a single culture and IMH story

Culture shapes the world views of ourselves, in our families and communities and shapes both explicitly and implicitly our views on parenting infants and young children, and on "healthy" parent-child relationships. Culture is also dynamic. As such, it is worthwhile to frequently ask:

1. How have my views and beliefs about parenting young children changed and developed?

2. How has my capacity to listen and bring forth conversations of cultural beliefs and values developed over time?
3. How has my openness and enquiry of the world views of colleagues, supported enriched team/collegial working relationships aimed at providing optimal IMH services/ care?
4. Does my workplace have an articulated cultural competence framework tailored specifically to working with families with infants and very young children?

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# Enrichment Centre Ethiopia: Growing Infant Mental Health

By Sahilu Baye Alemu (Ethiopia) with  
Salisha Maharaj (South Africa)

Edited by Salisha Maharaj (South Africa)  
and Jane Barlow (United Kingdom)

Ethiopian parents frequently utter the phrase *"Lij Bedilu Yadgal"*, which can be translated as **"Children will grow by their own chance/luck."** This proverb aptly captures the widespread misunderstanding about parenting and childcare in Ethiopian culture. There are severe life difficulties facing the people of Ethiopia, and parents who give their children a reasonable amount of food, shelter, and clothing are thought to have done enough for them. This, coupled with the absence of knowledge regarding the psychosocial, socio-emotional, and mental health needs of infants and children may lead to missed opportunities to promote other important aspects of children's wellbeing. This in turn is exacerbated by the cultural belief that the root cause of mental illness is spiritual, and that traditional medicines, and cultural and religious practices are the best places to turn for help.

## Infant and Child Mental Health in Ethiopia

Many infants and children worldwide, especially those in Low-Income Countries (LICs), experience mental health problems, but only few receive the care that they need. This is especially true for Ethiopia where infant and child mental health problems are becoming more common and complex. The prevalence rate of child mental illness in 2012/13 high (see below for further detail), with social and economic factors compounding the extent and severity of mental illness. For example, a recent report suggests 36 million children face multi-dimensional poverty, 4.7 million children under the age of 5 are malnourished, including 1.2 million being severely malnourished. There are over 5.5 million children under the age of 5 stunted, including 1.8 million severely stunted, and almost 45% of child deaths are associated with undernutrition (UNICEF, 2022, p.9).

Ethiopia, one of the world's low-income countries (LICs), has a population of

over 120 million, of which 80% live in rural areas, with a Human Development Index of 0.498 (UNDP, 2022). Although the country was hailed for its fast infrastructure development-driven economic growth, for some time now, it has been experiencing political, economic, and social upheavals that have had a detrimental effect on children's mental health (UNICEF, 2022, P.1). UNICEF reports that,

... "in 2022, children and their families across Ethiopia faced multiple and complex emergencies, including the conflict in northern Ethiopia in Afar, Amhara and Tigray regions, sporadic inter-conflicts, and the worst drought in forty years affecting Afar, Oromia, and Somali regions. This resulted in 29.7 million people needing humanitarian assistance across the country, including 15.7 million children. Among them, 24 million people required lifesaving support due to the drought, including 12.8 million children. In addition, at least 4.5 million people were internally displaced throughout the country." (UNICEF, 2021; P. 5)

The Federal Ministry of Health as part of its forum, identified specific categories of mental health problems among children and adolescents on its website, i.e., ADHD, oppositional defiant disorders/conduct disorders, anxiety disorders, mood disorders, elimination disorders, and autism spectrum disorders. It estimates that there is a 21.56–27.9% prevalence rate for common mental health disorders such as depression, anxiety and high levels of psychological distress which is indicative of impaired mental health. It is widely recognized that such early mental health problems predispose children to criminality, substance abuse and alcohol misuse, potentially dangerous behavior, learning difficulties and health problems.



Photo: Sahilu Baye Alemu with grandson Hale.  
Credit: Sahilu Baye Alemu

Furthermore, although the wellbeing of children in Ethiopia is poor, social welfare programs are almost non-existent and possibly the biggest gap in health care provision is the care being provided for infants and children (Selamu et al., 2018).

## Contributions of Governmental and Non-governmental Organizations

A few institutions and organizations have recently begun training parents, teachers, teaching assistants, child-care providers, community members, and students about mental health issues, and perhaps most importantly, how to give children the best start in life, by supporting their early socio-emotional development. This includes a hospital constructed by the Federal Ministry of Health (FMOH) to oversee mental health issues in the country; Enrichment Center Ethiopia's **"Support the Care-givers Intervention/SCI"** program; the

scholarship opportunities in the field of child development by The University of Haifa; the WHO's Gap Action Program to scale up Mental Health Services; and recent discussions focused on establishing a **WAIMH Infant Mental Health (IMH) Affiliate** in Ethiopia. However, more is still needed.

## Birth of the Enrichment Center Ethiopia (ECE)

Studies have revealed that the religious, cultural, and traditional beliefs of many Ethiopians present significant challenges to effectively addressing infant/child mental health issues (Meshesha et al., 2021). Thus, it is important to address the distinctive features of Ethiopian culture that provide the context and justification for the use of particular techniques to treat children's mental health needs, that are not consistent with what is known to be effective in terms of the wider evidence base. Furthermore, the effective implementation of a mental health strategy in Ethiopia needs to bring the informal sector to the table to produce shared meaning and vision, in order to effectively serve those in need (Meshesha et al., 2021). There is also a need for further research regarding the benefits and drawbacks of conventional treatments and religious healing practices, and a need for this to be shared with educators and policymakers. Therefore, a coordinated effort between professionals, associations, governmental and non-governmental organizations, community, etc needs to be encouraged to reduce infant/child mental health problems, recognize the current knowledge gaps, and create community awareness on infant mental health in Ethiopia (Selamu et al., 2018).

This contextual knowledge along with training at the Mount Carmel Training Center/ MASHAV in the State of Israel on "The Education of the Young Child with Special Needs", was the impetus to establish an enrichment center in April 2003. This organization helps newborns and young children whose lives are affected by difficult circumstances. Children between the ages of 0 and 6 have been the Enrichment Center's main target populations. For the past 20 years, the Enrichment Centre Ethiopia (ECE) has assisted infants and children in meeting their physical, emotional, social, and intellectual needs despite having very limited resources and facilities. Furthermore, because it

uses local resources and labor force, its services are sustainable.

The ECE's staff comprises full-time and part-time professional staff members and volunteers. The management committee is responsible for project implementation, monitoring and evaluation, and financial controls in accordance with financial rules and regulations of internationally accepted standards and agreements. The Executive Manager is responsible for the overall management including planning, implementation and review of activity plans. Monitoring is carried out regularly. Performance reports are shared quarterly with stakeholders. The ECE's overhead expenses are capped at 20% with the remaining 80% of the budget being allocated to beneficiaries.

As a result of attending the University of Haifa's International MA Program in Child Development, the Support the Care-givers Intervention (SCI) was developed by its Director, to address the problems faced by the significant number of Ethiopian children living in orphanages.

## The Support the Care-givers Intervention (SCI) Program

Supporting caregivers by providing training in childcare skills, is a matter of urgency in the Ethiopian context, as has been identified in other parts of Africa (Engle, 2008), and one of the main objectives of the SCI intervention program, is to train parents, preschool teachers, teaching assistants, and child-care staff in orphanages in the areas of attachment, psychosocial, socioemotional, and mental health issues of birth to 6-year-old children.

*EveryChild* (2005) revealed that common problems in Ethiopian orphanages are a lack of stable and positive caregiver-child relationships, trained staff personnel, frequent child abuse, socioemotional problems and high child-caregiver ratios, and studies have stressed the importance of training child-care providers who care for vulnerable children (Reichow et al., 2023). The main challenge of orphanages in Ethiopia is primarily the high child-caregiver ratio and limited training. A paper by Sagi et al. (2002) indicates that the caregiver ratio in such orphanages accounts for the increased level of attachment insecurity among center-care children and positive

caregiving is more likely to be observed when child-adult ratios are smaller. Birgen et al. (2012) also identified the need to train caregivers to consider the risk and protective factors around the child, and a systematic review focused on neurodevelopmental disorders, found that skill training programs, are effective in improving caregiving skills, reducing caregivers' mental health issues, and improving family functioning.

The Support the Care-givers Intervention (SCI) Program, recognizes care-givers' critical role in promoting children's positive socio-emotional development through the integration of principles, techniques, and models of practice in child development that are widely recognized to be effective. The training programme, trains parents, teachers, teaching assistants, and child-care staff in orphanages about survival skills that impact the well-being of very young children and focuses on teaching four skills:

1. Attachment & Secure Base with a focus on children's socio-emotional needs, secure attachment, insecure attachment, disorganized attachment, strange situation, separation from caregiver, unfamiliar persons and environments.
2. Insightfulness which promotes the capacity to see things from the child's point of view, one-sided caregiver, disengaged caregiver (Oppenheim et al., 2009)
3. Reflective Functioning and Reflective Dialogue
4. Emotional Regulation and Empathy

This programme is delivered over four weeks and includes 8 group sessions. Upon completing their training, parents, preschool teachers, teaching assistants, and child-care staff has been shown to support babies and preschool children with a range of mental health needs.

Evidence has indicated that following this training programme, caregivers begin to find their jobs more rewarding because of their emotional involvement with the children, resulting in a change in their caregiver-child relationship. So far, more than 400 parents, teachers, teaching assistants, and childcare providers have received training. As a result of this work, ECE have contributed to more thoughtful and knowledgeable caregivers, and feedback from trainees suggests improvements in trainees'

daily encounters with infants/children, and that violence perpetrated against children by care providers is reduced. ECE's strategy to use local resources and manpower has kept the program costs low. Hence, we believe ECE's experience can be shared with colleagues in different contexts and settings in LMICs.

## In conclusion - A personal note from ECE's Director

The opportunity to attend the **WAIMH 2023 Congress** was fantastic for me in my capacity as Director of ECE and the organization that I represent. I interacted with kind, accomplished academics, who shared their input on the ECE's work. The opportunity to attend lectures from academics helped the ECE reassess, evaluate, and update its intervention program. The ECE envisions collaborating further with the **WAIMH Affiliate Council** to establish an **IMH** group in Ethiopia to further improve the mental and emotional well-being of infants and young children by providing free in-person counseling and trainings that consider cultural and environmental issues. Indeed, developing practice, policy, and research in the area as well as fostering strong early relationships, are important for infant mental health. As one privileged to work in the field of child development, I am convinced that newborns and young children require a solid base or safe haven to ensure their survival and healthy growth. Further, as Professor Avi-Sagi Schwartz of the University of Haifa said, "**Investing in children is investing in the future of Society!**" These sentiments inspire my continued efforts.

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## About the Author: Sahilu Baye Alemu

The author was born in 1960, in **Lalibela**, a historical village in northern Ethiopia internationally famed for its ancient rock-hewn churches. The author is a third-born child in a big family. After attending informal church lessons, he started formal education at the town's sole elementary school at the age of 7, progressed to secondary school, and subsequently completed a BA in Psychology from Addis Ababa University in 1982, a rare phenomenon in those days in Ethiopia. He has also received an MA in Child Development from the University of Haifa, an MBA in Project Management from Cambridge International College (CIC), and he has completed several other training programs including,

- International Diploma in Project Management (IDPM) from the University of Cambridge
- Certificate on "A Short Introduction to Transforming Care" from LUMOS: Protecting Children, Providing Solutions
- Certificate in "Getting Care Right for All Children: The UN Guidelines for the Alternative Care of Children" from the University of Strathclyde-Glasgow
- Certificate of Proficiency with distinction, The Best Start in Life: Early Childhood Development for Sustainable Development, SDG Academy
- Certificate in "Social Care and Support for Children & Adolescents Infected and/or Affected by

HIV-AIDS" from Mount Carmel Training Center (MASHAV)-Israel

- Certificate on Micro, Small, and Medium Enterprises, the SEEP Network, Washington D.C, USA
- Certificate in Home Instruction Program for Preschool Youngsters (HIPPY) from Hebrew University
- Certificate in "Education of the Young Child with Special Needs" from Mount Carmel Training Center (MASHAV)-Israel

For many years, he worked as a teacher of psychology at a public teacher-training Institute and has 20 years of experience in the field of child development and as the Founder and Executive Manager of **ECE**. He has also translated "**Is it Tomorrow Yet?**" a worthwhile book on child development by an Israeli scholar Elinor Kolumbus into the Amharic language. Moreover, he frequently contributes to articles on various child development topics to his community via newsletters, radio programs, and social media platforms. In general, he has demonstrated his commitment to this field by learning and implementing lessons learned.

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# GAIMH (German-Speaking Association for Infant Mental Health) Position paper: Digital media and early childhood. State of research, effects and recommendations

GAIMH (German-Speaking Association for Infant Mental Health) an Affiliate of WAIMH (World Association for Infant Mental Health), have recently shared with WAIMH, findings from their scientific state of the art research on digital media and early childhood as it pertains to young children and their families in the GAIMH affiliate context, together with implications for training and examples for putting into practice.

These findings are presented as a GAIMH affiliate position paper.

**Position paper: Digital media and early childhood. State of research, effects and recommendations** (Paula Bleckmann (Alfter) Valérie Brauchli (Zurich) Marion Hantinger (Salzburg) Mirjam Hilgerloh (Munich) Barbara von Kalckreuth (Freiburg) Annette M. Klein (Berlin) Larissa Schneebeli (Zurich) Lieselotte Simon-Stolz (Homburg) Fabio Sticca (Zurich) Claudia Uhler (Freiburg) Martina Wolf (Munich) Martina Wolf (Vienna) Agnes von Wyl (Zurich).

*The position paper "Digital Media and Early Childhood" is aimed at all professionals who deal with mothers and fathers and children aged from birth to the age of three in childcare settings, counselling or therapy.*

*It provides an overview of device ownership and screentime of young children in German-speaking countries and their increase over time, with a marked increase during the pandemic. The state of scientific research on screen media use of 0-3 year-olds themselves („foreground exposition“) as well as screen media use within the family setting („background exposition“ and „technoference“) on a variety of developmental outcomes is summarized, and research gaps and shortcomings of existing approaches in research are pointed out. Each section presenting research on a specific outcome contains an added section named „GAIMH perspective“, which describes a consensus within the GAIMH study group on what can be deduced from knowledge on infant*



*mental health and its prerequisites even in such areas where empirical evidence is still scarce.*

*Children are in direct or indirect contact with screen media, which limits their direct multisensory exploration of the world. But while the developmental psychological demands that children have in early childhood cannot be genuinely satisfied via screen media, this is different for the caretakers, whose attempts at satisfying their own psychological demands via use of digital screen media can in principle be successful – at least in part. But while doing so, their attention is distracted from the child, the interaction is interrupted.*

*Recommendations for practice are included. This begins with professionals' reflection on their own use of screen media, as prerequisite for reaching caretakers empathetically. In helping caretakers to balance their own and their child's needs in their daily routines, fostering easy-to-do and engaging non-screen alternatives for children – and parents – should play an important role.*

*Various recommendations on the level of policy, legislation and*

*research are given, for example the mandatory inclusion of the topic of "Digital Media and Early Childhood" in curricula in the (further) training of all professionals involved in childcare, counselling and therapy for children aged 0-3 and their families, or the funding of both the development, implementation as well as evaluation studies for interventions to reduce negative effects of screen-media use on child health and development. ([Position Paper - Digital Media and Early Childhood - GAIMH](#))*

For the German version: this can be found on the GAIMH website: [www.gaimh.org](http://www.gaimh.org)

For the English version: [click here](#)

Early Childhood and Digital Device Use is a growing arena of interest, practice, and research within the field of infant mental health. Please feel free to write to [barbara.kalckreuth@babyambulanz.de](mailto:barbara.kalckreuth@babyambulanz.de) in case of interest in contributing to a future special committee on the topic.

WAIMH welcomes your comments and feedback on this position paper. Any comments and feedback can be sent to the Editor-in-Chief of WAIMH Perspectives IMH; Maree Foley at: [perspectives@waimh.org](mailto:perspectives@waimh.org)

# A newly published Infant Mental Health Journal (IMHJ) open-source paper: The ethics of infant and early childhood mental health practice (Zeanah et al., 2023)

## Abstract

"Ethics is concerned with the basis for moral judgments of "right" and "wrong" and is central to the clinical endeavor. Many clinicians integrate ethical estimations into their work without much conscious awareness. However, explicit use of ethical principles and frameworks can help navigate clinical decision-making when there is a sense of moral conflict or ambiguity about the "right" course of action. This article aims to highlight the key concepts and principles in clinical ethics as they apply to IECMH practice and stimulate a bigger conversation in the profession around how to support each other to maintain high ethical standards in working with young children and their families. Specifically, the authors consider the relevance of Beauchamp and Childress' four principles framework (respect for autonomy, beneficence, non-maleficence, and justice), and address some of the special ethical challenges in the field, namely, the vulnerability of the infant, the need

for a competent workforce, caring for caregivers, and the problem of multiple patients. Finally, the role of infant rights is briefly explored, noting the significant interest and debate that has been generated by the publication of the World Association of Infant Mental Health's *Position Paper on the Rights of Infants*" (Zeanah et al., 2023, p. 625).

## Full citation:

Zeanah, P.D., Steier, A., Lim, I., Korfmacher, J., & Zeanah, C. H. (2023). Current approaches and future directions for addressing ethics in infant and early childhood mental health. *Infant Mental Health Journal*, 10.1002/imhj.22077, 44, 5, 625-637. <https://doi.org/10.1002/imhj.22055>

## Open-source link to the paper:

[Current approaches and future directions for addressing ethics in infant and early childhood mental health - Zeanah - 2023 - Infant Mental Health Journal - Wiley Online Library](https://doi.org/10.1002/imhj.22055)

## About the Infant Mental Health Journal

The Infant Mental Health Journal (IMHJ) is an official publication of the World Association for Infant Mental Health (WAIMH) and is copyrighted by the Michigan Association for Infant Mental Health. IMHJ was first published in 1980 as a quarterly journal.

As a member of WAIMH, you can subscribe the Infant Mental Health Journal at a greatly reduced member rate. The subscription fee includes the access to the Wiley database of the electronic journal. Journal can be found at [Wiley's online library](#).

[Print a flyer of the Infant Mental Health Journal \(PDF\)](#)



# Who am I to you in your heart and mind?

By Heather Warne (Australia)

## Introduction

Each year the Australian Association for Infant Mental Health (South Australian Branch), in partnership with Healthy Development Adelaide (an initiative of the University of Adelaide which plays a key role in linking research, service delivery and policy development in South Australia concerning the physical, emotional and social needs of infants, children and adolescents), hosts a public event during Infant Mental Health Awareness Week to promote the understanding of infant mental health. This year's theme was "Bonding before Birth".

The following hybrid, de-identified vignettes, based on clinical work, were presented in this context. They speak to some of the challenges encountered in supporting early relational health from the very beginning of life.

## One

A personal reflection:

There's barely a dry eye in the room. We, a sizable cohort of professionals, have just watched a two-minute video of an infant just born, wet and messy. He looks intently, hungry for his mother, his seeking primary and naked. He finds her face, and then he finds her eyes. The mother takes him in, with the warmth of her skin, the tone of her voice, and the softness of her face. The music is evocative. My tears come, quick and unbidden. What is it? The music, the primal longing, the exquisite intimacy, my heart's recognition of my beginnings, as an infant, as mother? And perhaps a knowing that we cannot fly solo.

There are times I find it excruciating to be with infants – skin too thin, heads too wobbly, nerves too tender, cheeks too soft, smell too animal. So much vulnerability, dependence, voicelessness, and so many hazards. Sometimes it's difficult to counter the ordinary blindness of my adult mind and stay open, knowing that every infant is in there, aware and feeling, fully alive, a sponge from the earliest beginning.

So easily do infants slip from our collective sight.



## Two

The infant was named Lila. She was delicate and beautiful, like a perfect black-haired doll. Her daddy smiled at her and cradled her close. Lila was mostly quiet, she slept and suckled and didn't cause a fuss. At first, she was planned and wanted, but as she grew, things changed. Lila failed to thrive in the womb of her mother's mind. She couldn't be thought about, except as an intrusion, a moving cancer, foreign and unlovable. When Lila kicked, her mother punched at her belly.

It was as if the hapless infant, growing inside, had broken a seal, and a mess of ambivalence, of feelings and memories, known and unknown, poured into the pregnancy. Lila's parents, Maly and Sann, had left Cambodia, barely one generation on from the horror of genocide. They sought prosperity and a new life, and with the best of intentions, fled from their history, leaving their first-born child behind, in the care of Maly's grandmother.

By the time she came for treatment, Maly was depressed and consumed with guilt. She idealized her first pregnancy and hated this one. Though soon she confided that following her first baby's birth, the child she now longed for, Maly had planned to kill both her infant and herself. Maly's grandmother stepped in, as she had stepped in when Maly's mother fled in the wake of violence. Maly's mother never returned.

Maly had tried to help herself, she read books on self-development, and she

attempted to meditate, to calm her feelings, to cleanse her mind.

With her pregnancy advancing, she sought outside help. In therapy, Marly recognized, back inside her own tender beginnings, the impact of grief, abandonment, and trauma. Yet Lila remained in the shadows. It was her first child who occupied Maly's inner world; she poured her efforts into retrieving the son she'd abandoned.

When Lila was born, Maly tried to love her. She knew her baby needed her. She smiled woodenly and offered her breast, then passed her to Sann for care. They travelled to Cambodia and claimed Lila's brother, their small family reunited at last. Marly thought it best if they divided the parenting, one child each.

And what of Lila? Her calm demeanour and her seeming compliance were puzzling. She was strangely at ease. Had she learned already not to cause a fuss, had Sann's attentions largely shielded her? Lila could not help but feel her mother, the messengers of her body, the vibration of her cells, the conflicted soup in which she grew.

A crisis came when Sann wasn't there. Lila wouldn't stop crying and Marly struck her. A notification followed. Then, with a coordinated effort, workers got together; those who knew Marly and Lila already, child protection, and a Cambodian support worker joined the care team. With steady support now in place, Marly joined her community. Cocooned by cultural familiarity and soothing relationships, Marly slowly claimed Lila, her second-born child.

## Three

Sarah hovers, and for the umpteenth time, feels reassured. Holding her breath, she checks Jamie; the minuscule movement of his nostrils, the rise and fall of his chest, the flicker of his eyelids, the hue of his skin. She won't be reassured for long. From the outside, her moves barely register, but behind her smile, she remains on standby, a heartbeat from panic. Sarah never lets go.

Not once, but many times, Sarah suffered loss. A series of miscarriages, for which no clear cause was found, each one more anguished than the last. Such a private grief. Yet Sarah was determined, and with growing hope, she carried a daughter, well into the last trimester. Inexplicably, Sarah's baby died.

The baby's father grieved in his own way and tried to understand. He offered gruff sympathy, but not enough. "It's not your body that fails", Sarah said. "You don't get it, you don't bleed". He retreated into work and stayed long hours, swallowed by a culture of manly silence.

Later, and pregnant with Jamie, Sarah lived in turmoil, veering wildly between extremes. As the weeks advanced the anxiety turned crippling and Sarah couldn't go on at home. She was admitted to the hospital. Another death was out of the question.

Jamie was born by caesarean section, earlier in weeks than the sister before him. Pronounced well on arrival, his progress then faltered, and for many weeks, Jamie and Sarah required lots of care. Though their bond was intense, Sarah couldn't trust herself. Upon his first proper breastfeed, Jamie choked and turned blue.

Jamie is now three and eating is a struggle. He shows signs of developmental delay and co-sleeps with his mum. In therapy, Sarah revisits her history of extreme neglect and extreme abuse. She suffers from nightmares, of babies lost and dead. Jamie's father still hovers in the background.

## Four

Jenny watches her baby for a different reason, watches and attends and responds. She can't afford to miss a beat. She looks for signs of rejection, signs that she's messing up. She says she can't bear it when Grace fusses; if she cries, it's even worse. Jenny has to fix

the problem, quick quick, so that Grace doesn't go on to develop the mental health issues that Jenny's partner says that she, Jenny has.

Before Grace was born, Jenny fretted. She worried that she'd fall apart afterwards, as she had the first time, into a blithering mess of paralysing indecisiveness. Grace's big sister has just turned four. Jenny feared her baby would pick her for incompetent, go on to reject her and then have to parent herself, as Jenny had been required to do.

At a young age, her struggling teenage parents left Jenny on the veranda with her bag packed. She was asked to take sides. Do you want to live with your mum or your dad? In the end, she lived with neither, and by the age of sixteen had rented a flat and was earning her keep and parenting her younger brother.

Jenny is good at delight and Grace is delightful. It's delicious to witness the smiles and little gestures and conversation back and forth. Grace gurgles and blossoms. Jenny is learning to be with herself, to soothe her fright. And on a good day, when no one's been sick and she's managed to get out for a walk, Jenny glimpses that she is a good enough mum and her children are fine; she does not have to justify her every move. Jenny allows herself to say "No", and they each survive it. Jenny has begun to imagine thriving.

## Conclusion and Practice Reflective Questions

Sue Gerhardt, a psychoanalytic psychotherapist who for decades has provided psychotherapeutic help to parents and babies says that,

There is something powerful about the earliest themes of our lives ... (yet our beginnings are) what neuroscientist Doug Watt (2001) has referred to as 'unrememberable and unforgettable'. We cannot consciously recall any of it, yet it is not forgotten because it is built into our organism and informs our expectations and behaviour. (Gerhardt, 2015, p. 30)

As clinicians working in this challenging space and with this in mind, I invite you to reflect on your responses to each of these stories.

1. Where did they take you?
2. How did you feel in relation to each of these parents and babies?

3. Where did your sympathies lie? And,
4. Were there moments where the baby slipped from your mind?

Holding your reflections in mind while drawing on chaos theory, Sue Gerhardt (2015) suggests that "small differences at the beginning of a process can lead to hugely different outcomes (p.30)." To this end, I now invite you to bridge your responses and reflections to the transformational process of connecting with the experiences of the babies and their families, that many of us meet with in our day-to-day practices:

1. Was there a parent and baby/family to whom you particularly responded and how do you understand your response?
2. How would you use this information in building a therapeutic connection with this particular dyad/family?
3. Is this an aspect of practice that you would take to reflective supervision and how might you frame your supervision question?

In conclusion, our work in early intervention with infants and their families holds the potential for profound intergenerational change, for our clients and also ourselves.

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## About the author

Heather Warne is a mental health occupational therapist and psychotherapist. From 2013 to 2020 she worked as an infant mental health specialist with the Infant Therapeutic Reunification Service at the Women's and Children's Hospital in Adelaide, South Australia. The program was a joint initiative between Health and The Department of Child Protection, providing assessment and therapeutic services for infants who had been harmed or were at risk of harm, and their parents. Heather now works in private practice. She is interested in storytelling as an agent of change and in creative and therapeutic writing for health and well-being.

# Australian Association for Infant Mental Health (AAIMHI) Ann Morgan Prizes 2023

## [AAIMHI - Ann Morgan Prize](#)

The winner of the AAIMH member or WAIMH member section is Abigail (Abi) Arnold for her entry: **A Turning Point**

### Brief bio

Abi resides on the land of the Kurna People.

Abigail Arnold, preferred Abi, is a registered nurse with a master's degree in social work, Abi undertook initial training in child health in Alice Springs. She has since worked and lived in South Australia.

Abi is passionate about infant mental health and helping parents to be curious about their babies. Abi loves long walks on the beach and spending time with her amazing kids by her side.

The winner of the open entry section of the 2023 Ann Morgan Prize is Senada (Nada) Aldobasic for her entry: **Blak Lives Matter Intergenerationally**

### Brief bio

Nada has lived on the country that is the First Peoples of Millewa Mallee: Latji Latji and Ngintait land.

Senada Aldobasic, preferred Nada, is a woman, a Mum, a Sister, a Friend, a Daughter, an Aunty and a Niece. She is proud of her identity that connects her to her Aboriginality and Bosnian heritage. Nada is currently an Aboriginal Clinician working within Take Two at Berry Street. This piece of work was dedicated to her little girl Iluka Marlee and the rising generation who she hopes does not have to be 10 steps behind those standing beside them.

You can read these winning entries on the following website:

[AAIMHI - Ann Morgan Prize](#)

The Perspectives IMH team have sent an invite to the winners to engage with Perspectives about their experience of creative experience-based writing and how this strengthens connections with personal and professional development as infant mental health practitioners, researchers, and policy makers. We will share these with readers when they become available.



# From the Desk of the WAIMH President

By Campbell Paul (Australia), President of WAIMH

Dear colleagues and friends,

As I sit here at my desk in Naarm (Melbourne), looking out the window I see the wattle birds in the ancient Bulgalla trees (Banksia) in our front garden gathering nectar from the flowers and singing loudly. I sit here and realise how fortunate many of us here in Australia can be, but how stressed and terrified will be many infants, children, and families around the world. I and a vast number of other Australians were disappointed that a recent referendum to endorse a Voice to Parliament for our First Nations people was not adopted. Those of us working with infants and families will continue to stress the importance of giving voice to communities such as our First Nations Peoples who were deprived of so much because of colonialist invasion.

As you know, at this moment, the world has more children displaced from their homes by war, natural disaster and conflict, living as refugees and displaced persons, than there have been at any time in history. Indeed, there have always been wars and natural disasters. International and local relief organisations have been overwhelmed with needs, in their support of children and families. In what ways has humankind continued to ethically develop?

The unfolding humanitarian catastrophe in the Middle East is a profound challenge for world leaders and us all. The Israeli military response to the horrific terrorist Hamas acts of killing and kidnapping has led to immense destruction in Gaza with a horrific and ongoing number of civilian deaths, including infants, and the destruction of homes and infrastructure.

It is extremely distressing to see what unfolds around us and we may feel that there may be little we can do. Regarding the war in Gaza, one particular response from WAIMH has been to support colleagues in Palestine in developing and delivering emotional and mental health first aid to parents of preschoolers. This will happen very early in 2024. Ghassan Abdullah and colleagues in the Palestinian Territories, with WAIMH support and with

international colleagues, are currently developing a program for training early childhood workers to work with parents and very young children in the conflict zones. Dr Abdullah, working with Care International Palestine, has been a powerful advocate for mental health interventions for infants and young children amid this conflict. We anticipate that this will enable similar programs to be delivered for infants, preschoolers, and their families throughout the war zone and elsewhere where needed. We continue to work as an independent, nonpolitical international organisation, to support our colleagues in the work that they do for infants and families in all communities. The need for emotional recovery for children and families across this region is going to be immense.

WAIMH also wrote to the Director-General of the International Red Cross regarding the welfare and whereabouts of infants, young children and their families, as well as others, who have been brutally taken hostage by Hamas. The Director-General, Robert Mardini, replied, emphasising that the welfare of hostages in this situation remains their imperative and priority and that the International Committee of the Red Cross will continue to work intensively towards their safety and release, as well as meeting in Israel with the families of hostages.

We are in touch with our Israeli Affiliate president, past president, colleagues and affiliate members, who are providing interventions for infants and young children survivors and their families from the initial terrorist Hamas attack. The impact upon children of witnessing acts of inhuman violence and their separation from parents and loved ones is one of the most grotesque consequences of human conflict.

A huge challenge for us all is to see what we can do, as members of WAIMH, in the aftermath of major catastrophes, conflict and war, to ensure that our infants and young children are still able to develop with a sense of hope and positive moral strength. Infants and young children are watching intently, aware of and responding to our responses to trauma and how we handle the fragmentation of moral behaviour. We know that not everyone exposed to major traumatic events goes on to develop ongoing post-traumatic



stress disorder. How can we identify the strengths in the parent-infant relationship which might enable the infant experiencing profound trauma to keep on a journey towards emotional health rather than disintegration? We know the importance of play, of lively interaction between infant and parent in the development of a strong sense of self.

What determines and influences the healthy emotional and moral development of infants in the face of profound adversity? The late Bob Emde, always a thoughtful and creative thinker, addressed some of these questions in his writings about the moral development of infants (Emde, 2016). Bob reminded us of the roots of morality in human development and in addition to *reciprocity* and *empathy* he added the important concept of *valuation* as a third function of human morality. The immense body of research looking at early infant-parent interactions tells us a lot about how babies, toddlers, and young children learn about the value of the other, and the internalisation of ethical conduct from the very beginning. Infants know about the “do’s” and “don’ts” of conduct (Emde, 2016). Can we use these concepts to help infants and families caught in human catastrophe?

As WAIMH members, I believe it is important to continue to identify the moral strengths of infants and families and advocate for further deep understanding of the emotional and inner world of the child in the face of trauma. Each of you is doing something of this work in your own clinical, research, or teaching capacity to help build emotional safety for infants in the face of trauma and disruption.

## Sustaining our capacity

Our regular WAIMH congress is one very important way of sustaining our capacity for curiosity, learning, and creativity in working with extremely traumatised infants and families. I believe that the upcoming WAIMH Interim Congress in June 2024, in Tampere, will be an important opportunity for us to meet up in person to talk through some of these crucial dilemmas.

**WAIMH Interim World Congress** will take place on **5-7 June 2024** at the Tampere Hall in Tampere, Finland, with the theme **“Looking for the best care for babies, young children, and their families”**.

We invite you to present your thoughts and work through the medium of lively interactive poster presentations which will be during the lunch and break periods. We welcome any poster presentations which are relevant to the lives and mental health of infants and parents, and our work in many diverse ways with them.

We have several specific and important themes:

- Equity, Diversity, and Inclusion (EDI)
- Infants, Young Children and Families of First Nations Peoples
- Infants in Crisis Situations
- Nordic Services in Infant Mental Health, and
- Opportunities for posters from any other perspective of work with infants and families (See the Congress flyer at the end of this issue of *Perspectives in IMH*).

We will have a Pre-Congress day which will illustrate some of the innovative approaches to the care of very young children from amongst the Nordic countries. Again, another opportunity for lively engaged discussion about infants, culture, and regional history.

Our WAIMH Affiliates will be able to join together in person and online for an Affiliate meeting during the Congress.

So please feel inspired to contribute your work as a poster for discussion with your colleagues in Tampere.

WAIMH is also committed to supporting further training in infant and parent mental health colleagues across many countries, cultures, and political and socio-economic circumstances. The

series of online webinars, “Laying the Path for Lifelong Wellness-Infant and Early Mental Health”, in collaboration with Infant Early Mental Health Promotion, Sick Kids Toronto, remains available for members and all those interested in infant mental health.

One of the key positive consequences of the COVID pandemic amidst the loss of life, and disruption of economic productivity, has been our capacity to communicate through the medium of Internet conferencing. The WAIMH hybrid Congress in Brisbane was one example, and our ongoing engagement with WAIMH working groups is another. Internet conferencing has enabled powerful creative connections between WAIMH members and others.

The Global Crisis Working Group under the direction of Astrid Berg is busy linking in supporting IMH and psychotherapy clinicians across many different countries.

At our recent Executive Committee meeting we were pleased to endorse other **special working groups** for developing the issues of:

- Ethics in Infant Mental Health
- Early Childhood and Digital Device Use, and
- Equity, Diversity, and Inclusion for IMH service delivery, research, and publications.

With the leadership of Maree Foley, Jane Barlow, assistant editor Salisha Maharaj, and several associate editors, our *Perspectives in Infant Mental Health* online journal is going from strength to strength. It is a crucial way that we can communicate quickly and effectively with members and the broader community about developments in infant mental health.

We welcome your contributions to supporting infants, their families, and societies who are in crisis. We welcome your thoughts and observations as they relate to infants and young children. We welcome your epidemiological studies and your creative interventions across all levels within our field of infant mental health.

This Congress will be an important opportunity for us to meet up, talk together, share our thoughts, ideas, feelings, our distress, and plan more to deliver the best outcomes for troubled infants, families, and their communities.

So again, I look forward to meeting up with you in person in Tampere (our Sixth WAIMH World Congress was held in Tampere in 1996 under the leadership of Tuula Tamminen and Kaija Puura!). The Finns provide wonderful hospitality and in June, almost unending sunlight. With our various working groups, regional meetings, and our online *Perspectives in Infant Mental Health Journal*.

Wishing you all safety and happiness during the holiday season and a creative and productive New Year.

Campbell Paul (President of WAIMH)

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# WAIMH Executive Director Corner

By Kaija Puura (Finland), WAIMH  
Executive Director

Dear colleagues and friends,

Here in Finland December has started with crisp winter weather, with temperatures well below zero. The university year is ending, and for me it always means leaving the past behind and looking forward to a new year and a fresh start. This autumn has been darkened by various crises and threats of new crises, including a possible new big wave of Covid-19 infections. I don't think I'm wrong in saying that, for us in WAIMH, the main worries are the armed conflicts where innocent children and families continue to suffer, the latest of these being the new crisis in the Middle East. WAIMH Presidents Campbell Paul and Astrid Berg, together with the WAIMH Board and Office, have been working with both Israeli and Palestinian colleagues, as well as with colleagues in Ukraine, on trying to find ways for supporting children and their families in the middle of the horrific situation. Our own Peace Nobel Prize winner Martti Ahtisaari, who sadly passed away this autumn, often said that all conflicts can be solved when there is enough will to solve them. We can only hope that the will for peace will be found someday in all the conflict regions.

Last week I had the honor to be a guest speaker in the Tampere Children's Parliament, as the theme for the Parliament meeting was children's mental health. The Children's Parliament is one of the initiatives of the youth department of the City of Tampere, and all schools elect two representatives aged 11 to 13 to take part in it. It was heartwarming to see how seriously both the members and the chair of the Children's Parliament took the meeting and how well it ran. Children had particularly asked me to talk about how they could support their own mental health and what they could do if they were worried about their own or about a friend's mental health. Since children live in the same reality as we adults, I will share some ideas from my talk here as well. Brain researchers all over the world have already for a long time written of the importance of sleep and of short, stress relieving breaks during daytime. Even in times when getting enough sleep can be hard, maybe it is

possible to practice taking five- to ten-minute "empty" moments for ourselves, to help our brains to rest for a bit. Empty moments are moments when we do not do anything, but just rest our eyes by looking into the distance, breathe deeply and slow down our thoughts. It is even better if we can go for a short walk without any smart devices and just concentrate on what is around us. Another thing we can practice is monitoring our own thoughts: are we thinking about our worries all the time? Are we constantly reproaching ourselves about what we did or did not do? According to brain researchers it is better to turn worries into action and start talking kindly to oneself. To the children I naturally said that it would be good if they could share their worries – and joys – with a trustworthy, caring adult. And of course, this applies to us too: shared joy is doubled and shared grief is halved. In dire times it is particularly important that we support each other and get support from each other. WAIMH is an organization formed of relationships and it is always so good to see how we enjoy each other's company in regional meetings and at World Congresses. And together we can also work for a better future for young children and families all over the world.

Next summer, from June 5-7, 2024, the WAIMH Interim World Congress will take place at Tampere Hall here in Tampere with the theme "Looking for the best care for babies, young children and their families". The Congress program consists of invited keynote lectures and a poster exhibition. At the Precongress on June 5 you can hear about the social and health care services the Nordic countries provide for young children and their families. Both the call for poster abstracts and Congress registration are now open. For more information, please visit our website <https://waimh.org/page/waimh2024>

With warm wishes to you all,

Kaija



# News from the WAIMH Central Office

Dear WAIMH members,

We wish to thank you for your membership in 2023! As we are about to begin the new membership year, below you will find information regarding the membership renewal for 2024, news about the WAIMH Online Community, and a reminder about the call for nominations for the WAIMH Board of Directors 2024-2028.

## WAIMH membership and IMHJ subscription for 2024

The WAIMH membership year 2023 is about to end on December 31, 2023.

There are many ways to renew your membership for 2024 online: You can choose the auto-renewal option or renew your membership manually each year. You can also make a two-year payment, which needs to be renewed manually every two years.

If you have chosen the auto-renewal option, your membership will renew automatically on December 31, 2023.

- [Renew membership](#)
- [Become a WAIMH member](#)

If you wish to maintain your Infant Mental Health Journal (IMHJ) subscription for 2024, you can order the journal separately from the [WAIMH Online Store](#).

## Review the visibility of your membership profile information

To make it easier for our members to network within the WAIMH online community, we are planning to enable members to view other members' profiles on the membership platform. This way you will be able to send other members requests to connect and communicate with them more easily via the platform.

Please note that in your membership profile settings you can choose which information is visible in your profile. We recommend that you review the visibility of your profile information by following the steps set out below.

1. Sign in with your membership login at [waimh.org](#).
2. Click on "Welcome, (your name)" in the top right corner.



3. Click Account + Settings.
4. Here you will find your profile information. The details for which you can set the visibility status on your profile have an icon on the left. By clicking on the icon, you can choose the desired visibility: **Private (Not Visible in Profile)**, or **Members Only (Visible Only to Members)**.
5. After you have reviewed your settings, click Save Changes.

If you need any further assistance, please let us know at [memberships@waimh.org](mailto:memberships@waimh.org).

## Reminder: Call for nominations - WAIMH Board of Directors 2024-2028

Three Directors, Chaya Kulkarni, Catherine Maguire and Hisako Watanabe, will end their four-year term of office in June 2024. They have worked with great dedication and warmth on behalf of WAIMH during their four-year term. According to the Bylaws of WAIMH, two Directors will now be elected by the members of WAIMH and one will be appointed by the new President at the beginning of her term.

You, all the active WAIMH members are now kindly invited to nominate candidates for two new Directors. You will have time to nominate candidates until January 25th, 2024.

E-mails with guidelines have been posted to all active WAIMH members.

Please, be active and give your contribution to WAIMH! The people you have nominated to serve WAIMH will help to carry on the mission of WAIMH and to get the voices of infants heard all over the world.

If you have any questions about the nomination or election process, please contact us via email: [office@waimh.org](mailto:office@waimh.org) or read more on [WAIMH website](#).

## Support our work

WAIMH 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 sponsor two current programs: **Sponsor a Membership (Beacon Club)** or **Sponsor a Delegate**, or you can [donate the amount of your choice to WAIMH](#) for scientific, charitable and educational purposes.

### Sponsor a Membership (Beacon Club)

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.

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 Infant Mental Health Journal.

The Beacon Club scholarship is intended for developing countries' professionals in the field of Infant Mental Health.

- [Apply for a Beacon Club Scholarship](#)
- [Become a Beacon Club Sponsor](#)

### Sponsor a Delegate

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

### Applications for the WAIMH 2024 Sponsor a Delegate Programme are open!

Delegates from LIC, LMC and UMC countries who have had a poster abstract accepted for the WAIMH 2024 Interim World Congress can apply for a sponsorship by filling in the application form. Applications close 10th January 2024 (GMT).

- [Apply for a Sponsorship](#)
- [Donate through WAIMH Store](#)

Thank you for your contributions to support infant mental health globally!

With warm wishes,

Neea and Minna from the WAIMH central office

## Announcing the publication of the: 2024 WAIMH Handbook of Infant and Early Childhood Mental Health

By Joy Osofsky (United States)

Joy Osofsky, Hiram Fitzgerald, Miri Keren, and Kaija Puura joined together as developers, contributors, and editors for the **2024 WAIMH Handbook of Infant and Early Childhood Mental Health, Volumes 1 and 2**. Celebrating the remarkable international growth of WAIMH, the new two-volume WAIMH Handbook includes contributions by authors from 16 countries from around the world. We want to thank the many contributors to the Handbook volumes.

1. Volume 1: Infant Development, Neurobiological Influences, Parenting and Caregiving; and;
2. Volume 2: Cultural Context of Parenting and Infant Mental Health, Infancy and Early Childhood Mental Health Assessment; Clinical Infant Mental Health.

The editors, all of whom have also contributed chapters, have made much effort to be sensitive to individual differences, diversity, and equity, including work in the field of infant and early childhood mental health that is being implemented in different settings around the world. As readers will experience, we have intentionally joined scientific and clinical perspectives as



well as policy issues related to linkages between general infant development and infant mental health, and, within contexts of equity, diversity, and indigenous knowledge.

We want to express thanks for the support, encouragement, and interest of WAIMH Board members from around the world. And we want to thank Springer Nature Publishers who have been very supportive from the beginning and throughout this endeavor, showing flexibility when

needed and consistent support and efficiency.

It is important to note, when considering an understanding of infant and early childhood mental health at this time, that in August 2021, about a year and a half into the COVID-19 pandemic around the world, we had all been working virtually as in-person meetings were cancelled, and lockdowns and social distancing were imposed to ensure the best chances for safety from COVID. We knew that

this was a very difficult time for all and were very concerned about the growth and development of infants and young children and the stress that families and communities were feeling, especially those with fewer resources. Inequities were evident in the loss of income and food insecurity combined with more serious illnesses and deaths for families with fewer resources. Also for young children, life had been turned “upside down” with many not being able to be with extended family or friends and losing direct contact with other significant supportive adults in their lives that are so important for positive development. For those old enough, virtual schooling and support was all that was available if families had the resources to help teach children at home. Further, there was much stress and uncertainty and, unfortunately, for many children, losses of parents, grandparents, elders and other caregivers.

We feel as editors that it is important to recognize that the world for infants, toddlers, their parents, communities, and other caregivers has changed a great deal since the publication of the first WAIMH Handbook in some good ways, but also with many challenges, especially in the past 3 years during the COVID-19 pandemic. With closed nurseries and childcare centers, parents and other caregivers reported greater levels of stress, living differently, and often being less available to their young children. Also, parents, caregivers and elders became sick, and in some cases died. We know that the indirect effects on small children can last a lifetime. And the impact has been much greater on those with fewer resources in the first place. As was shared by President Campbell Paul following the successful 18th WAIMH Dublin Congress in 2023 and other international meetings that he attended, young children have been experiencing many uncertainties related to co-existing concerns in addition to the pandemic such as exposure to wars, natural disasters, and other traumatic experiences. As he emphasized, attention needs to be given to how to spread resources in different ways to reach the most vulnerable children, families and communities around the world.

We also recognize that there have been many positive developments with much-increased awareness and knowledge being gained about brain development, infant and early childhood mental health, and even

clinical diagnoses since the last WAIMH Handbook was published more than 20 years ago. We have had the opportunity both virtually and more recently with the 2023 Dublin Congress to learn and share this new knowledge. We are hopeful that the development and sharing of the new WAIMH Handbook will also contribute to discussions around the world related to new understanding and ways to help and support the growth of the field. As we did in the first WAIMH Handbook, we again join scientific, clinical, and cultural perspectives with a strong emphasis on policy issues that need to be addressed. We worked diligently to represent international knowledge and perspectives to reflect, as President Campbell Paul stated, the 48 countries and regions that were represented at our 2023 18th World Congress.

Just as we shared when the first WAIMH Handbook was published, we say again that although we have learned much during the past two decades, these volumes represent steps in our knowledge and not an end to our growth. We hope that the readers will use the Handbook to encourage discussion about the field of infant and early childhood mental health (IECMH). The editors have devoted much of their professional lives to imparting knowledge in this area; establishing training programs so that students and colleagues can learn what is known, presenting both within their countries and internationally about IECMH, and spending many hours evaluating and providing clinical services for young children and families.

As we shared in our earlier Handbooks, we are hopeful that these volumes will provoke discussion across disciplines and across national, regional, and cross-cultural boundaries so that we all will understand more about infant and early childhood development, mental health, and ways to support infants, young children, families and communities. We are hopeful that this two-volume Handbook will provide and integrate more of the knowledge that is needed to discuss, share, and hopefully solve some of the difficult issues that infants, young children and families are facing around the world.

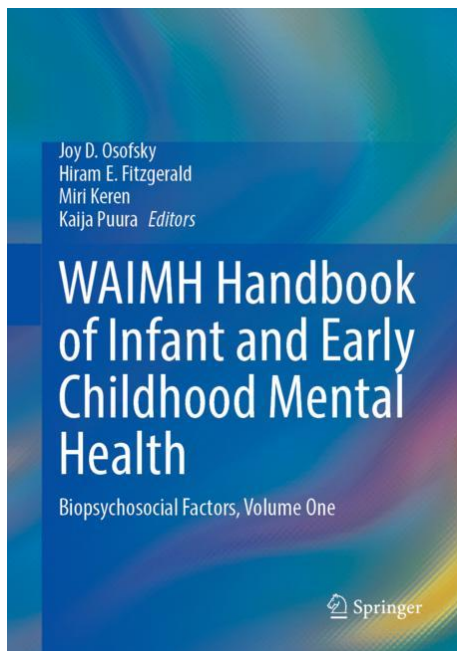
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### **Original WAIMH Handbook: 4 Volumes**

- Osofsky, J. D., & Fitzgerald, H. E. (Eds.) (2000). *Handbook of infant mental health*, (Vol. 1): Perspectives on infant mental health. New York: John Wiley & Sons.
- Osofsky, J. D., & Fitzgerald, H. E. (Eds.) (2000). *Handbook of infant mental health* (Vol. 2): Early intervention, evaluation, and assessment. New York: John Wiley & Sons.
- Osofsky, J. D., & Fitzgerald, H. E. (Eds.) (2000). *Handbook of infant mental health* (Vol. 3): Parenting and childcare. New York: John Wiley & Sons.
- Osofsky, J. D., & Fitzgerald, H. E. (Eds.) (2000). *Handbook of infant mental health* (Vol. 4): Infant mental health in groups at risk. New York: John Wiley & Sons.

### **New WAIMH Handbook on Infant and Early Childhood Mental Health**

- Osofsky, J. D., Fitzgerald, H. E., Keren, M., & Puura, K. (2024). *WAIMH Handbook of Infant and Early Childhood Mental Health (Vol 1): Biopsychosocial factors affecting infants and early childhood*. Cham, Switzerland: Springer Nature Switzerland AG,
- Osofsky, J. D., Fitzgerald, H. E., Keren, M., & Puura, K. (2024). *WAIMH Handbook of Infant and Early Childhood Mental Health (Vol 2): Cultural Context, Prevention, Intervention, and Treatment*. Cham, Switzerland; Springer Nature Switzerland AG.



Joy D. Osofsky, Hiram E. Fitzgerald, Miri Keren, Kaija Puura

## WAIMH Handbook of Infant and Early Childhood Mental Health

Biopsychosocial Factors, Volume One

- Examines social-emotional and cognitive development during infancy and early childhood
- Addresses neurobiological development of infants, including, genes, epigenetics, biobehavioral synchrony
- Explores high-risk factors in the infant-caregiver relationship (e.g., trauma, substance abuse, adolescent parenting)

This book examines basic knowledge in the field of infant and early childhood mental health. It focuses on cognitive, social, and emotional development of infants and toddlers and examines different aspects of neurobiological development, including genes and epigenetics as well as biobehavioral synchrony. In addition, the book addresses parenting and caregiving issues, including attachment, parent-infant relationships, and high-risk factors (e.g., the effects of trauma on the infant-caregiver relationship, adolescent parenting, and parents with substance abuse disorders). Key areas of coverage include: \* Social-emotional and cognitive development during infancy and early childhood. \* Temperament in infants and toddlers. \* Neurobiological influences from infancy through early childhood. \* Parenting and caregiving of infants and toddlers. \* Reflective functioning, mentalization, and infant development. The WAIMH Handbook of Infant and Early Childhood Mental Health, Volume One, is a must-have reference for researchers, professors, and graduate students as well as clinicians and all related therapists and professionals in infancy and early child development, developmental psychology, pediatrics, child and adolescent psychiatry, clinical social work, public health and all related disciplines.

Edition No: 1

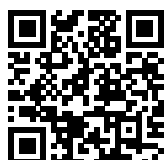
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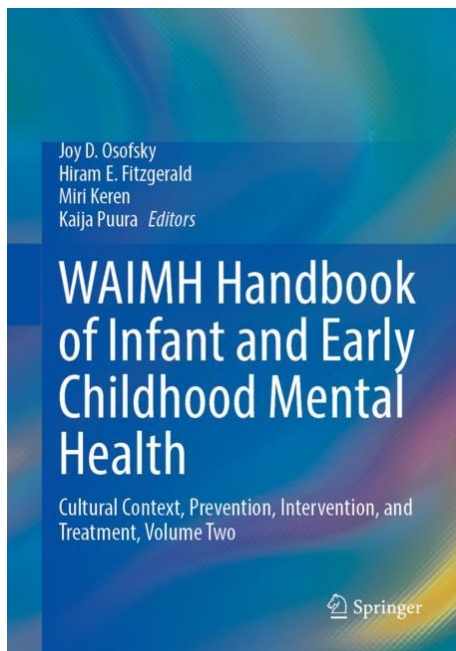
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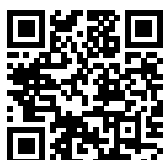
Joy D. Osofsky, Hiram E. Fitzgerald, Miri Keren, Kaija Puura

## WAIMH Handbook of Infant and Early Childhood Mental Health

Cultural Context, Prevention, Intervention, and Treatment, Volume Two

- Describes parenting / caregiver-young child relationships across the globe
- Examines important infant and early childhood assessment issues (e.g., infant-parent/caregiver observations)
- Explores clinical interventions and treatment for infants, toddlers, and families within the home, clinic, and community

This book focuses on cultural variations and perspectives in infant and early childhood mental health and describes parenting / caregiver-young child relationships across the globe, including countries in Europe, Asia, South America, South Africa, the Middle East, and the United States. It examines infant and early childhood assessment issues, such as infant-parent/caregiver observations that comprise an important component of assessment during the earliest years. In addition, the book presents different clinical interpretations, practices, and treatment approaches in infant mental health (e.g., evidence-based treatments and promising practices). It explores ways to help support and provide clinical interventions and treatment for infants, toddlers, and their families within the home, clinic, and community-based environments. Key areas of coverage include: \* Systemic assessment of adverse childhood experiences (ACEs). \* Infant and early childhood mental health assessment in indigenous contexts. \* Psychodynamic approaches in infant mental health. \* Evidence-based therapeutic interventions for very young children. \* Community-based interventions in infant mental health. The WAIMH Handbook of Infant and Early Childhood Mental Health, Volume Two, is a must-have reference for researchers, professors, and graduate students as well as clinicians and all related therapists and professionals in infancy and early child development, developmental psychology, pediatrics, child and adolescent psychiatry, clinical social work, public health and all related disciplines.



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# WAIMH

## 2024 Interim World Congress

5-7 June 2024  
Tampere, Finland

Looking for the best care for babies,  
young children, and their families

### Registration

To register for the Congress, please visit [www.waimh.org/page/waimh2024](http://www.waimh.org/page/waimh2024) and complete the online registration form:

| Registration Fees | Early bird (until 29 February 2024) | Standard (from 1 March 2024) |
|-------------------|-------------------------------------|------------------------------|
| WAIMH Member      | €320                                | €370                         |
| Non-member        | €370                                | €420                         |
| Student*/LMIC**   | €190                                | €190                         |
| Day Registration  | €190                                | €190                         |

\*To be eligible for the student rate you must be a current student enrolled in full or part time study.

\*\*Please note that we offer an LMIC (Low to Middle Income Countries) registration rate. In order to qualify for this registration category your country of residence must appear on the official World Bank list.

### The Congress registration fee includes:

- Attendance at all sessions
- Attendance at the Welcome Reception
- Opportunity to purchase a ticket/tickets to the Congress Dinner
- Morning and afternoon refreshment breaks and lunch

### Abstract Submission

WAIMH invites submissions for poster presentation at the Congress. Posters are invited under the following themes:

- Equity, Diversity and Inclusion (EDI)
- Infants, Young Children and Families of First Nations Peoples
- Infants in Crisis Situations
- Nordic Services in Infant Mental Health
- Other

# Lecture Series 2022: Laying the Path for Lifelong Wellness

Learn from global infant and early mental health experts and pioneers in our 15-part online series!

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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. Angeliqe Jenney, Dr. Carole Anne Hapchyn & Prof. Mark Tomlinson
9. **Supporting Young Children Exposed to Trauma and Loss**  
Dr. Joy Osofsky
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Dr. Arietta Slade
11. **Speaking the Unspeakable: Child-Parent Psychotherapy to Repair Trauma and Promote Secure Attachment**  
Dr. Alicia Lieberman
12. **Co-parenting and Siblings: Moving Beyond the Dyad when Assessing and Working with Infants and Preschoolers**  
Dr. Diane Philipp
13. **Global Perspectives on Infant Mental Health**  
Dr. Nandita Chaudhary & Dr. Anusha Lachman
14. **In Conversation with Dr. Miri Keren**  
Dr. Miri Keren & 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

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## 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](http://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.

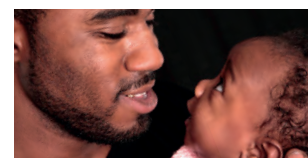
All photos need to include a permission statement from the author for WAIMH to publish the photo in Perspectives and also on WAIMH online social media platforms.

Further details:  
[www.waimh.org](http://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](mailto:perspectives@waimh.org)



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