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Newsletter Guidelines

The Newsletter is published quarterly in March, June, September and December. Submissions to the Newsletter are invited on any matter of interest to the members of AAIMHI. Referenced works should follow the guidelines of the APA Publication Manual 4th Ed. All submissions are sub-edited to Newsletter standards.

Articles are accepted as hard copy or as electronic versions. Preferred method of submission is a Word document attached to e-mail. Send to:

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Providing the essentials

A case of a toddler in care with a good enough carer.

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Pseudonyms have been used throughout this article.

Sarah is a three year old who has been in foster care on and off for most of her life. During that time she has had four different carers, with each move being punctuated by a return to the care of her mother. Earlier this year she was referred to Berry Street Victoria's Take Two Program because another attempt was to be made for reunification with her mother, and Child Protection was seeking assistance for her through this transition. Take Two is a developmental health service for Child Protection clients who have suffered trauma and disrupted attachment. It is auspiced by Berry Street Victoria, in partnership with Austin CAMHS, Mindful and La Trobe University.

Sarah presented with a past history of aggression towards other children in her previous placement. She had had some angry outbursts and aggressive behaviour towards her current carer, but this had settled.

The story of Sarah's birth was terribly traumatic. Her mother said that her father hadn't wanted her and pressured her to terminate the pregnancy. There was considerable domestic violence and substance abuse during the pregnancy. At the request of her father, Sarah was immediately

taken away from her mother after the birth to be adopted. Her mother said that she was not allowed to see her, until one nurse 'worked out' that she didn't really want to have her adopted and brought her to the mother. This was when she was about four days old. In order for mother and baby to stay together they had to leave Sarah's father, and were assisted into a women's refuge by hospital social workers post discharge.

Sarah was only able to stay with her mother for a few months before her mother attempted suicide, having already returned to Sarah's father. This began Sarah's child protection history. She entered care for a period of several months and then was returned to her mother for up to six months, after her mother had recovered from an overdose and had separated again from Sarah's father. A few months later the couple got back together and the violence started again; Sarah went back into care. This time Sarah's experience in care was abusive. She stayed with this carer for nearly a year before moving to stay with her current carer and her adolescent son.

DW Winnicott speaks of the initial period of unintegration of the baby,

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when baby and mother are merged. What impact is there when mother and baby are starkly separated, de-merged, as was the case for Sarah and her mother? Separations of mother and baby at birth are not uncommon. However in situations of Child Protection clients, the baby is often not reunited with a thoughtful 'ordinary devoted' mother in the throes of primal maternal preoccupation, as other separated couples may be, such as in separations and reunifications due to medical complications, for example.

I suspect that Sarah dealt with her initial separation from her mother through retreating into the hospital routine. This was probably strengthened on reunification with her mother, who was good at the practical aspects of caring for her baby. But by this time her emotional world, and communications of this world, were not recognised, taken in by someone and reflected back to her. Some expressions of feelings, especially distress and anger, started to be experienced by others as problematic.

Theoretically Sarah seemed to be developing a split in her sense of going on being. Her physical world was continuous: her physical needs were looked after, she was well integrated into a routine. This did not change. However, her emotional world was either not recognised or seen as a problem. Gaps appeared in her sense of emotional continuity or going on being. This little girl was heading on a trajectory of emotional dysregulation, which all too often leads to impulsivity and delinquent behaviour in boys, and borderline pathology in girls (Livesley, 2002).

Brenda, Sarah's foster carer, was given information about Sarah's routine when she took her into her care. She was told, for example, that her bed time routine was to be put into her cot, the light turned off, the door closed and she would be

left to sleep. Brenda followed Sarah's routine for a short time only, before deciding that for Sarah, three years is too young to be left to go to sleep alone in the dark. Sarah wanted to curl up on her lap and go to sleep sucking her thumb, a need that Brenda met without question. Soon she stopped needing to do this and she and Brenda developed their own routine around bed time, involving a cuddle and a story, then a night light and the door left open so that Sarah could hear Brenda and Andrew, Brenda's 21 year old son.

Sarah had behaviour problems by the time she came to live with Brenda, mainly centred around anger and aggression. In particular she was kicking people and things. Brenda was very firm with Sarah: horses kick, little girls don't. Sarah stopped kicking people.

Sarah was integrated into all aspects of Brenda and Andrew's lives, and their extended family. Sarah continued to see her mother, and her mother was kept alive in her mind through Brenda and Andrew's continual efforts to bring her into conversation. Brenda also kept photos of Sarah's parents on display, and made copies of all photos she took so that they could be given to Sarah's parents.

During the Take Two assessment Child Protection changed the case plan to one of non-reunification. Sarah's mother was unable to see a way clear to remain her mother if she wasn't living with her, and ceased all contact. Sarah had three main reactions.

One of Sarah's reactions was to want to be with Brenda all the time. She stopped asking about her mother, and threw several tantrums at times when Brenda was speaking with other people. Brenda noticed with me that it was like Sarah couldn't let her out of her sight, and she felt she needed to keep reassuring her she would still be there.

Another of Sarah's reactions was to become angry and aggressive again. She started kicking people again. One day she kicked Brenda so hard it really hurt, and Brenda sat her down and told her how she had hurt her. She stopped kicking people with one exception: the foster care worker. After one such incident Brenda wondered with me whether Sarah was worried whenever the foster agency worker came to visit, as in the past it had meant placement change.

The final main reaction of Sarah's was to want to fall asleep on Brenda's lap again, with her thumb in her mouth, her teddy bear under one arm, and be carried to bed. Brenda was happy to let this happen, and agreed with me when I speculated that Sarah might not need to do it for long.

In my work with Brenda I felt I did very little. I think perhaps I had a clearer understanding of what was happening inside Sarah's head than Brenda had. When she had come to Brenda's she was hurt, angry and emotionally overwhelmed. She was existing in her routine. Brenda's responses had allowed her to start defining, and then understanding, her emotional world. The second abrupt disappearance of her mother unsettled her, causing anger and regression, and fear of losing Brenda as well.

I think if this understanding was given back to Brenda it would give words to something just outside of her current awareness. But she didn't need the words: she was able to act intuitively, responding to Sarah's needs as they moved up and down the developmental scale. As Docker-Drysdale stated, 'adaptations to needs depend on concern, on therapeutic skill, on having an emotional economy, on being reliable; if to all these you choose to add theoretical knowledge, so much the better, but

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without the essentials theoretical knowledge is of little use, and of all these essentials reliability seems to be the most important, because it is in your survival that the child will find expectations' (1990, p. 176). Brenda clearly had the 'essentials'.

When I describe Brenda's care to others, I can only use Winnicott's concept of the good enough mother. But for Sarah, she has been much more than the good enough mother. Brenda has been the ordinary devoted mother of three-year-old Sarah, but also the merged, unintegrated mother of a much younger Sarah. She has also provided limits and boundaries regarding acceptable behaviour: it's all right to be angry but you can't hurt people. 'Horses kick, little girls don't: kicking is not civilised behaviour'. In this way she has acted as a good enough father as well. This is therapeutic foster care at its best.

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Conference Report

Babies Sleep and Crying – New Ideas for Age Old Dilemmas

On Tuesday 7 September 2004 the South Australian Association for Infant Mental Health sponsored Meredith Small, Professor of Anthropology at Cornell University in New York to present her research into what parents around the world do about babies' sleeping and crying (the Helen Mayo Seminar for 2004). The title of the seminar was *Babies: sleep and crying. New ideas for age-old dilemmas*. The seminar was attended predominantly by parents, students and children's services professionals.

Professor Small provided an entertaining and informative session in which she questioned the idea that there is a 'right' way to parent. She suggested that we can learn from the people and cultures around us. The choices we make she says are often strongly culturally dictated and actually may not always be what is best for our children.

Professor Small described Western style parenting as 'push-away parenting'. She suggested that Western cultures tend to value and strive for independent, self-reliant children and have therefore adopted many practices that tend to push children away rather than keep them close. Western practices include making babies sleep by themselves, allowing babies to cry more and believing babies should not be carried all the time. She suggested that babies in Western cultures tended to cry more than babies from other cultures and are the only babies in the world pushed away in pushers.

Professor Small believes that what is best for children is for them to have a 'physical and emotional connection'. She explained to the audience that newborns are not designed, physically or mentally, to be on their own. They are

neurologically 'unfinished'. She told us that anthropologists estimate that human babies are really born three months too early.

Professor Small also explored the concept of using pushers and strollers with babies and stated that these place children at knee level rather than eye level. Other cultures keep children close both emotionally and physically to their parents and extended families. They do this by involving children in daily activities, carrying their babies around with them and sleeping with their children. Professor Small said that carrying a newborn in a sling or carrier can greatly improve communication with the baby and enables the adult to more easily pick up the child's cues. This reduces guesswork, giving time to comfort, feed or change the baby before they resort to crying. Slings also provide opportunities for the baby to interact more with the people around them.

In discussing the advantages of co-sleeping as a way of maintaining a physical and emotional connection, Professor Small said that in Western culture there has been a tendency to 'sexualise the bedroom' again pushing children away.

Some parents fear that holding, carrying and sleeping with their babies will make them overly dependent. Research confirms, however, that the opposite is true. Infants whose parents satisfied their natural need for closeness routinely develop into self-confident, independent individuals.

For further reading, Professor Small has written two books about children: *Our Babies, Ourselves* and *Kids: How Biology and Culture Shape the Way we Raise our Children*.

Tracy Foulkes

State News Update (cont.)

Western Australia

The Annual General Meeting of the WA-AAIMHI was held on 16 May 2004 and a new committee elected. This followed many months of hard work by the working party to make the necessary changes to our constitution, undertake a financial and member audit, and rebuild the branch through a number of well attended seminars. All of the working party members are now on the committee. The committee membership comprises:

- Trish Sullivan - Chairperson
- Joanne MacDonald – Vice Chairperson
- Dr Lynda Chadwick - Treasurer
- Ms Trish Wells – Secretary, membership
- Ms Anne Clifford – Secretary, minutes and correspondence
- Dr Cathy Nottage – Committee member
- Ms Shanette Simms - Committee member
- Ms Sue Coleson - Committee member
- Dr Caroline Zanetti - Committee member

Presentations

Seminars are held bi-monthly and members are encouraged to contact committee members with suggestions for future seminars. There have been five presentations over the past year:

Bridget Boulthwood's seminar on *Trauma and attachment: the impact of domestic violence on preschool children*. Bridget presented her doctoral research that explored the experience of the child in terms of the child's attachment relationship to the mother as well as the child's behavioural, emotional and developmental functioning. Research findings in terms of their implications for the development of appropriate interventions with

young children who have been exposed to domestic violence were discussed.

Robin Jones on *Maternal depression from an attachment perspective: some clinical implications*. Maternal depressive disorder was found to be associated with 'insecure' attachment patterns in Robin's research undertaken for her doctoral dissertation at Murdoch University, Western Australia. Mothers with antenatal depression showed more 'dismissive' attachment styles in contrast to 'preoccupied' attachment styles found more in postnatally depressed mothers. Robin discussed these findings as they relate to questions of treatment intervention.

Dr Helen Milroy and Ms Jill Milroy on *Black Milk*. Jill Milroy provided a conceptual overview of the place of children in Aboriginal society and the subsequent trauma and displacement following colonisation as well as the idea of Australia having a 'black' mother. Jill is Head of the School of Indigenous Studies at University of Western Australia. She has worked in education for many years and has a special interest in Aboriginal history and it's ongoing legacy. Jill has assisted in the training of psychiatric registrars in indigenous mental health and in developing curriculum for many other programs. Helen Milroy looked at some of the contemporary issues of Aboriginal mothers and infants in Australia from a broad-based perspective raising issues for service provision and outcomes. Helen is the Director for the Centre for Aboriginal Medical and Dental Health at UWA and is a Child and Adolescent psychiatrist and a research fellow with the Telethon ICHR. Helen's research interests include childhood trauma, holistic medicine and developing the Aboriginal

medical workforce.

Video presentation and panel discussion on *When the Bough Breaks*. The video is a documentary of the "Wait, Watch and Wonder" program and its application to three families and their infants' sleep and feeding issues.

Dr. Ronnie Hagan on *The Mother, the Depression, her Child and its Outcome*. Ronnie presented outcomes of two large prospective studies exploring maternal past history, postnatal depression, mother-infant attachment, and infant (12-months) and early childhood (36 months) outcomes, conducted at King Edward Memorial Hospital, comparing mothers of term infants and mothers of very preterm infants. The studies found that mothers who are depressed, or have had depression, report more problem behaviour in their child at all ages especially early; the mother's degree of attachment in the first few months modulates these outcomes; and mothers with depression report more contact with health professionals for their infant and more admissions of their baby to hospital.

Other activities

With a state election looming, the WA branch has also been involved in raising the importance of perinatal and infant mental health to our politicians. A mental health coalition has been formed representing consumers, professional groups and services, of which WA-AAIMHI was invited to represent the 0-5 year age group. The coalition held a mental health summit at the start of Mental Health week, where the early years were placed as one of the most important priorities for mental health in

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State News Update

Victoria

The monthly Scientific Program for the end of 2004 saw the following presentations:

September

Frances Thomson Salo

Psychoanalyst working in private practice, Senior Child Psychotherapist at Royal Children's Hospital, and Senior Lecturer at University of Melbourne Masters in Infant Mental Health.

Infant Observation: New Perspectives.

October

Jennifer Jackson

Social Worker, Clinician at Take Two, Berry Street Victoria Program, and Trainee Child Psychotherapist, and

Nicole Milburn

Clinical Psychologist, Area Manager for Take Two, Berry Street Victoria Program.

Ships in the Night: A case of misattunement. Infant work in Take Two, Berry Street Victoria Program.

November

Nichola Coombs

Senior Occupational Therapist and Child Psychotherapist at the Alfred Hospital.

Down will come Baby: Psychoanalytic Psychotherapy with a 3 year-old traumatised by heroin exposure and a drug-affected mother.

The 2005 Scientific Program will recommence 15 February and will continue to be held every third Tuesday of the month at the Albert Road Clinic.

Other events of note:

October: Queen Elizabeth Centre Conference

Dr Lyn Murray presented on parent-baby interaction and post-natal depression.

Jennifer Jackson

Western Australia (cont)

Western Australia by participants. A draft perinatal and infant mental strategy has been developed and presented to major political parties. The coalition has also enabled considerable media attention to be placed on the early years.

People wanting to join the WA chapter, or update their membership, can contact us on telephone (08) 9382 6828, or mail PO Box 1886 SUBIACO WA 6904.

Trish Sullivan



International Association of Infant Massage

National Conference

Nurturing our future society

19-20 March 2005

The Centre, Randwick, Sydney

Registration fees

IAIM members \$150 (early bird \$135) Non members \$180

One-day fee \$80

Contact: Therese Egan - Tel. 02 9586 3142 or email therese@eganclan.com

For more information see www.iaim-oz.org

IAIM Mission Statement

The purpose of the International Association of Infant Massage is to promote nurturing touch and communication through training, education and research so that parents, caregivers and children are loved, valued and respected throughout the world community.

State News Update (cont.)

South Australia

We have at last had our AGM and elected an enthusiastic committee with a wide range of backgrounds including child protection, child health, psychiatry, childcare and early childhood education. Pam Linke will continue to serve as president and Elizabeth Puddy as treasurer and membership secretary. Alexandra Diamond will serve as secretary.

Yvonne Clark, Aboriginal psychologist gave a presentation on Aboriginal issues in working with parents and infants and provided a number of papers for further reading. We are in contact with Kent Hoffman and are negotiating with him to return to Australia, probably in early 2006 to provide an intensive training course in Circle of Security work. This will probably be over two weeks with a 3-day introductory course for professionals working with parents and infants for a larger group followed by seven days of intensive training for a smaller group. If you are interested please contact Pam Linke on email: linke.pam@cyh.sa.gov.au as we need to have an idea of possible numbers before confirming with him.

AICAFMHA has developed a draft position paper relating to infant, child, adolescent and family mental health services in Australia. Feedback is encouraged. Comments can be directed to secretary@aicafmha.net.au or you may choose to participate in some online discussion via the AICAFMHA Discussion list.

The SA branch of AAIMHI has submitted some comments in support of the paper with suggestions for strengthening it with regards to infants. You can view the paper on

<http://www.aicafmha.net.au/resources/index.html>

We are looking to develop a banner to promote AAIMHI and its objects at professional and educational meetings. If any branch has one it would be good to hear from you.

Pam Linke

Branch President

NSW Report

The heartbeat of the NSW committee has been strong over the past few months, so far as our professional seminars go. Much praise has been received for the very successful evening held in early November in conjunction with Learning Links. The evening focused on settling and was attended by some 80 people representing a field of disciplines from the early childhood sector in Sydney's south. A big vote of thanks to Mary Morgan for all her effort towards making the evening happen. Thank you also goes to Beulah Warren, Marianne Nicholson, Lorraine Rose and Ian Harrison for 'holding the baby' (so to speak) and to all those others for their help in 'making it happen'.

Our final evening for the year saw the presentation of *Hummer: a life of Hermine Hug-Hellmuth*, a short documentary film by Sara Murphy. The intimate evening was attended by a small representation of our state members and was a treat for us (especially the catering!). Thank you Shelley Reid for putting the evening together.

The inaugural recipient of the AAIMHI NSW Annual Professional Scholarship was Kim Warner. She was presented with a cheque following the final NSW meeting for 2004 to assist her in her travel to present her work in the USA. Congratulations Kim! We hope the \$500 is of assistance and we look forward to your report for the Newsletter.

I will take this opportunity to wish you a safe and peaceful time over the holiday period and I look forward to 2005.

Best wishes,

Victor Evatt

The South Australian Branch of the Australian Association for Infant Mental Health presents:

A video of a presentation by Meredith Small.
Babies: Sleep and Crying. New ideas for age-old dilemmas?

Professor Meredith Small, author of the bestselling book 'Our babies, Ourselves' presents her worldwide research into what parents do about crying – what different ways of responding to infants achieve, and what they mean for the baby and the family. This video provides, in a cross-cultural context, information, ideas and challenges about how responding to infants' needs.

Meredith Small Video Order Form - AAIMHI SA Tax invoice

ABN 93 045 030 281 GST does not apply.

The cost of the video is \$30

Name (please print)
Position
Organisation
Address
. Postcode
Tel Fax

Cheque enclosed (payable to the Australian Association for Infant Mental Health, SA Branch)

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Note: SA Branch of the Australian Association for Infant Mental Health is a non-profit sub entity of the national association.