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Guidelines for contributors

AAIMHI aims to publish quarterly editions in March, June, September and December. Contributions to the newsletter are invited on any matter of interest to the members of AAIMHI.

Referenced works should follow the guidelines provided by the APA Publication Manual 4th Edition.

All submissions are sub-edited to newsletter standards.

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Infant observation in Australia

Frances Thomson Salo

This article is based on the editorial I wrote for the special edition of the *Infant Observation* journal: Infant observation in Australia (2007, Vol 10, No 2). The publishers, Taylor and Francis, <http://www.tandf.co.uk>, are gratefully acknowledged. While the papers are only a sample of infant observation in Australia, they give a picture of the richness of a field that is rapidly expanding.

Infant observation here can trace its roots to the 1970s, when Pat Kenwood and Ann Cebon, graduates of the Tavistock child psychotherapy training, started an infant observation group for therapists working with children. Currently infant observation forms part of a number of psychoanalytic and psychotherapy trainings as well as academic courses in Sydney, Melbourne, Brisbane and Perth, and I sought papers that would be as representative and inclusive as possible.

The first five papers broadly examine conflicts around seeing and being seen, within the growth of relationships with their inevitable separations and endings, processes the parent-infant dyad faces which parallel those that the observer faces. Susan Wilson describes how a tiny baby used gaze to hold herself together with her anxious mother (and to some extent her father), and then how the baby's need to be seen for who she really was replaced this defence. Wilson explores the intertwined and constantly changing roles the observer plays for mother and infant and the gains particularly for a

mother-infant dyad that has a troubled start. David Moseley explores some of the difficulties faced by observers in ending an observation (as well as other endings) and he highlights the view of infant observation as a particular kind of relationship for parent, infant and observer.

Carol Bolton, Judy Griffiths and Julie Stone from Perth give an account of an infant observation seminar carried out by telephone, with myself as seminar leader in Melbourne. Each writes about an aspect of the experience – observer, infant, mother, seminar leader – culminating in the exploration of the conflicts involved in *being a mother* and in *being with a mother*, and in particular the hate for what the infant feels is the mother's insufficiency.

Dimitra Bekos summarises findings from a qualitative research project in which she interviewed in depth three mothers, to explore their experience and reflections after the end of the observation. The mothers, having had a positive relationship with the observer, felt it was inexplicable to have no contact with the observer after the formal end of the observation, and felt hurt and confused, even angry and abandoned. Bekos' paper begins an answer to the question that Debbie Hindle and Trudy Klauber (2006 p.10) posed in their paper on ethical issues when they wondered whether there might be 'a potential tension between what we as teachers want our students to learn from observing in a family, and the family's experience of the observation'.

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Infant observation in Australia (cont.)

Claire Pattison traces in a fine-grained way the growth of relationships, particularly those that infants make – and shape – with observers. To be aware of how the infant relates to the observer so that the infant's sense of self is changed, is a shift from the broad focus since the 1970s of focusing on the observer's countertransference. The infant's developing self is very active, and infants enjoy being watched by the observer who frequently becomes important to them. Pattison broaches some questions about the observer's feelings when he or she, by remaining in 'observer role', causes distress to the baby. Pattison describes the situation when an infant wakes from sleep and, finding an observer there who seems not to respond, feels rebuffed. From what we know from the 'Still Face' studies, some babies become dysregulated within seconds by this violation of what they expect to happen normally. At other times an infant facing challenges in the environment may implicitly or explicitly reach out to the observer. Some ethical concerns could arise about how the observer stance is sometimes interpreted in that many observers who have tried very hard to 'sit on their hands' (i.e., not engage with the infant), felt that this was being 'mean' to the infant; others have felt this interpretation of the observer stance to be cruel.

It sometimes seems no longer acceptable to just 'keep observing' the baby – we need to listen to the intersubjective information gained in the countertransference. Several observers have said that if the same situation were to arise again, they would trust their countertransference and do it differently by responding to the infant with, say, an alive, empathic mirroring expression, while remaining sensitive to any mixed feelings the parent may have.

Two papers describe aspects of the baby's development progressing well. Inge Meyer describes a lively resilient girl in an Aboriginal family. Such an in-

fant observation is rare and I'm grateful to the family for this opportunity. Jane Blatt describes an observation in which the father gave his son a bath in most of the observations; having a father present so much during observations is also rare. Whatever initial difficulties the parents experienced in seeing their baby as a person in his own right, the father's role in supporting the development of a strong sense of self contributed to his becoming a resilient boy.

Three papers describe infants facing considerable challenges, beginning with Jacqui Adler's account of a baby whose mother had mixed feelings about breast-feeding and he was reluctant to claim the breast; he developed a number of psychosomatic symptoms and finally collapsed with pneumonia after weaning. His caring mother, in her difficulty in enjoying breastfeeding, endowed him with certain negative attributions so that he was not seen truly for himself. Gyan Bhadra's paper describes twins who, born in the shadow of a dead baby, could also not be fully seen by their mother who was depressed, which contributed to early difficulties and the observer explains the rationale for her slightly more active stance and the outcome. Jody Kernutt examines how feeding difficulties in a mother-daughter relationship contributed to a false self development through the infant's compliance and she argues that the observer's role was therapeutic in that the infant could be present to the observer in an authentic way.

The last two papers revisit questions about observer role when the infant increasingly seeks out interaction. Lindy Henry suggests that in the observer-observed relationship the infant has the unusual position of being a partner in fully taking the initiative in interaction. This unique relationship shifts the balance toward the infant, which frees the relationship to develop solely at the infant's impetus. Henry conceptualises that when the observer

relates to the infant as subject, the infant offers the observer experiences within a relationship.

Janet Rhind, using the three perspectives of the 'baby' of infant observation, the 'baby' of empirical research and the 'baby' of clinical work, reviews the question: why is it difficult to see the baby clearly? She highlights the ambivalence for parents and professionals in looking, and how painful this can be at times.

A central theme of these papers is the importance of relationships that the parents, as well as the infant, offer to the observer, alongside a second theme of why is it hard to see the baby, as parents, as professionals, as observers. One reason may be that when the baby reaches out, tentatively forming a relationship with the observer, this can feel at times almost unbearable when there are difficulties in the baby's development.

I would like to thank the parents and infants and the observers who made this edition possible, and contributed to widening our understanding of infant development. I hope that these papers convey a sense of the vibrancy of infant observation in Australia, which, with its roots in Bick's thinking, has developed here drawing inspiration both from traditions elsewhere and from what this country uniquely offers.

Reference

Hindle D, Klauber T (2006). Ethical issues in infant observation: Preliminary thoughts on establishing an observation. *Infant Observation*, 9: 7-19.

This article by Dr Julie Stone begins with a brief commentary on the impact of Frances Thomson Salo's influence across the field of infant mental health and beyond. Julie then describes her experience as part of an infant observation group and is drawn from her contribution to an article in the *Infant Observation Journal* Special Issue: Infant Observation in Australia.

Bolton C, Griffiths J, Stone J, Thomson Salo, F. The experience of infant observation: A theme and variations for four voices. *Infant Observation* volume 10 issue 2, 2007.

This paper was originally written for the 2004 World Association of Infant Mental Health Congress in Melbourne and extols the value, for experienced clinicians, of being involved in the observer role. It shares the excitement of experiencing intensely the development of the baby's mind and internal world and of the mother-baby relationship. The seminar was conducted by telephone with three observers in one city and the leader in another. The whole process contributed significantly to the participants' thinking, reflective capacity and clinical work.

The Experience of Infant Observation

Dr Julie Stone

In the latest edition of the *Journal of Child Psychotherapy*, Ann Cebon, a Melbourne-based Tavistock-trained child psychotherapist, writes about her supervision with Esther Bick. Ann says, Mrs Bick had "a unique and original understanding of the patient's distress and disturbance." She honours "Mrs Bick's incredible gifts as a clinician and a teacher" and "her enthusiasm and love of the work ... Mrs Bick's supervision was intrinsically linked to the experience of infant observation." For Ann, both how Mrs Bick taught and what she taught has become intrinsic to her work.

For many of us working in Australia today, the same can be said of Frances Thomson Salo's contribution to our work. It says a great deal of Frances' vision, energy and can-do-ness, that such wide sweep of Australia's geography is represented by the authors in the special "Australian edition" of the journal, *Infant Observation*. As a Western Australian-Victorian, as it were, I thank her very much for that. Frances' embrace is wide and generous. Her inspiration and encouragement, together with her gifts as clinician, teacher, infant observation seminar-leader, writer and editor-extraordinaire have enriched the work of many.

The paper I contributed to as one of the four voices in our theme and variations was born from an infant observation Carol Bolton, Judy Griffiths and I shared some years ago. We sat together in Swanbourne, talking with

Frances, in Prahran. It was a wonderful experience. Carol and Judy are not only excellent women, they are also gifted and experienced psychotherapists. Sharing with them and with Frances, in this creative way, was the most enriching "learning experience" I have ever had. It was a rewarding journey for us all. Carol wrote, "The whole process contributed significantly to the participants' thinking, reflective capacity and clinical work." Carol and Judy now share the experience of infant observation with others in WA, and Frances continues to support them in their endeavour.

Two themes from the observation and our writing of this paper together continue to reverberate within me. In her opening editorial remarks Frances says our paper talks of "hate and maternal insufficiency". I would like to briefly address that. The second theme is related. It is the place of siblings in infant observation and where the observer places her self or finds herself, in relation to the other children in the family.

Carol writes that in observing an infant we are asked "simply to be there, witnessing and remembering ... We become simply human beings trying to understand the experience of other human beings." So, infant observation assists us in our life's work – to fully claim our humanness and to allow others to claim theirs.

Judy writes, "Through being alive to the

experience of infant observation and the ever-present whisperings of inner life, I have been able to unfetter feelings unconsciously fettered in infancy. I have been able to release the energy and power that have hitherto been unavailable to me. I am deeply indebted to the mother and baby who gave me the chance to reclaim this vital part of myself."

Facing hate full-on was central to Judy's reclamation. Her courageous charting of the struggle she had in thinking about the observed mother/every mother and her insufficiency to meet the baby's demands, and the feelings of hate that are stirred, is a marvelous piece of writing. She says, "the place of hate in our deep interconnections with one another ... is a central issue in the human drama of loving and living. Hate felt towards the insufficiency of the mother is an unavoidable and central complex force which it would be easier to shy away from."

Sibling rivalry in its many guises is an aspect of the great majority of the complex family dramas that are brought to CAMHS. Rarely is it brought forward as the presenting or central issue, but it's there. Often it seems that "it would be easier to shy away from" that too.

In the introduction to *Sibling relationships*, editor Prophecy Coles writes:

"There is no general acceptance that our relationships with our siblings help to structure our psychic world. We are

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The Experience of Infant Observation (cont.)

at the early stages of finding a theoretical framework in which to put our clinical or everyday observations about them..."

During the year of our infant observation, we all got to know five babies. I observed a first born, the other babies had an older sibling, both of whom made themselves very present to the observer. A 7-year old emphatically stated, "I think *all* the children should be included." There was no ignoring him.

I wrote, "at times the rage and hate of an older child toward his or her infant sibling can be painful to witness ... as a group we wondered about a mother's hateful feelings toward her infant and the relative safety of projecting these onto an older sibling to carry and perhaps express. For the baby too, perhaps hate from, or toward, a sibling is a creative and relatively safe place in which to learn about hate and surviving it."

In our Australian edition, many of the observed babies do not have siblings: David's Amy, Claire's Sarah, Janet's David, Jody's infant. We are not told whether Linda's, Ian or Janet's Tom are only children; no siblings are mentioned. Sue's Lucy is the first born. Her mother decides to terminate the infant observation just prior to the birth of her second child, born before Lucy's first birthday. Jacki's Adam is the third child – his mother's third in five years. Jacki says of Adam's mother, "[her] handling of the sibling dynamic was patient and generally thoughtful."

We are left to wonder how Lucy will fare becoming the older sister at such a young age, and what influence sibling interaction may have had in Adam's "precocious ego development". Inge's Nina was born following the death of a previously conceived child. Bahdra's Jane and Anna not only have to come to terms with the special sibling relationship of being twins, like Nina they

too have to integrate the experience of a sibling whose loss lives within their parents.

In talking with the mothers, I wonder if any of the mothers Dimitra interviewed mentioned the impact of the observation on the infant's siblings?

There are so many ways in which infant observation can illuminate our understanding. I am excited by the prospect that such observation will contribute to our fuller understanding of the ways in which sibling relationships help structure psychic life.

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Parenting services for fathers: Does one size fit all?

Steve Hartwig

Historically a neglected focus of research and clinical practice, the importance of fathers' contributions towards children's development is now well recognised. Various studies have shown that positive fathering is associated with a range of improved child developmental outcomes, including language and cognitive skills, social and adaptive behaviour, and academic achievement (Moore & Kotelchuck, 2004). At the same time, there is evidence to suggest that children who grow up without a positive fathering influence are at increased risk for behavioural difficulties and various social problems (Argys, Peters, Brooks-Gunn & Smith, 1998).

There is also growing awareness of the importance of father participation in early childhood intervention services (Murray & McDonald, 1996). However, at the same time, both research and anecdotal evidence suggests that it can be difficult to engage and involve fathers in professional child health and parent services (McBride, 1991; Miller, 2000; Turbiville & Marquis, 2001).

"Enabling Fathers' Engagement with their Children" Pilot Project

In an initiative designed to promote their level of engagement with fathers, during 2003-2004 Child and Youth Health (CYH, now Child and Family Health) conducted a three-month pilot project titled "Enabling Fathers' Engagement with their Children". The project involved a male community health worker visiting fathers in their homes, within a month of their infant's birth. The service was an extension of the already existing CYH Universal Home Visiting program. Due to limited resources the service was only offered in selected suburbs within the southern Adelaide metropolitan area.

The project had a number of key objectives, which included: to increase fathers' involvement with CYH; to link fathers in with appropriate community

supports where required; and to gain a clearer understanding of fathers' views concerning fatherhood and help-seeking.

Fatherhood survey

In relation to the latter objective, the community health worker conducted structured survey interviews with fathers in their homes. Overall, 26 fathers were surveyed, with a mean age of 32.5 years. Nearly one-half (46.2%) were first-time fathers. Culturally, most fathers identified themselves as being Australian (84.6%), however there were also fathers from Aboriginal and European cultural backgrounds.

In the survey, fathers were asked a range of questions relating to their attitudes and beliefs concerning fatherhood. Fathers were also surveyed in relation to their attitudes towards seeking professional help as a parent. This included asking fathers to nominate their *preferred type of service delivery*, in the event that they sought professional assistance.

Survey findings: Fathers' preferred type of professional service delivery

Fathers were asked to nominate their preferred type of service delivery in relation to six broad characteristics, which included: (1) mode of service delivery; (2) gender of health worker; (3) individual versus group; (4) gender exclusivity of service; (5) time service is offered; and (6) service location. Each characteristic had several possible response options, the results of which are shown in Table 1.

In relation to mode of service delivery, those surveyed overwhelmingly preferred face-to-face/in-person contact (76.9%). Similarly, there was also a strong preference expressed for working in an individual/one-to-one context (69.2%), as opposed to a group setting (11.5%).

However, respondents' preferences on the remaining four characteristics of

service delivery were more divergent. On the *gender of health worker* characteristic, for example, while one-half of the sample expressed a preference for having a male worker, the remaining 50 per cent indicated having no preference between male and female workers. In terms of the *gender exclusivity of service* characteristic, while fathers most commonly preferred a service that fathers and mothers can attend together (38.5%), a similar percentage (34.6%) indicated that they would prefer a service that was set-up just for fathers. Preferences were also spread across the possible response options for the remaining two service delivery characteristics, *service location* and *time service is offered*.

Conclusion

Collectively, the results of this small-scale survey are suggestive that one size does not fit all with respect to preferred types of service delivery for fathers. That is, different fathers have different service delivery preferences. Even though there was a strong preference expressed towards having a face-to-face service, other surveys (FACS, 1999; Hadadian & Merbler, 1995) have suggested that fathers prefer less personal service options, such as the Internet and television. This seems to further reinforce the notion that fathers are not a homogeneous group in relation to their preferred types of professional support, which is consistent with the conclusions reached by other researchers (e.g. Turbiville, Turnbull & Rutherford-Turnbull, 1995).

The small-scale nature of this survey clearly limits the extent to which inferences may be drawn from the above results. However, when considered with similar research findings, it would appear that to effectively engage fathers in accessing appropriate support and assistance, parenting professionals and their agencies need to offer fathers a variety of appropriate service options.

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Parenting services for fathers (cont.)

To ensure that they are providing relevant service alternatives, it is also imperative that health professionals, parenting agencies, and researchers continue to survey and investigate the perspectives and preferences of fathers. For it is only with accurate, up-to-date information about fathers' preferred service options that parenting services for fathers will be able to achieve their primary objectives. That is, to engage, support, and assist fathers in their parenting role, and in turn to enhance the development and well-being of their children.

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Table 1: Fathers' preferred types of service delivery (N=26)

Service delivery characteristic	%
Model of service delivery	
<i>Face-to-face/in person contact</i>	76.9
<i>Telephone contact</i>	23.1
<i>TV/Internet</i>	-
<i>No preference</i>	-
Gender of health worker	
<i>Male</i>	50.0
<i>Female</i>	-
<i>Both male and female</i>	-
<i>No preference</i>	50.0
Individual versus group	
<i>Individual/one-to-one assistance</i>	69.2
<i>Parent/fathers group</i>	11.5
<i>No preference</i>	19.2
Gender exclusivity of service	
<i>A service for fathers only</i>	34.6
<i>A service fathers and mothers can attend together</i>	38.5
<i>No preference</i>	26.9
Time service is offered	
<i>Service offered during work hours</i>	15.4
<i>Service offered after work hours</i>	50.0
<i>No preference</i>	34.6
Service location	
<i>In-home service</i>	23.1
<i>Community-based service</i>	30.8
<i>No preference</i>	46.2

STATE REPORTS

AAIMHI Qld

In 2007, AAIMHI Qld held four seminars examining issues such as infant sleep, indigenous infant mental health practice and advocacy.

In their very well-attended seminar, Beth MacGregor and Wendy Middlemiss argued strongly for an attachment-based approach to help parents and infants understand and manage the often controversial subject of infant sleep. We then offered a follow up clinical seminar to look at current practices amongst healthcare workers and examine alternatives to 'controlled crying'.

After subsidising two local indigenous workers to attend the Indigenous Perinatal and Infant Mental Health Conference in Sydney we offered a seminar to hear feedback and impressions about the conference and consider implications for mostly Brisbane based

workers. This forum was well received with strong contributions from all participants.

AIMHI Qld begins 2008 with a largely new committee. The current committee wishes to thank outgoing president Abigail King, treasurer Dr Michael Daubney, secretary Raeleigh Bryant and committee members John Reddington and Doreen Westley for their invaluable contributions to AAIMHI Qld over the past two years, in particular. Among other achievements in that time, AAIMHI Qld hosted the annual national conference which was a rousing success.

The current office bearers include Libby Morton – President; Neil Alcorn – Secretary and Janet Rhind – Treasurer, who are gratefully supported by Helen Baker, Suzie Lewis and Penny Love.

The coming year promises to be busy and exciting with a number of clinical seminars planned. We began in February with Occupational Therapist Lyndal Franklin presenting on the importance of touch in infancy. April will see Dr Janet Rhind and Social Worker Robin Purvis facilitate discussion around the Michael Trout DVD "Breaking Peaces: Babies have their say about domestic violence". We hope to offer two further clinical seminars and a stimulating presentation at the Annual General Meeting in September.

Best wishes to you all in your endeavours in the year ahead.

AAIMHI NSW

Our NSW committee has at last recovered from the conference last November and is now planning for 2008.

Our first major event for 2008 was the Marte Meo one-day introductory seminar followed by four-day training held 18 – 22 February which was facilitated by Maria Aarts from Holland. We had so many applications from all over the state and also from Queensland that Maria has agreed to return in August 2008 to repeat the training.

The trainees learn interaction analysis using the Marte Meo system. This involves learning to make a clear professional diagnosis in Marte Meo terms, using the Marte Meo developmental checklists. Marte Meo analyses video material and gives feedback. Participants who use video in their clinical practice/interventions bring their own film material to this training. On the filmed observation the trainee learns

to check for "what the child can manage" and "what do I see that is not there?" – what steps are missing in the process of the child learning to make a good connection? The trainee uses these observations to develop a "leading thought" that guides intervention planning. The aim is to help the trainee know the world of the child so that they can help the parent to do this.

AAIMHI NSW will also be holding an m-ADBB (screening for social/emotional withdrawal in infants from 3 months to ~18 months) training, which will be held later in the year. A 12-month follow-up rating is included to determine rater drift. Sustained withdrawal behaviour in infancy is an important alarm signal to draw attention to both organic and relationship disorders. This withdrawal scale, the Alarm Distress Baby scale (ADBB), was built to detect these disorders.

The ADBB has good content validity, based on the advice of several experts. The scale has good criterion validity: first, as a measure of the infant's withdrawal reaction, with a very good correlation between nurse and paediatrician on the ADBB ($r_s = 0.84$), and second, as a screening procedure for detecting the developmental risk of the infant. The scale could be used in different clinical settings, provided a sufficient level of social stimulation is given to the infant in a relatively brief period of time. The scale can be used by nurses and psychologists or by medical doctors after a short period of training.

We will advertise all our other seminar evenings and education in the state broadsheet so keep looking.

Trish Glossop
NSW President

STATE REPORTS (cont.)

AAIMHI SA

I would like to first of all acknowledge Pam Linke the outgoing President of the SA Branch. Pam has been the branch President for many years and has worked tirelessly in that role. She has been a strong advocate for infants in SA, and established many important links. SA has a very strong and active committee, and I am sure this is due to the work Pam has put into "steering" the Branch. Thank you Pam! National AAIMHI is now going to have the benefit of her commitment and passion for advocating for infants, and in SA we will of course continue to benefit from her involvement in the local Branch Committee.

The main focus of the Branch at present is planning for the National Conference in November. We are very excited about the calibre of speakers we have been able to attract as keynote speakers: Dr Anthony Bateman from UK, one of the pioneers of mentalisation training; Dr Julie Larrieu from US who works with infants and trauma; Dr Judith Woodhead from the Anna Freud Institute in UK who specialises in mother infant therapy; and Professor Judy Atkinson, from Southern Cross University in NSW, author of *Trauma Trails: Recreating Song Lines, The Transgenerational Effects of Trauma in Indigenous Australia*. Anthony Bateman and Julie Larrieu will also be offering post conference workshops. The conference brochure will be out shortly. We encourage you to put the dates in your diary now: 5 – 8 November 2008.

In February we sponsored Maria Aarts to run some training on Marte Meo – a developmental support system. Those that attended her training were very excited by it and found it a useful way of working to support the attachment based programs that many agencies are running. We are now planning for a return trip from Maria in August of this year.

We had our annual planning day in January, which was a good chance for us to get together and think about our priorities for the year. The South Australian Branch sees advocacy as an important part of what we do. To this end we now have it as a standing item on our monthly committee meetings. The three issues we currently have groups working on are paid maternity leave, childcare and neonatal care. As part of advocating for improved care for infants in neonatal care we are sponsoring a visit from Elsie Vergara. Elsie is an OT from the USA who is taking up a Fulbright Fellowship in Sydney in July. We have been fortunate in being able to bring Elsie to Adelaide to do some presentations to hospital staff and work with us in advocating for care that promotes total wellbeing for infants in neonatal units.

As you can see we are a very busy committee at present!

Sally Watson

SA Branch President

AAIMHI National Conference 2008

Preliminary notice

5 – 7 November 2008

Hilton Hotel, Adelaide