Winston S. Rickards Memorial Oration

The privilege of the mental health clinician entering the seriously playful world of the child within the family: a legacy of Winston Rickards

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Games Children Play, tapestry at RCH: *Robert Ingpen & VTW*

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Acknowledgment of Country

- I acknowledge that I am on the lands of the Wurundjeri people of the Kulin nation who have been custodians of this land within Australia for thousands of years, and I acknowledge and pay my respects to their Elders past present and emerging.
- 60 thousand years of continuous culture
- I warmly welcome First Nation colleagues with whom we work and who may be with us today.

- I acknowledge people with lived experience of mental ill-health and recovery, and the experience of people who are supporters and carers

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Plan

- Acknowledgement of Country
- Greetings to Dr Anne Rickards and the Rickards Family
- Thanks to MHYFVic
  - Introduction
  - Work with troubled infants, children & adolescents :
  - Importance of play, focus on infants and young children
  - Interdisciplinary and intersectoral collaboration & interventions
  - Rolling out interventions to many, retaining respect and therapeutic validity
  - Therapy means both individual & family therapy

There is no such thing as a baby...DWW

Conclusion

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Australian First Nations intergenerational trauma

- 2.8% of the Australian population are First Nations people, in Melbourne 1.4% of population First Nations people

There is a very high number of Aboriginal infants removed and in out of home care (O'Donnell 2019)

- **Aboriginal children in Australia are 10 times more likely to be placed in out of home care the non-Aboriginal children**
- Infants are removed from parents with high level of risk
- high numbers of before-birth notifications to child protection, often before support is provided
- support should include culturally appropriate interventions including yarning, storytelling and *daddiri* (deep listening)
- *Support the infant parent relationship*

"... requires urgent action to prevent further intergenerational trauma."

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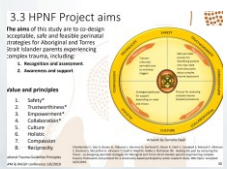
'Healing the past by nurturing the future" Perinatal Wellbeing Program

Co-designing *perinatal and infant mental health* interventions with Aboriginal and Torres Strait Islander families in Australia

Prof Catherine Chamberlain U of Melb and colleagues

- Being involved with Aboriginal community
- "making a difference"
- Hope, and opportunities for healing
- creating a clear evidence-based tools and resources for families
- embedding culture and strategies incorporating ATSI knowledge
- better outcome for the children
- Trauma focus
- prerequisites trust, relationships, safety, skills, capacity to respond & non-direct enquiry



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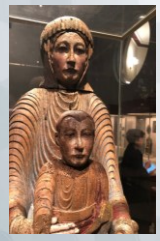

- *What does the baby see when looking into the eyes of the other, of his parents (of himself reflected) ?*

Reflective function

- *And looking to the therapist...What does the child see?*

The Metropolitan Gallery. New York

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Flora 6ys , The Girl in Black. "I won't talk to you" multiple trauma and intervention with

- Presenting problem: episodic rages and emotional withdrawal at home
- **Past history**: **frontal neuroblastoma** at six months of age, successfully treated
- Parental separation subsequently, family exposed to bushfires when Flora 2 years old, subsequent birth of sibling, father stressed
- Recurrence of a cancer needs chemotherapy
- Referral to mental health *as she seems very sad and angry refuses to talk at all to staff; dresses all in black coming to hospital*
- *Traumatised by blood tests and lines*

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'Flora": The Girl in Black. "I won't talk to you"

- *Now relapse, frequent visits to hospital and tests.*
- Refuses to speak to **anyone** and insists on only wearing **black**
- Uncooperative: staff frustration and concern
- therapeutic play: making no progress
- We discuss her school excursion, saw cows.
- Therapist inflated a surgical glove leading to an **accidental event**!
- Flora is shocked, then gives a wry smile.
- She starts to draw: Escher like but with blood, locks and traps

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What happened with Flora?

- In the context of a therapeutic session, there was a shift. A risky bit of **impinging by therapist** (DWW) and **teasing** play was initiated.
- Not knowing where it would go ,but it led to a *meeting*.

My thoughts:

- *Flora: "I'd really like to know how you feel..'cos I think I may have an idea, but only you can tell me ..if you want, and you risk trusting me."*
- *CP: "you are entitled to experience rage and hate and distrust"*

A nonverbal interpretation, based on a developing trusting playful transference relationship

Flora moves on to a **drawing of her predicament** : *Escher-like descending staircase but with blood dripping downs the stairs, then drew a steel cage, locks, chains and traps and a child within.. Cheeky, and a little triumphant*

- *Wears colourful clothes next visits and is able to talk with staff*
- *A turning point in therapy/intervention*
- *As if she could trust people with her worst fears and intense anger*

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Therapeutic 'Moments of meeting'

Moments of Meeting in therapy:

- Participants interact in a way that creates a new ***implicit intersubjective understanding*** of their relationship and permits a **new 'way-of-being-with-the other'**
- Created on the spot, coming from the therapist's own sensibility and experience, *beyond technique and theory*...Followed by an 'open space'...and a new 'intersubjective context'

- **This needs PLAYFULNESS as well see DWW**

- Stern et al ,The Boston Change Process Study Group 2010
- Moments of meeting: The relevance of Lou Sander's and Dan Stern's conceptual framework for understanding the development of pathological social relatedness Gaensbauer, T. (2016) *Infant Mental Health Journal*, Vol. 37 (2), 172-188

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Boston Change Process Study Group

- Considering the 'local level' process of second by second interactions in therapy

- Real relationship
- Implicit relational knowing
- Moments of meeting.. Transformational moments .....the 'present moment'
- Builds on **intersubjectivity** (primary and later secondary)
- Use of the therapist self: 'Something more than interpretation'

***'Change in Psychotherapy A Unifying Paradigm'*, Boston Change Process Study Group (2010) Norton**

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Where the Wild Things Are Maurice Sendak

- The child allows for **play** when managing the experience of frightening thoughts (the author uses PLAY in the story to manage fear, anger & hatted of mother and others SAFELY)
  - Troubled educators and librarians in the US..book was banned!
- Scary Monsters..Max open acknowledgment of a child's anger against his mother. All in a ***playful transitional space***
- Even more disturbed by ***the Night Kitchen***..acceptance of a young child's sexuality, and that the hero Mickey, mastering his world from his room, is unclothed for a good part of the story...

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Infant Mental Health as a Discipline and Networks in Victoria, Early beginnings

- 1950's Psychiatry Department at the Royal Children's Hospital Melbourne has had strong links with psychodynamic approaches to child psychiatry in Britain at the *Tavistock Centre and the Anna Freud Centre* and in America, Boston Children's and Judge Baker Clinic
- strong links between ***child psychiatry and psychology and paediatrics***: Dr Winston Rickards encouraged close collaboration between paediatrics and psychiatry Dr John Bowlby was a visiting scholar to RCH
- Alfred CAMHS Infant Mental Health, Alan Mawdsley, Ann Morgan

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Winnicott the baby and mother: research and the NBAS

- At the Winnicott Centre, University of Cambridge, Dr Lynne Murray began exploring the impact of postnatal depression upon infant and child mental health and developmental outcome (longitudinal)
- *explored the impact upon vulnerable mothers of the baby's own behavioural communication in the very early newborn period*
- **Brazelton Newborn Behavioural Assessment Scale (NBAS)** to evaluate the *infant's contribution to mothers' likely continuing depression*
- *and to see whether the mother's behaviour may influence the infant's own emotional and psychological development over time*
- ***NBO*** *a later very brief dyadic Ivn ..developmedfrom the NBAS*

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Ann Morgan and links between paediatrics and infant mental health

- Dr Ann Morgan, infant mental health pioneer, psychoanalytic paediatrician moved from child health into child psychiatry with a focus on infants, toddlers and their families
- ongoing inspiration for generations of infant mental health clinicians
- paediatricians and child health nurses sought consultation with Ann Morgan and mental health department around sick, disabled and troubled infants and their families

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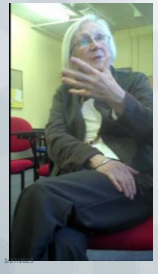

Engaging the baby with parents : Dr Ann Morgan (2010)

with Frances Salo & CP

- *important to* ***engage the baby****, we can do that with a* ***game****: for example playing with the therapist's bracelet*
- Try to make the baby feel present as an **equal partner in the interaction**
- *To help both the mother and the* ***child feel part of the threesome*** *, both in the therapy situation and later at home with the father*
- this allows the ***third*** person in the group to **be an observer**: each of the therapist, the mother and the baby in turn can observe the others interacting
- *This can allow for essential periods of the* ***baby being actively in the mother's mind****, given that much of the care provided within the relationship is reflexive*

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Training in infant mental health

- 1996 establishment of the graduate diploma in infant mental health; Based on Diplome Bebeolgie, University of Paris
- 1998 commencement of the *Masters of Mental Health Sciences, Infant*
- *IMHAT, 2 yr* Infant Mental Health Advanced Training, delivered through *mindful*
- **Child Parent Psychotherapy training with Tulanne**
- Regular training in infant mental health, e.g. annual 2-day " **Engaging Infants**' introduction to IMH at RCH
- Conferences and other study days eg **DC 0 to 5 training**

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The Baby Brings Hope, but there is a paradox;

- the baby is a person, bringing forth our hopes for the future but at the same time BUT we also find it difficult to accept **the baby has a mind (Gopnick)**
- there is **resistance** to attributing to infants the possibility of **mental health** problem..maybe even of **consciousness** as we think of it

Infant mental health (child psychiatry) has a responsibility to share with our health care colleagues an understanding of the baby's emotional vulnerabilities and capacities

- recent decades have seen a huge increase in the number of programs to intervene with infants and parents
- *infant-parent psychotherapy with the* ***baby at the centre***
- clinical vignettes can illustrate family mental health interventions with the infant at the centre
- *Need also to transfer from* ***specialised*** *infant mental health to* ***universally accessible services***

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Engagement with the baby: techniques

- The therapist uses her own self, to engage the baby with:
- Gaze
- Voice
- Touch
- Spoken Word
- Use of toys
- Occasionally physical holding
- The construction of these in sequences of responsive interaction

- Therapist experiences taking 'risks' with the baby. Trying to engage to read the baby's wishes and intentions.. take chances, as does a parent
- The process of ***rupture and repair..*** Tronick, Beebe
- The therapist may seem silly or 'sloppy' as discussed by Stern

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The seriousness of playfulness

Infant mental health in an acute paediatric hospital

A technique for making a relationship for intervening **directly with babies** in the context of work with the family

Play is a serious technique with babies and toddlers (and older patients) , and can be an interpretation **to the baby** about how we think they feel

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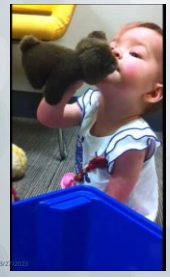

Chrissie 18 months old Complex medical trauma

- **Play in therapy room with mother and baby bro**

Hx: Complex congenital cardiac abnormality

- many months in hospital
- four major surgical procedures
- one lung removed
- younger sister born; three months old
- shows distress and disorganisation approaching the hospital and nursing staff undertaking procedures
- anxiety generalised to other situations
- thoughtful responsive and attuned parents

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***'Chrissie' 15mo*: complex congenital heart disease:**

***"Off! Off!"* she says about doll's sphygmomanometer & uses play to communicate her trauma memory in that moment and turns to her mother**

Her mother sees her daughter anew

....play becomes work

(Consent for video , please do not copy)

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'Chrissie' 18 mo: complex congenital heart disease:

Multiple procedures, operations and hospitalisations:
Distressing **Traumatic stress syndrome**:
In session :
Engages with therapist, her mother joins later in session
"Off! Off!" she says and tries to pull off the BP cuff
Facial expression of pain: MEMORY
She seeks control, uses play to communicate

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What do babies experience and remember? ...Controversies

Two types of memory:

- I. Procedural-body; preverbal, body memories context is important (can be triggered later) , registered.. Sound , smell etc very important for attachment process
- Babies respond to painful stimuli
- do they remember pain?
- Neonatal Gastric suctioning associated with later chronic bowel disease

- II. Narrative-declarative-autobiographical
- after 18 months babies can demonstrate to us that they know about their own bodies (Rouge experiment)
  - See case of 4-month infant witnesses bomb exploding in flat killing her mother... later response in therapy

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Implicit knowledge & *Now moments* from adult psychotherapy

- action of change often involves ***implicit or procedural knowledge***. Knowing which is not conscious, out of awareness.
- the **small steps** of proceeding in therapy seem to occur as an improvisational mode and are **often unpredictable, as with mother-infant interaction**
- points of potential change arise at **unpremeditated "moments" or "now moments"** non-linear leaps in the process of the treatment. This also describes what happens in infant mother-interaction
- patient and therapist can handle the "now moments" to achieve a **"specific moment of meeting"** and the *implicit knowledge* of each person is altered and creates a new **different intersubjective context** between them may require no interpretation need not be made verbally explicit.

Stern, D. N., Bruschweiler-Stern, N., Harrison, A. M., Lyons-Ruth, K., Morgan, A. C., Nahum, J. P., ... & Tronick, E. Z. (1998). The process of therapeutic change involving implicit knowledge: Some implications of developmental observations for adult psychotherapy. Infant Mental Health Journal: 19(3), 300-308

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Primary Intersubjectivity
(some awareness of the 'mind' of the other person)

Colwyn Trevarthen

Baby is born with rudiments of individual **consciousness and intentionality .... 'SUBJECTIVITY'.**

The infant can fit/adapt this subjective control to the subjectivity of others.

- INTERSUBJECTIVITY

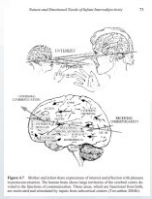
For example with INFANTS' VISUAL FUNCTIONS

Focussing Gaze — Direction Handling
Exploring Objects — **Facial Expressions**

PRIMARY INTERSUBJECTIVITY

Is a Complex form of mutual understanding present from* at least *2 months infant and mother..

...Secondary intersubjectivity



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Infants have 'expressive creative mimesis (remembering)...'

- *"The capacity to express internal experiences which are in the infant's memory, and this expression is done through the baby's use of body: gaze, movement of limbs, vocalization and other modalities."*
- *" infectious mimetic fantasy play"* Colwyn Trevarthen (2011)
- https://youtu.be/HLI_tB60hqM

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Reflections on the Nature and Emotional Needs of Infant Intersubjectivity. Trevarthen

'a good human mother is more than a protector of the human infant from fear, and more than a known and secure "base" from which the infant may explore and gain experience.

She, like others whom the infant may know and like, is a friend and playmate.'

- ... *Stepping away from the mirror*, **"the mirror offers a poor substitute for the *living other* we meet and who meets us"**

Infants are born with "investigative intelligence" Wemelsfelder 1993

"Stepping Away from the Mirror Pride and Shame in Adventures of Companionship", Reflections on the Nature and Emotional Needs of Infant Intersubjectivity. 2006 Attachment and Bonding a New Synthesis MIT Press

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Newborns distressed by still face

Response to still face: baby has ***decreased eye contact, showed distressed facial expression and cried more*** during the procedure compared with the baseline and a control group.

- When experimenter resumed responsiveness, the newborns displayed **carry-over effects**, continuing to avert their gaze and showing further increased distress and crying.

Control group (without still-face manipulation) showed none of these behavioural changes.

Is ***no response*** *from the other a hurtful rejection?* Nagy, E 2017

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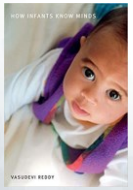
How infants know Minds.. Vasu Reddy 2010

- Understanding is through engaging with babies and toddlers..**playing** with them
- when we are playfully & respectfully interactive with babies, then their **Theory of mind**...is evident much earlier than 2 years of age
- This is important



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Babies: 'playing with intentions' Reddy, V 2008

Babies behave from earlier than 9mo as if *they understand the idea of an intention violated*

Teasing by withdrawing from an offered object

What are intentions?

They are

- **transparent** within an action
  - perceivable in movement
  - meaningful in context
  - engageable in action

What can babies do with our intentions?

1. **Imitate our intentions**
2. assist us to do something
3. **obey them**
4. detect disruptions in them
5. **deliberately disrupt them**

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Jenny, 11-month-old baby post cardiac surgery

- Jenny, admitted to hospital for second episode of major cardiac surgery.
- Her post-operative recovery was slow and had some significant complications.
- Her hospitalisation was stressful and traumatic. Night times with the worst for her.
- But she developed a game**, a playful game**. Transfer to the medical ward her mother could stay in the room.
- Jenny wanted her mother right beside so every time mother moved to the divan and settle down to rest, Jenny poked her dummy out of the mouth and it fell floor.
- She repeated this every time,& there was a wry smile on her face at times when her mother returned to her cot side to be with her.
- Teasing and playing …

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Development of affect regulation: a two-person process

A **symbolic representational system of affective states** develops as a consequence of:

- Close interactions between infant and caregiver via process of **contingent *marked* mirroring**
- **The caregiver reflects his intentions accurately, and does not overwhelm baby**
- Assist in the development of affect regulation, selective attention, secure attachment

The interaction structures of **disruption and repair** (Tronick et al): not *exact* matching. In *play* only 30% of time relatively matched the other is **minor mismatch**

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The mirror role of the mother

after Winnicott

'What does the baby see when he looks at his mother's face? ..he sees himself. The expression on the mother's face reflects what she sees in her baby. When the mother is depressed, her face is a mirror to be looked at, not into.'

*The **therapist** acts as a form of an alive , playful mirror.. A process that may be unconscious for the therapist (countertransference) ...and is based in part on the baby's developing ? 'transference' towards the therapist*

Mirroring with HANDS< FEET< BODY VOICE All modalities

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Bracks: the Baby Drinking

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"Harry" 4-month-old boy with severe delay in weight gain

Admitted to paediatric hospital referred by GP, first visit after 2 visits to MCHN

poor weight gain over 2 months, breastfed

mother: 'Jane' accountant

father: "Rex", shift worker construction

2 siblings

Harry born at 41 weeks, Normal Delivery

antenatal diagnosis for Harry a benign renal cyst

- **Using the *Newborn Behavioural Observations* (NBO) to playfully engage both child and parent in therapeutic intervention**

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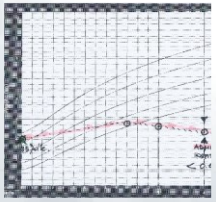
Harry, 4 months old referred with growth problem

The presenting problem: Harry, 4 months old ***severe failure to grow***

- *Infant Mental Health intervention with Harry, his extended family and care system*
- *Mental health infant and parents intertwined Intergenerational manifestations of depression*

"There is no such thing as a baby" *(DW Winnicott, paediatrician & psychoanalyst)*

Parents have given consent to sharing Harry's story



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"Harry" 4-month-old

- Breastfeed: exclusive, regular on demand to hourly in the day 6 hourly overnight. No top ups.
- *Mother believes good volume feeds.*
- No vomits no diarrhoea.
- *No medications, and is immunised*

Presentation: very cachectic,

- *Holds head with effort, follows visual cues*
- rolling, some occas smiles
- Unusual limb movements
- H briefly turns to mother as she enters the room
- puts objects to mouth, sucks on hand
- Consider his gaze

- Growth
- birthweight 4.1 kg
- one month 4.46 kg
- 2 months 4.8 kg
- 3 months 4.6 kg
- 4 months 4.4 kg

Weight fell from >85%ile to <<0.1%ile

- Height also crossing centiles but lowest is 15%ile

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Harry and family

- ***MHCN advises Jane she needs to take Harry to GP urgently :admitted to hospital***
  - *multiple investigation shows no medical illness*
  - benign renal cyst
- Hospital diagnosis: **malnutrition, malnutrition-kwashiorkor**

Feeding observed:

Henry easily distracted from the breast, small number of sucks at the breast, little milk expressed

Mother gives account of **feeling overwhelmed**, but says she is not depressed

- *EPDS: score 14 (probable Depression)*

Major Stressors:

- relocating house
- Unexpected but wanted pregnancy
- Longstanding social isolation since childhood
- job insecurity,

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Video 1:

Harry and mother: Pull-to-sit and he 'talks', doesn't look to his Mo

1' 14"

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Harry Week 1 Progress:

- Harry accepts bottle feeds,
- Jane thin, appears to be slightly forgetful, and minimal self-care
- describes feeling tired, forgetting to eat, needs of other child are intense
- seen by dietician, speech pathologist, infant mental health team
- with bottle supplement feeds, Harry **very slowly increases weight**

- *Harry seen by IMH with his nurse:*
- wide-open eyes, but empty gaze
- **Harry gazes blankly directly at the person talking to him**
- minimal facial expression
- minimal vocalisation, little smiling
- **low truncal tone**
- see ADBB

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Video 3:
CP: What do you think goes through his mind?
M:*"I don't know… He's got the smallest voice out of the three children…"*
CP "You've got a strong voice now, you've got a lot to say"
H:*"aaaah, aaaah'*
CP ***" You've got a lot to say now, what do you think?"*** **4. 45"**

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Harry: week 2 of hospital admission

Harry IMH provisional diagnosis: **Emotional Withdrawal**

Family History: Jane describes her childhood as very lonely, her parents moved frequently, father in bank position

- despite her family Jane feels socially isolated herself. Husband works shifts
- In hospital she had increasing concern about Harry, *but pleased he was making progress.*

- **Harry and Jane engage in NBO Newborn Behavioural Observations intervention**

Jane** discovers **Henry's lack of social demands,

- ***and previous lower capacity for social engagement***

"He never cried for anything, or if he was hungry"

"he seemed a very good baby"

But Jane sees that Harry does interact with her

Also: grandmother witnessing the NBO; Í will make sure I reach out to them now ..and see my grandchildren lots!

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Infant Parent Psychotherapy

- Engage with Harry and mother
- Engage Harry with **NBO,** sharing his strengths, interest capacities difficulties with parents and PGM
- Support mother in exploration of her own difficult experiences of relationship, emotional isolation: her own *ghosts*
- Support relationship with parents, Harry's father's experiences

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Harry 'bringing in' his *extended family. Work across generations*

- Engagement with **grandmother** being present and witnessing the NBO;
- PGM reflects on what it was like with her son as a baby, child , young man..now as a father
  - *'I will make sure I reach out to them now ..and see my grandchildren lots! '*
- Harry precipitates major change for mother and father

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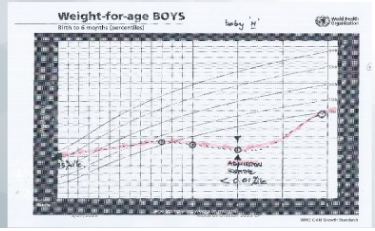
Harry weight Chart: birth to 6 months



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Closely observed infants: The Alarm Baby Distress scale, ADBB: Antoine Guedeney

- Observational/interactional **Method of assessing infant withdrawal**
- Assessment of the **infant mood** and **relationship with an Examiner**
- Based on an understanding of depressed mood in infancy
- Modified version, Matthey

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Infant Withdrawal: ADBB Items

Guedeney et al

- 1.Facial Expression
- 2.Eye contact
- 3.General level of activity
- 4.Self stimulatory gestures
- 5.Vocalisations
- 6.Briskness of response to stimulation
- 7.Ability to engage in relationship
- 8.Ability to maintain attention of examiner

Each item scores 0 to 4 :clinical cut-off is 5/6

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The mirror role of the mother (therapist)

after Winnicott

'What does the baby see when he looks at his mother's face? ..he sees himself.
The expression on the mother's face reflects what she sees in her baby. When the mother is depressed, her face is a mirror to be looked at, not into.'

What do the mother/father see when they look into their baby's face?
Mirroring happens with EYES<HANDS< FEET< BODY <VOICE
All modalities

The therapist acts as a form of an alive, playful mirror..
A process that may be unconscious for the therapist who is creating the 'moment of meeting ' 'the now moment '
...and is based in part on the child's developing possible 'transference' towards the therapist

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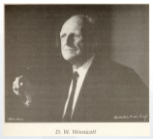
Play : *DW Winnicott*

- *'... I put a lot more store on playing. If a child is playing there is room for a symptom or two...'*
- Preoccupation
- Playing implies trust in the environment
- Playing is essentially satisfying, exciting and precarious
- Children makes friends and enemies in play..
- The *'transitional space'* occurs in a potential space



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Winnicott on psychotherapy ...play

- *"Psychotherapy takes place in the overlap of two areas of playing, **that of the patient** and **that of the therapist**.... Where playing is not possible, then the work done by the therapist is directed towards bringing the patient from a state of not being able to play into a state of being able to play".*
- With babies this is true as well: the infant **therapist** needs to **play** in order to engage the baby in play.

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WS Rickards as a playful therapist and teacher

- The therapist builds through play, maybe even *teasing*, a personal respectful engagement or relationship
- helps the child feel they can play also
- The child 'knows' the rules but playfully challenges them
- The child builds a sense of their own power or *sense of control* in the otherwise adult controlled world
- Play for all ages and stages

Dr Rickards encouraged this playfulness in the children he saw and in us as therapists

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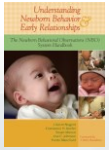
The NBO with Harry: what is it?

A structured session between clinician, baby and parents that shifts the focus from newborn assessment to *relationship-building*
Based on over 30 years of research and clinical work with newborns
The NBO is a set of 18 infant neuro-behavioural observations
It places observation and interpretation of the infant's behaviour at the centre of the session with the family
It enables parents, with the clinician's help, to notice, understand, and sensitively respond to their individual baby's behaviour, so they feel more confident and can support their baby's development



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A M O R
(challenges for Parents)

- *A*ffect Regulation - the capacity to focus on experience and feelings in oneself and others
- *M*entalization – the capacity to think about and understand their child's feelings and experiences.
- *O*penness to the "real baby" (not the fantasy baby)
- *R*eciprocity – the capacity to **respond** empathically to the baby's invitational cues

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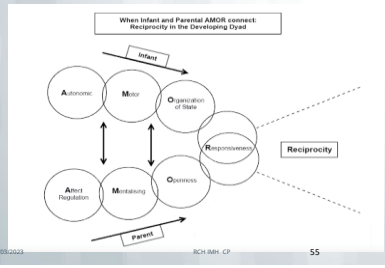
THE EMERGING PARENT-INFANT RELATIONSHIP IN THE FIRST 3 MONTHS



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Working with very vulnerable infants and families

- Premature babies and those with severe medical and surgical problems
- **The ROBIN study**
- Infants and vulnerable mothers/parents with depression & anxiety
- **The UNA study**
- Using the NBO to support the infant-parent relationship

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Working with sick babies

- **engaging directly with the baby** *can lead to a profound change; even when very sick, especially when working with the parents.*
- *Neonates and very sick babies can be* ***responsive and receptive*** *to ordinary and playful communications and interventions (sometimes extraordinary) from parents and caregivers.*
- *Ordinary parents are often traumatised and so fearful such that they are unable to connect with their baby*

Offering an opportunity to get to know the baby even if very ill and ***the baby a chance to know his parents***

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Reflecting on Babies in the NICU: Parental Reflective Functioning Dr Megan Chapman PhD RCH

- we can measure ***parental reflective functioning*** for parents whose baby is sick in NICU
- parents who struggle to show reflective function in NICU more likely to be *at risk* of having difficulties in the infant-parent relationship baby at 10 months of age
- parents who display **higher levels of reflective function** (interest and curiosity about their infant) in NICU experienced heightened risk of trauma symptoms
- NICU Parents (50%) were much more worried that their baby may die than the neonatologist (9.5%)

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UNA Study with NBO and vulnerable mothers

Understanding your Newborn and Adapting to Motherhood

NBO works on building awareness of **intersubjective capacity of infant** and the parent with infant

- N=74 primiparous women with *current anxiety, distress symptoms or history of mental illness*
- Randomised to care as usual **or** TAU with 3 sessions of the NBO: "real world" setting
- Results: NBO IVn led to positive **intervention effect with**
  - **reduced anxiety symptoms**
  - **Impact on maternal emotional availability**

  Importance of identifying and offering intervention for mothers with anxiety depression

Nicolson, Paul 2022 *Supporting early infant relationships and reducing maternal distress with the Newborn Behavioural Observations(NBO): A randomized controlled effectiveness trial.* IMHJ 2022

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AMBIANCE an observational & therapeutic tool Provide therapeutic feedback to parents

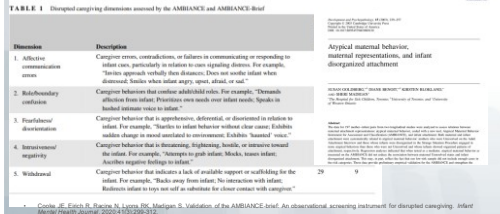
WILEY

TABLE 1 Disrupted caregiving dimensions assessed by the AMBIANCE and AMBIANCE-Brief

Dimension	Description		
1. Affective communication errors	Caregiver errors, contradictions, or failures in communicating or responding to infant cues, particularly in relation to cues signaling distress. For example, "Invites approach verbally then distances; Does not soothe infant when distressed; Smiles when infant angry, upset, afraid, or sad."		
2. Role/boundary confusion	Caregiver behaviors that confuse adult/child roles. For example, "Demands affection from infant; Prioritizes own needs over infant needs; Speaks in hushed intimate voice to infant."		
3. Fearfulness/ disorientation	Caregiver behavior that is apprehensive, deferential, or disoriented in relation to infant. For example, "Startles to infant behavior without clear cause; Exhibits sudden change in mood unrelated to environment; Exhibits 'haunted' voice."		
4. Intrusiveness/ negativity	Caregiver behavior that is threatening, frightening, hostile, or intrusive toward the infant. For example, "Attempts to grab infant; Blocks, teases infant; Ascribes negative feelings to infant."		
5. Withdrawal	Caregiver behavior that indicates a lack of available support or scaffolding for the infant. For example, "Backs away from infant; No interaction with infant; Redirects infant to toys not self as substitute for closer contact with caregiver."	29	9

Atypical maternal behavior, maternal representations, and infant disorganized attachment

- Cooke, JE, Eirich R, Racine N, Lynna RK, Madigan S. Validation of the AMBIANCE-brief: An observational screening instrument for disrupted caregiving. *Infant Mental Health Journal*. 2020;41(3):299-312.

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AMBIANCE-Brief

(Madigan, Bronfman Haltigan & Lyons-Ruth, 2018)

- Affective Communication Errors
- Role/Boundary Confusion
- Fear or Disorientation
- Negative or Intrusive Behavior
- Withdrawal

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AMBIANCE Scale of Disrupted Parenting Behavior

1 2 3 4 5 6 7

- Consistently responds to the infant's signals/needs
- Appropriate boundaries and maintaining a clear adult role
- Ability to tolerate negative affect and use physical or verbal comfort

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Feasibility of Training Community Family Service Clinicians in the use of the AMBIANCE-brief

Madigan, S et al

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45 Family Service Workers trained in the AMBIANCE-brief

89% of trainees became reliable in the use of the AMBIANCE-brief
Able to deliver intensive program

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Mothers who themselves have experienced *trauma* in childhood

- Maternal fear **directly communicated** to the infant leads to the infant becoming 'disorganized'....
- Maybe this occurs with other parent behaviours.. Withdrawal.. Depressive .. Avoidant behaviours .disrupts infant-mother communication ...maternal withdrawal, flat affect, hostility ,interference with goal directed behaviour of infant
- Work together with infant and parent helping parent the real person

Lyons-Ruth1996

- Can be modified with infant parent psychotherapy
- video feedback (D Schecter)

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Traumatized mothers can change their minds about their toddlers

Schechter et al 2006

- ***Infant-parent psychotherapy*** with interaction then
  1. video feedback
  2. controlled **exposure** of mother to the infant's distress
  3. simultaneous stimulation of *parental reflective function*
- *32 mothers who were exposed to interpersonal violence and their child who was aged from 8-50 months*
- *Clinician Assisted Video-feedback Exposure Sessions* (x2) on child separation distress
- There was a change in mother's perception of her child, as she faces previously and loss of protection *avoided mental states of helplessness*
- Mother is asked by therapist: ***'Tell me what is going on there? What is going on in your child's mind? What were you feeling then? What was your child feeling..."***

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CPP Child Parent Psychotherapy: Relationship-based approach

- Insight Directed Psychotherapy
- Unstructured Developmental Guidance
- Emotional Support
- Concrete Assistance

1. *Mental health problems need to be addressed in the context of the child's primary relationships.*
2. *Mental health risk factors operate in the context of transaction between child and social environment.*
3. *Child rearing practices, deeply held often unconscious **cultural** values*
4. *'Corrective attachment experience'*

Alicia Lieberman, Ghosh Ippen et al, based on Fraiberg's work.

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RCH "Bubs in Mind" IMH consultation

"Bubs in Mind" partnership initiative between The Royal Children's Hospital Infant Mental Health Program and the Cities of Melbourne and Brimbank Maternal and Child Health Infant Mental Health .

- **Primary consultation** – where the RCH IMH clinician can join you to see the infant and family, and we can work together to ensure a good outcome.
- **Secondary consultation** – where a time is scheduled between professionals for a discussion about the infant and family.
- **Sharing knowledge and skills** about infants and families to promote greater understanding of infants, and their mental health

Also, program at *Eastern Health* CYMHS **IMH Access and MCHN**

MacKillop Cradle to Kinder program (now FPR pgm)

- interagency collaboration to provide long-term intensive support for very vulnerable young women from pregnancy through to kindergarten age
- Children may be at risk of removal through child protection
- **infant mental health** focus includes NBO and other relationship building interventions

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Parent-infant psychotherapy a systematic review Jane Barlow et al 2015,2016, 2018

- Psychodynamic/attachment based interventions with *parent-infant dyads* addressing regulatory disturbances in infants and *problems in the infant-parent relationship*
- Reviewed 8 studies with no treatment control or comparison group
- Meta-analysis: *PIP interventions are more likely to have an infant rated as* securely attached
- Conclusion: promising method of improving attachment security but lacks evidence to show more effective than other interventions. Design limitations and very diverse clinical groups.

Subsequent data on
ABC Attachment Biobehavioral Catch-up, Dozier;
Mellow Parenting, and
Minding the Baby, US and UK
other programs

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Translating infant-parent psychotherapies: small to large-scale

The baby him/herself can be an agent for positive change in a troubled family

- *She can open parents' eyes to new ways to think of their own narrative past*
- Psychodynamic principles and understandings of infant parent relationship can be applied to large-scale community based infant-parent interventions
- Some infant mental health services can be delivered by primary health clinicians

Training primary health care workers in principles of infant mental health
e.g. all MCH nurses in Victoria online training program in infant and perinatal mental health http://www.mertil.net.au/ Prof J McIntosh & Prof L Newman and many have done ***2 year Advanced Training in IMH Mindful UoMelb***
Engaging Infants *2 day IMH training RCH*

- **Training with paediatricians and trainees in infant MH**
- **Need to maintain reflective therapeutic stance**

Be open and available to hear both parents' and baby's voice

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An Approach to Infant-Parent Psychotherapy with sick infants

- **infant-parent psychotherapy as based on a psychoanalytic understanding of the infant-parent relationship**
- *The baby is primed to engage, if we are ready*
- the infant psychotherapist can be effective by ***engaging the baby directly***, building on principles of the development of the infant as a person, and the infant-parent relationship
- *engaging the baby as subject, sharing this with parents: use playfulness with infant*

What happens when the baby is very premature and/or sick?

- **Parents experience traumatic stress symptoms**
- *Consider also the* ***father's experience****: profound and unique stress, alone, feeling overwhelmed, inadequate and powerless (his defences):*
- feeling helpless, angry, frightened, defeated and ashamed
- *engaging the baby with the father (and mother) to help build their relationship*

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We're Going on a Bear Hunt: Rosen, Oxenbury 1986

We're Going on a Bear Hunt
We're going to catch a big one
I'm not scared
.....
One shiny wet nose
Two furry ears
Two big goggly eyes!
It's A BEAR!!!!
...
We're not going on a bear hunt again

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Thank you

18th WAIMH World Congress for Infant Mental Health : Dublin
15-19 July 2023

WORLD ASSOCIATION FOR INFANT MENTAL HEALTH

WAIMH
15-19 July 2023
Dublin , Ireland

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

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END PPT SLIDE

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What the baby brings to the therapeutic alliance..... *the baby is there*

1. **Sense of immediacy and urgency**
2. Wish to know and be known in a truthful experience
3. **Positive emotions – playfulness**
4. Moral emotions – generosity, forgiveness
5. **Negative emotions – protest**
6. Wish to be creative, experience whole uninterrupted process, and willing to risk engaging

Salo & Paul 2009

Sendak, The Night Kitchen

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