Michigan Association Infant Mental Health

The Infant Crier

MI-AIMH

Infant Crier
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Number 111

PRESIDENT'S COLUMN

BY JULIE RIBAUDO, MSW

We Need You!!

I know of no more encouraging fact than the unquestionable ability of man to elevate his life by conscious behavior.
~ Henry David Thoreau

The theme of this quarter's Crier is ambivalent/resistant attachment relationships. The core struggle for the resistant child is…will you be there when I need you? The answer is too variable for the infant to reliably predict parental availability. The clinical articles in this edition of the Crier help us look at how ambivalence presents itself in parent-infant dyads, as well as some of the internal struggles that lead to that pattern of interaction. This column will look at a different relationship…the relationship between ***MI-AIMH*** and its members. When I am reading newsletters, magazines, *etc*., this is usually the point in a "President's Column" that I stop reading. So, I can understand if you want to stop reading now, but I am asking that you make a conscious decision not to.

Our work as child care providers, home visitors, nurses, parent-infant psychotherapists, administrators and early childhood educators involves relationships – sometimes strictly professional ones, sometimes ones that overlap and make clear cut boundaries harder to see or maintain. One relationship is between our professional and personal selves. Some of us have been trained to "set strong boundaries" so that our work life never interferes with our home life; others of us have tried (sometimes successfully, sometimes not) to integrate the two. Working with infants and their families is inherently evocative….we may not be parents, we may not have twins, we may be rich, we may be poor, we may be a male or a female and thus not able to fully understand the other gender, but we have all been a baby, thus making that experience particularly relevant to our work. So, despite our best efforts to separate our personal and professional lives, they are often intertwined. Our choice is to be consciously aware of those threads, or not. If you are new to this field or to this way of thinking, my words may sound foreign, but let me assure you…there is no way that the work that we do doesn't affect us personally, or that our personal life doesn't affect the work we do.

How does this link to ambivalent relationships? I turn to Alan Sroufe's work to answer that question. In his longitudinal study of attachment styles, mothers whose infants were determined to have resistant attachment patterns were "the least psychologically aware group of mothers…care-giving difficulties related to maternal lack of knowledge and understanding…were related to resistant attachments." Thus, two core issues related to mothering that led to ambivalent behavior by infants were psychological unawareness and lack of knowledge of infant needs. ***MI-AIMH*** focuses on giving the caregiver in an intervention setting (*i.e.*, the "professional") knowledge and personal awareness. If we function without those skills, we run the risk of being unreliably unavailable to families or the infants we care for, either because we don't know how much they need us or are unaware of how to meet their needs. Now, this is a bit of an oversimplification, but for purposes of this article, it *highlights how important our own professional development is for the work that we do.*

That said, this is where ***MI-AIMH*** (and we as its members) come in.

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Inside this Issue:

(Continued from Page 1)

MI-AIMH functions through a Board and a central office that tries to reliably be there when needed. Some of the ways we've been there:

- Fighting for and assisting in the protection of infant mental health positions.
- Advocating for legislation that protects infants, toddlers, and their families.
- Offering high-quality training in the form of workshops, consultation groups, retreats, intensives and the bi-annual ***MI-AIMH*** conference, so that *the skills, knowledge and awareness to function as a strong professional* are available to a multitude of people.
- Creating an Endorsement, articulating the set of competencies that define and highlight the special skills of infant mental health providers.
- Developing products, such as the Social-Emotional Development Wheel, Case Studies in Infant Mental Health, and other publications that assist families and professionals in caring for the needs of infants and young children.
- Making efforts to diversify our Board so our decisions reflect various communities.
- Supporting the development of a diverse work force and the skills of providers so that infants, toddlers and families in all types of communities are understood.
- Linking professionals in communities throughout the state, through chapters and training, so that isolation and burn-out are reduced.
- Developing and maintaining the Video Library and the ***MI-AIMH*** website to offer easy access to information and support.
- Linking with other boards and entities on a state, national and international level so that Michigan maintains leadership and learns from others.
- Maintaining a central office so that members' needs can be quickly and reliably addressed.

Just as families do not operate well in isolation, nor do we as professionals. We need each other, and r*ight now **MI-AIMH** needs you. Will you be there*? Our membership has decreased in recent years. We've strived to keep the cost of membership ($60.00) as low as possible in response to the struggling Michigan economy. We've sought grants and other funding sources to supplement the budget and offset the cost of running the central office. If you were at the conference, you know we reduced the number of "niceties" like snacks and the banquet in order to be fiscally responsible. We're working hard to market products, on a national and international basis, so that additional funds are secured. Nonetheless, we are hurting financially, and we need your help.

Some of the ways we need you:

- Promote ***MI-AIMH*** membership to your friends and colleagues in varying arenas of early childhood. Our aim is broad: to support nurturing relationships and healthy emotional development for all infants, toddlers and young children. Joining ***MI-AIMH*** makes sense for a broad spectrum of disciplines. The more voices we have, the stronger our influence. We need you to talk about ***MI-AIMH*** when you are offering training or in a workshop. If you are in a consultation group supported by ***MI-AIMH***, we hope that you are also a member of ***MI-AIMH***. If you have received a complimentary Crier, we'd like you to consider becoming a member of ***MI-AIMH***.
- Apply for Endorsement as a way to promote the clinical excellence of IMH professionals. If we don't take a stand that there are specific skills necessary to work in the field of infants and families, who will? The professional growth you will experience just by consciously considering your preparation to work with infants, toddlers and their families will enrich you.
- If your local chapter hasn't hosted something recently, volunteer to organize a meeting – it is easy to request a video from the central office and have a discussion afterward (the Robertson tapes are always thought-provoking).
- If you feel isolated in your work, consider starting a reflective consultation group. We have prototype letters ready to go to extend an invitation to community members, and there are now ***MI-AIMH*** endorsed group leaders throughout the state. The hours spent in a group setting, with an approved consultant, count toward endorsement hours.
- If social action is important to you, the Social Action committee does much of its work through email and you can help.
- There are multiple Board committees that always need folks who can take on a task or two. What are your areas of interest?

In the same way that mothers and fathers sometimes need help to understand *how much their baby needs them,* I want you to know that ***MI-AIMH*** needs you. We are ***MI-AIMH*** and we need each other.

Will you be there?

Levi, Grandson of Melissa Kaplan-Estrin

Ambivalent-Resistant Attachment: Dancing with Strong Emotions
By Kate Rosenblum, Ph.D.

Kate Rosenblum, Ph.D. , is a clinical developmental psychologist and researcher at the University of Michigan. She studies intervention approaches for high-risk parent-infant relationships and is a current Solnit Fellow with the national organization, Zero to Three

In the last issue of the Crier I presented a brief vignette illustrating avoidant attachment and a summary of current research on the avoidant classification. Now I'd like you to imagine a different scenario that might take place in your office during an initial evaluation with a mother and young child.

Imagine a first session with a mother, Lydia, and her 15-month-old daughter, Jenna. Jenna looks quite wary on entering your office. She doesn't leave her mother's side for several minutes, only eying toys in the room. With time, she tentatively begins to explore, but when your colleague enters the room to ask a question, she quickly retreats to stand behind her mother. Lydia, in contrast, engages with you very quickly, launching into a lengthy discussion of the issues that brought her to you for this session. In just a short while she seems to jump around and expresses an array of sometimes apparently contradictory feelings. You have a hard time "keeping up". She talks a lot about her work and her conflict with her ex-husband. You decide to try a separation and reunion sequence, and ask Lydia to leave your office for a few minutes, then knock on the door and return. When she leaves Jenna immediately begins to cry and, protesting loudly, goes to the door. Lydia returns in less than one minute. When she returns, you notice that Jenna clings to her, yet does not seem fully consoled by her mother's return. The young toddler does not show any interest in continued exploration, but rather stays in Lydia's arms and continues to cry and fuss off and on for the duration of the appointment. Lydia alternates between providing comfort and exasperation with Jenna's distress, clearly preferring to use the time to talk about her own current life stresses.

How can we make sense of these observations? As noted in the last two editions of the Crier, one framework for organizing these observations is to consider the quality of the attachment relationship between parent and child. All children are born essentially "hard-wired" to form an attachment bond with their primary caregiver(s). While all children strive to form an attachment relationship, the *quality* of the parent-child attachment varies from dyad to dyad. These types of individual differences can be elucidated using the Strange Situation Procedure (SSP), a standard series of interactive tasks that were designed to heighten, or "activate," the infant's attachment system. The SSP was described in the last two Crier issues; to briefly recap, it involves having the infant and parent enter a new, unfamiliar setting, introduces a "stranger," and involves two separations from and reunions with the primary caregiver. General familiarity with the SSP and attachment theory can usefully contribute to clinical observations and interpretations.

From an attachment perspective, what we observed between Lydia and Jenna is consistent with an "ambivalent-resistant attachment". Attachment relationships can provide the "secure base" from which children feel safe to explore the environment and learn. In times of danger, proximity to the attachment figure can provide safety and comfort (Bowlby, 1982). Jenna, however, did not seem able to comfortably explore the room, and she did so only after some time and with some timidity. Her reaction to the stranger, coupled with her distress in response to maternal separation, was strong but not entirely unexpected from a young toddler in an unfamiliar setting. However, on reunion, her mother seemed unable to provide her with the comfort she sought. Jenna's distress carried over into the reunion, and even in her mothers' arms she was inconsolable. In contrast, a shy but securely attached child might similarly show distress on separation, even protesting briefly upon the caregiver's return, but within a relatively short time be convincingly comforted and consoled by the caregiver. Jenna's distress is not resolved by her mother's return; it is as if by not being fully comforted, Jenna keeps her mother focused, to some extent, on comforting her.

Children who are classified with ambivalent-resistant attachments towards their caregivers display an emotion regulation strategy of "heightened activation". In other words, these children heighten displays of emotion. Their caregivers do not seem to provide an adequate secure base both for exploration and comfort; these children show neither elaborate exploration nor comfort at times of distress in their caregiver's presence. Their impoverished exploration is often coupled with a general sense of passivity and poor-quality play. Some children in this category will simply sit and cry on their caregivers' return. In contrast, secure but wary or timid children may exhibit some resistance (including anger or distress upon reunion), but they are able to be comforted, and do return to exploration, even if that exploration takes place in close proximity to their caregiver.

How do ambivalent-resistant attachments evolve? Home observation research suggested that differences in parenting were linked with variations in infant attachment status, in particular, caregivers' sensitivity, responsiveness, and consistency (Ainsworth et al., 1978). Infants with secure attachment relationships have caregivers who are consistently responsive and sensitive in times of distress. This does not mean "perfect" parenting. All parents miss cues at times, are distracted, or are less than perfectly sensitive. Rather, this means that on average, secure *(Continued on Page 4)*

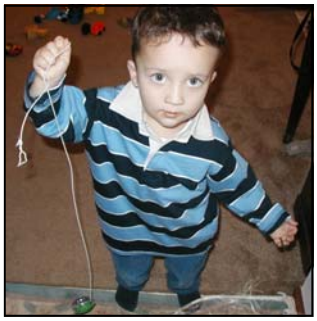
(Continued from Page 3) children could generally count on their parents to be involved and respond sensitively. Resistant children, in contrast, have parents who are quite frequently *inconsistent* in their responsiveness and *inconsistent* in their sensitivity. Sometimes these parents are attuned to their children's needs, and at other times they seem hostile, anxious, or so preoccupied that they appear not to notice their infant's distress.

Presumably, then, ambivalent-resistant infants have learned that it is better to *heighten* distress, because showing distress helps to keep the caregiver involved. A central goal of the attachment system is to maintain proximity with the caregiver, particularly in times of distress. Whereas the avoidant infant has apparently determined that the best way to maintain proximity with the caregiver is to minimize displays of distress, resistant infants heighten their distress to keep their caregiver engaged. This strategy is not conscious, but rather, based on the day-to-day lived interactions with their caregivers. These infants have developed an *internal working model* that leads them to heighten affective displays as a means for keeping the parent close and involved.

Like the avoidant strategy, to a certain extent this would seem to be a sign of infant adaptation and coping. Indeed, from an attachment perspective the ambivalent-resistant internal working model reflects a "strategy," all the more evident when you contrast this behavior to that of infants who lack a coherent coping strategy, for example, infants classified as disorganized. But is the resistant strategy really adaptive?

Again, if adaptiveness is to be measured in terms of how successfully and flexibly the child enters into new relationships and social contexts, then the answer would have to be "no." Longitudinal research indicates that infant resistance predicts later reduced interpersonal competence and problematic social-emotional adjustment (Sroufe, 2003).

What are some of the longitudinal correlates of early infant resistance? Preschoolers previously classified resistant are more hesitant in their exploration in novel situations, and are described by their teachers as immature and easily frustrated. They are often socially isolated and/or exhibit hostile aggression in preschool (Sroufe, 1983). Resistant children are less empathic to other children's displays of distress than their secure counterparts (Kestenbaum, et al., 1989). For example, children previously classified as avoidant were observed to exploit a distressed peer's vulnerability (*e.g.*, by taunting), but children previously classified as resistant (reflecting *heightened activation* of emotion) were found to "decompose in the face of another's distress", for example, crawling into a teacher's lap rather than offering assistance to the distressed child. Resistant children were more likely to hover near their teachers and seek contact with them in times of transition or challenge. These children were more likely to be neglected by their peers (in contrast to the rejection that the avoidant children face). By six years of age, children previously classified resistant have been observed to exaggerate intimacy with, and heighten the apparent dependency on, the primary caregiver (Main & Cassidy, 1988). In adolescence and early adulthood formerly resistant infants appear to have greater difficulty with intimacy and vulnerability in close relationships (Collins & Sroufe, 1999). Infant resistance has also been associated specifically with later anxiety disorders (Warren, et al., 1997).



Elijah, Grandson of Sandra Greenwald

Why do the caregivers of ambivalent infants respond inconsistently? During interviews with parents of resistant infants what is frequently notable is the extent to which they are preoccupied with concerns other than the infant. This preoccupation often seems to lead them to have a difficult time focusing on their child. For example, when asked to answer questions about their infant's personality and development, these parents may frequently wander, addressing questions about the child only briefly or not at all, but rather quickly jumping to other experiences or issues that are clearly emotionally "hot" for themselves. These parents frequently express strong emotions (happy, mad, or sad), and may even vacillate between expressions of apparently contradictory feelings, for example, exaggerated endearment and angry hostility. The parent may get so wrapped up in talking about other events or relationships that they begin to speak with the "other" as if he or she were really there (*e.g.*, responding directly to their imagined own parent not present in the room with comments like "How could you do this to me?").

Not surprisingly, research has suggested that the parents of infants classified resistant report higher levels of distress themselves (Pianta et al., 1996). During interviews, these parents may strive to bring the therapist into agreement with their perspectives, often in subtle ways. For example, the parent may frequently ask, "You know what I mean?" or seek to elicit agreement or empathy. Similar to the infant, the parent seems to heighten internal emotional experiences in order to elicit connection. But while the infant is still learning a "heightening" mode of behavior, the parent has already established a "heightened" mode of thinking and feeling, having developed a "preoccupied" internal working model. These parents seem to be overwhelmed by their own mode of exaggerated thinking and feeling. How difficult, then, for them to respond to their children's own emotional needs. No wonder their responsiveness and availability is so often inconsistent. In my own research, I have found that parents who are preoccupied have a particularly difficult time responding to their infants needs when their infants are distressed. Infant *(Continued on Page 6)*

REFLECTIONS

By
Judy Darling, MSW and
Kathleen Baltman, MA

Judy Darling worked in the field of early childhood before pursuing her masters in social work. She worked for Michigan's CCEP projects and is currently doing private consulting, conducting trainings, teaching and spending every spare minute pursuing her interest in writing.

From Judy: A few years ago, I scribbled this poem into my notebook, as I felt flooded with the energy and love for the new awareness and insights that I was gaining, regarding those mysterious precious beings known as babies. And, as soon as I wrote it, I knew exactly who I wanted to give this poem to, Kathleen Baltman, my supervisor and mentor. For me, this poem represents not only the birth of the infant, but the birthing of a new understanding and awareness. And, as with all births, the nurturing and fortification needs to continue in order to ensure the full blossoming of potential.

Thank you, Kathleen, for starting me on this journey!

Voice of the Baby

I came here as your creation.

I share your blood, your flesh, your essence.

I am living evidence of miracles-
The very scent of heaven still fresh on my skin.

The sights and sounds, the way the air feels,
are all so new to me.

Sometimes I cry for you to hold me...
hold me close to you.
Let me feel that this new world that I've entered is safe.

Please look into my eyes and let me see the love you feel for me.
Through you, let me find joy in my existence.

I love the sound of your voice when you soothe me.
You are my connection to Life.
Your very touch energizes my spirit and compels me to grow.

I would fail to thrive without you.

Someday, when I am all grown up and can't find the words
to recapture these precious days with you, even still,
my soul will hold the imprint of these sacred moments.

These memories will live inside of me for ever and ever.

Judy Ann Darling

Kathleen Baltman, is Director of Child Care Mental Health Services at The Guidance Center, Southgate, MI, including A Circle of Caring, a MDHS-funded, MDCH-administered, child care expulsion prevention program.

From Kathleen: Last November, when Judy presented me with a framed copy of this poem, we were just beginning a process of separation. The thoughtful journey that she had begun four years ago as an early childhood mental health consultant was about to take a new turn. Judy was preparing to leave our program in December, to search for new ways to apply the knowledge and skills that she had been learning and practicing, re-exploring the world of early childhood care and education with all of the feelings that relationship-based work evokes in us.

It is always an honor to be entrusted to hold the role of supervisor for someone. With every new beginning, one hopes that the opportunities for mentoring will prove more valuable and lasting than the routines of reviewing productivity and signing timesheets. *Judy's willingness to reflect on and discuss the impact of parallel process that forms the core of the reflective supervision relationship became very important to both of us.*

Re-reading her poem now, I am particularly struck by the lines that read, "*Please look into my eyes and let me see the love you feel for me. Through you, let me find joy in my existence.*"

Because Judy has linked her growth in understanding early relationship development with her supervision experience, I am drawn to think of these lines as metaphor for the development of *any* relationship and, most relevant here, the reflective supervision relationship. No, we don't usually talk in terms of 'love' when we talk about supervision, but let's consider this: When we are new to the work before us and the new relationships required in that work, it is not the training, nor the reading or shadowing that shores us up; rather it is the consistent experience of our supervisor's positive regard, supportive feedback and empathetic understanding that move us forward with hopefulness – not fear, and over time, with confidence – not confusion. And how do these messages come to us? Yes, there are important words shared, but right from the start, our supervisor's eyes and their expressiveness are the clearest indicators that our experiences, both stumbles and successes, are being accepted and held. It is the experience of the many layers of this guidance – increasingly individualized to meet our changing needs and developing competencies – that encourages our next steps.

As all living things are compelled toward growth, the steps of a toddler will happen, but they will grow sturdier more quickly if in partnership with a "caring giver." And of course, the experience of that partnership – that mutually satisfying dance of the developing relationship – will profoundly influence and strengthen the caring giver, too.

Thank you, Judy, for trusting me to walk beside you for part of your journey.

(Continued from Page 4) distress, it seems, heightened their own distress, making it very hard to respond with sensitivity. When their infants' cried, these mothers often responded with their own displays of distress, including intrusive, angry, and hostile behavior. It was as if these infants and their mothers were caught up in a tangled dance of strong emotion.

What does this mean for our clinical practice when working with such dyads? Interesting research from the Netherlands (Bakermans-Kranenburg, 1998) sheds light on the importance of clinical interventions that are specifically tailored for resistant infants and their caregivers. Whereas the mothers of avoidant infants (often themselves dismissing) may benefit most from an intervention that focuses on the here-and-now of parenting, for example, interaction guidance, mothers of resistant infants (often themselves preoccupied/enmeshed) appear to benefit most from intervention that includes attention to their own early caregiving histories and other issues that are causing them significant distress.

As clinicians, we may, ourselves, find the distress of these parents at times overwhelming. However, interrupting the intergenerational transmission of this attachment style likely means helping caregivers tolerate and contain their own sense of being overwhelmed so that they can respond with sensitivity to their infants' cues. The clinician is called upon to face a "parallel challenge", by providing a sensitive, tolerant, and containing environment for the parent. Only when the parent feels safe and contained will she or he be able to tolerate and provide comfort for the infant's emotional needs.

Halana and Sarah - Daughter and Grandaughter of Margaret Erickson

Ambivalent-Resistant Attachment: Dancing with Strong Emotions
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AMBIVALENCE: HOW MANY WAYS DO WE FEEL IT?

BY JAN ULRICH, MSW
INFANT AND EARLY CHILDHOOD MENTAL HEALTH SPECIALIST,
WASHTENAW COUNTY COMMUNITY MENTAL HEALTH

Ambivalence. I'm not sure how Webster would define it, but I think it is what I have been feeling these past few weeks as the deadline for writing this article drew near. So what is that feeling? I agreed to write something and now I wonder why! I love stretching myself to better understand a concept. I like writing. I want to help MI-AIMH, but.... I think it is that "but" that is key to ambivalence.

Ava Grace—Great Grandaughter of Betty Tableman's

So what does having mixed feelings about writing an article have to do with attachment or infant mental health work? It's that "but". How many times a week do we see relationships where there is tension because of the "but"? There was the nine month old I saw today who has been crying lately when mom leaves for work. She smiles and crawls towards the door when mom comes home, but averts her gaze and turns her face away when mom reaches out to pick her up for a hug and kiss.

There is the preschooler I saw last week who seeks mom's attention when she is busy cooking, caring for the baby or talking on the phone. "But", when mom is free and comes to play, the little boy ignores her or leaves the puzzle he was working on when she joined him.

For that matter, it could be the parents' "on again - off again" relationship. Things seem to go smoothly for a while but when it starts to get comfortable and the intimacy increases, one of them brings up the old wrongs done in the past. The other withdraws. The wounded one feels new suspicions creeping in. The distrust feeds the distance and the distance feeds the distrust.

Of course, if we are going to be really honest, there is that flash of resentment when a family isn't home for a scheduled visit. But, the resentment quickly shifts to a sense of relief that we won't have to be witness to the pain of their struggles today.

If we saw the "cartoon thought bubbles" with some of these pictures, we might see: "I'm so happy you came back, but I am going to prepare myself for you leaving again", "I so want your attention, but I can't let you know how much you mean to me", or, "I am reassured by your presence, but I must protect myself from the possibility of losing you".

Maybe our work is to help change the "but" to "and" by acknowledging the presence and power of the dialectic. Maybe we could give permission for two opposing forces to exist at the same time. We have the potential to help families hold the tension in their relationships so that their hopes rather than their fears can motivate their actions. Maybe if we gave words to the averted eyes, the nonchalance or the turned back, we could help create enough safety for the fears to be confronted directly.

I actually do believe this work is powerful enough to do all that. I also believe that in order to create the kind of safety that families need, we need to be safe with out own ambivalence. We need to be able to acknowledge to ourselves and have others validate our experience of both loving and hating this work. Until we can do that, it won't be possible for the families we work with to change the "but" of their fear into the "and" of their trust.

Betty Tableman, M.P.A., on Social Issues

Jeannie M. Hahl, an exceptional graduate student in the University of Michigan School of Social Work, will be working with Betty Tableman and Michele Strasz (Michigan Council for Maternal and Child Health) on social issues over the next five months. She is currently familiarizing herself with the Michigan legislature, MI-AIMH, and previous social issues activities. Her initial assignment is to explore the various appropriations and use of funds for support and intervention services directed at infants/ toddlers and their parents, as a possible first step in drafting enabling legislation for 0-3 services.

A resident of Texas, Jeannie is still getting used to Michigan winters. She has had experience as a child care worker/house parent and as volunteer coordinator for Healthy Families, as well as in survey and research work. We are indebted to Karen Smith for sending her our way.

Correction for the Fall 2005 Infant Crier

The title of the Supervisor's Column in the Fall 2005 issue was the same title as the summer 2005 Supervisor's Column. It should have read "Diversity is Precious, As Are Our Diversity Fellows Stefanie Hill and Karol Wilson". We apologize for the unfortunate error and thank Bonnie, Karol and Stefanie for their understanding.

MI-AIMH CHAPTER UPDATES

Jackson County Chapter—Roberta Showerman

The Jackson Chapter is a multi-disciplinary group from several agencies and private practices in the area who are working with children from birth to three.

Projects we are working on:

- Children from Two Homes: We have been working with several lawyers, the Prosecutor's Office and the Friend of the Court to develop an effective questionnaire in order to better understand the family situation children are coming from when setting up a visitation plan that best meets the needs of each child.
- Increasing Membership: We plan to start mailing monthly minutes and a reminder of the meetings to our members and past members.
- Community Presentations: We are discussing the possibility of offering community presentation to increase public awareness concerning the needs of infants.

Northern Michigan Chapter—Greg Proulx

We met in person for the first time in several years in Gaylord last September. Unfortunately, this attempt to make it personal and closer did not boost attendance. We were back to our electronic meeting on January 17, connecting Alpena, Tawas, and Petoskey by conference phone. After a brief business meeting and sharing, we held an interesting discussion about infant home-based services through Community Mental Health. We also discussed Dr. Harvey Karp's "Happiest Baby/Toddler" material. Two people at the meeting attended his training in the Fall. Our next meeting will be held electronically on April 18, 2006 at 4:00 p.m. I invite anyone in the area to attend in person. Or, if you are within a hundred miles or so, it is very easy to join in electronically. Call or email Greg Proulx for details at 989-356-2161 or ababyman@hotmail.com.

Northwest Michigan Chapter—Ann Malewitz

We are continuing our monthly meetings and educational series. On December 2, 2005 we had our board meeting and a holiday potluck for the local chapter. A presentation by Susan McDonough, Ph.D., MSW on "Working with Overburdened Families through Interaction Guidance" was scheduled. Due to the weather, Dr. McDonough graciously agreed to reschedule her presentation (date is TBD). However, she generously gave an introduction to her training for those who were able to make it to the scheduled session. The topic of our January meeting was a follow-up discussion of that introduction. Based on the enthusiasm of the discussion, it was clear that many were inspired by the concepts she introduced, and we look forward to the full presentation.

We are also looking forward to the continuation of this year's training series, the theme of which is understanding the whole child through an interdisciplinary look at infant mental health. On February 24, 2006 Sherri Cawn, M.A., CCC-SLP, will present "Development of Speech and Language in a Relationship Context" with a focus on the DIR model as it relates to communication. We will wrap up the series on May 4th and 5th, 2006 with a two-day intensive training entitled, "Assessing and Treating Regulatory, Emotional, and Sensory Deficits in Infants and Young Children" with Georgia DeGangi, Ph.D., OTR, FAOTA. For information about our series, please contact Carrie Ball at 231-941-7767.

Upper Peninsula—Cookie Aho

The chapter has made child abuse and neglect prevention the main theme for its work for the next year or two. The chapter is planning a workshop at Northern Michigan University in Marquette in keeping with this theme. MI-AIMH Board President, Julie Ribaudo, will present a workshop, "Maltreated Infants and Toddlers" on March 30, 2006.

Advocacy is high on the chapter's list. Discussion continues among chapter members urging Michigan to change child protection service laws to support prevention services for parents of newborns identified as at high risk.

Congratulations to MI-AIMH Endorsed UP chapter members, Robbie Jo Fezatt, Dianne Goodman, and Leslie Griffith!

News from the MI-AIMH Central Office!

MI-AIMH congratulates the Grand Travers Band (GTB) of Ottawa and Chippewa Indians' Benodjenh Center management team in Peshawbestown, MI. They are the first management team in the country to receive the endorsement for culturally sensitive, relationship-based practice promoting infant mental health. GTB home visitors and teaching staff are also working toward their IMH endorsement.

Management team members pictured: Back row: Maria Bremmeyr, Joyce McClellan, Denise Habedank, and Leslie Hollyday. Front row: Mathew Price and Angela Belanger.

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www.mi-aimh.msu.edu

Click on the MI-AIMH web site for up-to-the minute news about MI-AIMH and the infant mental health community!

Jeff Goldblatt has created new sections: a social policy page, a job posting page, a training calendar, articles from The Infant Crier and membership information on the home page, just to point out a few. If you have any suggestions to make about the use of the MI-AIMH web site or updates, please contact the Central Office at 734-785-7700.

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The MI-AIMH Endorsement Committee invites all members who have not considered Endorsement to do so. To date, over 75 members have earned Endorsement at Levels 1, 2, 3 and 4. If you have questions regarding the Endorsement and what it could mean for you, please contact Endorsement Chairperson, Sheryl Goldberg, at sgoldber@lisd.k12.mi.us. Remember, the next exam will be given in Ann Arbor on March 27, 2006.

Pieces of the Bye: The Importance of Preparing to say Good Bye to Children and Their Families

By Janice Fialka, MSW

Ms. Fialka is the Special Projects Trainer for Michigan's Early On ® Training and Technical Assistance (Part C of IDEA).
www.danceofpartnership.com

As teachers,social workers, nurses, and other service providers,we are well aware of the importance of our first encounter with a new child,a new family,or a new client. Be it in their home, our classroom, our office,or our school,we make certain to greet families with a welcoming spirit that promotes a sense of safety and comfort. We want to communicate with our eyes, our words, and our gestures:

"We care about you and
we are eager to work with you."

We value our beginning meetings with families and children and typically prepare with skill,time, and care for this first encounter. As the saying goes, we want to start out on the right foot.

Equally important, yet often overlooked, is the importance of preparing to say "good bye" to children and families as they transition to new schools or programs.Teachers and other providers often plan good bye parties, create colorful picture books of their student's accomplishments,write thoughtful notes to parents, or in some way recognize this precious moment in time.These strategies are meaningful and help to prepare for the good bye but they might unintentionally prevent us from looking at the *whole* experience or *all* of the pieces in the relationship. Partnerships with children and families are complex and can't easily be condensed into a farewell party,red balloons, or a delicious good bye pie.There are elaborate checklists for all the features of a high quality transition, but nowhere is there even a box to check for the personal dimensions of leave taking.

Endings of all kinds often stir up strong emotions—positive and negative. As we prepare to say good bye to children and families,we may be pleased that they are leaving with a new set of skills but we may also question ourselves and worry if we did everything we could to prepare them for the next phase of their education or life. These worries or wonderings may linger,even as we hug the children good bye or warmly shake the hands of the parents.

Saying good bye gives rise to the joys and worries, wishes and regrets that typically emerge in relationships. If we try to disregard the range of feelings and thoughts, we may loose the opportunity to be reflective and integrate the lessons learned from this relationship.In addition, we may end up carrying these worries or wonderings with us for longer than what is helpful or necessary.

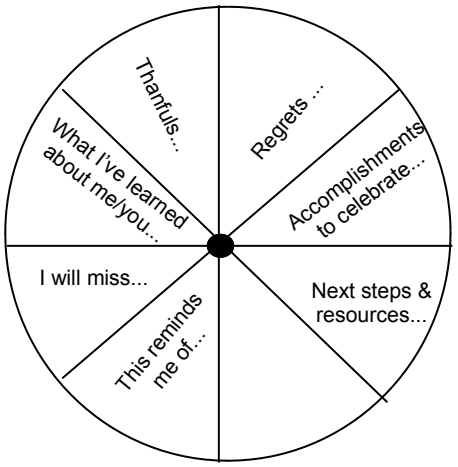
WHAT IS IT ABOUT GOOD BYES THAT CHALLENGE US?

- Endings often remind us of previous "good byes"we have experienced personally and professionally. They stir up the old. Sometimes it's hard to distinguish between old feelings and the current experience.
- Endings remind us of our vulnerability and the fact that there are no guarantees in life. Nothing *really is* forever. Change is inevitable.
- Endings interrupt our routines and take us away from what is familiar.
- Endings force us to enter new worlds, with new people, norms, and experiences.
- Endings may give rise to awkward feelings,such as sadness, frustration, or even a feeling of relief that this relationship is (finally!) over.Endings may stir up other feelings such as anger or regret about what we didn't accomplish,or what remains unresolved or undiscussed. We may anticipate strong feelings of missing this child, family, or client.

HOW TO PREPARE FOR SAYING GOOD BYE

In preparing for the numerous good byes that children, parents, and service providers experience, I created a tool that provides some structure to helping people reflect in a deeper and more comprehensive way about "saying good bye."This tool acknowledges that there are multiple and varied reactions that rise in all relationships. It is *not* essential that we discuss each and every reaction, thought, or feeling; however,by using this tool we allow ourselves to recognize the range of experiences—to think about the many pieces of the "bye". Think of this as a new take on the transition checklist—the questions we never ask. Maybe we can think of the pie as food for thought"on the subject!

In this relationship...



Our "bye"is divided into eight wedges, each representing a different aspect of the relationship.There is space in each piece of the pie to jot down a few words or phrases that get triggered by the open ended statements placed on each slice. They are:

(Continued on Page 10)

(Continued from Page 9)

In this relationship with you and/or your child,

- I feel thankful for...
- I have some regrets/wishes about. . .
- I want to celebrate this accomplishment(s). . .
- I learned this about me/about you. . .
- I will miss...
- The next steps or resources available to you/me during the transition. . .
- This good bye reminds me of...
- Open ended (This space is available for any thought/feeling that might surface.)

This visual tool invites us to think about many facets of our work with families, especially the more challenging ones. In using this guide, we don't have to dutifully complete each "piece" for each relationship. We use it to help us uncover reactions, to be reflective and thus be more deliberate in our discussions.

WAYS TO USE "PIECES OF THE BYE"

- Use the tool in your private reflection as you prepare to say good bye to a family or someone you have worked with.
- Offer this tool to your families or clients and encourage them to think about these feelings and thoughts that might arise during the transition.
- Share your responses with each other, allowing enough time to sort through the feelings and thoughts.
- Use this tool to think about other professional and personal good byes,such as a staff member who is leaving, your own good bye with your child who is moving out of the home, a friend who is leaving the community,*etc*.
- Use the tool as a way to end workshops or meetings.Individuals can offer one of the "pieces"of the bye in a round robin fashion.
- Begin the preparation early. Don't wait until the good bye party or the last day to reflect on these issues.

FINAL THOUGHTS

Good byes can be a time of celebration, a time of honoring the accomplishments. They can be times of pausing—a time to say thanks, a time for sharing gifts, hugs, and gratitude, as well as times of reflection and recognition of the range of feelings. Good byes can be a time to learn new lessons and gather insights. Good byes can be time to sit at the table, share memories, food, and perhaps, to share pieces of the pie and bye.

(The author wishes to recognize the contributions of Julie Banfield, Camille Catlett, Bonnie Dalliga, Jan Moss, Carol Spaman, participants in the *Knowing Ourselves and Connecting with Families* training series and especially Sheryl Goldberg in thinking about this topic.)

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A Memory of Jeanne Grae

By Betty Tableman, M.P.A., and Martha Ellen, RN

A longtime MI-AIMH member, Jeanne Grae, died of cancer in Ann Arbor last December. Jeanne Grae, then Jeanne Knutson, MSW, was one of the six members of the first group trained as IMH Specialists at Selma Fraiberg's Child Development Project in 1973 and 1974. It was this group, enthusiastic about what they were learning, that took the initiative to hold the first conference, attended by 800, which resulted in the organization of MI-AIMH.

Jeanne was employed by Jackson County CMH; it was not until a state grant was provided to underwrite her salary that Jeanne was able to use her training full time. Her service development was noteworthy for the close working relationship she created with public health nurses. Although Jackson County CMH no longer has an infant specialist, we suspect the exceptional program at Jackson County Early Head Start is part of Jeanne's legacy. –Betty Tableman

* * * * * *

I was one of those public health nurses who worked closely with Jeanne. Our long term relationship started one morning as I was leaving a home in Jackson where a family had a new infant and needed a lot of nursing support. No one was at home. As I was leaving, I saw this person coming toward the house. It was Jeanne and she explained why she was coming. As we were talking, along came yet another person. She worked for Protective Services. We ended up in Jeanne's office while she explained the new IMH program. We decided that this family did not need three professionals visiting and that one of us would do it and communicate with the others. That began a relationship with the three of us. Jeanne had a lot of work to do to teach us about IMH principles, but eventually we began to get it! Next, Jeanne found out that Betty Tableman had money to support the coordination of services in the community. We sat over lunch and wrote a grant. And, we were funded! That was the beginning of the Jackson County Child Abuse Prevention project. As time went on, the larger community of agencies providing services to children and families joined with us, and, with some prevention money from the State Police, a building was purchased, classes for families began, and other services initiated. This building and many of the same functions continue today. Jeanne's legacy certainly does live on.-Martha Ellen, RN

A Book Review

By Melissa Kaplan-Estrin, Ph.D., Associate Professor and Associate Chair,
Psychology Department, Wayne State University

Treating Parent-Infant Relationship Problems: Strategies for Intervention

Edited by Arnold J. Sameroff, Susan C. McDonough, and Katherine Rosenblum
The Guilford Press, 2004

If this review were in the mode of Amazon.com, I would give the book five out of five stars because it provides complex information relevant to infant mental health professionals in such a clinically useful, accessible manner. It is hard to imagine a criterion for evaluation of a volume on clinical practice by which this book could be rated as anything less than ideal. It sets a new standard for books of this type and provides graduate students, practitioners and researchers alike with rich conceptual integration, descriptions of a variety of approaches to service provision, and motivation that will promote and enrich infant mental health services and research.

The book includes three parts. Part one ("Themes") consists of three chapters (Authors: A. Sameroff; D. Stern; K. Rosenblum) focused on theoretical and diagnostic themes. Each of these chapters elucidates key issues that inform and challenge the treatment of parent-infant relationships. This section of the book lays a solid and thought-provoking foundation for the program and treatment descriptions that follow. Part two ("Variations") presents descriptions of seven approaches to prevention and/or treatment of early relationship difficulties (Authors: S. McDonough; A. Lieberman; E. Fivaz-Depeursinge, A. Corboz-Warnery & M. Keren; W. Dunn; N. Bruschweiler-Stern; B. Egeland & M. Farrell Erickson; J. Larrieu & C. Zeanah). In part three ("Coda"), a final chapter touches on issues raised in earlier chapters and introduces the concept of leverage for change (Authors: R. Emde, K. Everhart, & B. Wise). It includes a marvelous section on opportunities for change related to political and societal factors, using the examples of the Skeels intervention in the 1930's and, more recently, Early Head Start.

Every chapter contains relevant knowledge and clinical understanding for those who provide infant mental health or early relationship-based services. For example, in a chapter on using a relationship-based approach to child-parent psychotherapy by Alicia Lieberman, there is a discussion of the intergenerational transmission of pathology that integrates ideas from four different theoretical approaches, attachment theory, social learning theory, cognitive theory, and psychoanalytic theory. A clinical example is provided that illuminates the extraordinary level of clinical reflection made possible by the convergence of these approaches.

If you are interested in expanding your knowledge about the following topics, you will want to read this book:
1) The transactional process, 2) Relationship-based early intervention/prevention services, 3) Infant diagnostic classification schemes and issues, 4) Ports of entry in parent-infant work (and controversy about the significance of the choice of a port of entry), 5) Specific relationship-based strategies and programs (including interaction guidance, child-parent psychotherapy, the family alliance, sensory processing, neoneonatal intervention, the STEEP™ Program, and child maltreatment), 6) Leverage: "best opportunities" for therapy or change in early
relationships.

All of these topics are informed with clinical examples, with references to research and, where available, to treatment manuals. The writing is consistently clear, definitive, and sophisticated. Throughout the book, there is a sense of genuineness and authenticity that reflects on the considerable clinical experience and mastery of the editors and authors. It is our good fortune that, with this book, we have the opportunity to absorb some of the knowledge, skills, and lessons learned by seventeen of the most outstanding clinicians and scholars in our field.

Resources

McEvoy Lecture Transcript

The transcript from the November 4 McEvoy Lecture, "Suffer Not The Little Children: What Religions Tell Us About Caring For Young Children," is now available.
http://education.umn.edu/ceed/events/mmlectureseries/lecture110405.htm

Early Report Newsletter, Fall 2005 issue available

The current edition of the Early Report newsletter is now available. This issue centers around literacy and highlights the activities and findings of the Minnesota Early Literacy Training Project.
http://education.umn.edu/ceed/publications/earlyreport/fall05.pdf

TRAININGS! SAVE THE DATE!

Spring 2006 Online Courses Scheduled—Center for Early Childhood Development (CEED), University of Minnesota, online courses. Earn 24 clock hours of Continuing Education credit:

- *Addressing Needs of Young Children who Engage in Challenging Behavior*, February 13 to April 14, 2006. http://education.umn.edu/ceed/coursesandtrainings/courses/addrneeds.htm
- *Introduction to Infant Mental Health*, February 20 to April 21. http://education.umn.edu/ceed/coursesandtrainings/courses/imh.htm
- *Relationship-Based Teaching with Young Children*, March 6 to May 5, 2006. http://education.umn.edu/ceed/coursesandtrainings/courses/rbt.htm

Knowledgeable and Skillful Practice: Supporting Your Work with Infants, Toddlers, and Families. A 2006 Professional Development Series sponsored by Michigan Association for Infant Mental Health, Center for Excellence, and The Guidance Center.

- February 10, 2006—*Relationship-Based Practice Promoting Infant Mental Health*—Sheryl Goldberg, MSW
- March 3, 2006—*Social and Emotional Development in a Relational Context*—Kathleen Baltman, MSW
- March 24, 2006—*Care in Observation & Assessment: A Multidisciplinary Perspective*—Ann Saffer, MSW
- April 7, 2006—*Developmental Perspectives on Interventions with Toddlers & Parents*—Douglas Davies, Ph.D.
- April 28, 2006—*Sensitivity to Culture in an IMH Framework*—Bonnie Daligga, MSW and Karol Wilson, MSW
- May 19, 2006—*Attachment and Separation*—Julie Ribaudo, MSW
- June 9, 2006—*Proceed with Caution: Relationships Matter*—Carol Oleksiak, MSW

For information: www.guidance-center.org or www.mi-aimh.msu.edu

Infant Mental Health Meeting: Thursday, March 16, 2006, 8:30 a.m. to 3:30 p.m. at the Comfort Inn Conference Center in Mt. Pleasant, MI. Updates and presentations include *Beyond the Blues: Intervening to Support Depressed Mothers and Their Babies,* by Katherine L. Rosenblum, Ph.D., and Karen Smith, MSW, University of Michigan. Contact Pat Rea at 517-548-0081.



Michigan Association Infant Mental Health



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