receive. relate. reflect.
A 3-day practice-based conference . . .
change the way you work

**Keynote Speakers**
Dr Deborah Weatherston, Executive Director, Michigan Assn of Infant Mental Health, USA
Beulah Warren, Faculty, Master of Perinatal & IMH Program, NSW Institute of Psychiatry, Australia
Lynaire Doherty, Aroha Gray and Kararaina Penehira, Ohomairangi Trust, New Zealand

**Invited Speakers**
Dr Patricia Champion, Founder, Champion Centre, Christchurch
Dr Stella Acquarone Director, Parent-Infant Clinic, London

**Workshop Presentations**
The experience of the infant in the legal system, Dr Deborah Weatherston, USA
Learning to Relate: Applying attachment theory to early childhood education, Judy Hunter, NZ
Learning to Regulate: Early Childhood Education & Relational Regulation, Maree Foley, NZ
Tools for practice: Recognising and treating relationship disturbance, Dr Stella Acquarone, UK
Infant Mental Health in Pregnancy & the Early Postnatal Period, Fiona Will, NZ

“In and of itself, verbally understanding, explaining, or narrating something is not sufficient to bring about change.”
—Daniel Stern

Being Held in Another's Mind: The reflective supervisory experience, Dr Deborah Weatherston, USA & Beulah Warren, Aus
Mindful Baby: Mindfulness and theory of mind, Lauren Porter, NZ

**COST**
3-Day Registration - Member: $390 (before 1 Dec) or $460
3-Day Registration - Non-Member: $425 (before 1 Dec) or $495 (includes a one-year membership)
1-Day Registration - Member: $160 (before 1 Dec) or $190
1-Day Registration - Non-Member: $195 (before 1 Dec) or $225 (includes one year membership)

* Full time students will receive a 20% discount off the above fees

Register online
www.imhaanz.org.nz/conference

There is no such thing as a baby... A baby cannot exist alone, but is essentially part of a relationship.
- DW Winnicott
### Day ONE

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<td>Workshop A: The Experience of the Infant in the Legal System</td>
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<td>Stream A: Be with Baby - Attachment in Practice: Rachel Smithers and colleagues</td>
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<td>Stream B: A Reflection on the Practice of Reflective Supervision - Cathy Custy &amp; Maree Foley</td>
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<td>Stream C: Demonstrating the Effectiveness of Reflective Peer Supervision - Naku Enei Tamariki Service and Dr Denise Guy</td>
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<td>4:00-5:00</td>
<td>Stream C: Bonding During Pregnancy - Ailke Botha</td>
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<td>Stream C: Banishing the Ghost: Prenatal and Postnatal Maternal Attachment - Sunila Wilson</td>
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infant mental health: tools for practice
programme & schedule

Day TWO  | Tuesday, 28 February
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8.45 - 9.00  | Welcome back & housekeeping
9.00 - 10.00  | Keynote Address - **Lynaire Doherty, Aroha Gray and Kararaina Penehira**
10.00 - 10.30  | Morning tea
10.30 - 12:30  | **Stream D:**
10:30-12:30 Attachment Issues in the Context of Severe Maternal OCD - Fiona Will, Dr Liz MacDonald & Kathryn Whitehead
**Stream E:**
10:30-11:30 From the Babe in Arms to the Brain at School - Dr Patricia Champion
11:30-12:30 The Second Glance - Rose Robinson
**Stream F:**
10:30-11:15 The ‘Good Enough’ Programme - Sarah Haskell & Heidi Pace
11:15-12:00 Engaging & Supporting Teenage Parents - Carol McArthur & Jocelyn Johnstone
12:00-12:30 **Look at You: Aroha Atu, Aroha Mai** extended version for professionals: An introduction to the DVD - Dr Denise Guy
12.30 - 1.30  | Lunch
1.30 - 3.30  | **Stream G:**
1:30-2:30 Can I Keep My Baby: Acceptance Commitment Therapy in the Mother-Infant Relationship - Kathryn Whitehead
2:30-3:00 Home Visiting the ‘At-Risk’ Dyad - Alma O’Donnell
3:00-3:30 Healthy Mother-Infant Relationship: Assessment of Risk in Mothers with Serious Mental Illness - Dr Johanna Stefan
**Stream H:**
1:30-2:00 Minding the Baby: Infant Mental Health in Neonatal Care - Lucie Zwimpfer
2:00-2:45 A Father in Parent-Infant Therapy - Dr Tanya Wright
2:45-3:30 Unresolved Grief & the Mother-Infant Relationship - Marion Doherty
**Stream I:**
1:30-2:30 Early Social Communication & Exposure to Methadone - Alison Gray
2:30-3:00 Sensory Processing Disorders & the Impact on Attachment - Janice McLeod
3:00-3:30 The Unfolding Mother-Baby Relationship - Dr Kay McKenzie & Helen Baker
3.30 - 4.00  | Afternoon tea
4.00 - 5.00  | IMHAANZ AGM
### infant mental health: tools for practice

**programme & schedule**

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<td><em>Panel Discussion</em> with keynote speakers and invited guests</td>
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<td>4:45-5:00</td>
<td>Closing remarks</td>
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KEYNOTES

Dr Deborah Weatherston: *Tools for Reflective Practice: Observing, Listening, Wondering & Responding*
Lynnaire Doughtery, Aroha Gray and Kararaina Penehira: *A Kaupapa Maori Approach to Infant Mental Health*
Beulah Warren: *Journeying into Relationship: An Infant Mental Health View of the Unfolding Parent and Infant Relationship*

WORKSHOPS

**The Experience of the Infant in the Legal System** (3.5 hours)
Dr Deborah Weatherston
This workshop will discuss the reality of being an infant in the legal system. It will offer ways to support infants and their families so that the courts can attend to the developmental and emotional health and relationship needs of infants and young children. The workshop will cover how the ‘Baby Court’ model developed in Michigan, USA works and what is required of professionals trying to do this sort of work. The workshop will also address the specific needs presented depending on the way a child comes to the attention of the court, giving special attention to the scenarios of child welfare, parent separation, foster care and divorce.

**Psychological Processes in Pregnancy and Becoming a Parent** (1.5 hours)
Fiona Will
This workshop will explore the psychological processes that occur during this very significant transitional period. We will also look at why it can be so difficult for some parents to navigate emotionally through this adjustment time, and how this struggle can impact on the parent-infant relationship. We will look at what the risks are regarding psychiatric illness. It will provide an opportunity for you to think about your own practice, how you approach these painful issues with the families you work with and what support you can offer.

**Learning to Relate: Applying Attachment Theory to Early Childhood Education** (1.5 hours)
Judy Hunter & Kate Dent Rennie
Attachment Theory offers a wealth of practical information that can enhance your relationships with young children (and as a result, their life outcomes) in centre- or home-based ECE/care. In this workshop you will discover the features of a secure attachment relationship and how this relates to brain development and how children learn best. We will examine the importance of creating healthy and attuned relationships with children in busy ECE/care environments and learn how to make this happen. This is an interactive workshop using video footage and anecdotes to reinforce the key concepts.

**Infant Mental Health in the Early Postnatal Period: What Are We Seeing?** (1.5 hours)
Fiona Will
This workshop will focus on the importance of early relationships. We will make links between theory and practice, as we explore questions such as: What does attachment theory guide us to look for in the parent-infant relationship? What other information do we need if we are concerned about what we are seeing? How do we approach this and support a parent if they are struggling with their relationship with their baby? DVD material of mother-infant interactions will be used to support your learning in this workshop.

**Learning to Regulate: Early Childhood Education and Relational Regulation** (1.5 hours)
Maree Foley
This workshop utilises an infant mental health framework to view and reflect on the everyday experiences of young children in the care of any adult, in any context, and especially the unique context of an Early Childhood Education (ECE) setting. “Learning to regulate” is reflected on from the perspective of the infant, the parent and the educator/teacher. First, learning to regulate within ones primary care based relationships is a major developmental domain and emerging milestone for babies and young children under 5. Second, learning to self regulate while providing the conditions for relational regulation with one’s own children under 5, is a major developmental domain and emerging milestone for adults who become parents. Third, learning to self regulate while providing the conditions for relational regulation with children under 5 and their parents, is a major developmental domain and emerging milestone for adults who are at work in the role of an ECE educator and or teacher. Patterns of relational regulation will be considered. Finally, the unique challenges to infants, parents and teachers who are each learning the art of relational regulation, will be explored.
WORKSHOPS, continued

**Being Held in Another’s Mind: The Reflective Supervisory Experience** (4 hours)
Dr Deborah Weatherston and Beulah Warren
"To be held in another’s mind is a precious thing". Equally precious is to hold another in one’s own mind." (J. Pawl, Concepts for Care, 2006). This two part workshop will introduce participants to reflective supervision. Part I explores four central questions: 1. What is reflective supervision and why is it essential for reflective practice?; 2. Can we identify core components of reflective supervision?; 3. What does a reflective supervisory relationship look like?; and 4. What strategies can be utilised to support the emergence of reflective capacity in both the supervisor and supervisee?. This will be followed by an exploration on reflective relational listening with opportunities to engage in supervision experiences using “real time” supervision. Part II, continues to experientially explore the notion of being held in another’s mind within reflective supervision via opportunities for live and real time supervision. This workshop is especially suitable for supervisors. (Limited to 20 people.)

**Tools for Practice: Assessing the Parent-Infant Relationship using Axis II, DC: 0-3R** (4 hours)
Dr Denise Guy
This workshop is for clinicians working in NGOs, Child Health, CAMHS and Maternal MHS who have no/minimal training and experience around observing parent-child interaction and structuring the observations to usefully describe the relationships, formulate and plan interventions. In Infant Mental Health it is essential to assess the infant’s relationship with parents/carers and the most commonly accepted processes use film of interaction. This workshop will support clinicians to begin filming interaction, analyse the film and develop a formulation utilising the Relationship Problems Checklist [RPCL] and the Parent-Infant Relationship Global Assessment Scale [PIR-GAS] from Axis II of Diagnostic classification of mental health and developmental disorders of infancy and early childhood [DC: 0-3Revised]. (Participants may be given work to do ahead of the workshop.)

**Mindful Baby: Theory of Mind, Mindfulness and Infant Mental Health** (2 hours)
Lauren Porter
Mental health and society at large have embraced the concept of mindfulness. It is touted for everything from improved immunity to banishing depression. But what is mindfulness, a term that derives from ancient spiritual traditions? What does Buddhist psychology have to offer infant mental health with its core theory of mind-mindedness? How do we hold a baby in mind in a mindful way? What does this say about us? What does this mean for the relationship? This workshop will explore - through stories, anecdotes, video and questions - the intersection of Buddhist psychological foundations, mindfulness, attachment theory and theory of mind in hopes of pointing toward a working and living application to our work with infants and their families.

**PAPERS**

‘Be With Baby’ - Attachment in Practice
Rachel Smithers and colleagues
‘Be With Baby’ is a group therapeutic programme in Manawatu for children aged 0-4 years and their mothers when family violence has impacted on their relationship. This paper will provide a condensed version of our journey highlighting the importance of relationships, the collaborative structure and the shift from being a content-driven to an infant-led programme. This evolving structure is having an influence on the work done with the under five’s in our community, by up-skilling professionals from a wide range of organisations. Some results from the pilot evaluation will be shared and the potential of this exciting programme discussed.

**A Reflection on the Practice of Reflective Supervision**
Cathy Custy & Maree Foley
Prior to commencing a second contract to supervise three practitioners running a group for mothers and infants with a history of family violence, one of the practitioners requested that I provide information and/or resources regarding the theoretical underpinnings of mother-infant therapy. While a reasonable request, I felt uneasy. The context of the trusting relationship with my own supervisor however, provided the space I needed to have my experience and anxieties reflected upon and contained, and this assisted me to model a style of relating with the supervisees that they could subsequently use in their interactions with the mother-infant dyads. This paper explores the concept of reflective supervision practice as a precursor to reflective practice. Examples of reflective practice supervision are provided and represent three interconnected supervision relationships: supervisor and supervisee; supervisee as supervisor with a team of supervisees; and supervisees as therapeutic group leaders.

**Demonstrating the Effectiveness of Reflective Peer Supervision in an Infant Mental Health Home Visitation Service**
Naku Enei Tamariki Inc & Dr Denise Guy
Naku Enei Tamariki (NET) is a relationship-based home visiting service in the Hutt Valley, for pregnant women, infants, toddlers and their families. In our experience home visiting can be a positive and empowering intervention for families who for whatever reason experience difficulty parenting their babies. We are mindful also that the boundaries between the personal and the professional are more fluid than those in a clinical setting, and that home visitors do not have the support of a co-worker in the next room. When parental issues seem overwhelming it can be difficult to keep the child in mind. All staff are required to have supervision on a regular basis. This consists of monthly external (clinical) supervision, weekly case management supervision and a monthly 2 hour peer supervision session facilitated by Dr Denise Guy. This presentation will be a demonstration of reflective peer supervision in action. (Limited to 20 people)
Bonding During Pregnancy
Ailke Botha
The presentation explores strategies to build and enhance bonding during pregnancy. Bonding during pregnancy lays the groundwork for the mother's connection to, and relationship with her child postnatally. However, there are few organized approaches to intervening during this developmentally challenging time. The Waitemata DHB MMH service started running pregnancy workshops for mothers who have mental health problems. Themes that are addressed during these workshops to facilitate bonding include: attitude towards pregnancy, aspects of bonding, affect regulation, managing thoughts, distress management, depression and anxiety management, positivity, the baby's and mother's emotional diet, building resilience, strengthening the couple's relationship, vision for parenting, and parenting skills. Helpful tools will be discussed and demonstrated, and the themes illustrated via case study.

Banishing the Ghost: Prenatal and Postnatal Maternal Attachment
Sunila Wilson
The concept of attachment is often associated with attachment after the birth of the child. However, exploring mother–infant prenatal attachment is critical in understanding the development of the parent-child relationship as well as the intergenerational consequences of trauma. This case study, involving a mother-child dyad, explores the impact of past attachment and trauma on the expectant mother's attachment to her unborn child, and her journey to breaking the cycle of the intergenerational transmission of trauma. It explores her progress into motherhood in the context of adverse childhood experiences and exposure to physical abuse, family violence, emotional abuse and neglect, maltreatment, and related Post Traumatic Stress Disorder (PTSD). It analyzes her developing relationship with her baby from pregnancy onwards; and examines her experiences, feelings, perceptions and interactions with her foetus, the re-emergence of childhood conflicts, the development of her maternal identity and her ongoing relationship with her baby.

Attachment Issues in the Context of Severe Maternal OCD
Fiona Will, Dr Liz MacDonald and Kathryn Whitehead
On an inpatient ward, how do we intervene with a mother and baby when the mother obsessionally fears she will sexually molest her baby? This presentation will give a multi disciplinary team perspective on the inpatient treatment for a mother-infant dyad with intergenerational attachment issues which could easily have been lost in the midst of child protection concerns and severe maternal mental obsessive-compulsive disorder. We will explore how we grappled as a team with a wide range of ethical and professional quandaries, and honestly convey our own struggles with how to provide the best treatment for the baby, mother and family in this case. A psychiatric, infant mental health and psychological perspective will be shared.

From the Babe in Arms to the Brain in School
Dr Patricia Champion
The relationship between early life experiences and later outcomes is considered from the point of view of the prematurely born infant and the concomitant risks to the caregiving relationship, as it maps on to later school based learning. The discussion includes the fundamentals of co-regulation, self regulation, sensory and emotionally driven experiences as the foundations of an interpersonal neurobiology. We will address what teachers, our educational pedagogy and all those working with children need to understand with respect to the 'history' of these infants and their caregivers.

The Second Glance
Rose Robinson
This talk will present a brief overview of the therapeutic space created within an interdisciplinary clinic for infants born extremely prematurely and their parents. It is recognised that anxieties around the acquisition of skills, which are markers of developmental progress, may compromise spontaneous interactions between the parents and their child. Emergent competencies within the dynamic interactions of the developing relationship are experienced. Our own narcissistic vulnerabilities as therapists are challenged as we witness this struggle to see and to be seen.

The “Good Enough Programme”: Infant Mental Health in the Real World
Sarah Haskell and Heidi Pace
This paper will outline an Infant Mental Health (IMH) programme in a rural Infant, Child and Adolescent Mental Health service – the West Coast of the South Island. It will report on how the programme was established and developed, including: case material reflecting on the “Babies Cannot Wait” programme – a joint project with Child, Youth and Family Service; the introduction of Parent, Child Interaction Therapy on a budget; and the benefits of the Watch, Wait and Wonder Intervention. Similar to Winnicott’s description of the “good enough parent”, the “Good Enough Programme” is not perfect, but it is realistic and authentic.

Engaging and Supporting Young Parents in Invercargill: A Collaborative Community Approach
Carol McArthur & Jocelyn Johnstone
Teenage parents and their babies are considered a ‘high risk group’ and often seen to be ‘challenging’ both in terms of engagement and service delivery. So how do we engage young people as they make this transition to parenthood? How do we support them to become sensitive and responsive parents? This presentation will describe the journey of a group of teenage parents in Invercargill as they prepare for, respond to and get to know their babies.
How Can I Keep My Baby? Acceptance and Commitment Therapy in the Mother-Infant Relationship
Kathryn Whitehead

Acceptance and Commitment Therapy (ACT) is a third wave behaviour therapy that brings together mindfulness based approaches, acceptance and traditional behaviour therapy techniques. This clinical case presentation will briefly describe ACT as a model for intervention, consider how the ACT model allows for a focus on the mother-infant relationship and describe a complex case where ACT was used as part of an inpatient intervention with a mother with psychosis and a complex trauma history. It will honour the mother's courageous action in approaching her own experiences in service of what mattered to her in the relationship with her baby. From the beginnings of little insight and professional concerns about the infant's development, this presentation will chart the progress of a mother-infant dyad as the mother moves through the threat of losing her child to CYFS, and on to the mother humbly making change after change in her behaviour towards living independently with her child. Methods for incorporating mindfulness into mother-infant interactions will be described. The role of parenting values in promoting potent change will be explored.

Home Visiting the “At Risk” Infant Parent Dyad
Alma O’Donnell

Keeping Them Safe-In our Care (2006) draft consultation for the South Australian government found only 20-30 percent of reunification cases to be successful. It was also found that between 2000 and 2005, a quarter of infants aged below the age of 2 who entered the child protection system re-entered on ten more occasions. One of the most common child protection goals in reunification referrals requested by child protection departments is for the infant/parent dyad to improve their “attachment.” In formulating an appropriate therapeutic intervention, the complexities of working within the guidelines of the child protection system and the challenges of the intervention occurring in the home must be taken into consideration. The clinical case study selected will discuss in detail a father/infant dyad referred to a reunification home visiting service. This paper will reflect on use of Watch, Wait and Wonder (Muir, Lojkasek & Cohen, 1999) therapeutic intervention, implemented in both office and home environment.

Healthy Mother-Infant Relationship: Assessment of Risk in Mothers with Serious Mental Illness
Dr Johanna Stefan

The importance of mother-child interaction and attachment security for child development is well recognised. Disorganised patterns of attachment are predictive of poor outcomes and can occur in up to 80% in high risk populations, including women with serious mental illness (SMI). Motherhood can be a positive and successful experience for women with SMI, if early assessment and intervention is ensured. The aim of our project was to increase awareness of the components of a healthy mother-baby relationship and to develop an easy-to-use risk assessment resource for case managers of new mothers with SMI. The key elements of our framework are the vital role of the case manager in the identification of disrupted mother-baby relationship, and a professional support network between mental health clinicians, general practitioners and child health nurses for more effective use of resources. The developed resource will be discussed.

Minding the Baby: Infant Mental Health in Neonatal Care
Lucie Zwimpfer

It has only relatively recently been acknowledged that infants feel pain (and therefore, stress). Exposure to pain and stress are associated with adverse developmental outcomes and later behavioural and emotional problems. Premature infants can spend up to three or four months in a neonatal intensive care unit and are subject to numerous painful and stressful experiences. It is in moments of stress that the infant most needs the help of an adult caregiver to help them regulate their emotional state. When infants are attended to and soothed by an adult caregiver, their ability to do this for themselves is facilitated through development of the neural pathways for emotional regulation. This paper will present ideas from infant research, psychoanalysis and neuroscience that form the theoretical base of a PhD project which aims to assess the use of verbal soothing in a neonatal intensive care unit.

A Father in Parent-Infant Therapy
Tanya Wright

Inclusion of fathers in infant mental health services is recognized to be valuable, however there has been a relative neglect of consideration of the role they play. Furthermore, a paucity of male clinicians contributes to the silence in this respect. In the case described, over 30 sessions of Watch, Wait and Wonder were undertaken with a father struggling with the sole custody of his child. This infant had in utero exposure to methamphetamines and significant medical consequences of this. In addition to this father’s unresolved conflicts posing a barrier to his developing relationship with his child, he also had to adapt to his perceived role of “mothering”. Ultimately he delighted in his ability to “be there” and having taken the time to develop sensitivity and knowledge from his excursion into a “woman’s world”. Gender roles in working in parent-infant therapy are raised and considered in this case study.

Unresolved Grief and the Mother-Infant Relationship
Marion Doherty

The impact of grief and loss on people’s emotional and mental wellbeing is well known and researched. What then is the impact of unresolved grief and loss on the fragile and developing relationship between a mother and her infant? What does it take for a mother to become vulnerable enough to love again (and risk further loss) whilst grieving the loss of previous intimate relationships? This presentation will examine work with two dyads who are both dealing with different aspects of loss and grief. This presentation will explore how the Watch, Wait and Wonder intervention approach has enabled these two dyads to have a space in which to be with one another in a new way. It will also examine how the experience of following their child’s lead has supported the mothers in the process of letting go and creating new space for their relationships with their infants.
Early Social Communication of Toddlers Prenatally Exposed to Methadone
Alison Gray
Children born to drug-dependent mothers are at high risk of later educational under-achievement, psychological and behaviour problems. This paper describes aspects of early social development in a regional cohort of children born to mothers engaged in methadone maintenance during pregnancy. Findings raise concerns for the later social competence of methadone-exposed children. Results highlight the role of parenting and early adverse family environments in the development of children's communicative behaviour. Such findings lend support to the importance of early intervention and particularly intervention targeting parent/child communication, for children and families affected by parental drug use.

Sensory Processing Disorders and the Impact on Attachment
Janice McLeod
Sensory Processing Disorders (SPD) present at birth can impact the early relationship between mother and child. Sensory processing theory suggests that the pathway is neurological and impediments can often negatively impact the emotions of infants. The ability to process sensation (sight, sound, taste, smell, touch, proprioception and vestibular) can be disrupted in two ways: hypersensitivity and hyposensitivity. If an infant experiences touch as a negative stimulation, she is less likely to be able to respond to the parent touching her with a hope for safety. If an infant is struggling to positively experience the sensation of movement, he is less likely to be positioned comfortably to be fed or maintain the soulful eye gazing so important to attachment and bonding. Explanation of SPD, implications for SPD on attachment and strategies for supporting parent-child relationships where SPD is present will be discussed.

The Unfolding Mother-Baby Relationship: Truly Seeing the Infant
Dr Kay McKenzie & Helen Baker
Much is understood about the cost to the infant when early relationships go wrong, but assessing struggling relationships is a complex task. How we record what we are seeing and reflect on our observations requires a particular capacity to ‘see’ the baby in the relationship. We will present clips of mother-baby interactions to demonstrate ways of reflecting on early relationships. We will promote discourse regarding the baby's experience and how to understand what is happening within the dyad as well as within the parent. We will also discuss formulations and deciding on intervention options, including discussion on the process of formulation and intervention planning.

IMHAANZ PATRONS
IMHAANZ wishes to acknowledge the support and contributions of our patrons, Dr Patricia Champion & Elisabeth Muir. This conference - as well as all we do at IMHAANZ - is indebted to their guidance.