

Infant Mental Health Interventions in Global Child Welfare Services

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The Aboriginal Flag

Location: Adelaide, Australia

South Australia (SA) covers the southern, central part of Australia and covers around 380,000 square miles (approximately the same area as Texas, Louisiana, and Arkansas combined). The population of SA is around 1.7 million. Over 75% live in the metropolitan, coastal capital, Adelaide, making it a highly centralized state. Around 2.3% of the state population is Aboriginal or Torres Strait Islander, the oldest surviving culture in the world.

Guardianship of the Minister:

In 2015, there were 2,690 children and young people under Guardianship of the Minister. Of these, 20% were aged 0-4 and 6% were under 12 months of age. Aboriginal or Torres Strait Islander represent 29% of this figure and are seven times more likely to be involved in the child protection system. Seven in every thousand South Australian children require state guardianship, which is up 4.4% from 2014 and up 70% from 2005.



Agency:

I partnered with the SA Infant Therapeutic Reunification Service (ITRS) and observed all aspects of the service, including intake and assessment, case consultation, parent-child dyadic therapy, and reflective peer supervision. The ITRS is embedded in the Women's and Children's Hospital in Adelaide in the Department of Psychological Medicine. Children and families are referred for assessment by the Department of Child Protection. The ITRS provides early assessment and therapy for infants under three and their parents, where significant maltreatment and neglect has occurred, or is at risk of occurring. It seeks to determine whether reunification is viable and in the best interests of the infant. Where indicated, parent/infant dyadic therapy is undertaken to reduce the impact of trauma and facilitate positive relationships, thus leading to a safer caring environment for the infant. The ITRS uses a case conferencing model to include all services involved with the family, including substance abuse, domestic violence, financial support, and shelter services. The ITRS team began in 2011, is made up of six part-time clinicians, and has seen a higher than average reunification rate (40%).

Outcomes:

Over the course of two weeks, I observed 15 different families in various stages of the service, ranging from initial intake and assessment, mid-way through therapeutic intervention, and a few in the process of closing.

Through these observations, I gained greater understanding of the:

- Working Model of the Child Interview to assess a parent's mentalization of the relationship.
- Crowell Procedure which is used to observe a child's reaction to stress.

As I complete my degree, I plan to synthesize my experience and share what I have learned through an op-ed.

Lessons Learned

1. Infants can communicate volumes through their behaviors and play. A quick, startled glance or the relaxing of muscles when being held by a parent begin to indicate the true nature of the relationship between infant and caregiver. Observing these patterns over time, we can gain a clearer understanding of the emotional world of the infant.
2. We must stay reflective about our own experiences, cultures, privileges, biases, and stories. I am so thankful for the vulnerability of the ITRS team. We owe it to our clients to be fully present and engaged in the work. If we are to work cross-culturally, we must take responsibility to learn about our own cultural lens and be open to new ways of looking at the world.
3. Children deserve to be treated as real people. We must enter their culture with respect. These children are some of the most vulnerable individuals in the country. With all the difficult circumstances these families face, we must remember the baby, and not lose track of him or her in the midst of chaos.

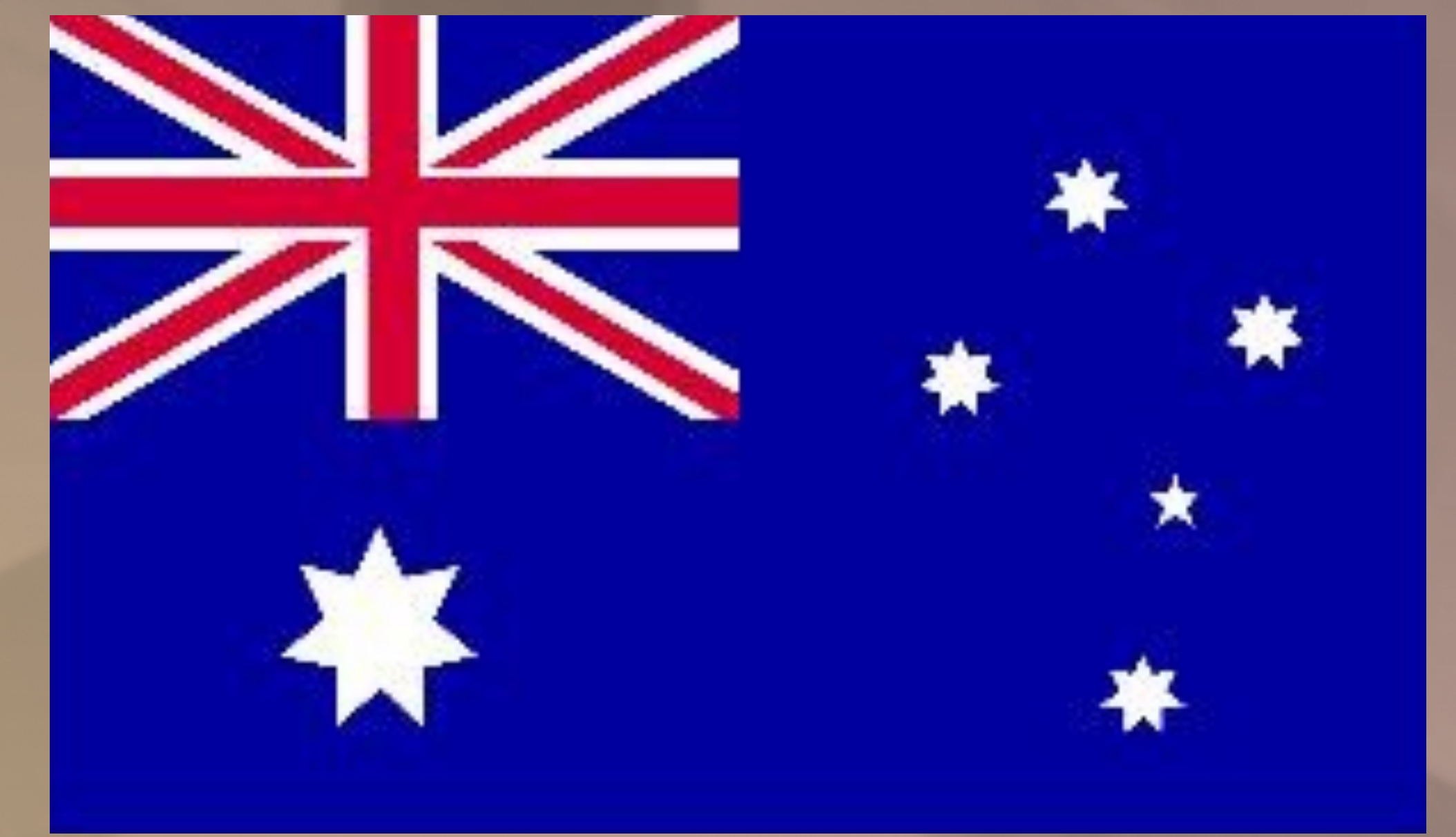
Connections:

Classroom:

SW 713: Observation and Intervention with Young Children—This hands-on course first introduced me to the field of Infant Mental Health and the power of careful observation and narrating a young child's experience. The "Mom Power" team was my first experience in group reflective supervision, and I am forever grateful for that experience.

Career:

My career interests lie in maternal and infant health and mental health and child welfare. As I graduate in December 2017 and seek to enter this field, I saw the importance of case consultation and collaboration among providers. To be a skilled interpersonal clinician, management skills and policy knowledge are also important to develop.



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Skills Developed:

Through my global independent study, I developed in:

- Observation of attachment behaviors
- Critical thinking
- Reflective capacity and utilization of reflective supervision
- Cultural humility and perspective taking
- Effective communication

Advice:

- Live with local people if at all possible. My hosts were incredibly kind and generous, and helped me get a more full sense of the local culture and values.
- Find a professor whose interests align with yours and inquire about and utilize their network and connections in the field.

Acknowledgments

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