



WAIMH June Newsletter

The WCAIM Committee has been hard at work sourcing information and resources pertaining to working with infants and their families in the time of Covid-19 through the monthly newsletters and regular posts on our Facebook page. All over the world people have braced for Covid-19, and brewing beside it other socio-political issues have escalated. Over the weeks that have passed, there has been an alarming increase in gender based violence and racially motivated violent crime. All over the world individuals, communities and organizations have lent their voice to support Black Lives Matter campaign. In this issue we would like to raise awareness of race and racial discrimination in ways we can begin to think about them in our work with infants and their families. We wish to open a space for practitioners to engage more deeply on this matter. This month we also share some exciting WAIMH news, information about our upcoming talk and once again a collection of useful resources.

Race Matters

By Salisha Maharaj

“That’s my toy” yelled my 5 year old to his 3 year old brother, “give it back right now...you...you... you coconut”. As that final word hurled out of my son’s mouth I felt a knot in my stomach. In fact, I heard him use that word before, and other fruit and vegetables too as is par for the course in the usual sibling spats. But this time it did not sit right with me, I could not simply overlook him calling his brother a coconut when that word had such a surreptitious meaning. The explosion of reports of racial discrimination and violence here on home soil and most notably in America over the last few weeks has stirred up my own anger and discomfort. I have chosen to be more vocal about this issue, raising awareness on social media through the #blacklivesmatter campaign more than I ever have before. My son of course was not aware in the least of this double meaning of the word coconut– but did it make it okay that he was using it?

As a person of colour I have very distinct memories of being called a “coconut”. It wasn’t because I had taken my brother’s toy. It was because I became too “white”. Growing up, whiteness was the standard to shoot towards. Having fair skin, light eyes, a good English accent, eating with a knife and fork as oppose with your hands, these were things to strive

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for. The more you looked and sounded white, the more doors, possibly, would open up for you. Then apartheid ended, I was 10 years old. And over the next few years the tide changed, tempers raged and any person of colour that looked and sounded like me was a “coconut” - a traitor, a renegade, Judas, abandoning one’s own race or culture and like a coconut was brown on the outside but white on the inside. I needed to explain to my son that he could not use the word coconut and provide some context for why. Later that evening, in the simplest way possible I explained to my son that for people who were brown like us, being called or calling someone a coconut was a really hurtful thing to say to them. I went on to fumble over words about how in the old days people of different skin colours were kept separate, we were the separate nation, and that hurt a lot of people and that now we are all allowed to live and be together and that is why we are the Rainbow Nation. My son looked at me in astonishment and exclaimed “*you’re saying I am brown?*” I realised in that moment I had failed him, I never before had a conversation about race with him and I was overcome with a sense of shame. I wanted my children to grow up with an awareness and appreciation of race, culture and be free of any racial biases. The conversation ended, and I started thinking, searching, and researching...as a parent, psychologist and person of colour on ways to guide thinking and expression of race in very young children.

Although not exhaustive, the following highlights key point from research in the field of very young children, followed by some practical suggestions and resources.

Race and Young Children

Contrary to popular belief that very young children are racially colour blind research shows that children not only recognize race from a very young age, but also develop racial biases by ages three to five that do not necessarily resemble the racial attitudes of caregivers and other adults in their lives (Aboud, 2008; Hirschfeld, 2008; Katz, 2003; Katz & Kofkin, 1997; Patterson & Bigler, 2006; Van Ausdale & Feagin, 2001). This implies that conversations about race and racial attitudes need to start in the home from very early on. In a study that followed approximately 200 black and white children from the ages of six months to six years, Katz and Kofkin (1997) found that infants are able to nonverbally categorize people by race and gender at six months of age. The infants looked significantly longer at an unfamiliar face of a different race than they did at an unfamiliar face of their same race. The researchers argue that, because this finding is very consistent in six-month-olds, “initial awareness [of race] probably begins even earlier” (Katz & Kofkin, 1997, p. 55). Toddlers as young as two years use racial categories to reason about people’s behaviours (Hirschfeld, 2008), and numerous studies show that three- to five-year-olds not only categorize people by race, but express bias based on race (Aboud, 2008; Hirschfeld, 2008; Katz, 2003; Patterson & Bigler, 2006). It is interesting that these attitudes and ways of expression around race do not always resemble that of caregivers. It is hypothesised that this develops because of socially constructed attitudes, societal norms and exposure to systemic racial bias in the media and the world at large around them. Looking around my own community, it was clear that these biases have filtered in without much resistance.

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For example, all the educators in my children's school is white whereas all the ground staff, housekeeping staff and teaching assistants are people of colour. There is also a less sinister hypothesis to explain racial bias in young children. Stereotyping is a typical feature of the immature cognitive structures of pre-schoolers (Aboud, 2008; Hirschfeld, 2008; Katz & Kofkin, 1997). While young children are able to categorize people by race, they are often not able to categorize a person according to multiple dimensions at once (Aboud, 2008). Thus, they engage in "transductive reasoning" – when they see people who are alike in one dimension (e.g., skin colour), they presume they are alike in other dimensions as well (e.g., abilities or intelligence) (Katz & Kofkin, 1997; Patterson & Bigler, 2006). However, children also learn which social categories are important by observing their environments.

Practical suggestions for clinicians and parents

The most consistent message across all the literature is to *talk about it*. It is clear that silence about race does not prevent children developing racial biases but only prevents a conversation about it. A conversation about gender or gender biases is far easier for parents and clinicians, but conversations directly about race are often circumvented. It is also important that the information that young children receive is both *accurate and age-appropriate*. Conversations about race should not be diluted. Hirschfeld (2008) argues that when adults do discuss race with young children, they often dilute the discussion because they believe young children cannot understand the complexities of this issue. This may result in superficial multicultural education that focuses only on the celebration of culture and individual heroes, and leaves out any discussion of structural inequalities (Hirschfeld, 2008; Lewis, 2003; Van Ausdale & Feagin, 2001). Instead, children should be "presented with appropriate – not dumbed down – descriptions of the nature and scope of structural racial inequity," so that they can "appreciate the group nature of racial prejudice" (Hirschfeld, 2008, p. 49). Finally, it is important to *empower* young children with ideas on how to fight the continuous racial inequality and discrimination in our society. Most parents are quick to point out inequalities but nothing else is offered in terms of thinking about how these can be addressed. For each of us as parents and clinicians it is important to consider our surroundings – are we unwittingly reinforcing racial prejudice by the toys we have in our office, the library of books we have on our shelves and the information we give and share to families we treat?

Resources

Beyond the Golden Rule

An inspirational book available in PDF format Beyond the Golden Rule helps children honour the differences in themselves and in others — and to reject prejudice and intolerance. Three age-specific sections feature everyday parents sharing personal stories about the challenges and rewards of raising children in today's diverse world.

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Psychologists, educators and parenting experts offer practical, age-appropriate advice to assist parents to integrate lessons of respect and tolerance in day-to-day activities. The PDF is available at https://www.tolerance.org/sites/default/files/2017-06/beyond_golden_rule.pdf

Books that feature protagonists of colour



The list of books can be found on <https://www.businessinsider.com/kids-books-about-diversity-and-acceptance?IR=T>

The following list includes titles from South Africa <https://coloursofus.com/23-childrens-books-set-south-africa/>

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Diversity in the Playroom

A collection of Rainbow Nation Dolls <https://sibahlecollection.co.za/>

Checkers is also now selling dolls of colour in all their stores nationwide



The colour me series of crayons available through most online outlets





Return to Talks

We are excited to announce that our monthly talks will return in an online format. In July, **Katharine Frost** will join us from Johannesburg to present her talk on “The Traumatized Infant”.

She will describe an ongoing case of a mother and baby that has been seen at Ububele since 2018. The case in itself is one characterised by trauma, domestic violence and much complexity. The case will also allow for a window into the ‘basket’ of services that is

provided by Ububele which consists of multiple Infant Mental health interventions offered in various settings within Alexandra - from NBO (Newborn Behavioral Observations) at clinics and hospitals to home visits and play groups.

Date: 16 July 2020

Time: 7pm

Cost: Free for Members of WCAIMH. Please confirm your attendance by 13 July 2020 to receive the link. For non-members who wish to join there is a R60 payment. Please send proof of payment to wcaimhza@gmail.com by 13 July 2020 and you will receive the link.

Banking details: WCAIMH Standard Bank, Rondebosch, Account number: 274916401, Branch code: 05100

WAIMH News

President-Elect Prof Astrid Berg

We are proud to share with you that Prof. Astrid Berg has been selected as President-Elect of World Association of Infant Mental Health. Prof Berg has been instrumental in establishing infant mental health in South Africa, with her ground-breaking efforts in arranging the first national infant mental health conference in 1995 and in the same year establishing WCAIMH. Prof Berg’s long and established academic career has culminated in seeing her as the co-convenor of the only MPhil in Infant Mental Health in the country which is currently offered by Stellenbosch University. Prof Berg’s generous commitment, leadership, guidance and mentorship has paved the way for the next generation of clinicians in the field of infant mental health and placed the agenda of infants from developing country on the world map. We wish Prof Berg well in this upcoming endeavour. She has started her term as President-Elect and will become president of WAIMH from 2024. Prof Campbell Paul has started his term as the new President of WAIMH.

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WAIMH Affiliate Council Meeting

WAIMH held a council meeting for affiliates and was attended by Juané. WAIMH's expressed aim for 2020 to 2022 is on supporting and strengthening connections with affiliate organisations. With this in mind, WAIMH's board members conducted a survey of all the affiliates to better understand the circumstances, functioning and challenges experienced by the affiliate organisations. In case you missed it last month, the results of the survey may be found [here](#). WAIMH is exploring ways of streamlining the membership process. Their ultimate goal is to have a single membership, which will simultaneously be for WAIMH as well as the local affiliate group. The logistics of this is still being ironed out, as there are significant variations in the size and functioning of different affiliate organisations. WAIMH aims to pilot this new membership arrangement soon. Members of the WAIMH Central office showcased the revised WAIMH [website](#) with functionality to create subgroups, enable communication and resource sharing between members.

There are currently three special editions of the WAIMH publications planned. Voices of COVID-19 special issue in WAIMH Perspectives will feature case studies and qualitative studies that capture the voices and lived experiences of infants, young children, families, and practitioners. There will be a special section in the Infant Mental Health Journal on completed COVID-19 infant and early childhood mental health research. The goal of the special section is to contribute to an early literature base that can inform and support additional research. A full special Infant Mental Health Journal issue on 'Infant and Early Childhood Mental Health in the Context of the COVID-19 Pandemic' is planned for 2021. The special issue will be devoted to rigorous research investigating some of the topics described previously focusing on the prenatal-age 5 developmental period, including how the infant and early childhood mental health field can respond most efficiently and effectively in the face of crisis in the future. More details about the call for papers may be found [here](#).

WAIMH Webinars

Although the WAIMH Biennial congress was postponed due to the worldwide pandemic, the tentative new dates are **23 to 27 June, 2021**. In lieu of the congress, three webinars were hosted along the theme **Keeping Infant Mental Health in Focus in Times of Crisis**. The first webinar, chaired by the newly elected President of WAIMH, **Prof. Campbell Paul** was themed 'Seeing through the eyes of babies'. **Sally Hogg** from the [Parent-Infant Foundation](#) in the UK presented on their work, especially the First 1001 Movement that consists of a group of organisations and professionals campaigning for the importance of the emotional wellbeing of babies. The movement's focus is on translating science related to infant mental health, campaigning, and raising awareness in order to influence politicians and policy makers to improve the outcomes for babies. At present, their focus has been on providing a voice for babies, who often remain invisible while the focus during

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the lockdown period is on online services. Their website includes several infographics and useful resources for raising awareness of IMH.

Prof. Jane Barlow, president of AIMH UK presented results of a survey of community-based practitioners who have been impacted by Covid-19, in particular focussing on midwives and health visitors. She highlighted the impact of redeploying health visitors to other areas of health care, negatively impacting the provision of adequate care to families referred for support. Other challenges were that families in which there are vulnerable children needed face-to-face contact in order to identify and respond to concerns. Infants and young children were described as ‘invisible’, and at greatest risk of harm, as the safety nets of nurseries, children’s centres or schools were not currently operating.

Elisabeth Hoehn, Medical director at the [Queensland Centre for Perinatal & Infant Mental Health](#), shared their Centre’s response to assist children who have experienced adversity. Their [resources](#) to support recovery from natural disasters includes interactive online resources and storybooks. The centre provides a stepped care model spanning prevention, early intervention and treatment phases, with a specialised recovery program to assist those in need. Since the Covid-19 pandemic, [Birdie and the Virus](#) was developed, which includes a flipbook, a handwashing song and interactive online games for children. For parents, there are information sheets with tips to assist with self-care after a disaster and to provide support for young children. Practical resource guides are also available for early childhood educators. **Campbell Paul** provided concluding thoughts on how to engage infants and young children when using telehealth by actively trying to engage infants with one’s movements, voice and facial expressions.

Astrid Berg chaired the second webinar commenced with presenting **Prof. Miri Keren** with the **Serge Lebovici Award** for her significant contributions to the international development of Infant Mental Health. Miri is a Child Psychiatrist and Professor at Tel Aviv University, Israel and the director of a community infant mental health clinic for traumatised infants and their families, but her work spans across continents to France, Spain, and China. Her dedication to promoting peace and reconciliation in Israel and Palestine has culminated in the joint Hebrew-Arabic translation of two books on traumatised children.

Prof. Kai von Klitzing, immediate past-president of WAIMH presented the current knowledge about Covid-19, pregnancy and the risk to young children. There are certain areas where there is still too little data available, but some encouraging evidence is emerging that pregnant women are not more symptomatic than women who are not pregnant and that the virus does not seem to be in breast milk. Several countries are grappling with the issue of reopening schools and debating if and how to do it. Current knowledge suggests that children appear to be less affected than adults and that severe infections are rare. Fears that children may be ‘trojan horses’ by infecting their families does not appear to be supported as children do not seem to be the mechanisms of transmission to adults. The current information is still incomplete and more research is

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needed to ascertain the risk that opening of schools will have on the community spread of Covid-19. He highlighted the current risks that the pandemic is posing to children and that the physical impact is negligible compared to the social and emotional impact that young children experience. He also posed several thought-provoking points, including the recognition that through staying home and not being at school or at care centres, children are currently expected to make significant sacrifices for the good of adults and older people in the community. *Although morally justifiable, he questioned whether there was enough gratitude and recognition of this sacrifice by children. Also questioning what social and environmental changes to our lives in the future we as adults are prepared to make in order to repay solidarity towards the youngest of our communities.*

Dr. Elisabeth Hoehn provided an overview of the development of an infant and perinatal mental health service in Queensland and focussed on the importance of collaborations within a systemic approach. This existing infrastructure provided the opportunity to respond to the mental health needs of women and infants during the pandemic. One of their services was a messaging project, which provided tips and guidance to deal with stress, anxiety, depression and trauma while maintaining the infant the parent-infant relationship at the forefront.

Dr. Dilys Daws, founder member of AIMH UK, gave an evocative lecture on the meaning of sleep problems in babies and the meaning of dreams. Through the use of a memory of a personal dream about her son, Dilys explored the interdependence between infant sleep and parental care. Sleep difficulties often originate from difficulties in separation between mother and baby, sparking anxiety in the parent. Her explanations for sleep problems, how this may related to parental difficulties, and how therapists may help the parent to make sense of and respond to this difficulty was very helpful.

Prof. Miri Keren reflected on the effect that lockdown has on family life. She used the construct of co-parenting as a way of thinking about the triadic family system that is ‘forced’ to be together during lockdown. By use of a clinical vignette, she provided context to how confinement in conjunction with therapeutic input facilitated the improvement in the co-parenting of a family she has been treating.

Prof. Giampaolo Nicolais, from Sapienza University in Rome presented the development of services for families during the lockdown in Italy. Their decision to focus on providing services to families was inspired by Winnicott’s assertion that ‘there is no such thing as a baby’. Their service, initially envisioned to be a first line service shortly after hard lockdown commenced, was planned as a two-sided intervention, which included a clinical consultation and a psychoeducation perspective. The clinical consultation took place in the form of psychological helplines to vulnerable families, which numbered fewer than expected. However, the psycho-educational material provided according to age on their website generated significant interest. Their experience suggested that the Covid-19 pandemic does not necessarily imply a mental health pandemic, and that it provided an opportunity for parents to learn more about their children and their development.

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Resources

Conversion to Tele-treatment: Making it work APSA presentation by Tod Essig PhD

Tod Essig, in his podcast, creates a thinking space that facilitates a greater sense of awareness of the dynamics introduced by Teletherapy. He does this by contextualising the move to remote treatment, giving focus to how this can impact on relating, as well as offers concepts, skills, and strategies in support of clinical sensibility, enhancing our ability to make informed decisions. He highlights the challenges to, and the importance of, retaining the essence of our practice using the medium of teletherapy, including the absence of shared embodiment and maintaining the therapeutic frame, the impact this has on the client feeling held, and considerations to assist in creating a facilitating environment. He ends the podcast by addresses some the potential challenges we could face moving back to in-person sessions.

The podcast can be found on:

<https://www.youtube.com/watch?reload=9&v=hZW1LBrvteo&feature=youtu.be>

Video: Thinking about children in hospital settings. What supports do they and their parents need?

In this video made by GAIMH, Nicole Canin speaks with Raessa Bulbia, a mother whose 4 year old has endured repeated and often invasive hospitalisations as a result of a rare disease called Pompe disease. Nicole then engages with Dr Anusha Lachman, Specialist child and adolescent psychiatrist and co-convenor of the MPhil in Infant Mental Health degree in Stellenbosch. They discuss the complexity of who should be present in hospital with children and how professionals might support and contain caregivers in this often traumatic setting.

The video can be found on:

<https://www.youtube.com/watch?v=yiggdbJlqKA&feature=youtu.be>

Mphil in Infant Mental Health

There is a call for applications for University of Stellenbosch Master's degree in Infant Mental Health (MPhil) for 2021. The degree is convened by President of WAIMH Professor Astrid Berg and Dr Anusha Lachman, Specialist Child and Adolescent Psychiatrist.

A flyer with all the details and more information is attached. Please note that the deadline for applications has been extended to **15 July 2020**.

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