DEVELOPING REFLECTIVE SKILLS IN INFANT MENTAL HEALTH POSTGRADUATE STUDENTS: THE AUSTRALIAN EXPERIENCE

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ABSTRACT: Postgraduate training in infant mental health (IMH) was offered by the New South Wales Institute of Psychiatry in Sydney, Australia for the first time in 1998. Since 2002, the program has been offered at the master’s level by distance education to a multidisciplinary group of students across Australia and New Zealand. This article considers the various ways that the notion of reflective practice and reflective supervision is used in different disciplines and defines our understanding of its place in IMH training. The program content and delivery emphasize the development of reflective skills in students in a number of ways. These include a supportive relationship-based approach to training; a 12-month infant observation which provides students with the opportunity to understand early development, develop observational skills about infants and families as well as their own responses to the infant and family; ongoing clinical supervision and development of a reflective clinical journal; and study and assessment tasks that require the student to integrate new knowledge into clinical practice.

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Postgraduate training in infant mental health (IMH) was offered by the New South Wales (NSW) Institute of Psychiatry in Sydney, Australia for the first time in 1998. Since 2002, the program has been offered at the master’s level by distance education. A 12-month certificate program also is in development.

An emphasis on understanding how relationships affect relationships has been central to the course from the beginning and informs both the content and delivery of the program. In this article, we outline our understanding of reflective process and reflective practice, provide a brief outline of the NSW Institute of Psychiatry IMH diploma and master’s programs, and consider how the course is structured to promote the development of reflective skills in students. We conclude with consideration of the opportunities and the challenges facing the current program.

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REFLECTIVE PROCESSES, SKILLS, AND PRACTICE

Reflective Process

Slade (2005) defined reflective functioning as “the essential human capacity to understand behavior in light of underlying mental states and intentions” (p. 269) and as a “metacognitive process akin to perspective taking . . . the non defensive willingness to engage emotionally, to make meaning of feelings and internal experiences without becoming overwhelmed or shutting down” (p. 271).

In infant–parent work, it is perhaps taken for granted that the infant–parent worker will have the capacity for self-reflection as described by Slade (2005). It is often proposed, for example, that the ideal situation is where the relationship between therapist and parent of the infant parallels the “sought for” relationship between the parent and infant. In developing the IMH course, it was considered essential that reflective functioning be a clear focus.

Interestingly, there is little or no work linking the burgeoning literature on parental reflective capacity, reflective functioning, and mentalization, first developed and operationalized by Fonagy, Steele, Moran, Steele, and Higgit (1991), which is now understood as central to adequate parenting and linked to infant attachment security (Slade, 2005), with ideas about the reflective skills ideally developed or developing in IMH and other practitioners. However, there is an overlap, but not concordance, in the way the concepts are defined and the terminology used. Clearly, these reflective capacities are essential for the practitioner working in the field of IMH, and include the more deliberate or conscious process of reexamining and revisiting clinical and other experiences to learn from them. Promoting the development of these abilities in trainees is a central aspect of IMH education and training.

Reflection as a Skill

As IMH educators, we aim to promote in trainees the development of their observational skills (of self and other), their capacities to engage emotionally without shutting down, their ability to reflect critically on the assumptions underlying their responses to families and infants, to incorporate new knowledge into practice, and to use reflection to work thoughtfully, sensitively, and respectfully in the service of infants and their families. We believe the skill of reflection can be acquired in different ways. The concept can be taught, observed in others, and experienced alone and with others. This shared experience is an identified aspect of reflective supervision.

Reflective Practice

The literature on reflective practice and reflective supervision from other disciplines gives emphasis to the process of reflection as a skill or process central to lifelong learning as well as to competent clinical practice, but with greater emphasis on critical reflection. For example, Morley (2007) stated that critical reflection “highlights disparities between a practitioner’s espoused theories and their actual practice” (p. 62), and Cox (2005) quoted Brockbank and McGill (1999, p. 57) on how reflective practice “engages the person at the edge of their knowledge, their sense of self and the world” and (p. 461) “leads to assumptions and understanding about self and the world being challenged . . . . Thus reflection forms the bridge between a course of study and personal experience. . . .” This aspect of reflection is related to the student’s critical evaluation of his or her own learning and is in addition to the emphasis on the clinician’s “use of self”
Reflective Practice in Training

(Heffron, 2005, p. 118) and “the continual conceptualization of what one is observing, doing, and feeling” described by Gilkerson and Ritzler (2005, p. 434).

Reflective Supervision

The opportunity for reflective supervision is frequently identified as central to competent IMH practice with infants and their families. Gilkerson and Ritzler (2005) stated “...it has become accepted in the field that working with infants and their families from a relationship perspective requires ongoing, regular opportunities for reflection” (p. 427), and in the same volume, Heffron (2005) stated that a reflective perspective “...involves learning ways to think about responses to families...learning how to formulate informed questions that might lead to greater understanding instead of quick problem resolution” (p. 115). The assumption is that this promotes and supports the development of reflective process skills in participants.

Reflective supervision also is viewed as central to the process of learning and development in other clinical areas including child and adolescent psychiatry (Senediak & Bowden, 2007), social work (Wilson, Walsh, & Kirby, 2007), and teaching (Samuels & Betts, 2007), although the definition of reflective processes and the emphasis given to particular skills or processes within supervision varies across disciplines.

TRAINING PROFESSIONALS IN IMH

A training program in the rapidly developing field of IMH needs to be informed by a developmental and relational perspective. Such a program includes consideration of biological, psychological, interpersonal, social, and cultural factors and requires a practical orientation aimed at facilitating the development of relevant clinical knowledge, skills, and attitudes appropriate for sensitive, competent, ethical, relationship-based, and reflective clinical practice.

The Infant Mental Health Program at the NSW Institute of Psychiatry

The need for a postgraduate studies course in IMH in Sydney became apparent in the early 1990s with the increasing number of professionals of different disciplines working with parents and infants in a more inclusive, holistic manner than before, but conscious of their limited knowledge and skills in this new discipline of IMH.

The Postgraduate IMH Course: A 2-year Diploma or a 3-year Master’s Degree

In 1997, the NSW Institute of Psychiatry (NSWIOP) established a working party of practitioners and academics of different disciplines to investigate and implement a program to address the educational needs of professionals working with parents (or caregivers) and infants in a variety of settings. It was determined that the program should have a multidisciplinary focus and be available to practitioners of different disciplines (Zeanah, Larrieu, & Zeanah, 2000). There also was consensus, in line with other infant mental health programs (Fraiberg, 1980; Weatherston & Baltman, 1992), that the course should focus on the infant, infant development, and infant–family relationships, within the social and cultural context. In planning, we addressed the four questions which have been articulated by Weatherston (2005, p. 4–5) as “of great significance
to the scope of infant mental health practice and to the training needs of IMH specialists: What about the baby? What about the parents who care for the baby? What about the early developing relationship and context of early care? What about the practitioner?”

Since 1998, the NSWIOP has offered a 2-year, part-time, postgraduate diploma in IMH, and since 2002, the program also has been offered at the master’s level. A 12-month certificate program also is in development. The program is unique because of the multidisciplinary nature of presenters and students, integration of theory and practice, and flexible delivery on campus and in distance-education modes.

The Students: A Multidisciplinary Professional Group

Since the first intake of 14 multidisciplinary students in July 1998, interest has continued to grow. In May 2009, 42 students were enrolled across the 3 years of the program, and 101 students had graduated from the diploma and master’s programs.

The IMH students in our course are a multidisciplinary professional group who work in very varied contexts. Most have an undergraduate degree in a health-related field (e.g., medicine, nursing social work, speech pathology, psychology) or have many years of experience, working with mothers and infants as early child and family health nurses, for example, or with parents and their disabled children. They include nurses, a range of allied health professionals, and child psychiatrists, with varying professional and personal backgrounds (e.g., mental health, pediatrics, early childhood development, childcare, developmental disability, and child protection) and differing degrees of exposure to supervision, particularly reflective supervision. They work in diverse social and professional contexts across Australia and New Zealand, some in very remote rural locations and others in large, inner city teaching hospitals. A textbook (Mares, Newman, & Warren, 2005) has been developed to provide a coherent and an integrated multidisciplinary introduction to clinical work in IMH, and the distance-delivery mode enables the participation of this wide range of students. This remains a challenge to the design and delivery of the program—how to develop and maintain relationships with such a diverse range of students who work in such different circumstances and how to stimulate in them the reflective skills identified as central to competent and satisfying IMH practice.

OVERVIEW OF THE PROGRAM

Philosophy and Aims

The focus of training in the program is to integrate a broad-based, biopsychosocial framework of infant development with reflective professional practice, emphasizing assessment and formulation, prevention, and early intervention in a relational context.

The program aims to:

- Provide a theoretical and practical basis for clinical work using a relationship approach, with infants under 3 years, their caregivers and families, in a variety of settings.
- Provide a multidisciplinary program which takes the infant and his or her development as a central focus and emphasizes the complex process of infant and family development through pregnancy and the first 3 years of life.

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• Present an overview of the psychosocial problems which may affect normal development of the infant under 3 years.

• Assist students to apply theories of development to the assessment of infants and their families, and to enable them to formulate a management plan.

• Acquaint students with a range of approaches to prevention, intervention, service delivery, and advocacy for families with infants and young children.

• Assist each student to set and achieve learning goals appropriate for his or her professional role and area of employment.

• Assist each student to develop reflective capacities in relation to his or her professional role, practice, and relationships.

• Develop students’ critical thinking, analytical skills, and skills in conducting research in the field of IMH.

• Equip professionals working in the area of infant mental health with appropriate comprehensive, community-based skills as well as skills for providing leadership within the discipline.

• Promote awareness of current ethical and moral debates within the discipline.

• Prepare master’s students for clinical leadership and advocacy roles in the area of infant mental health.

THE RELATIONAL CONTEXT OF TRAINING

The significance of the relational context of development is a central part of the curriculum as well as the delivery of the course and the learning experience of the students. A parallel process is involved. As the students focus on the infant, the family, the context of early development, and their own practice with families, the development of the students as IMH specialists occurs within a supportive, accepting, nonjudgmental, and facilitating environment. The course combines high academic standards and firmly articulated expectations and assessment processes, with a relational approach that supports student development, learning, and reflection, analogous to the balance of care and control identified as a central dimension of parenting (Hoghughi, 1997).

Introductory Interview

This relational process begins when each applicant is interviewed by a faculty member by telephone. There is the opportunity to reflect on the student’s work with parents and infants and the reasons for taking the course. The student is given an overview of the first year of the course and the expected academic and time demands, and with the interviewer, considers how he or she will manage the workload. Each student also is told about the experiential component of Year 1, the “Infant Observation,” and its requirements; in particular, that it is the experience of observing rather than doing which can be challenging for students. Successful applicants are expected to look for a suitable family with a baby expected early in the academic year.

Orientation Day

Once applicants are offered and accept a place, they are invited to Orientation Day. As many students live long distances from Sydney, about 50% are able to attend this opportunity to meet
faculty and administrative staff and fellow students. Students meet their infant observation group supervisor and fellow participants, beginning supervisory and peer relationships that will largely be conducted by teleconferencing and will continue for at least 12 months.

At the beginning of each year, students are provided with electronic copies of a study guide, the course material which contains content as well as assessment tasks, and core readings. During the semester, students work independently through the material, the course coordinator is available by e-mail or telephone and some tasks are completed in an online Web-forum. Students have weekly contact with their small group and supervisor. A designated administrative staff member also is available by telephone or e-mail to answer inquiries or direct the question to the coordinator. The relatively small number of students enrolled in courses at the Institute allows the administrative staff to know most students and assist in the development of cooperative relationships between students and staff.

On-Campus Seminar Block

As not all students can get to the Orientation Day activities, it is at the first on-campus block of seminars in Semester 1 that all students meet each other, members of the administrative staff, and faculty. At these blocks, 5 days each semester, students form strong relationships with each other although living thousands of kilometers apart, which they maintain through e-mail and perhaps shared supervision. At the teaching blocks, students are required to present study and assessment tasks to their year group. This provides opportunities to share knowledge, information about their work and professional backgrounds from differing social and professional perspectives. Thus, students have exposure to, and an appreciation of, a wide range of approaches to intervention with infants and families, within the developmental and relational framework of the overall course. Combined-year group sessions are also scheduled to encourage a sense of belonging to the IMH faculty, across the various years of the course.

Towards the end of the first year, each collection of individuals noticeably morphs into a cohesive, supportive group. Even within the context of distance education, students form supportive groups, communicating through e-mail and sharing accommodations when they attend the seminar blocks. The fostering of relationships occurs at all levels. Students have a sense of belonging to the Institute generally as well as to the IMH faculty in particular.

GRADUATE DIPLOMA IN IMH

The Graduate Diploma and Master of Infant Mental Health are offered as mixed-mode delivery combining self-directed study modules and face-to-face lectures/tutorials and supervision over a 2- or 3-year period. The study period can be extended in some circumstances.

Each year of the course is divided into two semesters. In each semester of Years 1 and 2, there are both theoretical (coursework) and experiential (observation/supervision) components (see Table 1). These components are run concurrently, and all units are compulsory. In both components of Year 1, the emphasis is on understanding normal development within the caregiving, or parenting, context. In Year 2, the focus is on clinical situations, different modes of intervention, and the variety of roles and responsibilities of IMH workers.

Theoretical and experiential units are combined in the Master’s program, and students are encouraged to develop understanding of and skills in advocacy and service and policy development relevant to IMH.
**TABLE 1. Pathways Through the Course**

Units of Study: Graduate Diploma of IMH

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<th>Four Compulsory Units in Each Year of Study</th>
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<tr>
<th>Theoretical Units</th>
<th>Experiential Units</th>
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<tr>
<td>Year 1</td>
<td>Year 2</td>
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<tr>
<td>Core Infancy Studies I &amp; II</td>
<td>Clinical Infancy Studies I &amp; II</td>
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<tr>
<td>Infant Observation Methods</td>
<td>Clinical Supervision</td>
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EXIT AT THIS POINT WITH GRADUATE DIPLOMA IN IMH

Units of Study: Master’s Degree

Completion of the Graduate Diploma in IMH Plus Year 3–Research or Clinical Coursework Stream

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<thead>
<tr>
<th>Research Stream Core Units</th>
<th>Clinical Coursework Stream Core Units</th>
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<tr>
<td>Research Methods II</td>
<td>Current Debates in Infant Mental Health</td>
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<tr>
<td>Research Project</td>
<td>Advanced Clinical Practice I</td>
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<td></td>
<td>Advanced Clinical Practice II</td>
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<td>Plus One elective unit relevant to IMH Theory</td>
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<td>or Practice, including the option of a Unit of Independent Study (small project).</td>
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EXIT AT THIS POINT WITH MASTER’S DEGREE IN IMH

**Year 1**

*The Infant Observation.* The experiential component in Year 1 consists of observing an infant in his or her home environment through regular visits to the family over the first year of life (Bick, 1964; Blake & Rose 1993; Miller, Rustin, & Shuttleworth, 1989). Each student observes an infant for 36 visits over the infant’s first year. Students document their observations and share these with 3 to 4 peers and their supervisor each week. The observation experience not only assists students to appreciate how families differ in their approaches to nurturing their baby and how those differences may influence child development, but it also gives students the opportunity to examine and reflect on their identification with both the baby and the parents in their struggle to get to know each other over the first year.

Infant observation sets the framework for the reflection process, providing the foundation for learning to be thoughtful about one’s own internal responses. All of the students, regardless of their earlier training and experience, are confronted with the challenge for the infant in getting needs met and the challenge for the parent, usually the mother, to meet those needs. They reflect on how it is for the baby and also on their own internal responses within the safe context of supervision and without the responsibility of expected intervention. Supervisors are approved and chosen for the role because of their particular expertise and experience in the field of infant observation and supervision. Students keep a journal of their observations of the baby and family.
and a separate record of their reflections about the process, what they have learned, noticed, and understood from the observation and the supervision group.

As one student noted,

“The infant obs is at first daunting, but it is the most valuable part of the entire course, along with the weekly supervision. Like infants we are held by our supervisor and our small group as we struggle to know what we are experiencing, interpret and make sense of the meaning, reflect on the effect (on the baby, the mother and ourselves) and in some cases feel empathy for our colleagues and their difficulties with the relationships we observe. We regulate ourselves and move forward. We hold the mother without judgement, and wise babies tolerate us. We can sit on our hands, not advise, and absorb the experience . . . for it was not just seeing strengths in a normal mother evolve but learning to have faith in others who struggle, that they too can surprise the “experts” in their creative ways of overcoming.” (Smart, personal communication, November, 2007)

Core Infancy Studies. The theoretical components in Year 1 are called Core Infancy Studies. Within the framework of normal human development, students are introduced to the major ethical, legal, and philosophical frameworks of IMH. The principles of a population health approach to practice are reviewed as are current issues in the theoretical understandings of pregnancy and developmental processes from birth to 3 years from biological, neurophysiological, and psychosocial perspectives. The influences of family and culture are considered, as they influence the infant’s psychosocial development, with an emphasis on understanding early attachment relationships and their developmental implications. Theoretical models for working with parents and infants are also introduced.

Study tasks throughout each topic of the course challenge the student to reflect on professional practice and how the course material may have relevance to that practice. Assessment tasks include essays, case studies, and literature reviews. For example, a major assessment task in the first year is to write a case study of about 2,500 words where the emphasis is on assessment and observation of the infant, the family, and their relationships. Forty percent of the marks are allocated for the student’s formulation of the case in relation to the course material.

Year 2

Clinical Supervision. It is during Clinical Supervision, the experiential component of Year 2, that students experience the reflective process in supervision of their own case material in a weekly small group with one supervisor for 12 months. Sessions begin with a student presenting a case and outlining his or her involvement with the family and current dilemmas about assessment and intervention. Other students and the supervisor may ask for clarification, discuss the impact of working with this family on the student, and/or suggest possible avenues for intervention. The session concludes with the student summarizing what has been gained from the session in relation to working with the family and his or her involvement. Issues of transference and countertransference are openly discussed.

Assessment in the Clinical Supervision Unit includes completing a reflective journal of the supervision with a record of the clinical issues discussed, reflections on the learning process, what was learned and understood, and notes about the student’s responses to the family and the supervision process. An essay on any ethical issue(s) arising in clinical work is another
Reflective Practice in Training

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assessment task that requires students to identify and reflect on clinical dilemmas and to consider these in light of both theoretical material and professional ethical frameworks.

Because students work in a variety of settings, clinical supervision has a developmental, intergenerational, attachment, and systems framework, and is eclectic in nature. The emphasis is on reflecting on one’s practice and its impact on infants and their families, and the impact of the family on the student. Supervisors are approved and chosen for the role because of their particular expertise and experience in the field of IMH and clinical supervision.

Clinical Infancy Studies. In Year 2, the theoretical units include topics covering the range of clinical problems with which families with infants may present. The course acknowledges the variety of professional backgrounds and clinical settings in which assessment and intervention in IMH may take place. This includes a range of presentations to settings in which the parent is identified as the patient (e.g., parental psychiatric disorders), presentations in which the infant is identified as at high risk (e.g., infants born prematurely or with significant physical or developmental problems), and situations in which the relationship between infant and caregivers is the focus of assessment and intervention. These include infant–parent relational problems, attachment disorders, and child maltreatment, including emotional abuse and neglect. This section of the course has a clear focus on understanding infant development and risk within the caregiving, or parenting, context. While families present in different ways with a variety of difficulties, the focus is on enabling students to develop comprehensive skills in assessment that can be applied across a range of settings. This section of the program also encourages students to consider issues of advocacy, service, and systemic factors that impact on the provision of care to families with infants. Once again, various aspects of assessment require the students to reflect on the material they are learning and its application to their practice. Students also take part in a unit designed to increase their understanding and appreciation of research methods (Markham & Stevenson, 2004).

Year 3

Master’s in IMH—by Research or Clinical Coursework. To meet the requirements of the master’s course, students complete a third year of study. The aim is to further develop research and analytical skills as well as competencies in the assessment and management of families with infants, within a framework of an increasing capacity for reflection on learning and practice. In this third year, students choose to undertake either the research or the clinical course work stream.

Research Stream. Students who choose to specialize in research undertake a unit in Advanced Research Methods and conduct a research study in an area of IMH (Markham & Stevenson, 2004).

Clinical Coursework Stream. In this stream, students complete units on “Current Debates in Infant Mental Health” and “Advanced Clinical Practice,” continue regular small-group supervision, and complete an elective unit of study relevant to IMH.

Current Debates in IMH. The “Current Debates” unit includes discussion of topics that require students to research and analyze information across a range of domains, and to apply this information to current issues that require higher order analysis and debate. Consideration
of children’s rights in a variety of situations and attention to the needs of the very vulnerable infants and children in out-of-home or state care as well as approaches to advocacy are covered.

**Advanced Clinical Practice.** In Advanced Clinical Practice, the focus is on clinical practice issues and supervision. Students are required to integrate knowledge of infant psychosocial pathology into clinical practice through development of skills in assessment of parenting capacity and child risk as well as in identification and diagnosis of biopsychosocial pathology and treatment. In the second semester, students examine and analyze leadership, consultancy, and advocacy as responsibility of the IMH specialist. Students develop skills in report writing, consultation and liaison with other agencies, training, and policy development in IMH.

Students participate in regular clinical supervision, building on the reflective processes developed in earlier years of the course. The format is similar to that of Clinical Supervision, but in the third year the students, both the presenter and participants, are more open in discussing their own responses to families and transference and countertransference issues, and exploring possible ways of addressing these with families. Systemic issues and parallel process also are a regular focus.

**Elective Unit of Study.** Students also complete an elective unit of study relevant to IMH, or an increasing number undertake an independent project on a topic of their own choosing.

**ASSESSMENT OF DEVELOPING KNOWLEDGE, SKILLS, AND ATTITUDES**

Students’ progression through the course and the development of required knowledge, skills, and understanding of IMH are evaluated throughout the course using a variety of assignments and tasks, including online and written assignments, presentations, a reflective journal summary, participation in infant observations/clinical supervision seminars, and a supervised research project.

Broadly speaking, these tasks are designed to enable students to demonstrate the ability to

- integrate theoretical knowledge into clinical practice;
- critically reflect on their own clinical practice and identify resources and strategies to continually improve their professional skills, knowledge, and attitudes;
- critically evaluate and analyze current ethical and moral debates within the discipline; and
- execute research in an area of debate within the discipline.

**Student Feedback**

Evaluations indicate that in general, students’ learning objectives were “mostly” or “completely” met and that the course was highly relevant to their workplaces. A student wrote,

“Working through the study guides, and completing study tasks and assignments, often challenged us to reflect on our practice and to consider how the various topics impacted on us and our services. Overall I have felt that reflection and the development of my abilities in this area, has been one of the most important aspects of the course for me.”
nurse, working as a discharge liaison nurse with graduates of the NICU of a large hospital, personal communication, Siu, October, 2007)

RESPONDING TO THE CHALLENGES FACING THE IMH GRADUATE PROGRAMS

The challenges faced by the program and posed by the students undertaking the program are not unique to IMH training but are common to many courses offering postgraduate education by distance delivery.

The Changing Field of IMH

One challenge stems from the nature of the discipline. The area of IMH is evolving rapidly. New ideas and approaches to intervention are constantly being developed. There are challenges in keeping pace with developments and ensuring that course material as well as faculty members remain up to date. Discussion and the expectation that students take responsibility for their own learning help to ensure that students seek answers to their questions from each other, from faculty, and from other resources.

Student Diversity

One challenge is the diversity of the students undertaking the program. Students have different professional backgrounds, are from rural, urban, and country areas, and have varying professional needs. Structuring a program that caters to the diverse group of students and meets their theoretical, practical, and professional needs is a daunting task. We have responded to this challenge by offering units in mixed delivery mode and by providing individual consultation and support to those students struggling with aspects of the course.

As indicated, the program started as only on campus, but moved to a mixed-mode (on-campus and distance education) program after a couple of years. This generates concerns about the degree to which one can teach clinical-intervention procedures in a distance-education mode as well as concerns about the quality of supervision and the staff–student contact in teaching at a distance. We have responded to this challenge in various ways, including supporting the development of relationships within the course, semester block teaching, providing reading materials, holding group meetings of students with faculty staff members or with a local IMH clinician, and telephone and e-mail contact between staff and students. Availability of staff trained in and with personal experience with clinical procedures and observations is important in meeting this challenge. The most important factors has been to encourage reflective practice in the student—for the student to be constantly considering his or her practice in light of the course of study, to be open about his or her needs and uncertainties, and to be able to think through issues with the support of faculty or peers.

Mature-Age Students

A further challenge is common to all courses attempting to meet the needs of adult learners, many of whom are working full-time and/or have families, children, or aging parents. These extremely well-motivated, mature-age students are often more interested in process than outcome. They
often need to do the course at a slower pace as they take time to nurse or bury aging parents or be available to older teenage children completing school exams. We have found it necessary to have a flexible framework for completion of assignments while maintaining high academic expectations. For some students, the course material and reflective approach reactivate personal or family issues related to their own traumas, losses, or both. At times, it is necessary to suggest that students seek additional support or therapy and, if necessary, to encourage a break from studies while they attend to their own or family needs.

**Maintaining the Quality of the Training Experience**

As knowledge of the field and the reputation of the course have grown, a further challenge has arisen: The course has become increasingly popular and sought after, and student enrolments have increased. A guiding principle and one reason for the success of the course is the importance of relationships as a framework for learning. Increased student numbers mean an increased need for faculty and availability, and this requires support at administrative and funding levels. Limiting student numbers may be necessary to maintain the quality of the teaching and learning experience, and discussions also are under way for a graduate mentoring program to supplement the support available from faculty.

We are making increased use of Web-based teaching and assessments, online delivery of course materials, and encouraging students and alumni to join Internet- or Web-based chat rooms to discuss issues in IMH. These endeavors facilitate and improve teaching at a distance and assist students in self-directed learning.

**CONCLUSION**

The Graduate Diploma and Master of Infant Mental Health courses conducted by the NSWIOP are accredited tertiary-level courses meeting the learning needs of professionals in a range of disciplines who are working with parents and infants in a variety of settings. A 12-month certificate program is in development. The IMH program contributes to the education and training of an increasing number of specialist IMH practitioners in Australia and New Zealand. Graduates have developed skills in consultation, liaison, advocacy, and promotion of IMH as a specialty. This enables them to act as a resource to others in health and community services and actively promote an awareness of IMH issues, within relevant social, health, and policy contexts.

Courses are designed to facilitate the development of students’ critical thinking and analytic skills in the area of IMH, thereby improving healthcare practices and outcomes for infants and their families. Specifically, the courses are designed to enhance the knowledge, skills, and attitudes of students presently working in the IMH field who are likely to take leadership roles within this rapidly expanding specialty area. As outlined, reflective skills, central to competent IMH practice, are a core element of each aspect of the program. As one student stated, “The relationship model has been a source of strength and support throughout the course . . . . Thank you for the journey. You have given me roots and wings” (Smart, personal communication, November, 2007).

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