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Preventing the Bough from Breaking: conference report

Wendy Britt  
*Southern Cross University*

Sallie Newell  
*Southern Cross University*

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Preventing the Bough from Breaking
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NEW APPROACHES TO POST NATAL DEPRESSION, BONDING AND ATTACHMENT

Prepared by:  Wendy Britt & Sallie Newell

Southern Cross UNIVERSITY
A new way to think
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**Suggested Citation**

**Acknowledgments**
The Family Support Network - Lismore wishes to thank all the presenters, organisations and individuals who have made this inaugural conference a reality.

‘Preventing the Bough from Breaking: New approaches to Postnatal Depression, bonding and attachment’ has been funded by the Australian Government through the Communities for Children Initiative of the ‘Stronger Families and Communities Strategy’. The Communities for Children Initiative in Lismore is managed by the YWCA Northern Rivers, NSW. Thanks are due to both the YWCA and the Lismore regional office of FaCHSIA for their assistance.

Thanks are also extended to conference supporters: The Byron at Byron Resort Spa and Conference Centre, beyondblue - the national depression initiative and Cape Byron Playback Theatre.

For further information about this report, please contact:
Wendy Britt, Project Officer
Centre for Children & Young People, Southern Cross University
*Mail:* PO Box 157, Lismore NSW 2480
*Phone:* 02 6620 3605  
*Email:* wendy.britt@scu.edu.au

For further info about Preventing the Bough from Breaking
Jodie Clarke, Bonding With Baby Coordinator
Family Support Network Inc
*Mail:* 46 Uralba Street, Lismore NSW 2480
*Phone:* 02 6621 2489  
*Email:* vhvs@familynet.ngo.org.au
**Welcome from Janelle Saffin, Federal Labor Member for Page MP**

The national depression initiative beyondblue estimates that one in seven Australian mothers suffer from postnatal depression (PND), but many more cases go unreported and undiagnosed because there is still a stigma attached to the condition in smaller, rural communities, such as exist here in the Northern Rivers area.

Mothers who are not bonding or coping with their newborn children need to know that PND is highly treatable as long as they recognise its symptoms and seek help early on. Fathers and families are also affected by PND and require support. And help is at hand in the Lismore community and surrounding areas. The Family Support Network’s Federally-funded ‘Bonding with Baby - A Helping Hand’ program has provided practical solutions for hundreds of mothers, their partners and families over the past three years.

The ‘Preventing the Bough from Breaking’ conference will bring an impressive body of speakers’ knowledge and experience to one location. High quality presentations, a comprehensive program and resources such of the specially-commissioned DVD and workbook should make this event a benchmark in professional development.

I warmly welcome all delegates to the conference in Byron Bay, where they will shape a community response to postnatal depression aimed at strengthening families for the longer haul.

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**Message from Conference Convenor - Jenny Dowell, Northern Rivers Social Development Council**

‘Preventing the Bough from Breaking - New Approaches to Postnatal Depression, Bonding and Attachment’ brings together many of Australia’s leading researchers and practitioners to share their findings and experiences.

In addition, there will be ample opportunity to hear of the great work being undertaken across the country in diverse communities. Participants will be better able to help mother and babies and to strengthen families, link service and build more inclusive communities.

On behalf of the team that has been working to bring this conference to reality, it is my pleasure to invite you to Byron Bay on the beautiful Far North Coast of NSW, in late April. Please join us so that we can improve our knowledge, enhance our service delivery, work collaboratively and become more caring in the process. Together we can ‘strengthen the bough’.
OBJECTIVES AND CONTENT
The conference is being organized by the Family Support Network Lismore, funded via the ‘Bonding with Baby - A Helping Hand’ program. ‘Bonding with Baby - A Helping Hand’ is funded by the Australian Government through the Communities for Children initiative of the Stronger Families and Communities Strategy. The Communities for Children Initiative in Lismore is managed by the YWCA Northern Rivers, NSW. The conference has been designed to strengthen the community’s capacity to understand and recognise postnatal depression.

Conference themes include postnatal depression and its impact on bonding and attachment for women and men, cultural differences and the most recent developments in research and best practice. Leaders in their respective fields will provide informative presentations and interact with delegates.
CONFERECE PROGRAM

DAY ONE: Monday 28th April

8.15am- 9.00am Official Opening of the Conference, including Welcome to Country and Opening Address

9.00am- 10.30am PLENARY SESSION KEYNOTE PRESENTATION
Prof Bryanne Barnett Distressed Parents and Infants: - Attachment issues in treatment and prevention

10.30am- 10.50am Morning tea, followed by CONCURRENT SESSIONS

10.50am- 12.20pm Interventions for Pre-Term Infants: The critical need to include parents
Dr Carol Newnham

10.50am- 11.35pm Karina Bria Paternal Post Natal Depression in first time fathers
Khadora Omar 'Walking among Eggshells': - Issues of PND and Mental Health among Horn of Africa communities

11.40am- 12.25pm Prof Pat Brodie Midwifery continuity of care: - Strengthening the Bough
Jennifer Erickson Community HUGS: Moving Beyond the Specialist Setting. A Specialised Mother-Infant Program run in the Community for the Community

12.25pm- 1.20pm LUNCH

1.20pm- 1.40pm PLENARY SESSION
Launch of DVD and Workbook 'Preventing the bough from breaking' (copies will be made available to all delegates)

1.40pm- 3.10pm KEYNOTE PRESENTATION
Our story: the richness of research in guiding us in the development of perinatal treatments for mothers, fathers and babies
Prof Jeanette Milgrom

3.30pm- 3.30pm Afternoon tea

3.30pm- 4.45pm PLENARY SESSION
Performance by Cape Byron Playback Theatre

4.45pm- 5.00pm Wrap up of first day's conference proceedings
Convenor Cr Jenny Dowell

7.00pm- late CONFERENCE DINNER (Optional: own expense for delegates)

DAY TWO: Tuesday 29th April

9.00am- 9.30am Family Support Network An overview of the Bonding with Baby' program. (speaker to be advised)

9.30am- 11.00am Richard Fletcher KEYNOTE PRESENTATION
Fathers and Post Natal Depression

11.00am- 11.20pm Morning tea, followed by CONCURRENT SESSIONS

11.20am- 12.55pm Ruth Schmidt Neven Look Who's Talking: - Setting the scene for Communication and Attachment for fathers, mothers and babies

11.20am- 12.05pm Paul Pritchard Linking with Dad before babies arrive

12.05pm- 1.00pm Katinka Pal-Zimny Caring for Depressed Mothers - A local government model of service delivery

1.00pm- 2.00pm LUNCH

2.00pm- 3.30pm PLENARY SESSION KEYNOTE PRESENTATION
Michael Zilibowitz A 'Watch, Wait and Wonder' parent-child interaction program

3.30pm- 4.00pm Afternoon tea

4.00pm- 4.30pm PLENARY SESSION
Formal wrap-up of conference proceedings and outcomes
Convenor Cr Jenny Dowell

Program correct at time of printing: subject to change.

Playback Theatre performance - DAY ONE

The Cape Byron Playback Theatre troupe will immerse delegates in their unique brand of spontaneous and improvised performance. This involves audience members relating their experiences and watching as they are immediately 'played back' through movement, voice and music. Cape Byron Playback Theatre members bring skills and experience in social services and community development to their art and will attend the conference as observers, to ensure the experience is authentic and memorable.

Note: For Abstracts about each presentation see Appendix “A”
**SPEAKERS’ BIOGRAPHIES**

**JENNY DOWELL – CONFERENCE CONVENOR**

Jenny is a Councillor on Lismore City Council and the President of Northern Rivers Social Development Council. She has spent more than 35 years as a university lecturer in special education and a teacher of deaf children. Jenny volunteers to a diverse range of community groups and organisations. She chairs Lismore City Council’s Community Services Policy Advisory Group and participates in many other groups in her local area and further afield. Jenny is a NSW Public Education Ambassador, Patron of Kadina HS P&C and has been President of the Northern Rivers Social Development Council.

**BRYANNE BARNETT – KEYNOTE SPEAKER**

Bryanne has a postgraduate degree from the University of New South Wales, held a Chair of Perinatal and Infant Psychiatry at that University and is currently part of the Perinatal and Infant Mental Health Service of Sydney South West Area Health Service and Chair of the Board of Karitane, caring for families. She is a foundation member and Past President of the Australian Association for Infant Mental Health, the Australian Society for Psychosocial Obstetrics and Gynaecology, and the Australasian Branch of the Marcé Society and is currently President of the International Marcé Society. In June 2007, Professor Barnett was invested with membership of the Order of Australia for her services to families and the professions.

**KARINA BRIA**

Karina is undertaking the second year of a PhD at the University of Adelaide after successfully obtaining a scholarship with the Discipline of General Practice, School of Population Health & Clinical Practice. She is a registered nurse/midwife with over 25 years of clinical experience and holds a Bachelor of Nursing Degree and a Master of Midwifery. Karina continues to work in clinical practice as a midwife on a casual basis and was a lecturer for several years in the Bachelor of Midwifery program at the University of South Australia and co-ordinated the Continuity of Care program (midwifery students with mothers) before commencing her PhD full-time. Karina’s interest in the mental health issues of men with postnatal depression prompted her to conduct a Systematic Review in 2003 on the incidence of Paternal Postnatal Depression as part of a minor thesis for her Master’s degree.

**PAT BRODIE**

Pat has been involved in a wide range of midwifery practice, teaching, research and management roles over 25 years in Australia. In her current role as Professor of Midwifery in the south west of Sydney, Pat is engaged in practice developments to increase the capacity of midwives as primary carers in the provision of continuity of care within an integrated social health model of maternity care. She is currently National President of the Australian College of Midwives and was a member of the national steering committee of beyondblue who developed the National Perinatal Mental Health Action Plan. She has also recently been invited as a midwifery leader to the membership of the Perinatal and Infant Sub-Committee of the NSW Mental Health Program Council.
CATHRYN CURTIN
Cathryn is a practicing midwife and educator, she was instrumental in setting up Birth Centres within Melbourne in the 1980s. Cathryn graduated as a Maternal and Child Health Nurse in 1984 and worked primarily in the public and not-for-profit sectors, leading to executive management roles in Community Health and Local Government, specializing in planning for service provision, managing community contracts and undertaking diverse projects as reflected by the needs of the community. In 2003 Cathryn was instrumental in developing the model of care for a Maternal and Child Health Service and was awarded the Victorian Premier’s Award for continuous improvement in Local Government. She formed Cathryn Curtin Consulting Pty Ltd in 2005 to provide private support to women and families in the immediate postnatal period within the client's home. The success of the in-home support has inspired Cathryn to set up the Curtin Day Stay Centre in Hampton, Victoria.

JENNIFER ERICKSEN
Jennifer is Coordinator of the Infant Clinic, Austin Health. Together with Professor Jeannette Milgrom she has recently established the Parent-Infant Research Institute and has been involved in research on mother-infant interactions and postnatal depression. Jennifer is a psychologist experienced in early childhood assessment, parent support and skills training, cognitive behaviour therapy, service planning and implementation in the public sector. She has worked in a variety of specialist children's services targeting difficulties in children's development in social, emotional, intellectual and motor areas and currently, she specializes in the treatment of mothers with perinatal depression, parenting difficulties in the child's first two years of life and support of fathers. Jennifer has had wide experience in training with Maternal and Child Health Nurses, General Practitioners and Midwives. Her most recent project has been the Happiness, Understanding, Giving and Sharing HUGS© program that enhances the interaction between mother and baby.

RICHARD FLETCHER - KEYNOTE SPEAKER
Following his plumbing apprenticeship, Richard studied science at Sydney University and taught science in NSW, Kenya and the United States before joining TAFE to work with marginalised groups. He pioneered domestic violence prevention within Health Promotion and Men’s and Boy’s Health as areas of study. He has lectured on Health Research and Male Health Studies to teachers, nurses, occupational therapists, and medical students. He is currently completing his PhD on fathers’ attachment to infants and children.

KELLIE HUNTER LOUGHRON
Kellie is a Wurundjeri woman. Married, with two children, Kellie has worked in Aboriginal health for over five years, but within her community throughout her life. She is the statewide coordinator of the Koori Maternity Services program at the Victorian Aboriginal Community Controlled Health Organisation and has been involved in producing resources for Aboriginal women on contraception such as ‘Well women choose well’, a pregnancy booklet entitled ‘Boorai Bundle’ and the ‘Healthy Pregnancies, Healthy Babies for Koori Communities’ resource kit. Kellie also helps to coordinate Koori Maternity Week around the state and sits on a number of government and community committees which provide advice, recommendations and support on matters relating to Indigenous health, education, housing, employment and welfare. Kellie will be co-presenting with Dr Priscilla Pyett.
**JEANETTE MILGROM - KEYNOTE SPEAKER**

Jeannette is Professor of Psychology, School of Behavioural Science, University of Melbourne and Director of Clinical and Health Psychology at Austin Health, Melbourne, Australia. She has published widely in the areas of postnatal depression, evaluating parent-infant interventions and health psychology, as well as holding a number of long-term research grants and has a strong interest in perinatal maternal and infant well-being. Jeanette was a Chief Investigator on the large collaborative national research grant: 'The National Postnatal Depression Program - Prevention and Early Intervention', funded by beyondblue, and was principal researcher of the Victorian and Tasmanian component. Jeannette is now on the beyondblue National Perinatal and Infant Mental Health Action Plan Implementation Working Group (IWG) which aims to implement a national action plan based on the 2002-6 study.

**CAROL NEWHAM**

Carol is a neuropsychologist whose primary research focus involves the development of pre-term infants. She is a member of the Parent-Infant Research Institute and Victorian Infant Brain Studies research teams in Melbourne. For the past 15 years she has worked on projects in which interventions have been applied during the perinatal to first-year-of-life period that aim to facilitate infant development.

**KHADRA OMAR**

Khadra is originally from Ethiopia, but spent most of her childhood in Alexandria, Egypt. She is currently employed with the City of Melbourne as a project and support worker with a number of programs, including Parenting Support, Somali Children's Services, African Women's Learning, Horn of Africa Family Support, and the Somali Women's Pregnancy and Parenting Project. Khadra is currently completing the Certificate III course in Children's Services. A principal focus of her study and work has been interaction with migrant communities from the countries that make up the geographic region known as the Horn of Africa, and in particular, mental health issues (including postnatal depression) that impact on them.

**KATINKA PAL-ZIMNY**

Katinka is a psychologist and family therapist who has studied and worked in both the USA and Australia and has spent nearly four years as a group worker and family counsellor with the City of Darebin Council Family Services in Victoria, where she co-facilitated the PoNDer (PND Support group), Ponder Playgroup and 'Ready Set Baby', as part of her role as group worker. Katinka recently obtained a Diploma in Advanced Group Facilitation and was a research assistant with a longitudinal study at the Austin Hospital Clinical Psychology Department, which followed women after their admission to mother-baby units in Melbourne for postnatal depression.

**PAUL PRITCHARD**

Paul is the National Training and Development Manager of Good Beginnings Australia which provides a variety of preventative and early intervention parenting programs. His work has focused on implementing innovative programs in universal services for parents of babies and young children, and with children who are victims of severe abuse and neglect. He has a special interest in promoting the important role fathers play in the lives of Australian children and has been instrumental in developing innovative service strategies to support new and expectant dads. In 2003, Paul was awarded a Centenary Medal by the Commonwealth of Australia for his work in developing innovative early childhood intervention programs.
**Priscilla Pyett**

Priscilla is a sociologist and public health researcher at the Onemda VicHealth Koori Health Unit at The University of Melbourne and has extensive experience in public health research across a range of sensitive topics and specifically, working with disadvantaged and marginalised population groups. Her expertise lies in collaborative approaches to research and in qualitative research methods. For the past seven years she has focused on collaborative research with Victorian Aboriginal community organisations. She holds an honorary position as Researcher at the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and also contributes to capacity-building amongst staff and through VACCHO's role in Aboriginal Health Worker training at numerous local seminars and meetings in Australia, as well as in the United Kingdom and South Africa. Priscilla is co-presenting with Kellie Hunter Loughron.

**Ruth Schmidt Neven**

Ruth is a child and adult psychotherapist and was previously inaugural Chief Psychotherapist at the Royal Children's Hospital in Melbourne. Ruth trained at the Tavistock Clinic in London and worked in the UK for many years, where she was also a pioneer in the field of parent education and set up the national organisation 'Exploring Parenthood’ in that country. Apart from her clinical work, Ruth runs training programs and lectures on all aspects of child and family development throughout Australia and overseas, and the empowerment of parents and professionals in particular. Her work and recent research have led to the establishment of the Child and Family Wellness Consultancy. Ruth is the author of two books (Exploring Parenthood and Emotional Milestones) and numerous clinical papers and articles.

**Michael Zilibowitz – Keynote Speaker**

Michael is a Developmental and Behavioural Paediatrician with special interests in early brain development; early intervention in developmental and behavioural problems; failure to thrive; postnatal depression; toileting difficulties and ADHD. He manages a large multidisciplinary team comprising Community Child Health Nurses, Speech Pathologists, Occupational Therapists, Social Workers, Psychologists, Early Childhood Teachers and Medical Officers. Michael has developed a universal parenting program modified from the very well regarded and researched 'Watch, Wait and Wonder' parent-infant psychotherapy program. He has presented this program and research on its effectiveness at the 2006 World Association of Infant Mental Health Conference in Paris, at the Queen Elizabeth Centre Fourth Biennial International Conference in Melbourne in November 2006, and at numerous local seminars and meetings in Australia, as well as in the United Kingdom and South Africa.

**Conference Organising Committee**

This conference would not have been possible without the considerable efforts and enthusiasm of the Conference Working Party, which comprised the following Family Support Network staff and Stephen Nelson the Conference Coordinator from Stephen Nelson Consultancy, with support from the YWCA, Lismore:

- **Jodie Clarke**, Bonding With Baby Coordinator
- **Chereece Dixon**, Project Officer
- **Liz Brown**, Manager
- **Colleen Brash**, Finance Officer

**Media Coverage**

The conference received widespread media coverage - including interviews with the FSN staff which were featured in the Northern Star and Lismore Echo and on local ABC radio and NBN TV.
**Conference Attendance**

**Participant Numbers**

Overall, 157 people attended the conference - comprising 16 invited speakers, 14 Family Support Network staff members and 127 delegates. Most (106) of these 127 delegates attended both days of the conference, with a further 14 attending only Day 1 and 7 attending only Day 2. About half (49%) of the 127 delegates received free registrations courtesy of the Bonding with Baby strategy of the Lismore Communities for Children initiative. As demonstrated below, the conference reached a broad diversity of individuals and organisations from across Australia.

**Organisations Represented**

Of the 127 delegates:

- 21 represented North Coast Area Health Service
- 17 represented Queensland Health Service
- 14 represented 4 Family Centres or 2 Family support centres
- 13 represented 5 hospitals
- 10 represented 3 community health organisations
- 6 were Private Practitioners
- 4 represented DoCS Brighter Futures initiatives
- 4 were SCU students
- 4 represented 2 early intervention organisations
- 3 represented the local YWCA
- 3 represented a Women’s Health Centre
- 2 represented the Far North Coast Centre for Autism
- 2 represented Greater Southern Area Health Service
- 2 represented Lismore Family Day Care Centre
- 2 represented Natural Birth and Education Centre
- 18 represented other individual organisations

**Regions Represented**

Of the 127 delegates:

- 83 (65%) came from New South Wales
  - 34 from the Lismore/Goonellabah area
  - 12 from the Ballina/Alstonville area
  - 9 from the Casino/Coraki/Evans Head area
  - 8 from the Tweed/Mullumbimby area
  - 8 from the Bangalow/Lennox Head/Suffolk Park area
  - 4 from the Grafton/Coffs Harbour area
  - 3 from the Kempsey/ Port Macquarie area
  - 3 from Sydney
- 38 (30%) came from Queensland
- 4 (3%) came from South Australia

Of the 62 delegates receiving free registrations, 33 (53%) were based in Lismore/Goonellabah, with the rest coming from the broader Northern Rivers region.
All delegates were asked to complete two forms towards evaluating the conference:

- **Pre-conference Registration Forms** (see Appendix B) - which included a section seeking their self-rated levels of understandings about five key issues to be covered, prior to attending the conference.
  - 110 (87%) delegates completed these baseline ratings.
- **Post-conference Feedback Forms** (see Appendix C) - which sought their feedback about the actual conference, as well their current assessment of their self-rated levels of understandings about the five key issues covered at the conference.
  - 115 (91%) delegates completed these feedback forms.

**Feedback about the Conference**

**Overall Satisfaction and Perceived Usefulness**

The table below summarises the 115 responding delegates’ ratings on the two overall questions - showing very high levels of overall satisfaction and perceived usefulness of the conference.

<table>
<thead>
<tr>
<th>Question</th>
<th>Number of Respondents Selecting Each Rating</th>
<th>Mean Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall, how satisfied were you with the conference?</td>
<td>Not at all 1 2 3 4 5</td>
<td>Extremely 6 7</td>
</tr>
<tr>
<td>And, overall, how useful did you find the conference?</td>
<td>1 1 0 6 29</td>
<td>45 29 4</td>
</tr>
</tbody>
</table>

**Note:** Participants rating between two levels were scored as half in each level.

**What Delegates Liked Most**

All 115 responding delegates made comments in response to the question - **What did you like most about it?** The most common response topics were:

- The speakers in general - the variety / diversity / knowledge / quality / fantastic / engaging / interesting / passionate speakers and commented on engaging men and dads. (71 comments)
- The overall conference - well organised / relaxed / professional / informative / interesting / current information / diverse information / successful / wonderful / excellent / well done / loved it / excellent mix of topic, speakers and delegates. (44 comments)
- The venue - great / excellent / amazing / very pleasant / great surrounds. (41 comments)
- The Day 2 speakers - 38 comments overall (18 about particular speakers saying excellent / great / interesting / well prepared / inspiring and brave - 20 not being specific comments and 3 on Day 2 overall)
- The Day 1 speakers - 28 comments overall. (8 about particular speakers saying fabulous / excellent / interesting / very entertaining - 20 not being specific comments)
- The networking opportunities - fantastic resources / showcase of local services. (20 comments)
- The great food - delicious / excellent / beautiful. (13 comments)
- The conference organisers - passionate / friendly / hardworking / dedicated / thanks for sharing your stories. (11 comments)
WHAT DELEGATES LIKED LEAST

108 delegates made comments in response to the question - **What did you like least about it?**
The most common response topics were:

- Particular speakers - too much time on research & statistics / not enough outcomes / too long / unprepared spoke only to power points / too many personal stories / unstructured / disappointing / disorganised rushed. (37 comments)
- Venue characteristics - hot & stuffy rooms / noise outside rooms / screens too long. (23 comments)
- The conference scheduling - missed presentations because of room mix up or concurrent sessions / chaotic / no networking opportunities. (20 comments)
- Presentation characteristics, generally - appeared rushed / poor modelling / too much information / too long / too many emotional letters & stories. (19 comments)
- Speaker characteristics, generally - lack of attention / information on attachment / statistics / same sex families / outcomes / practical application. (12 comments)
- Resources and handouts - unavailable / should have been accessible for sessions unable to attend / unable to purchase books. (9 comments)

WHICH SESSIONS DELEGATES FOUND MOST USEFUL

112 delegates made comments in response to the question - **Which sessions were most useful for you & why?** The most common responses were:

- A ‘Watch, Wait and Wonder’ parent-child interaction program. (49 comments)
  - Interesting / excellent / terrific / simple / beneficial / applicable. (44 comments)
  - Enforced understanding of quiet play / interaction between mother & parent / new learning. (3 comments)
- Fathers and Post Natal Depression. (35 comments)
  - Fathers & PND and their participation / contribution / support and engagement. (13 comments)
  - Well presented / interesting / applicable / new information. (11 comments)
- Distressed Parents and Infants: Attachment issues in treatment and prevention. (29 comments)
  - Well presented / organised / great / informative / applicable and relevant. (14 comments)
  - Attachment issues and theory. (6 comments)
- Look Who’s Talking: - Setting the scene for Communication and Attachment for fathers, mothers and babies. (24 comments)
  - Useful / practical / informative / affirmed belief about containment. (11 comments)
  - Wonderful / refreshing / powerful / real and honest / well presented. (5 comments)
  - Gave clients a voice. (2 comments)
- Community HUGS: Moving Beyond the Specialist Setting: A Specialised Mother-Infant Program run in the community for the Community. (11 comments)
  - Useful / informative / new ideas / inspiring / want to run the program. (8 comments)
- Most of them. (9 comments)
**OTHER COMMENTS DELEGATES MADE**

61 delegates made comments in response to the question - *Any other comments?* The most common response topics were:

- Congratulations - thanks for a wonderful conference / very worthwhile / well done / fantastic / insightful and important issue to explore / enriched knowledge / thanks for the opportunity to attend. (36 comments)
- Organisational suggestions - would have liked updated list of delegates and presenters to network with / would have appreciated handouts / unable to see screen at front of room / smaller groups / better selection of food. (10 comments)
- Suggestions on content and future conferences - another conference please / needed to include same sex couples / sessions on treatment models for PND and interagency partnerships helpful / Professor at RNS Hospital to present. (8 comments)
- Additional comments on specific sessions - loved it / great performance / excellent / presentation spoilt by power point. (5 comments)

**CONFERENCE’S IMPACT ON DELEGATES**

**THE MAIN THINGS DELEGATES LEARNED**

110 delegates made comments in response to the question - *What are the main things you’ve learned?* The most common response topics were about:

- Fathers and PND - their role / importance of including / engaging / supporting. (43 comments)
- Attachment theory - how to implement / the impact / better understanding between baby, father & mother. (26 comments)
- Services and programs that are available. (21 comments)
- Watch, Wait & Wonder - Practical / informative / valuable. (16 comments)
- The importance of the ‘whole family’ approach. (11 comments)
- Awareness of PND - seeing the signs and symptoms / listening / observing. (10 comments)
- Allowing clients to have their own voice / trust and empower them. (5 comments)

**HOW DELEGATES INTENDED APPLYING THESE LEARNINGS**

105 delegates made comments in response to the question - *How will you try to apply these in your work with women experiencing postnatal distress?* The most common response topics were:

- Implementing the skills learnt at this conference. (28 comments)
- Supporting and encouraging the mother / father / family. (25 comments)
- Involving fathers / mothers / baby / whole family. (25 comments)
- Using the resources - incorporating and referring to the DVD & Workbook. (14 comments)
- Now more aware of services & programs where can refer clients. (10 comments)
- More awareness in recognising - effect of PND / what to look for. (9 comments)
- Using the knowledge to set up own support group. (9 comments)
- Implementing music and play. (8 comments)
- Networking with peers to support, share knowledge and for early intervention. (7 comments)
DELEGATES’ CONFIDENCE IN SUPPORTING FAMILIES EXPERIENCING PND

The table below shows that, post-conference, most delegates felt very confident in their ability to support families experiencing PND - with a number of comments about how this had been enhanced through the conference.

<table>
<thead>
<tr>
<th>How would you rate your current level of each of the following?</th>
<th>Number of Respondents Selecting Each Rating</th>
<th>Missing</th>
<th>Mean Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confidence in your ability to support families experiencing PND?</td>
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<td>7.79</td>
<td></td>
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</tbody>
</table>

Note: Participants rating between two levels were scored as half in each level.

IMPROVEMENTS IN DELEGATES’ UNDERSTANDING ABOUT POSTNATAL DEPRESSION

When registering for the conference and in their conference feedback forms, delegates rated their current levels of understanding in relation to five aspects about PND, using a scale from 1 (poor) to 10 (excellent). As shown in the table below, there were increases in delegates’ understanding across all five items - with all of these increases being very statistically significant (p<0.00001). The table also includes any additional comments made on the feedback forms.

<table>
<thead>
<tr>
<th>How would you rate your current level of each of the following...?</th>
<th>Number of Respondents Selecting Each Rating</th>
<th>Missing</th>
<th>Mean Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding about PND?</td>
<td><img src="https://example.com/table.png" alt="Table content" /></td>
<td>6.50</td>
<td>8.01</td>
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</table>

Understanding about bonding and/or attachment difficulties?

<table>
<thead>
<tr>
<th>How would you rate your current level of each of the following...?</th>
<th>Number of Respondents Selecting Each Rating</th>
<th>Missing</th>
<th>Mean Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding about bonding and/or attachment difficulties?</td>
<td><img src="https://example.com/table.png" alt="Table content" /></td>
<td>6.58</td>
<td>7.96</td>
</tr>
</tbody>
</table>
### Number of Respondents Selecting Each Rating

<table>
<thead>
<tr>
<th>Poor</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Mean Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRE</td>
<td>1</td>
<td>1</td>
<td>7</td>
<td>13</td>
<td>10</td>
<td>26</td>
<td>23</td>
<td>17</td>
<td>10</td>
<td>0</td>
<td>6.24</td>
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#### Understanding about ways you can support families experiencing PND?
- Ongoing
- Better than before the conference
- Some very creative work being done
- NSW Health should provide funding to provide resources especially in rural areas
- Some good models were presented
- Has opened up more varied ways to support & has given me inspiration to apply some of these
- I think asking the right questions at the right time
- I think I will be more aware of the problem in my work
- Going home with some affirmations that we support families well – many ideas to improve service provision

#### Understanding about how PND affects partners?
- Good message! But I felt this issue needed to be consistently applied across all presentations
- I know only too well from own childhood & teenage years & observation
- Didn’t discuss enough
- Our service does have much contact with many fathers
- Better than before the conference (2 comments)
- Have learnt a lot about this during course of the conference
- Excellent presentations about ‘fathers’ – NOT partners
- Greatly improved since the conference
- Look forward to Karen’s study outcomes
- Really refreshing to hear all talks on PND & fathers! A key gap in service provision
- This is an area that needs much more understanding
- Improved due to conference
- Useful to appreciate the father’s role in this
- Definitely research knowledge has increased

#### Understanding about how current research and best practice models regarding PND and bonding and attachment?
- Conference gave an overview – have had a smattering of info before I need to go over material again
- Lacking experience as a student
- One presenter – too wordy
- So much out there
- Better than before the conference (3 comments)
- Prof Bryanne Barnett’s presentation valuable
- Knowledge greatly improved but still so much more knowledge to be gained
- Huge body of research
- Some very interesting research was presented
- All very exciting, reaffirming & stimulating
- Gathered some good websites to investigate more

**Note:** Participants rating between two levels were scored as half in each level.

**Summary**

In summary, *Preventing the Bough from Breaking* appears to have been a very successful conference. It brought together an impressive array of national and international experts in the field of postnatal depression and featured high-quality presentations across a broad range of relevant aspects. The conference was attended by 127 delegates representing a diversity of disciplines and organisations from across northern NSW, southern Queensland and beyond. Delegates’ ratings and comments indicated very high levels of satisfaction with all aspects of the conference and their pre-post self-ratings indicated significant improvements in levels of understanding about postnatal depression, bonding and attachment difficulties, ways to support affected families, the impact on partners and learnings from current research and best practice models.
APPENDIX A: PRESENTATION ABSTRACTS

PROF BRYANNE BARNETT - DISTRESSED PARENTS AND INFANTS: ATTACHMENT ISSUES IN TREATMENT AND PREVENTION

Postnatal depression is not something that happens in a vacuum. The current context and the prior experiences of the mother or father who is miserable are significant. Some people are briefly ill, perhaps severely, at this time only, others are depressed or anxious all their lives; nature and nurture have combined to ensure life is difficult for them. Some may be unable or unwilling to ask for and utilise appropriate help even though the whole family is suffering. Understanding why parents do what they do and offering compassionate assistance without criticism is essential in our work. The widespread rejoicing about the Parliamentary apology to indigenous peoples reminds us that disruption of families such as occurred with the 'Stolen Generations' has very far-reaching, including inter-generational, effects, and not only on the families directly involved. The early relationships between children and their caregivers are fundamental in ensuring that the children grow up to be happy, healthy, and contented in love and work. This is what makes any community healthy and economically successful in the broadest sense. This is what 'attachment' is all about. That saying sorry took so long, and that the rejoicing was not universal, is also worthy of deeper inspection and an attempt on our part to understand that this too is an attachment issue. An understanding of attachment theory and how it explains much of the thinking and behaviour 'good' and 'bad' of parents, children and workers, is fundamental to devising and implementing appropriate early intervention strategies.

KARINA BRIA - PATERNAL POSTNATAL DEPRESSION IN FIRST TIME FATHERS

Co-authors: Professor Deborah Turnbull, Associate Professor Margie Ripper, Dr Christopher and Dr Nicole Moulding

Institutional affiliations: Discipline of General Practice, School of Population Health and Clinical Practice, Faculty of Health Sciences, The University of Adelaide, South Australia

Paternal postnatal depression (PPND) (depression after childbirth) experienced by new fathers has not received a great deal of research attention, although a small number of studies have emerged over the last decade both in Australia and internationally. Current literature indicates men experience anxiety and depression specifically related to their experiences as a new father, and that men are at greater risk of their depression going unrecognised and untreated, as they are less likely to seek help for their mental health problems. Moreover, there is no gender specific screening instrument available that may be used by primary health professionals to assess for symptoms of postnatal depression in new fathers. Moreover, existing research in this area uses quantitative approaches only to measure the prevalence of PPND and its impact on fathers, but none have explored the latter from a qualitative perspective. This research project will explore the lived experiences of first time fathers with symptoms of postnatal depression during the first six months following the birth of their baby. Major themes in the data will be used to build a gender specific screening instrument to detect symptoms of postnatal depression in fathers. The presentation will provide an overview of the approach to data collection and analysis with a particular focus on the value of using a qualitative method that attends to the lived experience of first time fathers with postnatal depression. The presenter will provide an outline of the major themes manifest within the preliminary data collected during the first phase of the study.
PROF PAT BRODIE - MIDWIFERY CONTINUITY OF CARE: STRENGTHENING THE BOUGH

Research in the field of perinatal mental health highlights links between antenatal/postnatal maternal anxiety, & potential disruption to the development of healthy parent-child relationships, which then can compromise infant mental health & ongoing healthy development through childhood & beyond. Attempts to reduce parental anxiety in the postnatal period are hampered by the added (normal) stress & worries of adjusting to the care of a new baby, including sleep deprivation, that most new parents experience. Another contributing factor is the rising rates of caesarean section in Australia with 30% of healthy women undergoing surgery for the birth of their babies. Research has indicated that women who experience trauma and/or extreme anxiety in association with childbirth are more vulnerable to postnatal depression than those who experience an uncomplicated labour & birth, or who experience interventions in their labour & birth about which they feel comfortable & well informed. Lack of effective relationships or continuity of care from maternity care providers fragments care for women during pregnancy, birth & the transition to parenthood, & this in turn compounds the risks of interrupted attachment, connection & bonding between the mother & her infant. The current maternity care model further exacerbates this situation for many women with the likelihood of being discharged from hospital within hours or days of giving birth, & the vast majority receiving inadequate follow up visits in the immediate period after childbirth. Women without effective social & family networks of support are particularly vulnerable. Models of midwifery continuity of care have a pivotal role to play in addressing many of these issues including the capacity to follow women back into the community, providing professional care & timely referral to other support & professional services. Effective professional input by a known midwife whom the woman has developed a relationship of trust during this critical time, would be a major step forward in preventive health for mothers & their families. Midwives are uniquely positioned to support women’s transition back into their families & community, & to assist them to identify social support networks that help sustain them socially & emotionally as they begin the journey into motherhood & the first years of their children’s lives.

LIZ BROWN & JODIE CLARKE - HOW THE SPECIALLY-COMMISSIONED DVD WAS PRODUCED & THE SERVICES OFFERED BY THE ORGANISATION

The Family Support Network is a small non-government agency with ten permanent staff delivering innovative programs based on current research & practice to families residing in Lismore, Nimbin & surrounding communities in the Northern Rivers region of New South Wales. The ‘Bonding with Baby - A Helping Hand’ project was developed to help find pragmatic solutions to mother & baby bonding & attachment difficulties in our local community. Programs & facilities managed by the Family Support Network include the Lismore Volunteer Home Visiting Scheme, Nimbin Parenting Centre, Lismore Family Support Service, Supported Playgroups, & Parenting & Transitions programs.

CATHRYN CURTIN - CONTACT, COMMUNITY, CONTINUITY & CARING

An integral role of Local Government is the planning & responsive delivery of health & community services to families & young children. In Victoria a vital component of local government service delivery is the Maternal & Child Health Service, which is jointly funded by state & local government. The Maternal & Child Health Service is a universal primary care service for Victorian families with children from birth to school age. It is the aim of the service to promote healthy outcomes for children & their families. The Maternal & Child Health Service is a free service jointly funded by the Department of Human Services & councils. The service offers support, information & advice regarding parenting, child health & development, child behaviour, maternal health & wellbeing, child safety, immunisation, breastfeeding, nutrition & family planning. The universal nature of the MCH service is one of Victoria’s great assets. The high rate of enrolment to the MCH service following birth is supported by legislative requirement for Local Government to make contact with families following receipt of a birth notification. The MCH service therefore plays a crucial role supporting families by providing early assessment & monitoring of children’s physical & emotional health & development which lays the foundation for children in early childhood, that will affect their learning, behaviour, health & well-being throughout their lives. Parents can also join groups that provide health information, & opportunities to meet other parents in the local area. It is a highly valued & long standing service within the context of new understandings of early childhood & innovative local approaches to the planning & delivery of services. The high value placed on the service by the Victorian community has been well documented. There is clearly a role for ongoing innovation in the MCH field. However, the extent of any innovation must always ensure that the integrity of the professional services that characterize MCH are maintained & if possible enhanced in the process. This means that the potential of innovative or new approaches must always be rigorously tested against their impact on the actual outcomes for families & children, to ensure that precious, effective aspects of the MCH service are not inadvertently dismantled.
Jennifer Ericksen - Community HUGS: Moving beyond the Specialist Setting. A Specialised Mother-Infant Program Run in the Community for the Community

It is well recognised that postnatal depression (PND) can impact the mother-baby relationship, which in turn has potential implications for child development. The BabyHUGS program was developed by the Parent-Infant Research Institute to offer direct, early intervention to enhance the quality of mother-infant interactions following PND. Previous research has found that BabyHUGS has a number of benefits for mothers & babies, including a significant reduction in their reported parenting stress. To date, the BabyHUGS program has been implemented & evaluated by psychologists in a clinical setting. This means that mothers & babies outside this setting have been missing out on this valuable intervention. CommunityHUGS was developed in response to this need. It focuses on delivery of the program by Maternal Child Health Nurses in a community based setting. CommunityHUGS is a unique 10-session group program that incorporates multiple therapeutic approaches & paradigms, including BabyHUGS, cognitive behaviour therapy & dance therapy. Engaging in the essence of play using special imaginative objects & music is a particular feature of this program. CommunityHUGS is a specialised mother-infant therapeutic playgroup that provides dyadic intervention in a more accessible way to women in the community, thereby normalising & de-stigmatising mother-infant difficulties. It also creates greater linkages in the community & provides capacity-building for professionals. This presentation will focus on providing a description of the program, including its development. Video footage, participant feedback & preliminary pilot results will be presented.

Richard Fletcher - Fathers & PND

The birth of his first child marks one of the most profound changes a man may undergo, transforming his standing in the community, his most intimate relationships & his identity. For many men this transition goes smoothly enough & they accommodate the dramatic changes in their relationship with the child’s mother & make room for a completely new bond between themselves & their infant. For some men, however, the changes are anything but smooth & these men are likely to require support if their wellbeing, & the wellbeing of their family is to be protected. Supporting these men is a unique area of focus & requires a different approach to that which is often employed in the treatment of maternal depression. For some men, the changes are so significant that they are unable to accommodate the dramatic changes in their relationship with the child’s mother & make room for a completely new bond. These men are, however, at risk of developing postnatal depression & require special consideration & care.

Prof Jeanette Milgrom - Our Story: The Richness of Research in Guiding Us in the Development of Perinatal Treatments for Mothers, Fathers & Babies

It all began with babies. My earliest work was about how mothers & babies communicate. This was 1981. Then Bowlby, Ainsworth & understanding the pain of separation & attachment disorders led me to have an interest in high-risk infants. Watching videos of women with postnatal depression & babies with gaze aversion, we were inspired to design interventions - 'The Getting Ahead of Postnatal Depression' program for maternal symptoms & the HUGS program for parent-infant dyads. Individual counselling, group, CBT, what helps? What about fathers? Medication? Soon our team grew & the Parent-Infant Research Institute was formed, bringing in a vigorous team of experts in infant mental health, clinical treatment & research methods. Our programs thrived in Italy & France too, & fed on each other, each a stepping block to the next. These programs include 'Intuitive Mothering' (to reach mothers & infants with the medium of dance), screening programs to find depressed mothers too troubled to seek help, recognizing the earlier onset of PND, an antenatal focus with 'Toward Parenthood' to prevent difficulties & 'Beating the Blues before Birth'.

Others include 'CommunityHUGS', 'PremieStart' & 'Overcoming Depression', with our horizons expanding as we reach into the community. So this is our story & along the way we'll share some surprise findings, our theories & the key elements of these intervention programs & we hope that it seeds your story.
CAROL NEWNHAM - INTERVENTIONS FOR PRE-TERM INFANTS: THE CRITICAL NEED TO INCLUDE PARENTS

Approximately 10-15% of pre-term infants will develop severe problems such as sensory deficits, cerebral palsy or cognitive delay, while up to 50% develop more subtle problems, many of which still require specialist intervention. Longitudinal studies with pre-term infants show that only 30% of the variance in developmental outcomes at later ages is explained by perinatal factors such as gestational age, birth weight & medical complications. Clearly, there are other factors which negatively affect developmental processes in these children. It is our general hypothesis that two additional factors affect the development of pre-term neonates: the first is the influence of stress which is likely to affect brain development at a time of exquisite vulnerability, & the second is a disruption to critical early mother-infant bonding & attachment which are known to underpin adaptation to & learning about the environment. Results from our own & other studies will be presented to illustrate the model we have developed to explain the many influences on the development of these infants. Our teams are involved in several intervention studies with mothers of pre-term infants (Premiestart, ViBeS Plus & PremieHUGS) which focus on various aspects of the model. Videotaped interactions between mothers & their pre-term infants at 30 & 40 weeks of gestation & at various times during the first year will be shown to demonstrate the difficulties & interaction patterns.

KHADRA OMAR - WALKING AMONG EGGSHELLS: ISSUES OF PND & MENTAL HEALTH AMONG HORN OF AFRICA COMMUNITIES

This presentation will provide an overview & discussion about postnatal depression & other mental health issues among the Horn of Africa Community in Melbourne. It will contain a brief description of the Horn of Africa, geographically & politically & describe traditional cultural support structures pre & post pregnancy in the region. In contrast, the situation among migrant communities from the Horn of Africa who have settled in Melbourne, will be examined. The topics to be covered will include:

- seeking medical help;
- mental health & other emotional problems;
- taking medications;
- hospitalisation; and
- the involvement of other African professionals in allied fields.

The presentation will draw on extensive experience gained from working with the communities described.

RUTH SCHMIDT NEVEN - LOOK WHO'S TALKING: SETTING THE SCENE FOR COMMUNICATION & ATTACHMENT FOR FATHERS, MOTHERS & BABIES

This presentation takes as its starting point that all behaviour has meaning & is a communication. The capacity for communication takes place from birth & is rooted in the earliest infant-parent interaction that sets the scene for attachment & bonding. As infant/parent researcher Daniel Stern states, “the infant comes into the world with formidable capacities to establish human relatedness…” Therefore, the act of ‘giving voice’ for the baby is a crucial part of this process. The baby’s cries, cooing & singing seek to find a response in his/her mother & father. The quality & tone of their reciprocal response creates the fundamental language of the parent-child interaction. The role of the father in this regard is crucial both in terms of supporting the mother & by initiating his own 'conversation' with his baby. The interaction between the infant, mother & father leads to what researcher Colwyn Trevarthen has called the protoconversation, that is the first conversation of life. It is through this conversation, which also includes non-verbal communication & play, that infants literally ‘teach’ their parents how to become parents. A good conversation which starts in infancy between the baby & her parents lasts for life & provides a core organizing principle for the development of later positive mental health. This presentation will address:

- How our current focus on pragmatic & instrumental ways of relating to children (‘doing to’ rather than ‘being with’) strips behaviour of its meaning & undermines parents’ capacity to have the conversations they need to have with their infants.
- How helping the baby to 'give voice' can enable parents to find their own voice, which in turn leads them to own what they know & to develop more responsive & mutually rewarding relationships with their children.
- How professionals can help vulnerable parents begin the process of listening to & talking with their children through the good conversations they have with their clients, which provides the necessary containment for parents under stress.
**Katinka Pal-Zimny** - **Caring for Depressed Mothers: A Local Government Model of Service Delivery**

Darebin City Council, through its Family Services Program, has provided a range of services to mothers with Postnatal Depression & their families for over a decade. This has traditionally included counselling, in-home family support & therapeutic group work. This paper will explore key learnings from delivering these services including the need to intervene early in the life cycle of the family, the importance of working long term in multi-faceted ways & the need to be flexible, responsive & developmental in program design & approach. The importance of working collaboratively with other service providers, especially maternal child health nurses, will also be emphasised. One of the social contributing factors for mothers with Postnatal Depression is the lack of family, marital & community support. Council is aware that familial relationships & the availability of extended families & supportive community networks are critical in ensuring a smooth transition to parenthood. This is especially so for the more vulnerable & marginalised women in society. As a result Darebin Council, through its various programs, has been able to offer a continuum of services for its depressed mothers. There is a ‘Ready, Set, Baby’ expanded childbirth education program that includes additional antenatal support. The program emphasises linking mothers to services & each other before & after birth. At the other end of the continuum, Council has also facilitated the establishment of a supported playgroup for mothers with Postnatal Depression, a pram walkers program & a newsletter for parents. This paper will describe this Local Government model of service delivery & its effectiveness, as well as providing practical information on establishing similar programs.

**Paul Pritchard** - **Linking with Dad Before Babies Arrive**

Given the rapidly changing definition of ‘family’ in Australia & the resulting change in fathers’ parenting roles, there arises a challenge to our services as to how prepared we are to truly engage with an ever changing queue of primary carers presenting with babies & young children. Without necessarily realizing it, our initial response & behaviour towards a mum or a dad at the reception desk, in the car park, in the babies room, in the consulting room or over the phone can contribute to that parents preparedness to ‘do it again’, or indeed, continue to access other early childhood services for the sake of the health & wellbeing of their children. Whilst many Australian family-based or early childhood services do a pretty good job in these encounters, collectively, we still have a long way to go to be accessible to & inclusive of men as fathers. We now know there are several things we can do as a service to more effectively include fathers, & the antenatal or early post natal period offers us a unique opportunity to link in a meaningful way with dads. This workshop will provide an overview of a Good Beginnings Australia program called ‘Dads Connect’, an approach to linking with expectant dads & assisting them to consider components of the transition to fatherhood. The workshop will consider:

- Father-infant relationships
- Facilitation techniques in working with men
- What men typically want to discuss prior to the birth of their first baby.

**Dr Priscilla Pyett & KelLie Hunter Loughron** - **Fetal Alcohol Syndrome (FAS) & How it May be Affecting Aboriginal Populations**

Recent years have seen growing concerns about alcohol & its effects on the fetus at various stages of pregnancy. The most serious effects include permanent intellectual impairment, behavioural problems & abnormal facial features. Babies with all of these symptoms, whose mothers are known to have consumed alcohol while pregnant, are diagnosed as having FAS. While it has been estimated that FAS affects between 1-1.5 per 1000 live births, in some Aboriginal communities in Australia & North America there are concerns about significantly higher numbers of babies & young children having FAS. There are also concerns about FAS going unrecognised in these communities. Experts generally agree that FAS is caused by heavy & chronic alcohol use. However, there is a great deal of uncertainty about the amount of alcohol that causes some of the less serious effects & about how these effects can be recognised & diagnosed. While raising awareness about the dangers of alcohol use during pregnancy & reducing excessive & binge drinking amongst pregnant women are high priorities for the prevention of FAS in Aboriginal & mainstream communities, we believe the uncertainty around the broader spectrum of fetal alcohol effects is cause for alarm in other directions. Claims of higher rates of FAS in Aboriginal populations has the potential to further stigmatise Aboriginal women & their communities. Fear & shame around alcohol use may lead women to avoid contact with health services & to miss out on essential antenatal care. Unnecessary alarm about smaller amounts of alcohol consumed by pregnant women may lead to removal of children from mothers who drink any alcohol during pregnancy. This paper sounds a word of caution in the debate around FAS & fetal alcohol effects, particularly in relation to Aboriginal women & their babies.
MICHAEL ZILIBOWITZ - 'WATCH WAIT & WONDER' (WWW): PARENT - CHILD EDUCATION PROGRAM & VIDEO

Co-authors: McMAHON Catherine, BLICK Bijou, SCHNEIDER Jenny, and JAEGGER Renate

Introduction: This presentation will include the showing of a Watch, Wait & Wonder (WWW) parent-child interaction video (20 minutes). I will also present the results of a study to examine the effectiveness of a modified version of WWW traditionally conducted in a clinical setting, but in this study delivered in a parent education format to a non-clinical group of parents with preschool children.

Background/Objective: WWW is a well researched & highly effective intervention that uses a child led approach to heal troubled relationships between parents & children. The original method requires the parent to get down on the floor in the clinician's space & to follow the child's lead, not to intervene in the child's play but be watchful & responsive to whatever the child wants to do. This lasts from 20 to 30 minutes & is followed by 30 minutes of discussion with the clinician & occurs weekly over 3 to 6 months. By learning to watch & not intervene, parents become more attuned & sensitive to their child's communication. This allows a new rhythm to develop in the attachment relationship. I have modified WWW by either conducting it once in the traditional way & then asking the parent to do www three times per week at home, or often only describing in detail how to do WWW & then encouraging the parent to do it at home. I have been enormously impressed at the power of this modified version of WWW, often without the second half hour of discussion, to alter the habitual dysfunctional patterns of interaction that sometimes develop between parents & their children.

Method: 73 parents with children between 11 months & 5 years attended a once off parent education session where they were shown a WWW educational video & instructed on the process. They completed self reporting questionnaires pre-intervention & were asked to conduct WWW three times per week at home over four weeks.

Results: 39 (53%) post intervention questionnaires were completed 4 to 6 weeks later showing significantly decreased parental stress across all domains & fewer child behaviour problems.

Conclusion: This low cost modified version of WWW has significant potential to enhance the relationship between most parents & their child & significantly reduce levels of parental stress.

JODIE CLARKE (BWB PROGRAM COORDINATOR) & LIZ BROWN (FSN MANAGER), PROF JEANNETTE MILGROM - DVD & WORKBOOK LAUNCH

A DVD & workbook based on a proven therapeutic model delivered through the 'Bonding with Baby' program produced by the Family Support Network will be launched at the conference. Three members of the Family Support Network team commissioned this educational DVD & compiled the companion 'Preventing the bough from breaking' workbook. The DVD was filmed & edited by Terry Bleakley from Newrybar, near Byron Bay, New South Wales. The aim of the DVD & workbook is to support professionals & target PND sufferers & their families & it will be made available for use by health, community & early childhood professionals throughout NSW & nationally. Both the DVD & workbook are based on the format & guidelines formulated by Professor Jeanette Milgrom in her book entitled 'Treating Postnatal Depression:- A Psychological Approach for Health Care Practitioners', published in 1999. All participants at the conference will receive a copy of the DVD & workbook. The Family Support Network - Lismore is keen to see these two key resources & other items produced as part of the 'Bonding with Baby' program assist mothers, partners & families affected by PND throughout the Northern Rivers region of NSW - & anywhere in Australia. Relaxation CD & booklet: As an enhancement to the DVD & workbook, the Family Support Network has recommended a 60 minute CD & 84 page book entitled '25 ways to joy & inner peace for mothers' by Australian co-authors, educators & mothers Danette Watson & Stephanie Corkhill Hyles. Display copies of the combined CD & book & order forms will be available at the conference.
APPENDIX B: PRE-CONFERENCE REGISTRATION FORM

Registration Form

DELEGATE DETAILS

First name: ___________________ Title(Ms, Dr, etc.): ___________________

Preferred name for tag: ___________________

Organisation: ___________________

Position/title: ___________________

Address (postal): ___________________ Postcode: ____________

Phone: ___________________ Mobile: ___________________

E-mail: ___________________

Contact no. during conference: ___________________

Special needs: Dietary requirements, wheelchair access/other

(please assist by providing full description)


Questionnaire

1. Why are you interested in attending the Conference?

2. Where is your organisation or work based?

☐ Lismore Local Government Area

☐ Elsewhere (please indicate)

3. On a 1 - 10 scale (where 1 = Poor and 10 = Excellent) how would you rate your current levels of:

a) Understanding about Post Natal Depression (PND)  

b) Understanding about bonding and/or attachment difficulties  

c) Understanding about ways you can support families experiencing PND  

d) Understanding about how PND affects partners  

e) Understanding about how current research and best practice models regarding PND and bonding and attachment.

Preventing the Bough from Breaking
**APPENDIX C: POST-CONFERENCE FEEDBACK FORM**

![Preventing the bough from breaking]

NEW APPROACHES TO POST NATAL DEPRESSION, BONDING AND ATTACHMENT

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**Conference Feedback Form**

Dates: 28th-29th April 2008

We really value your feedback about this conference - please take a moment to tell us how you found it.

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8. How would you rate your current level of each of the following? (please circle a number for each row and feel free to make comments)

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<td><strong>• Understanding about current research &amp; best practice models regarding PND, bonding &amp; attachment</strong></td>
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<td><strong>• Confidence in your ability to support families experiencing PND</strong></td>
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9. Any other comments?

To help with grouping your feedback, we’d also appreciate your answers to these questions:

10. Which type of service do you work in?
- Private Practice
- Early Intervention Service
- Preschool / Day Care
- Child & Family Health
- Family Support Service
- Supported playgroup
- Other  please specify: ____________________________

11. What is your role?

12. Where is it based?
- Lismore / Goonellabah
- Other  please specify: ____________________________

13. How often do you encounter clients with postnatal difficulties?
- Every day
- 3-4 times a week
- 1-2 times a week
- 1-3 times a month
- Every 2-3 months
- Less often

14. Which best describes your ethnicity?
- Aboriginal Australian
- Non-Aboriginal Australian
- Overseas-born Australian
- Other  please specify: ____________________________

Thank you! – please leave your form in the box provided