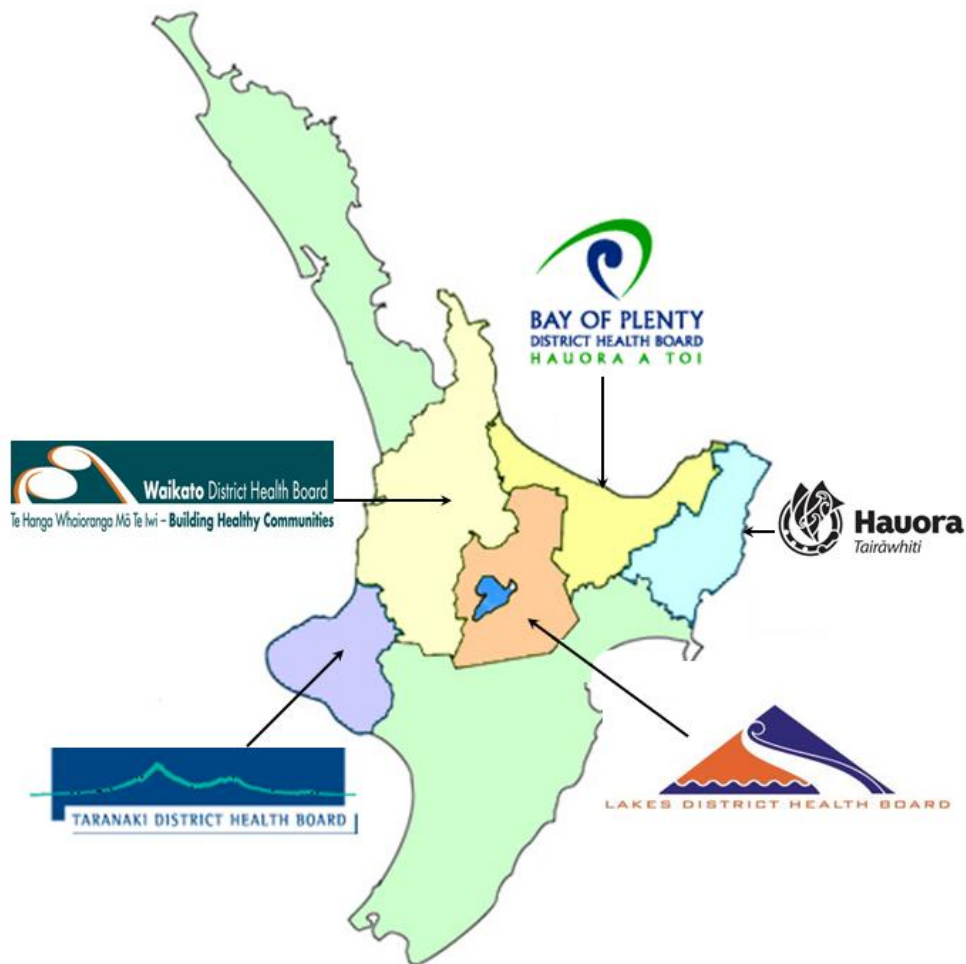


# Midland Infant Perinatal Mental Health & Addictions Workshop Evaluation Report

## Workshop 2: Attachment and Caregiving



September 2015

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# 1. Executive Summary

A strategic direction for services is to develop their capability and capacity in the workforce. Workforce development in the specialist area of Infant Perinatal Mental Health and Addiction is driven by the Ministry of Health - Rising to the Challenge. The Midland Regional Network – Mental Health & Addictions continues to invest and improve the regions workforce capacity and capability by offering the second round of workshops, Perinatal and Infant Mental Health Workshop 2 – Attachment and Caregiving to the region.

This workforce objective was placed in the mental health and addictions section of the 2014/15 Regional Services Plan and has been funded by the Ministry of Health through one off funding.

## High Level Conclusions

- One day workshops in each of the five Midland DHB areas for the Perinatal and Infant Mental Health Workshop 2 – Attachment and Caregiving was approved and progressed with Dr Denise Guy for delivery over March, May and June 2015.
- Of the 101 participants responses over 66% identified as New Zealand/European. 18% identified as Māori which is slightly less than the demographic population of the Midland Region. The significant gaps in the Pacific people and Asian workforce were highlighted in registrations.
- From the feedback received it is clear that the majority of the participants that attended the training are working within the DHB environment with 58% acknowledging this in the survey results.
- There was a good spread of roles within the mental health and addiction, community, pediatrics and maternity sectors with the largest groups being Registered Nurses.
- Evaluations were requested at the completion of each workshop. A total of 74 (73%) completed Evaluation Forms were received, which further validates the findings of this report. 27% of the Evaluation Forms were not completed; this may be attributed to those attendees leaving the workshop early and Tairāwhiti completing their evaluation forms electronically.
- Of the 101 participants who attended the workshops 93% identified that they had attended the first workshop, Introductory to Infant Perinatal Health – The First 5 Years.
- A summary of the consistent themes of what participants found useful is detailed in [Table 5](#). Participants found that discussion with other participants, the instructor's knowledge on the subject matter, research and the pre-reading and the clinical discussions with colleagues most beneficial. The workshop workbook, pre-reading and research was well received.
- Where overall satisfaction with the workshop was high, participants felt that more time spent on the same topics discussed in this workshop would be beneficial to their practice. The common themes have been summarised in [Table 6](#) and will be used to determine the content of the second workshop.
- The total cost for the regional Perinatal and Infant Mental Health – Attachment and Caregiving workshops was \$12,913.01, with a total of 101 people in attendance. A return on investment taken from total cost is \$127.85 per person.
- The return on investment by DHB shows that the higher number of attendees the less cost per person as identified in the Bay of Plenty, and Waikato. Tairāwhiti and Taranaki higher costs are largely driven by higher venue and catering costs and facilitator travel.

## **1.1 Recommendations**

That Clinical Governance and the regional Portfolio Managers review and accept the findings of the report

## 2. Background

The Midland Region is comprised of five District Health Boards (DHBs), these all experience geographical challenges at different severities. Within the Midland Region there is a clear need for the process of collaboration when focusing on workforce development to ensure that adequate coverage and access is available to all mental health and addiction services within the Midland region.

Canvassing was undertaken to ascertain what Infant Perinatal Mental Health and Addiction (MH&A) training was available in New Zealand and overseas. It soon became apparent that very little was available and that most of the expertise sat in Australia and the United States of America. Following several regional discussions it was agreed to approach Dr Denise Guy who was recognised as the New Zealand expert by the Midland MH&A Clinical Governance to submit a proposal for workshops within each of the Midland DHB areas.



Dr Denise Guy is a Child Psychiatrist who has worked in Infant Mental Health [IMH] in Australia and New Zealand for almost three decades. She is President of the New Zealand Infant Mental Health Association [IMHAANZ] and was a founding member of the Australian and New Zealand Affiliates of the World Association for Infant Mental Health [WAIMH].

Dr Denise Guy suggested that a series of three workshops be offered. Workshop one: The Introduction of Infant Perinatal Health – The First 5 Years was held in November and December 2014 followed by Workshop two: Perinatal and Infant Mental Health – Attachment and Caregiving, these workshops were targeted towards all staff working across the infant perinatal continuum to provide participants with a baseline understanding.

The day encompassed:

- Attachment – addressing secure, insecure organised and disorganised patterns with particular emphasis on Disorganisation
- A life span perspective on Attachment including discussion of the Adult Attachment Interview
- Parenting/Caregiving behaviour and the development of the infant/young child's attachment relationship
- An Introduction to Reflective Function

The day was suitable for Infant and child health workers, LMCs, Paediatric health professionals, WellChild workers, Primary Health practitioners, and ICAMHS health professionals working with infants and young children and their families who would like to

- Increase their knowledge about the development of an infant/young child's attachment relationships and the longer term implications of different attachment patterns
- Increase their knowledge about caregiving behaviour and the development of specific attachment patterns
- Develop and increase their skills in observing infant/caregiver relationships
- Develop and increase their skills about when to be concerned and potential interventions

Introductory workshops in each of the Midland DHB area was approved and progressed for delivery over March, May and June 2015. This report utilises the Registration Form and Evaluation Form data which has been analysed to guide the next steps for integrating Infant Perinatal mental health and addiction best practice into every day clinical best practice.

### 3. Participant Analysis

Overall there was a high level of support and engagement from all five Midland districts. There was a slight decrease of participants on the day in all of the DHB areas from those who registered prior to the workshops rolling out.

**Table 1: Participant DHB Area**

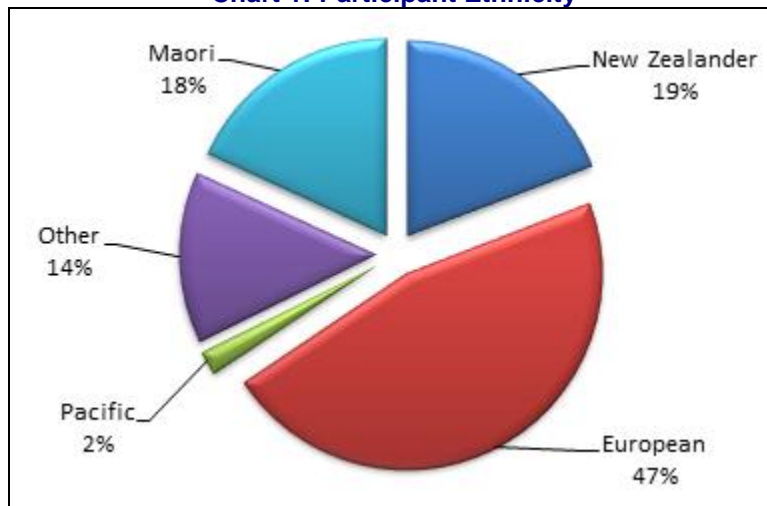
District	Number Registered Prior to Event	Number Attended	Completed Evaluations
Waikato	32	28	24
Bay of Plenty	30	27	23
Taranaki	27	22	20
Lakes	10	Cancelled due to low numbers	
Tairāwhiti	22	24	7
<b>TOTALS</b>	<b>121</b>	<b>101</b>	<b>74</b>

#### 3.1 Participant Ethnicity

##### Demographics

Of the 101 participants responses over 66% identified as New Zealand/European. 18% identified as Māori which is slightly less than the demographic population of the Midland Region. The “Other” ethnicities were made up of various participants from Indian to Scottish descent. This graph also highlights significant gaps in our Pacific people and Asian workforce. See [Section 4](#) for DHB specific information.

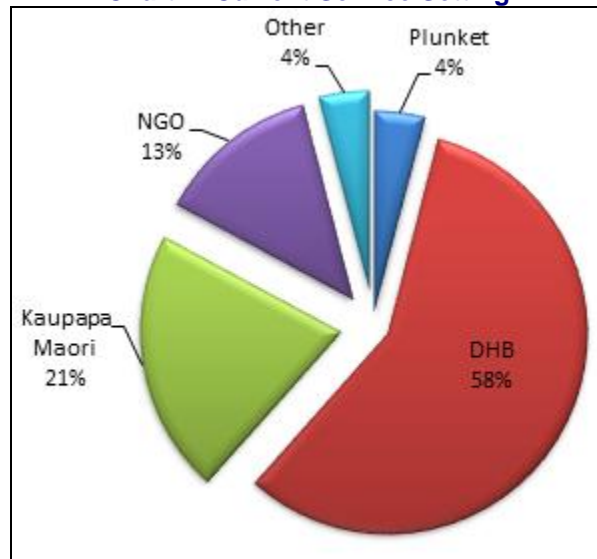
**Chart 1: Participant Ethnicity**



#### 3.2 Participant Current Service Setting

From the feedback received it is clear that the majority of the participants that attended the training are working within the DHB environment with 58% followed by Kaupapa Maori services at 21%. See [Section 4](#) for specific DHB information.

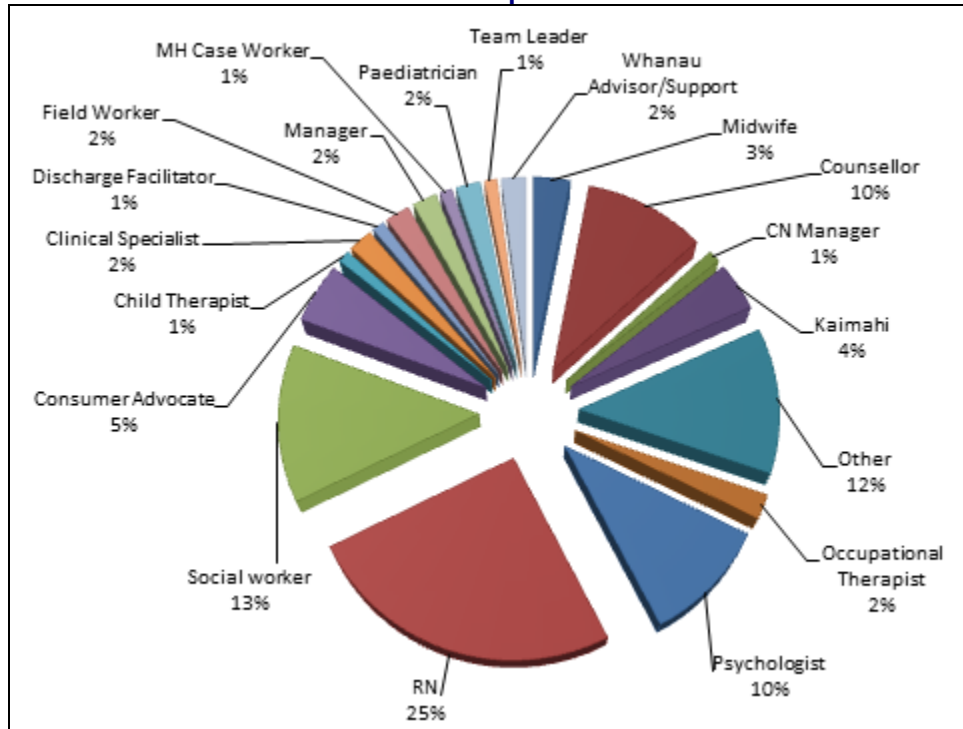
**Chart 2: Current Service Setting**



### 3.3 Participant Current Role

The chart shows a good spread of roles within the mental health and addiction, community, paediatrics and maternity sectors with the largest groups being Registered Nurses that includes community through to DHB. See [Section 4](#) for DHB specific information.

**Chart 3: Midland Participants – Current Role**



## 3.4 Outcomes

### 3.4.1 Feedback from Previous Regional Workshops

Over the last four years, the Midland Regional Network – Mental Health and Addictions has over a series of regional workshops canvassed participants to identify feedback on the two areas below and the consistent themes have been placed into the following two tables.

**Table 2: What Constitutes a Good Workshop?**

Validation and integrity	Setting the scene	Environment – quiet, comfortable
Content appropriate to audience	Whakawhanaungatanga	Location Rural vs. Urban
Purpose and aims clearly identified	Planning	Having regular breaks
Speakers with credibility	Variety of teaching styles	Food/Kai
Humor and fun	Structure	House rules
Researched and evidence based	Ice Breakers	Numbers of participants
Resources and Handouts	Flexibility	Target audience
Active participation	Feedback and Evaluation	Learning styles acknowledged

**Table 3: What Makes A Good Instructor / Facilitator?**

Dynamic	Energetic	Prepared
Organised	Knows the audience	Creative
Aware of group dynamics	Aware of regional interface	Aware of roles
Use of self	Personal experience	Stories
Balance on the subject	Manages time	Boundaries and awareness
Responsive	Confident	Good mediator
Able to see the big picture	Pulls themes together	Empowering
Inclusive of the group	Promotes collaboration	Promotes participation
Has a beginning, middle and end	Is culturally aware	Safe
Tolerance for discussion	Respectful	Listener

All workshops offered regionally in Midland, bear in mind the above feedback to ensure that the participants adult learning experience is maximised.

### 3.4.2 Evaluation Outcomes

Evaluations were requested at the completion of each workshop, with the exception of Tairawhiti where the evaluation was emailed for completion. A total of 74 (73%) completed Evaluation Forms were received, which further validates the findings of this report. 27% of the Evaluation Forms were not completed; this may be attributed to those attendees leaving the workshop early and the low return rate of Tairawhiti evaluations via email.



**Table 4: Evaluation Results**

**Total Evaluations Returned** 74  
 Scale 0.5  
 Max to show 5

	Not good, staff unhappy
	OK but keep an eye on this
	Good replies - keep it up



Content of Training Session	1	2	3	4	5	Avg	Aggregated Data
Overall rating	0	1	9	18	23	4.23	
Content was what I expected	0	4	12	17	16	3.91	
Is directly applicable to my job	1	0	13	17	19	4.06	
I found value in the resource materials	1	1	9	17	21	4.14	
<b>Instructor</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>		
Overall Rating	0	2	4	12	32	4.48	
Demonstrated knowledge of content	0	0	2	6	42	4.8	
Generated my interest in the content	0	2	8	11	28	4.32	
Instructors interest in participant	0	2	6	11	30	4.40	
<b>Process / Environment</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>		
Registration process was easy	0	0	2	15	34	4.62	
Location	0	0	3	10	37	4.68	
Meeting Room	1	0	2	11	36	4.62	
<b>You the participant</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>		
I was fully present and actively participated	0	0	12	18	20	4.16	
My co-participants were actively involved	0	3	10	18	16	4.18	
I feel confident to be able to feedback to others	0	3	10	19	15	4	

Using the scores rated 4 and above, 80% of the attendees were satisfied with the overall workshop, 67% felt the content met their learning needs, 72% agreed that it was applicable to their role and 78% found value in the course material.

88% rated the Instructor 4 and above, 96% agreed that the Instructor demonstrated knowledge of the content, 80% felt that the Instructor generated their interest and 84% felt that the Instructor was interested in their input.

96% of the participants found that the registration process was easy. 94% of the participants were satisfied with the location of the workshop and 94% were satisfied with the venue and catering.

### 3.4.3 What Did Participants Find Most Useful

A summary of the consistent themes of what participants found most useful is detailed in Table 5. Participants found that discussion with other participants, the instructor's knowledge on the subject matter, research and the pre-reading and the clinical discussions with colleagues the most beneficial. The workshop workbook, pre-reading, website links, films, DVDs and research was also very well received.

**Table 5: What Did the Participants Find Most Useful?**

Disorganised attachment	Adult attachment patterns	Child response to reunion	Video examples of Strang Situation
Adult attachment styles - significance of	Useful review of previous learning	Useful website resources	Video clips backing up knowledge
Adult interview	Child attachment theories	Adult attachment theories	Mentalising
Video clip of kangaroos and Christopher	Examples of answers from book on AA1 question	Demonstrating and examples Denise provided on ambiance eg voice, posture, how enter room	Re-cap on attachment and attachment disorders
Adult interview	Mentalisation	Adult attachment	Reflective capacity
Watching film	Discussion as group	The history around child separation	Films - great to watch
Ambiance	Attachment Patterns	Forum discussion on solutions	Strange situation protocol
Enjoyed videos showing infant reactions to separation	Parents responses: Breaking it down in to identifiable blocks	Excellent examples given to support presentation	Denise's descriptions of what we were seeing with infant separation
Categorisation of relationships (eg secure, avoidant etc)	Really liked the detail in SSP from your experience	Suggested resources for further reading	Information about parents ability to mentalise

Attachment Relationships	Historical perspective	Video, developing observational skills	Practicing assessment
Attachment was initially observed in the 1930's/1940's - yet it took us until much later probably 1980's until we allowed mum's to stay with their inpatient children	Interviews of parents to find out about their upbringing and how this effects how they parent.	That there were no Maori models used or acknowledged, only western models and theologies	The importance of attachment as infants/children and how this can affect relationships later on
The presenter	Video footage of kids and behaviour changes	Patterns of attachment, not just one is functional	The impacts this had and has for the child
How attachment/separation issues can be traumatic for children. Leaving children at child care	Learning strategies to increase knowledge about reflecting on caregiver/relationships and how to plan for potential interventions	AAI Info was interesting but without training it was confusing how to use this?	AA1-assessment-can use teachings to assist when completing assessments with families
SSP & AAI Strang situation procedure , adult attachment interview	Spotting otherwise hidden behaviour	Identifying early warning signs	Video, intro on further education
Decision tree resource	Good balance of information provided	Film clips were useful	Attachment discourse
Link made between video clips and information presented	Interview linguistics, studies, video, representations, demonstrations	History, attachment, theory & classifications and use of video examples	Denise's amazing & inspiring knowledge. Adult attachment & link to infants attachment
Subcategories of attachment styles	Special behaviours representative of attachment styles	Child's separation anxiety & reactions to different parents & parenting	Background of Robertson's contribution
Discussing ABC	Dyads - Kangaroo	Infant/parent	Audiovisual clips
Joyce and James Robertson's observation	Adult state of mind regarding attachment	Most research keyed towards MATERNAL interaction	Avoidant, secure, ambivalent behaviours in regard to attachment
Levels of attachment	Good handouts	Behavioural patterns	AA1 Classification system
Organised patterns of attachment	AA1 Classification system	How responsive the infant is	nuanced categories of attachment
Adult attachment interview	New learning	Adult state of mind	Video footage enhanced learning
Organised vs disorganised behaviour pattern	Filming interaction - awareness/interaction/observations	Denise's engagement with interactions & examples	Learning more about types of attachment
Information around disorganisation	Intergenerational transmission	Adult states of mind	Interview attachment

Looking at the various patterns & having it looked at on video to see it in practice	Found the films informative & interesting especially the disorganised behaviour / attachment	Found today's content on itself in a very logical and interesting process.	Distinguishing between attachment & bonding
Adult attachment interviews (revisiting this done another day long course)	Attachment parental behaviours / child attachment discourses	Attachment patterns, Adult Attachment interview	Attachment types ABC & parent/infant key
Disorganised attachment content	Secure & insecure attachment	Maternal sensitivity	Explanation of 4 types of attachment
The development & working through of the theory base - the studies & scenario's	Examples from case studies	Enjoyed the video sessions although quite touching to see distressed infants	Different child strategies to manage attachment issues
Story stem sequence	Infant response	Organised patterns of attachment	Negative intrusion behaviour (parents)
Avoidant attachment	Parenting side	Adult attachment interviews	Film excerpts
Indicators discussed by Denise	Infant attachment patterns	Information on theorists and past historical studies	Videos - provides variety & keeps interest
Mother - child attachment theories and studies	Nice linking of all attachment pieces	Adult attachment interaction	All very interesting & useful
Useful to know content of AAI	Good intro into attachment of grounding knowledge	The examples in each section helped solidify the points being discussed	All aspects of today was extremely helpful
Discussion on child attachment interview	3 organised patterns of attachment		

### 3.4.4 What More and What Should Be Included

Participants were asked during the evaluation process “what they would like more of” and “what else should be included”. Where overall satisfaction with the workshop was high, participants felt that more time spent on the same topics discussed in this workshop would be beneficial to their practice. The common themes have been summarised in Table 6 and will be used to determine the content of the second workshop.

**Table 6: What More and What Should Be Included?**

I would have liked a more practical component ie. what do we do with families that have attachment problems	Lots of monotone talking made it difficult to stay alert and take in teaching - more class involvement would help
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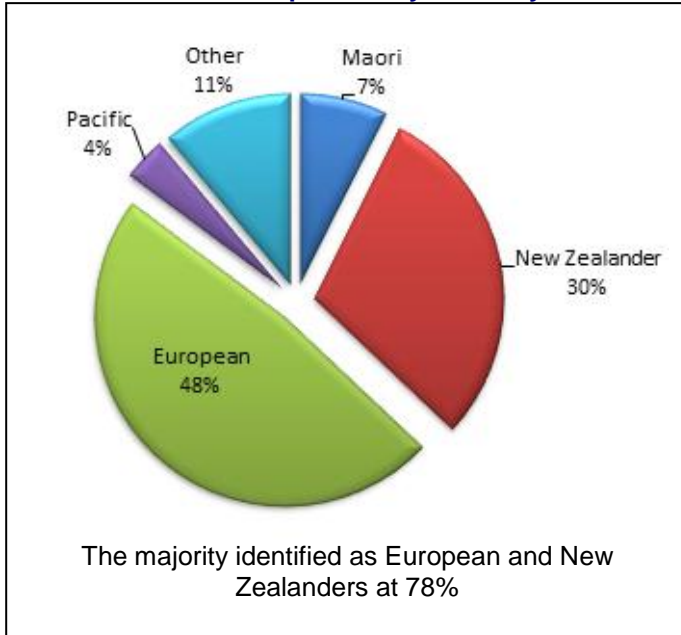
More film / visual aids to support theoretical information	Presentation itself could have been of great interest to others - Denise obviously very passionate & skilled at what she does
For my own role in NICU I find the issues regarding infant attachment and ways to assist in healthy development and attachment most interesting	Be good to have slide show handouts at beginning to write notes on
More "how to - practical" use this information & work with families	I have appreciated the opportunity to go to these workshops as a way to update and further enhance knowledge base
Intervention - what to do	Theory is heavy & less practical treatment implications
More info on how to apply this in practice	Described psychometrics without explaining concept/treatment or case study eg. Mentalising
More interactive, balance between talking & visual info	Thank you for a brilliant day
Further training on where training is being held for various types of assessments	Breaking up the talking with more film excerpts would be more interesting - too much talking
More examples for each form of attachment	Fascinating intro-series to IMH
Applied interventions	Overview would have been great to have notes on powerpoint
Treatment for attachment problems	Many light bulb moments
I would have liked the information given in a more simple way language wise. Found it very clinical in some of the presentation and found my attention span less. Some of the video footage could have included Maori whānau or other cultures and more up to date.	I found the content of the presentation interesting however I struggled to follow the <b>delivery</b> of the content due to examples being spontaneously interjected throughout the course of delivery; and I found the order of content was delivered in a rather awkward manner, for example when talking about a, b, and c, discussion would begin at b, jump back to a, and then follow by discussing c. Technical devices used throughout the presentation seemed also to disrupt the flow of delivery. The presenter definitely demonstrated expert
How do you teach an infant to 'organise' themselves - specific	
What do you do with the knowledge you gain from a specific AAI?	
Interventions for building secure attachments	More in-depth description of subcategories of attachment style e.g. B1 - B4
Ways to promote & enhance parenting in dismissing/preoccupied insecure patterns of attachment with their young children	I found the whole workshop really stimulating & interesting, however felt it was very rushed over
Introductions at beginning of day would help with networking	Information for actual clinical use
AA1 training	More about epigenetics of infant mental health
More information on interventions used to support attachment issues	What to do after assessment

Strengthening mentalisation of reflective capacity. Group & clinical applications	To have Maori models conducive to working with Maori and information that acknowledges the historical impacts for Maori through colonisation
Video of finding solutions of how to help adjust babies to new environments	Subject well covered, also further online learning/training available if needed
Interpretation of video from speaker	More practical info on working with disorganised attachment
Ideas for intervention and simple stat	More observation of videos and discussion and feedback
Day was full enough already	For all slides to be provided today
Happy with the workshop content	Case studies, real scenarios
Huge area of knowledge – it would be nice to attend regular workshops eg. Once a month	More opportunities to watch videos of children and perhaps parent interviews to see behaviours being described by Denise

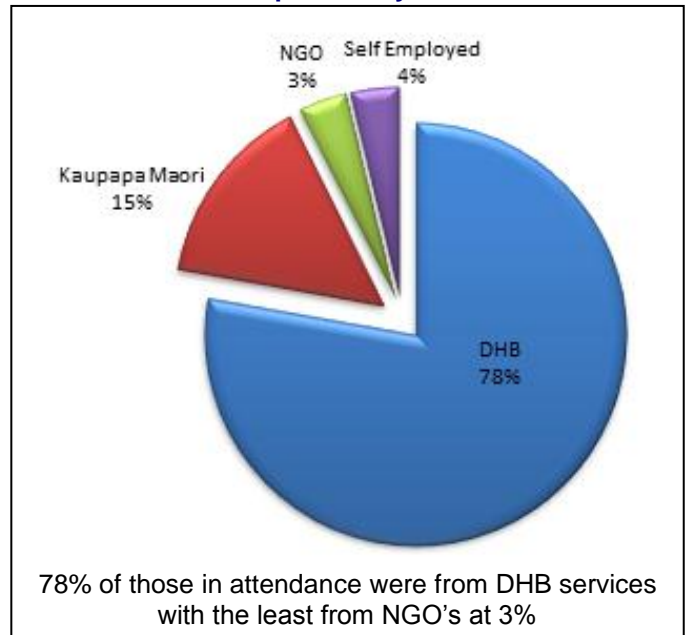
# 4. District Specific Information

## 4.1 Bay of Plenty

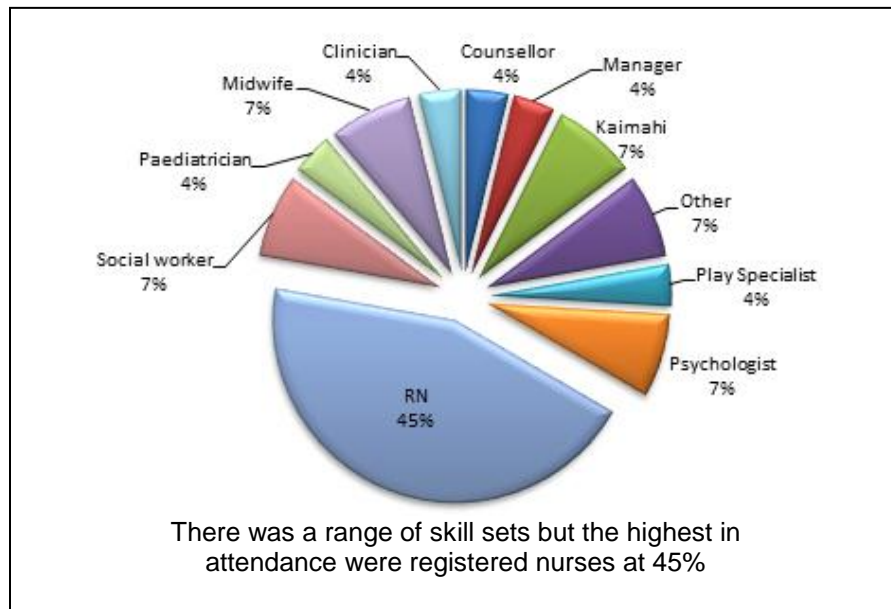
**Chart 4: BOP Participants – By Ethnicity**



**Chart 5: BOP Participants – By Service**

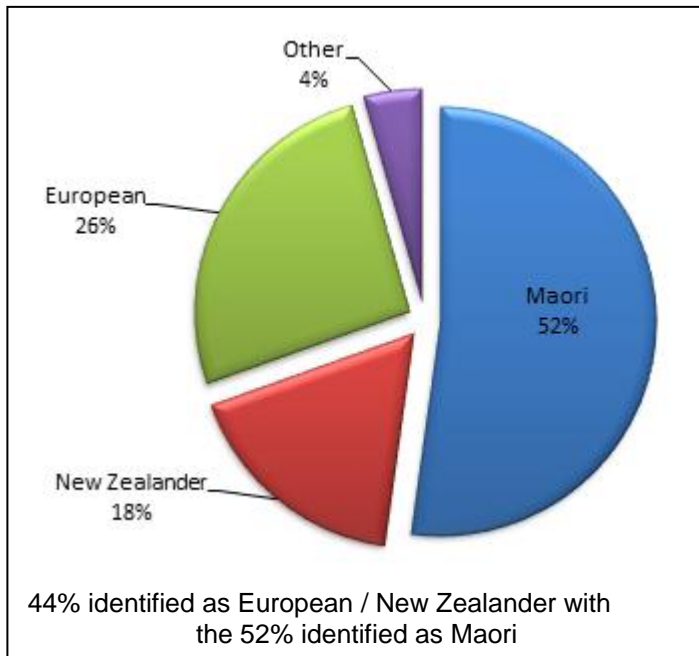


**Chart 6: BOP Participants – By Role**

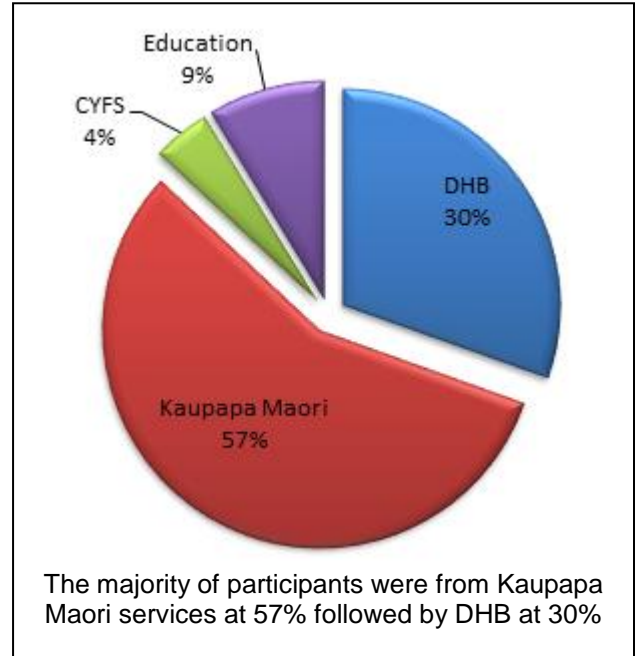


## 4.2 Tairawhiti

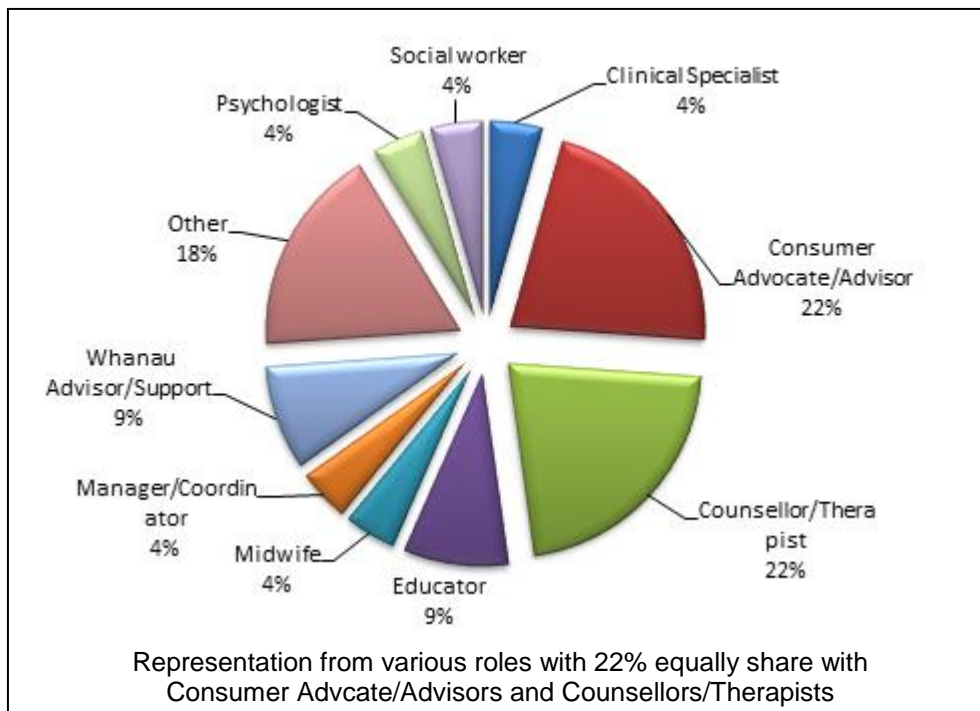
**Chart 7: Tairawhiti Participants – By Ethnicity**



**Chart 8: Tairawhiti Participants – By Service**



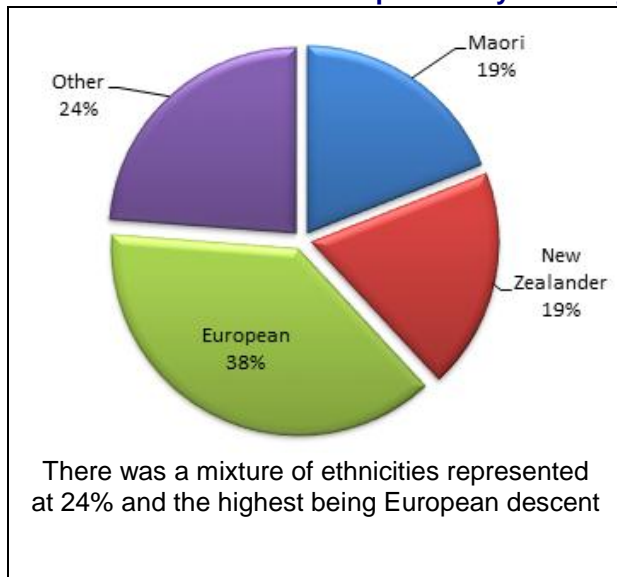
**Chart 9: Tairawhiti Participants – By Role**



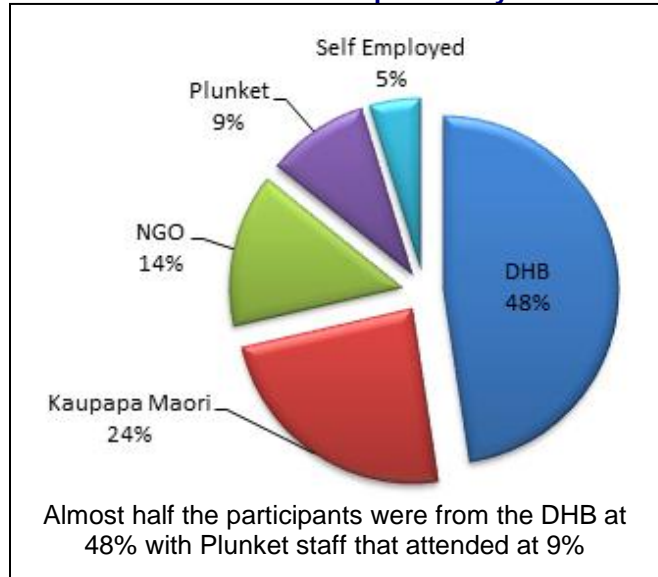


### 4.3 Taranaki

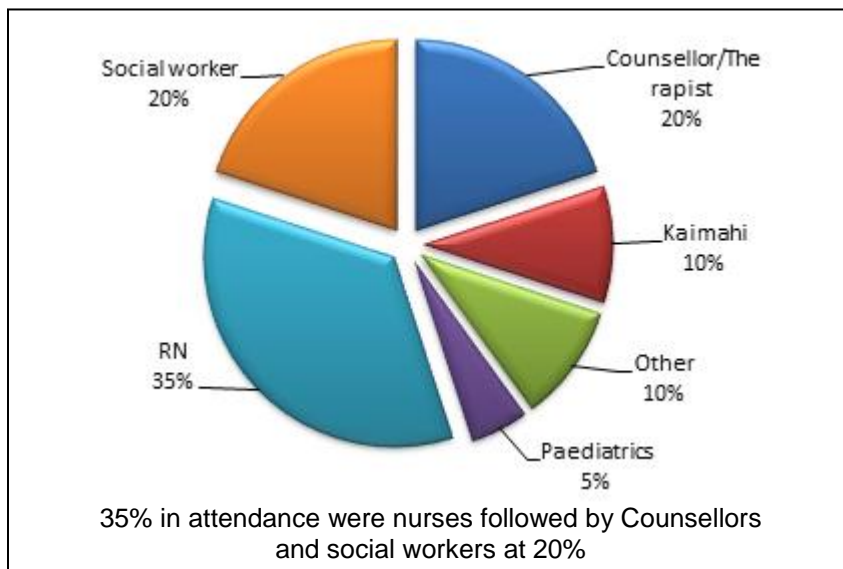
**Chart 10: Taranaki Participants – By Ethnicity**



**Chart 11: Taranaki Participants – By Service**

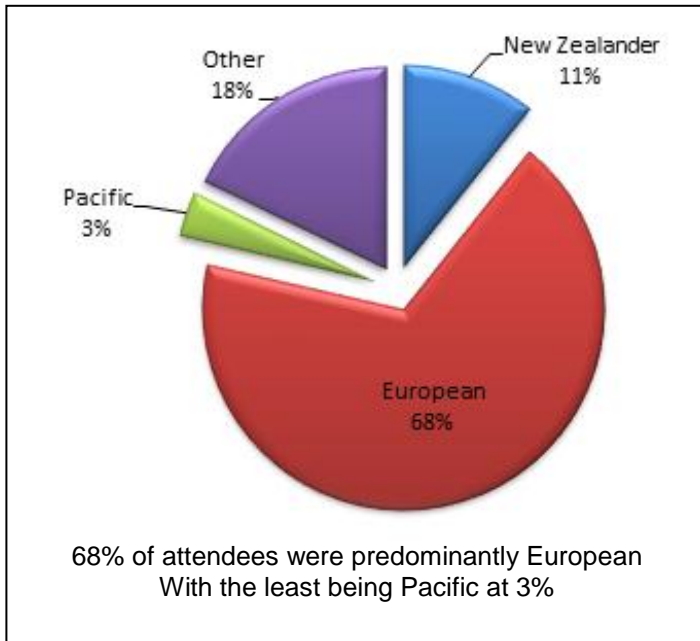


**Chart 12: Taranaki Participants – By Role**

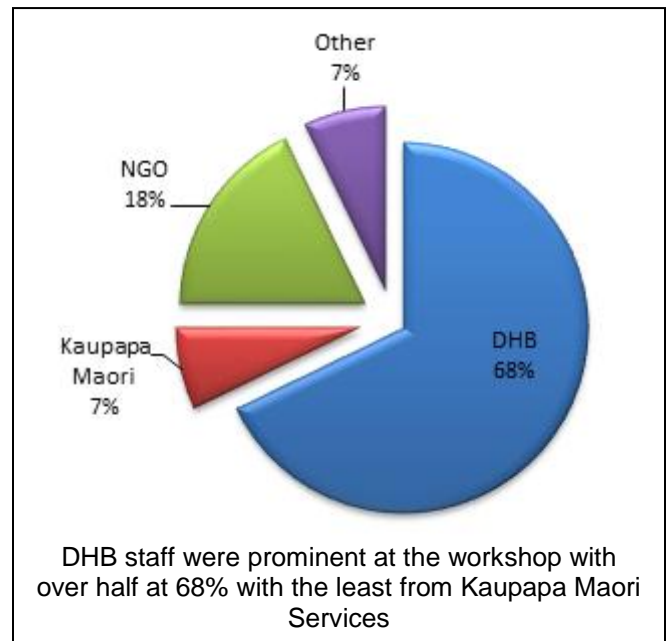


## 4.4 Waikato

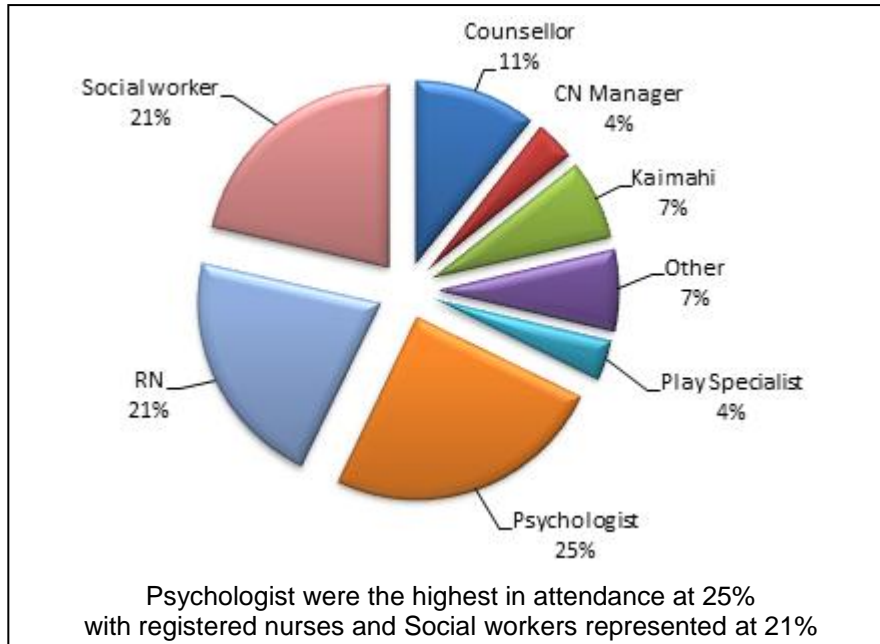
**Chart 13: Waikato Participants – By Ethnicity**



**Chart 14: Waikato Participants – By Service**



**Chart 15: Waikato Participants – By Role**



## 5. Financial Return on Investment

The total cost for the regional Perinatal and Infant Mental Health – Attachment and Caregiving workshops was \$12,913.01 with a total of 101 people in attendance. A return on investment taken from total cost was \$127.85 per person.

**Table 7: Regional Return on Investment**

Total Participants	Total Costs
<b>101</b>	
Venue & Catering	\$ 4,597.22
Facilitator	\$ 6,726.08
Facilitator Flights	\$ 988.03
Facilitator Accommodation	\$ 334.46
Other	\$ 267.22
<b>Total</b>	<b>\$ 12,913.01</b>
<b>Per DHB area per person</b>	<b>\$ 127.85</b>

The return on investment by DHB shows that the higher number of attendees the less cost per person as identified in the Bay of Plenty, and Waikato. The Tairāwhiti and Taranaki higher costs are largely driven by higher venue and catering costs and facilitator travel.

**Table 8: Financial Return on Investment by DHB**

	BOP	Lakes	Tairāwhiti	Taranaki	Waikato	Totals
<b>Total Participants</b>	<b>27</b>		<b>24</b>	<b>22</b>	<b>28</b>	<b>101</b>
Venue & Catering	\$ 991.13	CANCELLED	\$ 1,278.26	\$ 1,326.09	\$ 1,001.74	\$ 4,597.22
Facilitator	\$ 1,681.52		\$ 1,681.52	\$ 1,681.52	\$ 1,681.52	\$ 6,726.08
Facilitator Flights	\$ 165.00		\$ 167.17	\$ 185.43	\$ 470.43	\$ 988.03
Facilitator Accommodation	\$ 140.66		\$ 193.80	TBC	TBC	\$ 334.46
Other	\$ 53.48		\$ 53.48	\$ 53.48	\$ 106.78	\$ 267.22
<b>Total</b>	<b>\$ 3,031.79</b>		<b>\$ 3,374.23</b>	<b>\$ 3,246.52</b>	<b>\$ 3,260.47</b>	<b>\$12,913.01</b>
<b>Per DHB area per person</b>	<b>\$ 112.29</b>		<b>\$ 140.59</b>	<b>\$ 147.57</b>	<b>\$ 116.45</b>	<b>\$ 127.85</b>

## 6. Conclusions

Through Ministry of Health one off funding, Clinical Governance and the regional Portfolio Managers supported the proposal for three workshops offered by Dr Denise Guy in Infant Perinatal Health. This evaluation report is for the second workshop Perinatal and Infant – Attachment and Caregiving. This workforce objective was placed in the mental health and addictions section of the 2014/15 Regional Services Plan.

### High Level Conclusions

- One day workshops in each of the five Midland DHB areas for the Perinatal and Infant Mental Health Workshop 2 – Attachment and Caregiving was approved and progressed with Dr Denise Guy for delivery over March, May and June 2015.
- Of the 101 participants responses over 66% identified as New Zealand/European. 18% identified as Māori which is slightly less than the demographic population of the Midland Region. The significant gaps in the Pacific people and Asian workforce were highlighted in registrations.
- From the feedback received it is clear that the majority of the participants that attended the training are working within the DHB environment with 58% acknowledging this in the survey results.
- There was a good spread of roles within the mental health and addiction, community, pediatrics and maternity sectors with the largest groups being Registered Nurses.
- Evaluations were requested at the completion of each workshop. A total of 74 (73%) completed Evaluation Forms were received, which further validates the findings of this report. 27% of the Evaluation Forms were not completed; this may be attributed to those attendees leaving the workshop early and Tairawhiti completing their evaluation forms electronically.
- Of the 101 participants who attended the workshops 93% identified that they had attended the first workshop, Introductory to Infant Perinatal Health – The First 5 Years.
- A summary of the consistent themes of what participants found useful is detailed in [Table 5](#). Participants found that discussion with other participants, the instructor's knowledge on the subject matter, research and the pre-reading and the clinical discussions with colleagues most beneficial. The workshop workbook, pre-reading and research was well received.
- Where overall satisfaction with the workshop was high, participants felt that more time spent on the same topics discussed in this workshop would be beneficial to their practice. The common themes have been summarised in [Table 6](#) and will be used to determine the content of the second workshop.
- The total cost for the regional Perinatal and Infant Mental Health – Attachment and Caregiving workshops was \$12,913.01, with a total of 101 people in attendance. A return on investment taken from total cost is \$127.85 per person.
- The return on investment by DHB shows that the higher number of attendees the less cost per person as identified in the Bay of Plenty, and Waikato. Tairawhiti and Taranaki higher costs are largely driven by higher venue and catering costs and facilitator travel.

### 6.1 Recommendations

1. **That Clinical Governance and the regional Portfolio Managers review and accept the findings of the report**