Creswick Fellowship Report

Experts' perceptions and experiences of intervention development and implementation processes

How can therapeutic parent-infant groups be scaled up to meet demand?

Sharon Cooke

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Report prepared by Sharon Cooke for the 2023 Creswick Fellowship

1. Acknowledgements

As a recipient of the Creswick Fellowship, I have been able to meet and interview international experts that over the past decade, through research papers and online reports have been informing my practice and program. Ordinarily there is a significant lag time between the asking of a research question and understanding its findings through a peer-reviewed publication. By meeting in person, I was able to seek advice on service development and delivery dilemmas specific to my context; and receive timely anecdotal insight and real-time evidence as it was unfolding. The international community were very generous with their time and wisdom. It was a privilege to meet and establish relationships and collaborative partnerships that will continue to inform my work. I feel incredibly grateful for the unique opportunity extended to me by the Creswick Foundation. The process has made an indelible mark on my thinking and practice, and I hope, the growth of early intervention services for vulnerable infants and their families.

I would like to acknowledge

- My referees who encouraged me to follow my drive towards understanding: Dr Julie Stone AM, David Zarb and Caroline Winchester.
- The 16 experts that generously shared their time and wisdom, and continue to follow along with interest
- Research partners: Dr Kelli MacMillan and Dr Lisa Saville-Young from Murdoch University. Dr Dawson Cooke from Curtin University. Psychology Honors student Kate Eggart for her analysis and write up of the interview transcripts (in progress).
- Finally, The Creswick Foundation. For the rigour of the panel interview, and their trust in my capacity to translate the learnings into service delivery for Australian families.

The following report provides a snapshot of my activity and interview findings. It remains intentionally brief as the interview transcripts are to be independently analysed and published in an Honours thesis by a Murdoch University School of Psychology student. For this reason, the interviewees' identity remains confidential and direct quotes will not be used in this report. This project was undertaken with agreement from the Foundation, written consent from the interviewees, and approved by Murdoch University Ethics Committee (*2024/047*), titled: *Scaling up parent-infant interventions: Experts perceptions and experiences of intervention development and implementation processes.* The development of the research project evolved after my application, in response to an expression of interest from the student and university. Shifting from a personal tour to a publicly available research publication was a step towards dissemination of the findings too good to miss.

The following report endeavours to describe my proposal, itinerary, and personal precis of my learnings. The professional partnerships and insight continue to be translated into the theory and practice of Mother-Baby Nurture (MBN), a parent-infant group program that is government funded, available free of charge to vulnerable Australian families, currently in fourteen WA communities.

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2. Proposed Project

To visit world leading infant mental health services that have adapted their evidence-based early intervention groups into scaled community-based programs.

Develop an understanding of how to scale an existing evidence-based group intervention for vulnerable infants (Mother-Baby Nurture: MBN) into an accessible free-to-access population-wide service for all at-risk babies.

Identify the training, research and evaluation processes required to ensure successful processes in scaling MBN and that the impact of the program is not compromised.

3. Purpose

To positively impact the trajectory of at-risk babies and their families by

- Building collaborative partnerships between Mother-Baby Nurture and leading international centres of excellence.
- Identify the training, research and evaluation processes required to support the reach of MBN whilst maintaining program impact and fidelity.
- Scaffolding a small, well-trusted parent-infant group intervention (MBN) so it can develop into a robust program able to be replicated by multiple early intervention agencies, across diverse communities and populations.

Other projected outcomes of scaling MBN would include:

- Increase continuity of care of infants across service tiers (MBN is a second-tier step-up/down service between tertiary and universal services).
- Increase communication, collaboration and trust between the wrap around services support vulnerable infants and their families, including
    - Organisations funding and providing the service (Commonwealth, State Government, Not-for-Profits),
    - Health/mental health service tiers (universal, secondary tertiary), as well as
    - Sectors (education, health, mental health, disability, child protection).
- Increase workforce capacity through a program that trains and supervises a transdisciplinary team of practitioners across multiple services and settings into a skilled infant mental health workforce.

4. Background To Proposal

The first 1,000 days—from conception to age two—represent a period of unique opportunity and vulnerability. During this time of particularly rapid growth, the foundations of later life are laid. Babies' brains are shaped by their interactions with caregivers, and the evidence is clear: at least one secure, responsive relationship with a consistent adult is essential for healthy brain development and for babies' social and emotional wellbeing. Persistent and severe difficulties in early relationships can have pervasive, long-term effects on many aspects of child development, with costs to individuals, families, communities, and society. Early emotional wellbeing plays a critical role in determining how well individuals can make the most of life's opportunities—succeeding in education, contributing positively to society and the economy, and managing future relationships with partners and their own children. The early parent-infant relationship builds the foundation upon which all later development rests.

Mother-Baby Nurture (MBN) is facilitated by two infant mental health clinicians over a 10-week (20 hour) duration in a community setting. The primary intervention aim of MBN is to strengthen the mother-infant attachment relationship. The group process includes the infant as an active participant, and with careful observation and consideration the infants provide valuable opportunities for connection, learning and change. A central strategy to improve the relationship and infant outcomes is to foster and strengthen the mother's reflective capacity. A secondary strategy of the program is the reduction of symptoms of maternal postnatal depression and anxiety as well improving the mothers' parenting confidence and feelings of connection with their infant. This therapeutic approach shares common ground with parent-infant psychotherapy and mentalization-based treatment and is informed by attachment theory and the neurobiological science of infant development (see two published articles on MBN for more details https://www.motherbabynurture.com/mbn-news--research.html).

In the development of MBN I have been attentive to adapting the program to reach a variety of populations with unique needs. Funding was secured for 18 months to develop and deliver a group to support First Nations families – "Mums and Bubs Yarning Circle". A pilot group for teenage parents has also been trialled. A Nursing PhD student is in the final stages of a 3-year project exploring the development of a Fathers' version of MBN. For the past three years a group has been funded to support migrant and refugee families. Effort is made to establish groups in rural and remote areas (currently in four WA locations), and I hope in the future to respond to enquiries for training that have come in from around Australia. Despite community interest and MBN's commitment to inclusion, these applications have been time limited by short-term grant funding.

Presently, through Commonwealth and State government grant funding, MBN is being offered free to families at ten metro and four rural locations in Western Australia – providing support for approximately 320 vulnerable infants and their families each year. Based on the current birth rate and research estimates of perinatal mental illness, there are perhaps 6,000 vulnerable WA families each year that could benefit from this program.

There is an urgent need to scale up service delivery to meet the need of vulnerable infants, during the early months of development, while relational attachment patterns are still in formation. Given the geographic spread of WA, accessible place-based services delivered by local community child/mental/health providers could bridge the gap. Given the geographic spread of WA, accessible place-based services delivered by local child/mental/health providers could bridge the gap. A partnership between infant mental health specialists and child health/development/mental health services for instance, could deliver timely intervention for the developing infant as well as build the infant mental health workforce capacity in the government child health services. This example of scaling, along with many other alternatives, was the subject matter explored in the expert interviews.

5. Overview of Itinerary

The complete itinerary has been provided to the Creswick Foundation in a separate confidential document. It is not available to the public as the privacy of the participant is required as part of the consent agreement set by Murdoch University Research Ethics Committee.

29 Jan – Feb 2, 2024

Parental Embodied Mentalizing Assessment (PEMA) 5-day Course with Dana Shai Tel Aviv Israel (unable to visit due to travel restrictions).
Participate in Training. Understand the core components of PEM (Identifying and understanding the non-verbal exchanges between parent and child) and consider its incorporation into the 3-day training and pre/post group research evaluation.

2 June 2024 - Perth - Helsinki Finland - 4 interviews

5-8 June Tampere Finland
World Association of Infant Mental Health
Poster presentation (Appendix A)

Presented at the World Association of Infant Mental Health – WAIMH 2024 World Congress. This event provided a valuable opportunity to present the Creswick Project and recruit more Interview participants through the snowball process.

14 -17 June France - 2 interviews

24 – 1 July England - 10 interviews

2 July Return - London - Perth

6. Summary of Findings

The following summary provides a description of the interviews and an overview of the findings.

The Interviews

- Sixteen interviews were undertaken, that were two-hours in duration following a semi-structured schedule of questions (see Appendix B). Due to participant availability, three of the interviews were by video.
- Participants were program authors, clinical leads and researchers involved in mentalization based, parent-child relationship-focussed group interventions.
- A snowball approach was taken, with each participant invited to recommend others until saturation point was reached. Representatives from four countries were included: Finland, Denmark, England and France.
- Eight different programs were discussed of which five included the infant in the group program, however only three were still in operation. Of the three, there were two groups that shared significant common ground with MBN, and the third appeared to be more a psychoeducational support group for mothers in crisis. Of the two parent-infant groups with similarity to MBN, only one had been scaled to multiple locations to meet wider community demand.

Reflections from the interviews

Most interventions originated in response to a clear clinical need, often in high-risk or underserved community settings like prison, homeless accommodation, and targeted vulnerable communities. The initial start-up was funded by government grants, some sizeable and long-lasting. The program logic evolved over time with iterative adaptation shaped by the needs of the participants, and specific skills of the founding clinician and available resources. Many parent-infant group services were established by leading perinatal and infant mental health specialists employed in a training institute or academic setting, where innovation and research trials were part of the fabric of their organisation. The Nordic countries were most responsive when it came to translating research evidence into practice, with the government providing sizeable long-term funding to academic institutes to establish, train and evaluate statewide program delivery by local infant health services.

All programs placed strong emphasis on strengthening early relationships as vital for lifelong wellbeing. Some included fathers and other caregivers, and siblings. The programs were consistent in their core focus on the promotion of need for alleviation of distress, mentalization and parental reflection for building attunement and responsiveness. Some offered more psycho-educational content. Few programs included the infant in the group process. There was an acknowledgement of the emotional intensity of working with unsettled and unhappy infants and distressed parents. Reflective supervision was a critical part of the success and sustainability of most, but not all programs.

Place-based, group interventions were widely valued for their accessibility, peer connection, and efficiency—though some programs also provided individual psychological support in parallel to the group. Included in the design of many groups was the inclusion of two facilitators to offer sustained emotional containment and shared reflective practice. Unsettled babies and distressed mothers bring a degree of complexity, so having two minds was seen as beneficial.

In comparison, Australia was unique in its preferencing of individual psychological services over group service delivery in community. Some discussion ensued on whether this was a unique response to Australian conditions that has a mental health system that emphasises individual adult psychology sessions over group or infant, and clinical psychological services over other perinatal and infant mental health professions.

A consistent challenge was how to measure outcomes in the infant, over time, and shifts in parental mentalizing and attunement to the infant. Identifying adverse childhood experiences was also important in understanding how complex trauma impacted the mother's emotional availability. Common tools mentioned include Parent Stress Index (PSI), Edinburgh Postnatal Depression Scale (EPDS), Parental Reflective Functioning Questionnaire (PRFQ), and Mother's Object Relations Scale (MORS). Also, a relatively new measure, Epistemic Trust, Mistrust and Credulity Questionnaire (ETMCQ) is providing helpful insights that have not been previously captured, a positive outcome associated with secure attachment. Infant-focussed outcomes over time were limited.

Several programs expressed difficulty in securing funding for robust research, others discussed concern in the over reliance on randomised control trials as the gold standard. Some interviewees were developing alternative methods such as case studies, video, and qualitative interviews as a way of meaningfully understanding the impact of their group as it provided greater depth of insight and quicker turnaround time.

Balancing model fidelity with local adaptation was a recurring tension, especially when scaling nationally or across diverse populations. Several programs mentioned the necessity of a multidisciplinary approach, including facilitators that aren't drawing from the already stretched mental health clinicians in tertiary health settings. Concerns arose about training

quality and dilution when facilitators are added rapidly or without sufficient supervision and processes that support program fidelity. There was one program that has been successfully scaled across the country with but with few processes monitoring program fidelity and participant outcomes of families beyond the original pilot research setting. There are other group interventions that have high program fidelity and evaluation research that are limited to one specialist facilitating one group. One program has expanded across continents, successfully responding to community demand, yet not enough is understood on the mechanism of change of the original program, and whether the adaptation should be approach with celebration or caution.

Recruiting facilitators with prior training in perinatal mental health service provision was considered important. Discussion ensued on variability in a facilitators capacity to work with distressed parents and infants was more linked to their own attachment experiences and quality of relational support. Capacity to mentalize under pressure was an intrinsic quality essential for the role, but difficult to recruit for. Recruiting for facilitators was more likely going to be a slower relationship-focussed process, that may require a dynamic interview process to challenge their capacity to mentalize under pressure. Carefully designed training on core competencies that could be regularly assessed and measured, was considered by some as being helpful for program quality. Tiered support provided by reflective supervision was considered vital, as was the beneficial parallel process it offers.

Programs working across international contexts or diverse populations grappled with cultural tailoring, language, and system fit. Several interviewees stressed the importance of local context, including structural inequalities and cultural safety. Discussion ensued on the importance of honouring the unique cultural practices imbedded in family life and caregiving. The notion of consumer consultation, engagement of elders, partnerships and capacity building were discussed. The use of sitting in a circle, metaphor and storytelling appeared to translate across cultures assisting parents to grasp complex emotional dynamics and access mentalizing principles more readily. Examples were provided of how perinatal infant mental health specialists had collaborated with community members and local champions such as community health visitor/clinic services, building capacity within an essential universal service already trusted by families in the community.

There were some examples of system level adaptation, such as training psychology students at a university-based clinic, or child health nurses during their initial training. A feasibility study was proposed, to understand whether supervised post-graduates could achieve comparable results to those groups being facilitated by clinicians with more training and experience.

There’s emerging interest in using technology to support delivery, evaluation, and expansion. App-based interventions were discussed as having merit with busy parents, though it was considered as having variable impact if the caregiver was not self-motivated or if the focus of the intervention was dynamic not psychoeducational. Using video for observation and reflection is being occasionally used with parents (video interaction guidance) and increasingly used for training, supervision and program evaluation.

Some programs have grown in scale but with limited fidelity to the original evidence-based program. Adaptation to the community it serves is a much-needed evolution, but if it no longer includes the ingredients that potentiate change, then the new iteration may not bear the same results for families. Despite compelling evidence of positive program impact, some successful parent-infant group interventions are no longer in existence, as the lead clinician that championed and trained in that program, no longer works in the organisation. Most programs struggle with the vicissitudes of changing government and organisational direction, that can shift abruptly when there is a change in leadership. When the intellectual property is owned by one university or service provider it can be limited in its capacity to scale beyond the reach of that particular organisation and the resources afforded to it. When ownership is

confusing or unclear, the opportunity to scale to reach more families can also be confounded. In service of meeting an urgent need, many kind clinicians innovate and respond, paying little initial regard to the formalities around intellectual property. Taking responsibility to establish an enduring program that will outlive the limits of an individual and organisation appears to have its challenges. This to me points towards the need for research evidence and leadership, which sits somewhat independently from the fluctuations of trends, politics and funding cycles.

There was interest expressed by experts in:

- Information dissemination through sharing training resources, techniques and written resources.
- Research collaboration across countries.
- Maintaining an ongoing relationship to support the mutual development of group intervention programs for vulnerable infants and their families.

7. Dissemination of Creswick Fellowship findings

1. June 2024 Poster presentation on the Creswick Fellowship Project (Appendix A) World Association of Infant Mental Health WAIMH 2024 World Congress where 36 countries were represented. This event provided a valuable opportunity to showcase the Creswick Fellowship

2. Personal practice and program development
   This Fellowship has been a rich source of information that has helped to benchmark my work against international practice and inform my strategic direction. The learnings are being translated and imbedded into training, research and evaluation processes in the Mother-Baby Nurture program, as evidenced by:
   - The development of a screening interview for new MBN Facilitators using the Adult Attachment Interview, Una McCluskey's GCEA Practice and live footage of mother-infant interactions (under construction).
   - The use of live film footage from MBN groups to better identify the theory of change captured in moment-by-moment exchanges, and for facilitator training.

3. Findings from the Fellowship have been presented at recent MBN training and professional development events (March, April, June, September 2025), including a half-day presentation to stakeholders and provider organisations (Ngala Family Services, Meerilinga, Allambee, Midland Women's Health Care Place, Radiance Network Southwest, WA Country Health Service).

4. Numerous research projects have been informed by the tour, and are now in planning or in progress, including:
   - Development of a comprehensive program evaluation process – commencing July 2025 all evaluation surveys (stakeholders, facilitators and participants) will be collected electronically and stored in centralised database at Curtin University, providing a rich source of evaluation and research data.
   - Qualitative analysis of these Creswick interviews by a postgraduate student.
   - Evaluation of the MBN training by a postgraduate student.

Once qualitative analysis is accepted for publishing, I plan to disseminate findings through meeting with service providers, extending an invitation to Women & Newborn Health Services, Child and Adolescent Health Services, WA Country Health Service, Pregnancy to Parenthood, Curtin and Murdoch University, with the intent to present findings, facilitate discussion and invite collaboration in service planning

8. Appendix A WAIMH World Congress Poster

Scaling up parent-infant interventions

Experts' perceptions and experiences of intervention development and implementation processes

How can therapeutic parent-infant groups be scaled up to meet demand?

Sharon Cooke – Mother-Baby Nurture
Dr Lisa Saville Young – Murdoch University, Perth Western Australia
Dr Kelli MacMillan – Murdoch University, Perth Western Australia
Dr Dawson Cooke – Curtin University, Perth, Western Australia

Background Mother-Baby Nurture (MBN) is a 10-week relationship-focussed group that aims to strengthen the mother's reflective functioning (mentalizing), and in doing so enhance the mother's parenting behaviours and child outcomes. This parent-infant program operates in 13 communities in Western Australia and each year supports around 312 vulnerable families, yet waitlists and inquiries would suggest that the demand for the service outstrips supply. Fifteen years of government grant funding has enabled MBN to provide this no-fee early intervention service yet all resources have been invested in delivery with little planning into how to meet the growing demand. Research in infant mental health and implementation science provides some guidance on how to develop and scale an intervention; however, there is a lack of detailed description of the implementation process. There is a degree of caution towards scaling up as it could impact fidelity and be at odds with the MBN logic model, which is therapeutic and relationship-focussed rather than educational and information-focussed.

Aims This study will interview international experts who have experience in developing and expanding parent-infant programs. The aim is to learn from their experiences and understand how they gather evidence for the effectiveness of these programs and implement them in different systems, like public health services. The study will focus on the experts' views on the process of expanding these programs, including the successes and challenges they experienced.

Methods The study will use a qualitative approach, conducting semi-structured interviews with selected experts, which is likely to result in a productive high level of specialist interaction. The data collected will include experts' perceptions and experiences of the role of research in scaling up interventions; the promotion of partnerships across service levels; the recruitment and training of facilitators; and of embedding reflective practice on a larger scale. These interviews will be analyzed using thematic analysis to identify important technical and practical knowledge needed to develop and implement parent-infant programs.

Conclusions The findings of the study will describe the shared perceptions and experiences of experts who have been involved in developing and implementing parent-infant interventions at scale. These findings will be compared and contrasted to existing literature on intervention development and will inform the researchers approach to developing and scaling up parent-infant interventions, and in particular, MBN in the Australian context.

Research indicates that parental reflective functioning plays a significant role in parent-child attachment relationships (including the intergenerational transmission of attachment), parenting behaviours, and child outcomes. Scaling up MBN is expected to increase the likelihood of its success in supporting parent-infant relationships for a much larger number and range of families.

This study has been approved by the Murdoch University Human Research Ethics Committee (Approval 2024/047) and funded by a Creswick Foundation Fellowship.

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9. Appendix B Interview Questions

Appendix: Guide for semi-structured interviews

Scaling up parent infant interventions: Experts' perceptions and experiences of implementation processes

Interview Questions.

Early origins & conception

- An overview of how it started, how it developed and its current form
- What were the challenges
- What were the successes

Funding

- Tell me about your experience of gaining funding for your intervention.

Research / Evidence

- Can you describe the research that you have been involved in related to your intervention?

Training and Staffing

- Could you share with me your experiences around training the clinicians / facilitators for your intervention?
- What is the strategy and funding model for any ongoing supervision or training?

Development, expansion, promotion

- What is your experience of facilitating growth or expansion of an intervention?

Participants of the intervention

- What are the processes of referrals to the program and referring on for support after completion?

Final Reflections

- What comes to mind if you think of what you might have done differently in your intervention knowing what you know now?
- Does any other advice come to mind (cautions or encouragements) for someone venturing into this area of developing interventions for parent-infant relationships?
- What contributed most to any success you've experienced with this intervention?