

# The Acorn Program

Prepared by Sally Chance 2021



From small things  
big things grow



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This document is the outcome of a collaborative process, developed over many years, by the following South Australia-based stakeholders:

- The Hopscotch Foundation
- Perinatal and Infant Mental Health Services of the Women's and Children's Health Network
- Anglicare South Australia
- Six independent dance practitioners (Sally Chance, Billie Cook, Molly Flanagan, Felecia Hick, Gina Rings and Cinzia Schincariol).

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On completion of the licensing process facilitating organisations will have access to a set of Resource Materials designed to support specific procedural aspects of the program and mentioned as relevant throughout the document:

SECTION ONE:  
Acorn Teams – Qualifications, skills and qualities

SECTION TWO:  
Role Descriptions

SECTION THREE:  
Orientation workshop for volunteers

SECTION FOUR:  
Pre-group team workshop agenda

SECTION FIVE:  
Introductory session plan (morning tea)

SECTION SEVEN:  
Journaling Program

SECTION EIGHT:  
Procedural information.

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# Acknowledgements

*The Acorn program reflects the vision, wisdom and skill of many people over many years.*

*The name of the program refers to the growth of a tiny acorn into a strong and magnificent oak tree, offering the empowering and reassuring idea that ...*

*'from small things  
big things grow'*





## ACKNOWLEDGEMENTS

The Acorn program reflects the vision, wisdom and skill of many people over many years. The name of the program refers to the growth of a tiny acorn into a strong and magnificent oak tree, offering the empowering and reassuring idea that ‘from small things big things grow’. As a founding principle of the original Acorn group in South Australia in the mid 2000s, this idea also referred to the collaboration of several services in the interests of supporting mother-infant relationships and furthering the field of perinatal infant mental health.

### Originators

**Neil Underwood** and **Mandy Seyfang**, in their respective capacities as mental health nurse and occupational therapist working for the Women’s and Children’s Health Network (WCHN), South Australia.

### Supporters

**The Hopscotch Foundation** – Barbara and John Hopwood and Tim Campbell – for seven years’ generous funding.

### Partners

**Anglicare South Australia.** AnglicareSA and the Acorn Program enjoyed a long partnership, initially through Staying Attached, a home visiting parenting service for mothers with severe and/or complex mental health issues and their children under 3 years, and from 2014-2021 as managers of the Acorn program. In the mid 2000s Staying Attached workers were given the opportunity to attend professional development at Helen Mayo House in the burgeoning field of perinatal infant mental health. Helen Mayo House is the SA Women’s and Children’s Health Network’s acute inpatient unit for women with babies aged 12 months and younger ([wchn.sa.gov.au/our-network/camhs/helen-mayo-house](http://wchn.sa.gov.au/our-network/camhs/helen-mayo-house)). Staying Attached workers collaborated with Mandy Seyfang in the original Acorn group and were instrumental in developing the Journaling component of the program. The expansion of the Acorn program with Hopscotch Foundation support was managed and delivered between 2014 and 2021 by AnglicareSA’s Amanda Reinschmidt, Judi Kammerman, Louise Byrne and Janelle Hutt. Staying Attached workers continued to be involved until 2021 as Family Support Practitioners in Acorn teams.

**Associate Professor Anne Sved Williams, AM** Women’s and Children’s Health Network. In her capacity as Medical Unit Head of Helen Mayo House, Perinatal and Infant Mental Health Services, Anne was a member of the Acorn Reference Group, providing clinical governance and promotion of the Acorn model. Anne worked on the development of job descriptions, the recruitment of Acorn clinicians and academic presentations. She is a tireless advocate for the importance of perinatal infant mental health work and promoted Acorn within her extensive networks, providing consistent support with referral pathways from Helen Mayo House and private practice to Acorn. Anne’s commitment to strong partnership saw her allocate resources for Helen Mayo House staff to work additionally as Acorn mental health clinicians and later as pro bono providers of clinical supervision to the Acorn clinicians employed by AnglicareSA.

## ACKNOWLEDGEMENTS

### Partners

**Dr Paul Aylward** – Action Research Partnerships. Paul designed and conducted ongoing Participatory Action Research (PAR) evaluation of Acorn, including initial capacity building for AnglicareSA staff around methodology, procedures and program logic development. Paul designed the evaluation administration procedures and data collection materials, organised ethics submissions, analysed all quantitative and qualitative data and provided a series of feedback loops presented for reflection and action at each bi-annual Reference Group meeting. With Associate Professor Sved Williams, he identified appropriate clinical assessment tools to assist in evaluating the program’s ability to achieve its objectives.

**Dr Sally Chance** – dance practitioner. Sally developed and embedded the use of Dance Play within the Acorn model by considering how to link the art form of dance to principles of perinatal infant mental health in the interest of enhanced mother-infant relationships. Prior to the Hopscotch – AnglicareSA era (2014-2021) Sally raised the funds for her work through grants and other support. In this context, Sally gratefully acknowledges the support of AnglicareSA, Jill Newman – Arts in Health, Women’s and Children’s Hospital Foundation; Associate Professor Anne Sved Williams – Women’s and Children’s Health Network/Helen Mayo House; Beyond Blue’s National Perinatal Depression Initiative (<https://cope.org.au/wp-content/uploads/2013/12/Final-Synopsis-Report-PDF.pdf>) and Arts South Australia. Sally also thanks Dr Ros Powrie – Women’s and Children’s Health Network, Bo Galant – Department of Child Protection (formerly Families SA), Natalie Worth and Jenine Lambertson – Summit Health, Ian Bone and Elizabeth Hetzel – Artist Made Productions, and the Acorn and Sacred Little Ones dance workers (Billie Cook, Molly Flanagan, Felecia Hick, Robyn Richardson, Gina Rings and Cinzia Schincariol) for their commitment, collaboration and partnership.

### Reference Group Members

Barbara Hopwood and John Hopwood – Hopscotch Foundation; Anne Sved Williams – Women’s and Children’s Health Network/Helen Mayo House; Paul Aylward – Action Research Partnerships; Sally Chance – Sally Chance Dance; Louise Byrne, Judi Kammerman, Amanda Reinschmidt and Sonia Waters – AnglicareSA.

### Acorn Team Members

Valerie Aylesbury, Louise Byrne, Sally Chance, Kathy Coleman, Lee Collins, Tamra Comerford, Tricia Conlin, Billie Cook, Mandy Falco, Molly Flanagan, Alex Giles, Meredith Giles, Jodi Griffin, Felecia Hick, Sharron Hollamby, Janelle Hutt, Shylie Jeffrey, Judi Kammerman, Diana Kirke, Jenine Lambertson, Clare Levy, Heather Mattner, Zakiyyah Muhammad, Jan Player, Cheryl Pollard, Jo Press, Amanda Reinschmidt, Gina Rings, Kylie Roberts, Rosie Rowlands, Gemma Sandeman, Cinzia Schincariol, Samantha Smith, Joy Talbot, Neil Underwood, Caroline Van Mierlo, Zoe Walter, Laura Woodley, Maria Wigley, Chris Yelland.

And many wonderful volunteers – thank you.

*This Acorn book is dedicated to the memory of Neil Underwood*



# Executive summary

*... holistic, multi-disciplinary, evidence-based intervention designed to provide an opportunity for mothers with mental health difficulties to come together in groups and be supported in their relationship with their infant...*



## EXECUTIVE SUMMARY

The Acorn Program is a holistic, multi-disciplinary, evidence-based intervention designed to provide an opportunity for mothers with mental health difficulties to come together in groups and be supported in their relationship with their infant aged from birth to three years.

Acorn group programs run for 15 weeks for up to 10 mothers at various stages of wellness, who have identified that their mental health struggle is having or has had an impact on their relationship with their infant(s). The Acorn program was formally evaluated with the participation of over 500 mother-infant dyads and is therefore not at present designed for the participation of fathers or other family members/carers.

Acorn groups welcome and support women experiencing a wide range of mental health issues, from perinatal depression, anxiety and parenting stress/distress to serious chronic mental health issues such as borderline personality disorder, who have difficulties interacting with their child(ren) and low levels of parental confidence.

Mothers for whom this is the case can often be preoccupied with their own challenges, and as a consequence may experience blocks in their ability to see, interpret and respond accurately and appropriately to their infants'

cues which may impede their capacity to fully meet their infants' physical and psychological needs. This has the potential to hinder the quality of the mother-child relationship. For this reason, while mothers must have a mental health diagnosis to be referred to the program, their eligibility is function-specific in terms of their capacity to be in relationship with their child(ren), rather than diagnosis-specific in terms of their mental health.

On the basis that an infant's sense of self builds in relationship with a consistent and secure primary carer and that their own mental health cannot wait for the recovery of their mothers, Acorn creates specific space for the participation of the children using playful, non-verbal activities that make visible the relational style brought by each child from their procedural memory to their interactions with their mothers.

In this dyadic context of equal focus on mother and infant, and with the emphasis on how Acorn activities are mutually experienced by mothers with their infants rather than taught by mothers to their infants, Acorn supports and enhances the mother-infant relationship itself.

The goal of the Acorn program is to holistically nurture and enhance parental wellbeing and the quality of the parent/child relationship for mothers experiencing identified mental health struggles and their young children aged 0-36 months.

## EXECUTIVE SUMMARY

The program objectives are:

To enhance the quality of the parent-child interaction

To improve parenting confidence, competence and enjoyment for vulnerable mothers

To enhance the mothers' wellbeing, coping skills, resilience and self-efficacy

To expand and strengthen social/community supports and build social connectedness.

The integration of child and mother-focused components within multidisciplinary activities can seem complex. One of the unique characteristics of Acorn is that it offers three primary components – Dance Play, Journaling and Therapeutic Letters – within one group program, facilitated by a multi-disciplinary team involving a Dance Worker, a Family Support Practitioner and a Mental Health Clinician, supported by volunteers. There is no hierarchy between the facilitators, each of whom has a distinct role and responsibilities, as well as shared responsibility for the care of the team as a whole. This non-hierarchical team ethos is a unique strength of the Acorn program and mirrors the complementary and mutually dependent relationship between each of the primary components of the program. Acorn functions optimally when these work together.

Dance Play involves the whole group and places the focus on the children to create the immediate conditions for mother-infant interaction through movement, song and play. These activities emphasise the 'here and now' of each relationship, aiming for reciprocity and mutual delight and highlighting the children's skills in movement, song and play as communicative languages. Mothers are invited into

the play by the Dance Worker and by their own child, asked to wonder about the world from their child's perspective, and encouraged to recognise and support their child's exploration. Dance Play helps mothers with ideas for what to do when spending time with their children, but more importantly, makes visible why play and loving connection are important.

Journaling provides specific space for the mothers to develop reflective ways of being that will support them build and sustain their connection with their children. Journaling invites the mothers to explore their thoughts and feelings about parenting and being parented through words, images, colours and symbols, as a means of understanding their lives and selves and their relationship with their children. Journaling encourages the mothers to consider their parenting ideas, life experiences, strengths, struggles and dreams. The sessions also support the mothers through strengths-based cognitive reflection to identify and overcome the blocks in their ability to read their child's cues.

Therapeutic letters, sent weekly to each dyad, are designed to deepen mothers' reflective functioning by offering individualised observations about her experiences and her child's experiences. Therapeutic Letters focus each mother's attention on the journey of her relationship with her child, celebrating strengths, effort and growth in their relationship and encouraging reflection and enquiry, 'wondering' into important areas of her experiences and those of her child. The letters build security and trust around the group activities and reinforce the group's acceptance and support of each mother and child; they encourage the mothers to make meaning from their experiences at Acorn, consolidating and nourishing their progress

Each component provides a different type of opportunity for mothers to witness, experience, hear about, reflect on and gradually understand how to be in warm, playful, reciprocal relationship with their children.



A close-up photograph of a woman with long, dark brown hair smiling warmly. She is holding a young child with light brown hair and large, dark eyes. Both are wearing light-colored, textured knit sweaters. The background is a soft-focus field of vibrant autumn leaves in shades of yellow, orange, and red.

# Introduction

*This group showed me a little bit of a path  
One day at a time, one week at a time*

*Acorn participant, 2015*



## INTRODUCTION

The Acorn Program is a holistic evidence-based intervention designed to provide an opportunity for mothers with mental health difficulties to come together in groups and be supported in their relationship with their infant aged from birth to three years.

Led by multi-disciplinary professional teams involving a Dance Worker, a Family Support Practitioner, a Mental Health Clinician and volunteer support workers (see section 1.4), Acorn groups support mothers at various stages of wellness who have identified that their mental health struggle is having or has had an impact on their relationship with their infant(s). The Acorn program was evaluated with the participation of cohorts of mother-infant dyads and is therefore not at present designed for the participation of fathers or other family members/carers.

Acorn groups are suitable for women experiencing a wide range of mental health issues, from perinatal depression and anxiety to serious chronic mental health issues such as parenting stress/distress and borderline personality disorder, who have difficulties interacting with their child(ren), low levels of parental confidence and a perception that they lack parental self-efficacy.

Mothers for whom this is the case can often be preoccupied with their own challenges, and as a consequence may experience blocks in their ability to see, interpret and respond accurately and appropriately to their infants' cues. These mothers may be unable to fully meet their infants' physical and psychological needs despite these mothers universally expressing their wish to be the best mothers they can be. Thus, eligibility for the program is function-specific in terms of their capacity to be in relationship with their child(ren), rather than diagnosis-specific in terms of their mental health.

On the basis that an infant's sense of self builds in relationship with a consistent and secure primary carer and that their own mental health cannot wait for the recovery of their mothers, Acorn creates specific space for the participation of the children using playful, non-verbal



activities that make visible the relational style brought by each child from their procedural memory to their interactions with their mothers.

In this dyadic context of equal focus on mother and infant, and with the emphasis on how Acorn activities are mutually experienced by mothers *with* their infants rather than taught by mothers *to* their infants, Acorn supports and enhances the mother-infant relationship itself as “a place of becoming” (Barnes, n.d. <https://psyche.co/ideas/for-donald-winnicott-the-psyche-is-not-inside-us-but-between-us>). This is achieved through the three primary components of the program – Dance Play, Journaling and Therapeutic Letters, facilitated respectively by each group's Dance Worker, Family Support Practitioner and Mental Health Clinician. Each component is informed by the principles of the Circle of Security © (Cooper, Hoffman, and Powell, 2019), a visual map of the relationship between children's emotional and behavioural cues and their parents' sensitivity to those cues (<https://www.circleofsecurityinternational.com/circle-of-security-model/what-is-the-circle-of-security/>).

## INTRODUCTION

Acorn's dyadic approach has two important implications:

The work of the Acorn program must be complemented for each mother by other mental health services in order to ensure that the specific requirements of her own mental health journey are being supported, managed and responded to, as needed

Everyone involved with the delivery of Acorn groups must understand that the focus of Acorn addresses both the mother's mental health journey and the nature and strength of her relationship with her infant.

The intention of this document is to provide facilitating organisations that wish to re-create an Acorn group or groups in their own services with information and instruction on how to deliver an Acorn group program. Facilitating organisations may include health services and non-government entities with staff appropriately qualified and trained to recreate faithfully Acorn's dyadic relational activity. To this end, the information provided is designed to maintain the original purpose of the Acorn program and to preserve its integrity and fidelity as consolidated and developed by AnglicareSA with Hopscotch Foundation support.

### How to approach this document

This document is in two parts:

Part one describes the program, its background, rationale and component practices.

Part two details the planning, logistics and procedures required for setting up Acorn group programs. This section also provides detailed practical information about delivering Dance Play, Journaling and Therapeutic Letters.

Further Resource Materials (role descriptions, session plans, the Journaling program and procedural information) will be provided to organisations upon completion of the licence process.

Managers considering the implications for their organisation of implementing an Acorn group program may want to go straight to part two before returning to essential background information in part one.

Prospective facilitators are recommended to begin with part one, because a deep understanding of the relationship between the three primary components of the program and how they link to principles of perinatal infant mental health must underpin all Acorn practices.

Without this, the program would be fun, but may lack therapeutic value and longitudinal impact. The overarching ethos of the program is that it is a relational experience responsive to the needs of mother and infant. For participants Acorn is not a curriculum to be learned, but a series of experiential invitations. Part one is therefore considered essential reading as a context for the 'how to' information provided in part two and in the Resource Materials provided to licensed facilitating organisations.

*I can't say it was just the Dance Play. But that's what really started to change things and then just thinking about different scenarios in the (reflective) diarying (sic) and coming back and seeing her so happy and having a great time just little by little lifted me up and then I lifted her and we started connecting... and it's like it just started from there, this new journey.*

Acorn Participant

# Part One

THE ACORN  
PROGRAM





## PART ONE – THE ACORN PROGRAM

The Acorn program provides an opportunity for mothers with diagnosed mental health difficulties to come together in groups and be supported in their relationship with their infant. Acorn groups run in weekly two-hour sessions for fifteen weeks. The group-based nature of the program contributes to its holistic quality, fulfilling its two primary functions, which are to achieve positive mental health and social outcomes. For the mothers groups provide an opportunity to build enhanced social connection over time, harnessing the power of a shared life experience

within an empathic community. For the children the group creates a ‘village’ of secure adults and other children, gathering each week to meet, get to know and delight in the presence of the children using movement, song and play-based activities to help the children build internal working models of others as trustworthy and of themselves as autonomous and valuable (Bowlby, 1988).

# Acorn Story

## A mother’s Acorn journey

‘Almost six years ago I gave birth to my second son. As I was wheeled into the delivery room a darkness fell across me. I looked at my baby and felt nothing – none of the overwhelming love that I had felt when my first son was born. I felt no connection; it didn’t feel like he was mine. I felt ashamed and I felt alone. Really alone.

What followed was a year of damage, as I freefell through the depths of depression and a spiral of harm to my relationship with my son. He was fearful of the sadness in my face, and needed to look away. This left him alone in the time he most needed support and connection. He grew isolated and learned to function on his own, disconnected from the relationship I needed to, but could not, provide. My logical brain knew that he needed me, but when I saw him coping better when alone, I saw evidence for my life-threatening narrative that he was ‘better off without me’. In this highly vulnerable state, we arrived at our first Acorn session and something incredible happened. We were seen.

This was what I had been running from, but this time it was not scary. It was the opposite; it made me feel safe for the first time. The Acorn team noticed the tiny details – the good and the bad. When they noticed the

difficulties, I did not feel judged. It was a relief that others could see what I was worried about. When the team noticed the good things, I felt understood. They could see that I loved my son with all my heart and was doing everything I could to try to connect with him. They took delight in the things my son could do, and even in the things I could do. By drawing my attention to these strengths, I was given hope and optimism about my ability to repair our relationship.

Acorn was that difficult first step, and without the nuanced support it offered I do not think I would have ever made it. The time that the Acorn team put into building the relationship, and understanding the context of my situation, gave them insight into the exact nature of our attachment difficulties. With this insight, the team role-modelled effective techniques for improving the quality of our attachment. This role-modelling was the key to me feeling unjudged.

I was not being lectured to, and I was able to absorb the information without putting my defences up, because I was not being told I was doing it wrong. I was being supported to try alternatives. The quality of support given by each worker, and the manner in which these support roles weave together to support the spectrum of relationship-building requirements, is critical. I cannot imagine how the issues I faced could be addressed without this level of collaborative intervention.

By putting these techniques into practice, I was able to see little moments of connection I had with my son. These gave me the confidence to put myself out there, and to keep trying to connect with him – even though I was risking rejection from him. We kept pushing, kept working on our connection, and eventually it dawned on me that I did not need to try so hard anymore.

Our connection was just there. We had learnt to trust each other and take our attachment for granted, as it should be. Taking that step to attend and complete the Acorn Program cleared the path for the walk ahead. The compassion and respect afforded to me and my son, has generated such change in our lives. That is what makes it so important.

The effects of Acorn are visible well beyond the end of the group. The program evaluations show enviable results months, and even years after the intervention, but it truly does go beyond this too. I know that my son’s life will be infinitely better as a result of our participation in Acorn. I know that he is a happier child, will be a more healthy and well-adjusted adult, and will therefore be better able to support his own children’s emotional needs, as a result of our participation in this vital program’.





## PART ONE – THE ACORN PROGRAM

### 1.1 Outcomes

The Acorn program has the goal of holistically nurturing and enhancing the quality of the parent-child relationship for mothers experiencing mental health struggles, and their children.

Its objectives are:

- To enhance the quality of the parent-child interaction
- To improve parenting confidence, competence and enjoyment for vulnerable mothers
- To enhance the mothers' wellbeing, coping skills, resilience and self-efficacy
- To expand and strengthen social/community supports and build social connectedness.

Acorn has its theoretical roots in attachment and regulation (see section 1.5 – Rationale) in particular as this is expressed in the Circle of Security © (Cooper, Hoffman, and Powell, 2019). Acorn groups are also rationalised more holistically in the context of the goal of the program and the outcomes for participants listed above. For many mothers, attending Acorn empowers them to feel more skilled in interacting with their children and understanding their child's perspectives, feelings, needs and behaviours. For others, the Acorn journey leads to feeling better about themselves as parents, building parental confidence and self-efficacy and while reducing parental stress and distress which all contribute to and benefit from enhanced interactive experiences with their children. The goal of the program was designed to respond to mothers with a range of mental health needs, nonetheless it is critical that Acorn groups take a dyadic approach, attending to the mothers' mental health struggles inasmuch as they are impacting on their children in order to focus on the quality of the relationships themselves.

The integration of child and mother-focused components can seem complex. One of the unique characteristics of Acorn is that it offers three multidisciplinary components within one group program.

The following table clarifies terms used throughout this book:

Term	Definition
Participants	Mothers and their children aged 0-3 years attending an Acorn group
Referrals	Mothers intending to attend a group, but prior to their participation
Dyad	The mother-infant pair
Child(ren)	General term for participants aged 0-36 months attending an Acorn group
Infant	Formal term for children aged 0-3 years in the context of the relational field of perinatal infant mental health
Acorn teams	The people responsible for delivering Acorn groups. Each team consists of three facilitators – a Dance Worker, a Family Support Practitioner and a Mental Health Clinician, plus support workers
Primary components	Dance Play, Journaling, Therapeutic Letters
Dance Play	Dance Play is one hour of movement, song and play-based group activity, that places the focus on the children and creates the immediate conditions for attuned mother-infant interaction
Journaling	Journaling is a one hour group activity for mothers, that invites them to explore their thoughts and feelings about parenting and being a parent through words, images and symbols, privately considered and shared aloud, as a means of understanding their lives and selves and their relationship with their children
Therapeutic Letters	Therapeutic Letters, sent weekly to all participants, focus each mother's attention on the journey of her relationship with her child, celebrating strengths, effort and growth and encouraging reflection and enquiry
The Acorn Program	Every aspect of the planning, referral process, home visits and group delivery of an Acorn group or groups
Group program	The journey from introductory session to program conclusion of one group of mothers and their children, with their Acorn team
Session	Single two-hour Acorn session held as part of a 15-week group program.

Table 1: Frequently Used Terms

## PART ONE – THE ACORN PROGRAM

### 1.1 Outcomes

It is also important to note here that:

Acorn is not designed to attend solely to mothers' mental health struggles and it is necessary to ensure that all mothers attending the program are also receiving appropriate care elsewhere for their mental health

It does not necessarily follow that mothers with mental health struggles will also have relational struggles with their children. Mothers with their own mental health struggles but whose children have developed secure relationships with them may not have their support needs met in an Acorn group

Mothers with psychotic symptoms that preclude them from group participation or close interaction with their child will not have their needs met in an Acorn group

Acorn does not seek to provide practical parent education (sleep, feeding etc), although Acorn teams must and do recognise that anxiety and depression may be exacerbated by these practical challenges.

autonomous sense of self, or to feel – as Winnicott starkly phrases it – that they can “go on being” (1986).

Acorn's practices reflect three stages of early years development – *being* from birth to six months, *doing* from six to 18 months and *thinking* from 18 months to three years (Clarke and Dawson, 1998). Group activities are designed to respond to the infants' psycho-emotional needs within, throughout and across each of these critical developmental stages.

In describing how the individual must reach 'being' before 'doing' Winnicott suggests that the being stage underpins all subsequent development when he states: “I am' must precede 'I do', otherwise 'I do' has no meaning for the individual” (1971). The infant's developmental task is to go forwards into life by accepting touch and creating emotional bonds through reliably responsive adult attention. Clarke and Dawson's doing stage is about infants being supported to trust the world as a place of safety and wonder as their exploration becomes more active. Curiosity and nascent independence are features of this stage. Stern suggests that at around twelve months the baby enters the “world of mindscapes” (1998), discovering the power of the state of intersubjectivity, in which two people make mutually known the complex, interior worlds of their intentions, desires, feelings, attention, thoughts and memories (ibid). A pre-requisite for the infant's acquisition of this skill is “the parents' capacity to 'mentalise' their inner world and the inner world of their infant” (Mares et al., 2011), highlighting again the contingent communicative nature of an infant's world.

Children at the older end of the Acorn range are “fully collaborative partners in activities and in anticipation of events” (Mares et al., 2011). At around the age of two “language is established as is physical competence and mobility” (Mares et al., 2011). For children aged three, “language becomes more elaborate, as does symbolic and imaginative play... empathy and self-reflection” (ibid). While such developmental milestones are not expected to manifest uniformly in each child, the presence of these broad skills allows Acorn team members to respond to the children's agency and the children's mothers to witness the self-hood of their children.

### 1.2 Child Age Range

Children participating in Acorn groups must be aged from birth to 36 months (maximum 30 months at the start of each program). This age range responds to children's “socio-affective competence” (Stern, 2010) or capacity for relationship. Babies and young children initiate affective interaction and have an ability to communicate emotional experience (Mares, Newman and Warren, 2011). This process of forming a sense of the world within relationship begins in the earliest months of life and is understood by attachment theory as “the innate capacity of infants to form relationships” (Mares et al., 2011), and as “implicit relational knowing” (Stern, 2010).

Relational knowing creates the conditions for intersubjectivity between infants and the adults in their lives. Intersubjectivity is “the desire to share experience and emotional states with significant others” (Mares et al., 2011). The baby's capacity to share an “intersubjective mindscape” (Stern, 1998) with another allows them to perceive the intentions of the people around them as well as make visible their own. Babies need the experience of shared attention with their adults in order to develop an



# The Acorn Program Logic Model

Holistically nurture and enhance parental wellbeing and the quality of the parent/child relationship for mothers experiencing identified mental health illnesses and their young children aged 0-36 months

FIND THE FULL LOGIC MODEL DIAGRAM LOCATED IN THE FOLD-OUT SECTION AT THE END OF THIS BOOK

## PART ONE – THE ACORN PROGRAM

### 1.3 Acorn at a Glance

#### Acorn at a glance

A weekly group program for up to 10 mother-infant dyads

Each program runs for 15 weeks

Each session lasts 2 hours

The three primary components of Acorn groups are Dance Play, Journaling and Therapeutic Letters

A Dance Worker, a Family Support Practitioner and a Mental Health Clinician facilitate groups, alongside volunteer support workers

Acorn functions optimally in the service of the primary objective of the program (to enhance the quality of the parent-child interaction) when its three primary components (Dance Play, Journaling and Therapeutic Letters), and the other practices deployed by the program, work together.

**Note** – Acorn’s components take “a trauma sensitive approach” (n.d. <https://emergingminds.com.au/online-course/the-impact-of-trauma-on-the-child-foundation/>) but do not claim to be fully trauma-informed in the sense of being trauma-specific therapies, which should only be provided by suitably skilled professionals who have undertaken specialist training.

#### 1.3.1 Dance Play

Dance Play involves the whole group and places the focus on the children to create the immediate conditions for attuned mother-infant interaction through movement, song and play. Attunement is “a non-verbal process of being with another person in a way that attends fully and responsively to that person” (Kraybill, 2017). Dance Play activity involves the nursery canon of songs and rhymes, songs from popular culture, culturally diverse songs and dances and the creation of imaginative play worlds using props and objects. These activities emphasise the ‘here and now’ of each relationship, aiming for reciprocity and mutual delight and highlighting the children’s skills in movement, song and play as communicative languages. Mothers are invited into the play by the Dance Worker and by their own child, asked to wonder about the world from their child’s perspective, and encouraged to recognise and support their child’s exploration. Dance Play also creates opportunities for the children to lead the action through their observable choices of gesture and vocalisation. In this way, rhythm, repetition, the warm “feeling tone” (Stern, 1998) and the frequent use of their names create in the children’s procedural memories powerful maps of relating emanating from feeling met and valued.

Dance Play helps mothers with ideas for *what* to do when spending time with their children, but more importantly, makes visible *why* attuned interaction, focused time and loving connection are important.

*When I started I was so depressed that aside from essentials... I felt like I wasn't interacting much with my baby. It's been fantastic to be encouraged to try new songs... and spend time with my baby playing. I know that I have skills to play well with my baby but my confidence to do so was very poor. My confidence has improved greatly in this way since coming to the group.*

Acorn Participant



## PART ONE – THE ACORN PROGRAM

### 1.3 Acorn at a Glance

#### 1.3.2 Journaling

Journaling supports the mothers to develop reflective ways of being that will help them build and sustain attuned interaction with their children. Journaling invites the mothers to explore their thoughts and feelings about parenting and being parented through words, images, colours and symbols, as a means of understanding their lives and selves and their relationship with their children. Journaling encourages the mothers to consider their parenting ideas, life experiences, strengths, struggles and dreams. The sessions also support the mothers through strengths-based cognitive reflection to identify and overcome the blocks in their ability to read their child's cues. Weekly topics build on the challenges and understandings of previous sessions, but each mother is in control of her own pace and level of sharing. Within a nonjudgmental and increasingly close-knit circle of her peers, that is, mothers who have each experienced similar struggles, participants have opportunities to feel understood, valued and even proud of how they have navigated their journey.

*I just picked up my journal after putting it aside since Acorn finished. I just want to say thank you again it was a really special program and on reflection I have got some really powerful stuff in this little book, that I wouldn't otherwise have.*

Acorn Participant

#### 1.3.3 Therapeutic Letters

A therapeutic letter linked to the previous session is sent weekly to every participant. The letters are designed to deepen mothers' reflective functioning by offering individualised observations about her experiences and her child's experiences. Therapeutic Letters focus each mother's attention on the journey of her relationship with her child, celebrating strengths, effort and growth in their relationship and encouraging reflection and enquiry, 'wondering' into important areas of her experiences and those of her child. The letters build security and trust around the group activities and reinforce the group's acceptance and support of each mother and child; they encourage the mothers to make meaning from their experiences at Acorn, consolidating and nourishing their progress. The letters are also experienced by the mothers as an aspect of the consistent, predictable support of the group and of the team and are thus an important aspect of the holding function of the program, connecting each family to the Acorn circle of support between sessions.

*The letters were a real boost in the week. You know when you're coming down a bit from the group and then the letter comes through and it lifts you up a bit and you feel that connection again.*

Acorn Participant,

## PART ONE – THE ACORN PROGRAM

### 1.3 Acorn at a Glance

#### Example Letter: Week 10-12

Dear [mother and child]

Thank you for coming along to Acorn last week.

[Child] seems to be very comfortable now exploring at Acorn, dancing her own beautiful version of *Taba Naba* and visiting other group members across the circle. We also noticed how her face split into a big smile when [worker] held her and flew her into your arms. We wondered: What it is about you in particular, that brings [child] such joy and delight just to be with you? Though not one of us can ever get parenting 'perfect'—it is human to make mistakes after all—[child] clearly loves and accepts you deeply, just as you are.

Singing the lullaby together at the end of Dance Play seemed to draw us all—mums, babies and workers—into the moment, just 'being' together, rather than 'doing' anything. We can use our voices intentionally to connect like this by observing our baby and matching our voice (volume, pace, tone) to how s/ he is feeling. Singing beautiful melodies and loving words can also help us to reconnect and 'be' with ourselves, because sometimes even as adults we need someone to sing us a loving lullaby that says, I'm here with you.

At this stage in the program we would love to know whether you have a favourite Dance Play song, so please let us know! We're also going to keep working on minimising distractions like phones, bottles (except in cases of hunger of course), and even sometimes talking, so that we can practise 'being with' the babies.

We are looking forward to seeing you and [child] next week and we hope that you travel well until then.

Kind regards,

The Acorn Support Team

## PART ONE – THE ACORN PROGRAM

### 1.3 Acorn at a Glance

#### 1.3.4 Children’s Shared Play

Whilst their mothers are journaling in an adjacent room, the children have their own shared play session, cared for by Acorn team members. This provides the team with the opportunity to get to know the children and work with them in their own right (Paul and Thomson-Salo, 2013), exploring their abilities as creative agents through play and co-regulation, using toys, books, songs and Dance Play objects. It also creates a context in which mother and child can be supported as they navigate the separation this arrangement requires. Furthermore, separation provides an opportunity for the team to witness critical moments of reunion for each dyad when the mothers return to their children after the Journaling session. Such moments provide information that may be valuable in the team’s ongoing work with mothers and infants. Team members may build relationships with specific dyads to help create a level of relational predictability within the transitions into and from Journaling.

*Just wanted to say a Big thank you... for taking such good care of our babies while we were learning to help take care of ourselves.*

Acorn Participant

#### 1.3.5 Team Debrief and Group Supervision

Following the two-hour group session, the departure of the participants, and a 30 minute pack down, the team meets for a further 90 minutes to reflect on the trajectory of each relationship, sharing observations that create rich and respectful discussion, inform the forward planning for Dance Play and Journaling and become the basis of the Therapeutic Letters. This is a powerful and essential forum because the team’s observations are the key to the responsive ethos of the program, in which the trajectory for participants is contingent on the observable and variable needs of their respective dyadic journeys.

The team debrief also provides space for team members to share concerns and express their own emotional responses to their observations. The Mental Health Clinician facilitates this forum, which functions as group supervision, understood to be a crucial part of service delivery when working with vulnerable infants and parents. Supervision for employees, contractors and volunteers is a serious professional activity with clear responsibilities and expectations for all parties. See section 1.6.3 for further detail about Acorn’s supervision model.

## PART ONE – THE ACORN PROGRAM

### 1.4 Acorn Teams

Acorn’s multidisciplinary teams consist of three facilitators, a Dance Worker, a Family Support Practitioner (FSP) and a Mental Health Clinician (MHC), and up to four support workers, depending on the number of group participants. There is no hierarchy between the facilitators, each of whom has a distinct role and responsibilities, as well as shared responsibility for the care of the team as a whole. This non-hierarchical team ethos is a unique strength of the Acorn program and mirrors the complementary and mutually dependent relationship between each of the primary components of the program.

The forming of optimally functioning Acorn teams takes time because of the multi-disciplinary nature of the components and the nuanced way these work together, requiring patience and trust. Peer meetings for each type of facilitator allow team members to reflect on and refine their practice within their own discipline. If the program has a coordinator (dependent on its scale) the person in this role provides an important point of connection across the teams by facilitating pre-group team workshops and organising team building sessions as required.

*Knowing when to chip in and seeing how different people work in the different groups. I mean it’s all Acorn, but the way people are can vary around the theme... and you need to trust in each other too and that can take a while. As a group it takes cohesion and that doesn’t just happen spontaneously.*

*Getting to know how to work together and developing that mutual respect and understanding around each other’s skills and the volunteer skills too, it takes time to blend that and a bit of practice to get things working right.*

Acorn Team Members,

#### 1.4.1 Dance Worker

The Dance Worker facilitates the Dance Play component of the group session. Dance Workers are qualified dance artists, with skills in community-based dance practice, cultural development and group work. Dance Workers must be willing to acquire knowledge of attachment theory and perinatal infant mental health, and the application of these to group play and movement. The role of the Dance Worker is deceptively simple – leading songs and inviting physical participation. In practice the dance work is about creating a meeting point between children and adults by reading the “feeling tone” (Stern, 1998) of the group, watching for child-led offers of sounds, gestures and actions and working empathically with multiple and sometimes conflicting energetic exchanges to determine the tone, pace and order of events. See section 2.5 for the details of planning and delivering sessions. Visit [www.meb4three.org.au](http://www.meb4three.org.au) for video footage of Dance Play.

#### 1.4.2 Family Support Practitioner

The Family Support Practitioner (FSP) leads the Journaling component. FSPs are tertiary educated social workers, with skills in case management, home visiting and group work, and knowledge of attachment theory and its application to perinatal infant mental health practices. The work of the FSP requires empathic skills of listening and reflecting, choosing words carefully to reflect the mothers’ thoughts back to them, and perhaps also reframing them, whilst reading the emotional tone of the room. Mothers are vulnerable to feeling judged about their parenting and often have highly charged feelings arising from their own backgrounds requiring a highly skilled response from FSPs. See section 2.6 for the details of delivering Journaling sessions.

**[Resource Materials – Section Seven provides session outlines for licensees].**



## PART ONE – THE ACORN PROGRAM

### 1.4 Acorn Teams

#### 1.4.3 Mental Health Clinician

The Mental Health Clinician (MHC) provides maternal and infant mental health support to group participants. MHCs are qualified allied health practitioners (psychologists, nurses, midwives, occupational therapists or mental health social workers) with specialist training and skills in maternal and infant mental health and knowledge of attachment theory. The MHCs do not have explicit facilitating roles within the group time but underneath their calm participation in Dance Play and Journaling they are responsible for the entire trajectory of the Acorn journey for each mother and child. This takes place through the processing of referrals and formulating a picture of the issues affecting each dyad, pre- and post-group home visits (see section 2.2), one-to-one support if required during group time, and in the preparation and sending of the Therapeutic Letters. See section 2.7 for details of how to compose a Therapeutic Letter. The MHCs also share their expertise in perinatal infant mental health with their teams and are the first port of call for individual team members when they need deeper input than is possible in group supervision. In accordance with professional codes, the MHCs themselves must be provided with formal one-to-one clinical/reflective supervision with a perinatal infant mental health colleague external to the program.

#### 1.4.4 Volunteer Support Workers

Groups also involve three to four volunteer support workers, who play a pivotal role in working with the mothers and their children. They take part in Dance Play and later, whilst the mothers are journaling and with the support and supervision of the Dance Worker, care for the children. They assist with the set up and pack down of the group environment before and after the sessions, and contribute to the weekly debrief. Volunteers must be motivated by a genuine interest in perinatal infant mental health in order to provide support for the dyads and detailed observation of the group activities, and to create warm, respectful relationships with the participants, for whom building trust is often a challenge.

#### 1.4.5 Acorn Coordinator

The need for a dedicated program coordinator in addition to team members will be dependent on a number of factors, including:

The scale at which the Acorn program is operating

The facilitating organisation's recruitment or otherwise of volunteers for the program, and if this is the Coordinator's responsibility

The implementation of reflective/clinical supervision, and if this is the Coordinator's responsibility.

The Acorn Coordinator is a qualified social worker or has tertiary qualifications in a mental health discipline, with skills in case management and group work, and knowledge of attachment theory and its application to perinatal infant mental health practices. The Coordinator's role underpins all logistical and practical aspects of the program, and may include their attendance at groups. The Coordinator's highly efficient administrative skills must be balanced by their empathic abilities, and capacity to be the custodian of the program's philosophy as well as its practices. See part two for the procedural details of coordinating Acorn programs.

**[Resource Materials – Section Two provides licensed facilitating organisations with role descriptions for each of the above roles].**

## PART ONE – THE ACORN PROGRAM

### 1.5 History and Evaluation of the Acorn Program

#### History

In their capacity as members of the perinatal and infant mental health services (PIMHS) team at the Women's and Children's Hospital, Adelaide, mental health nurse, Neil Underwood and occupational therapist, Mandy Seyfang, were the originators of the Acorn model in Adelaide in the mid 2000s. The original group operated as an outreach program of the hospital, supported by other staff of PIMHS, Dr Ros Powrie and other staff at Helen Mayo House. Staff of AnglicareSA's home visiting program Staying Attached provided additional hands-on support.

Acorn was initiated following Neil and Mandy's identification of a need for a therapeutic program dedicated to strengthening attachment relationships between mothers and their infants, their observation that no such programs existed at the time in South Australia for these vulnerable dyads, and their commitment to combining the resources of multiple services to this end. The Acorn program targeted mothers who had experienced mental health struggles in the post-natal period and who recognised that their relationship with their infant, and their confidence as a parent, had been compromised as a result of their experiences.

The group's dyadic focus balanced the mothers' needs for reflective therapeutic space, with child-centred work involving the mothers and infants in each other's company. Mandy's commitment to re-storying for the mothers the strengths and struggles of each session established the Acorn group's practice of writing personalised weekly therapeutic letters, while Neil's music skills established musicality through songs and rhythm as an active and experiential part of the weekly program.

*The very early relationship between the mother and the infant is critically important and if that's been affected by difficulties we need to be supporting that relationship in its own right, as well as helping the mother out.*

Neil Underwood, 2010





## PART ONE – THE ACORN PROGRAM

### 1.5 History and Evaluation of the Acorn Program



In mid-2007 dance practitioner Sally Chance joined the Acorn team, collaborating with Neil to formalise movement-based play frameworks within the group’s work. These were designed to model and offer experiences of secure attachment in the form of shared movement that created the conditions for non-verbal attuned mother-infant interaction. Sally’s input integrated the language of movement into the music work of the group, augmenting a repertoire of play frameworks that invited mothers into the ‘dance’ of their relationships with their infants and made visible the capacity of the infants to co-determine the nature of the activities.

The first group operated at the Brougham Place Uniting Church, North Adelaide and the model was the basis for two other groups developed respectively by Summit Health, Mount Barker, and Families SA (now the South Australian government’s Department of Child Protection) in Adelaide’s Southern area. In 2014, with a five-year commitment of financial support from the Hopscotch Foundation, AnglicareSA led an in-depth process of consolidating the practices of the model and leading an expansion of the program to nine groups across metropolitan Adelaide and the Adelaide Hills. One of these was Acorn’s sister group, Sacred Little Ones, designed to be a culturally safe group option for Aboriginal families. The development of Sacred Little Ones provided an opportunity to consider and integrate holistic attachment theory and practice through a First Nations lens, where culture provides strength and healing, and to influence the activities and ethos of the

other Acorn groups with, for example, a commitment to acknowledging Country at every group and to bringing appropriate cultural material to Dance Play (see section 2.5). Circle of Security International has considered the relationship between attachment and culture. Visit <https://www.circleofsecurityinternational.com/circle-of-security-model/is-cosp-culturally-responsive/>

In 2019 Hopscotch Foundation support was extended by a further two years, a period during which it was hoped other sources of sustainable funding could be sourced. During this window the program moved to online delivery in response to the Covid-19 pandemic. Hopscotch funds facilitated processes of program re-design and evaluation with the goal of minimising the challenges inherent to working on-screen and of maximising the advantages of being able to work with families based in their homes.

Details of delivering Sacred Little Ones groups and Acorn Online are beyond the scope of this book, but will be addressed in future projects.

Between 2014 and 2019, a total of 493 mothers and 520 children attended at least one group program out of a total of 83 programs offered. All groups involved people from a variety of backgrounds, locations and cultures. The mean age of mothers was 30.8 years; Most were born in Australia; 15.1% spoke languages other than English at home. The mean age of the children was just over nine months with 110 (25.5%) children being aged one year or older. 8% of Acorn mothers participated with two children.

## PART ONE – THE ACORN PROGRAM

### 1.5 History and Evaluation of the Acorn Program

#### Evaluation

Throughout the Hopscotch-AnglicareSA era a formal evaluation of the Acorn program used participatory action research (PAR) methodology to produce six summative reports for stakeholders on the outcomes of the Acorn program and as the methodological premise for four conference presentations delivered nationally and internationally. Read the full evaluation report by Dr Paul Aylward of the first nine waves of Acorn (up to June 2019) by visiting [www.meb4three.org.au](http://www.meb4three.org.au)

Evaluation was conducted in parallel with the delivery of the program as a means of working collaboratively with teams to integrate reflective on-going program improvement into successive programs. Interviews with Acorn team members and volunteers further informed program development. The evaluation was also designed and documented so as to demonstrate to future stakeholders the value, as well as the tangible and quantifiable effectiveness, of participating in the Acorn program.

While the program draws on attachment theory it has broader ambitions and a range of influencing processes, such as the development of ongoing friendships arising from the shared group experience. These are reflected in the program outcomes of enhancing the quality of child-parent relationships, improved parenting confidence, competence and enjoyment for vulnerable mothers, enhancing the mother’s wellbeing, coping skills, resilience and self-efficacy, and expanding and strengthening social/community supports and building social connectedness. The conscious assumption adopted by Acorn teams is that infants’ secure attachment will arise from their mothers’ capacity for attuned contingent communication. The relationship between the work of the groups and the program

evaluation lies in the way Acorn’s multi-disciplinary practices enhance the quality of the mother-infant relationship by supporting mothers to cope better as parents, to gain confidence and find joy. As a result of their Acorn experience, mothers report “feeling closer to and having better relationships with their children” (Aylward, 2019), which in itself is supportive of their mental health.

In this context it is important to note that the evaluation did not make specific use of formal observational pre and post-group measures of attachment, such as Ainsworth’s Strange Situation Procedure (SSP). The SSP was considered potentially distressing to the children and too resource intensive to be suitable or viable for Acorn. Furthermore, the referral criterion specifying the participation of mothers with a diagnosed mental health struggle is not limited to attachment challenges per se and referrers are not expected to have established this with any measure before making their referrals.

Pre- and post-program data for each program, described in the evaluation report as successive waves, were obtained using a range of client self-report instruments. All instruments were completed individually as part of the introductory session phase of the program, and sealed in envelopes to ensure and demonstrate confidentiality. The tools were selected on the basis of their ability to provide accurate, valid and relevant indications of outcomes in relation to the objectives of the program and for their reliability as measures of change over time. Ease of administration and the practical efficacy of the tools in the context of a community-based group setting attended by emotionally vulnerable participants were important considerations.



## PART ONE – THE ACORN PROGRAM

### 1.5 History and Evaluation of the Acorn Program

The tools were client self-completion questionnaires:

The Parenting Stress Index Short Form (Abidin, R.R. 1995.)

The Patient Health Questionnaire (Kroenke, K., Spitzer, R., and Williams, W. 2001)

The Karitane Parenting Confidence Scale (Crncec, R., Barnett, B. and Matthey, S. 2008)

The Mclean Screening Instrument for Borderline Personality Disorder (Zanarini, M.C. et al. 2003), and

Acorn-specific pre – and post-group questionnaires devised by evaluator Paul Aylward, (2020).

The NCAST Parent-Child Interaction (PCI) Teaching Scale (Sumner, G. and Spietz, R., 1994) was administered at pre- and post-group home visits by MHCs (referred to in the Acorn Evaluation report as Parent Infant Attachment Practitioners or PIAPs). In addition, the longer-term impacts of Acorn attendance were explored in semi-structured

telephone interviews held six-eight months after program completion. Five focus groups involving a total of 26 mothers who had attended Acorn groups were also conducted between waves 2 and 6.

The Bellberry Human Research Ethics Committee reviewed and approved all aspects of the evaluation (2014-09-509-PRE-3) in accordance with the National Health and Medical Research Council's National Statement on Ethical Conduct in Human Research (2017, incorporating all updates as at 2018).

The quality and scope of the evaluation achieved during the AnglicareSA-Hopscotch era necessitated a significant investment of financial support, training and Coordinator and MHC time, as well as data entry and analysis by a dedicated researcher/evaluator. Organisations licensed to deliver Acorn group programs are therefore not required to implement such exhaustive processes, however, it is a requirement that licensed organisations implement a short evaluation process (see section 2.4).



### 1.6 Rationale

*We are ethically bound to understand the interventions we offer families*

Moules, 2003

The theoretical underpinnings of the Acorn program are derived from research that reinforces how the quality of parent-infant interaction has a significant role in the child's life trajectory (Schore, 2001; Schore and Schore, 2008; Perry, Shai and Belsky, 2017). Interventions that effectively support troubled mother-infant relationships harness processes associated with the development of secure early attachments and at the same time are an opportunity to address the origins of anxious and disorganised attachment behaviours in young children (Bakermans-Kranenburg, Van Ijzendoorn and Juffer, 2005). Attachment is understood as the journey of the special relationship of comfort, protection and emotional regulation between primary caregiver and infant. Parental reflective functioning or "the parent's capacity to reflect upon her own and her child's internal mental experience" (Slade, 2005), is considered by Acorn teams to be an important aspect of enhancing the quality of parent-child relationships.

While the program draws on attachment theory it has broader ambitions and a range of influencing processes, such as the development of ongoing friendships arising from the shared group experience. These are reflected in the program outcomes of enhancing the quality of child-parent relationships, improved parenting confidence, competence and enjoyment for vulnerable mothers, enhancing the mother's wellbeing, coping skills, resilience and self-efficacy, and expanding and strengthening social/community supports and building social connectedness. The conscious assumption adopted by Acorn teams is that infants' secure attachment will arise from their mothers' capacity for attuned contingent communication. The relationship between the work of the groups and the program evaluation lies in the way Acorn's multi-disciplinary practices enhance the quality of the mother-infant relationship by supporting mothers to cope better as parents,

to gain confidence and find joy. As a result of their Acorn experience, mothers report "feeling closer to and having better relationships with their children" (Aylward, 2019), which in itself is supportive of their mental health.

A critical feature of Acorn is the equal privileging of mother and child through a relational approach attending to arousal regulation in both the parent and infant. Acorn offers each mother an experience for herself of building safe, curious and reflective relationships with the team members, with the goal of assisting in the processing and integration of her past history of care (Lieberman, 2004), helping modulate anxiety (Bion, 1962) and providing consistent predictable support (Adshead, 1998). In this way, the group "holds" (Winnicott, 2005) and "contains" (Bion, 1959, cited in Finlay, 2015) the mothers. Holding refers to the therapeutic provision of carefully chosen moments in which mothers confront their stresses in a supported way. Containing refers to the therapeutic re-presentation of the mothers' thoughts and feelings in more understandable ways. In this way, the teams support and reassure the mothers in order to help them learn to support and reassure their infants.

Acorn functions optimally in the service of the primary objective of the program (to enhance the quality of the parent-child interaction) when its three primary components (Dance Play, Journaling and Therapeutic Letters), and the other practices deployed by the program, work together. Each component provides a different type of opportunity for mothers to witness, experience, hear about, reflect on and gradually understand how their relationships with their children are playing out.

The key to Dance Play is "being with" each other (Cooper et al., 2019)

Wondering together is the key to Journaling

The key to writing Acorn Therapeutic Letters is to integrate observation and wondering.



## PART ONE – THE ACORN PROGRAM

### 1.6 Rationale

Through and by means of the group components, and in conversation with team members, in particular the Mental Health Clinician, Acorn teams hope to witness in the mothers several specific understandings or behaviours indicating successful responses to the program outcomes linked to improved parental capacity:

To improve parenting confidence, competence and enjoyment for vulnerable mothers

Mothers understand and are able to reflect upon the impacts that their mental health struggle, and their own past experiences of being parented may have had on their parenting relationship(s)

Mothers have greater parental self efficacy and have gained more parental confidence

Mothers understand, value and share parental learning acquired through their participation in Acorn groups

Mothers understand that their infants have their own perspectives and respond to their child's needs and behaviours more appropriately

Mothers develop new ways to interact with their child and become more comfortable with closeness, play and allowing their child to explore

Parenting becomes more joyful.

To enhance the mothers' wellbeing, coping, resilience and self-efficacy

Mothers express reduced feelings of stress and distress, enhanced feelings of calm, and a sense of feeling more capable, responsive rather than reactive

A reduced sense of stigma/shame arises from the group process of normalising experiences of mental health struggle. Mothers feel less alone in their struggles

Mothers' wellbeing improves, they cope better with their mental health struggles and feel better about themselves as a parent

Mothers feel more independent and resilient and are more confident about attending other services if they need them.

To expand and strengthen social/community supports and build social connectedness between the families attending

Mothers form friendship relationships with others on the program

Mothers may report that their family relationships have improved

Mothers develop knowledge of professional services, networks and community supports

Mothers feel more enabled to connect to their community.

The journey towards improved parental competence and enjoyment must begin with each mother's recognition of the self-hood of her child. This is initially supported by Dance Play's capacity to make visible her infant's choices. Whilst the outcome and indicators above refer to the mothers' experiences, the team members' observations must include the children, in whom we hope to see:

Full and direct expression of a range of feelings – joy, curiosity, disgust, sadness, discomfort, pleasure

The ability to ask for help when distressed

The capacity to explore their surrounds in age appropriate ways

The desire to return to their mother after exploring and to share their explorations with her

Confident use of their mother as a secure base for exploration and comfort

Pleasure in gazing at, sitting with or touching their mother

Normative responses of temporary distress at separation and joyful reunion with their mother

Awareness of and empathy for other children's emotional responses.

Teams also hope to see demonstrations of the children's ability to become familiar with Acorn's activities, for example, by asking for their Hello Song or initiating regular activities, because this is often a moment of revelation for the mothers of their child's agency and selfhood.

## PART ONE – THE ACORN PROGRAM

# Acorn Story

## Listening for the past as it is expressed in the present

An Acorn mother struggled with such high anxiety, that she had little focus on her child. Her relational history, learned pattern of behaviour and unmanaged mental health concerns, led to her speaking negatively during Journaling about herself and her child. She was not able to be present emotionally for her daughter. When she was late for group she often blamed her child. She described her child as an inconvenience, and would complain about how clingy she was.

The team brought a child-focused lens to the conversation, through reflective questions asking about the child's experience. The mother paused and appeared to take on these questions with empathy for her child. She reflected on the moments that impacted on her own sense of self, and stated she did not want that for her own child. Throughout the group program, this mother made sense of her journey and gained insight into the world her child was experiencing. This mother's life so far had impacted on the 'story' of her life, and how she viewed herself as a person, mother, daughter, friend, and partner. The weekly Journaling topics allowed her to see things from a different perspective – whether this was seeing the world through her child's eyes, or being more compassionate towards herself.

With the support of the other participants, and the team, the mother started to hear and explore another narrative about herself and her child. She discovered and expressed that her fear and anxiety got in the way of their attachment and was gradually able to recognise the difficulties she found in responding to her daughter's needs when she herself was anxious and depressed. Over time this mother was better able to see the impact this was having on her daughter and how her child's behaviour was an expression of a need, rather than ill-intent towards her. The child became calmer and more connected to her mother. Gradually she sought her out when she needed comfort. Separation, which had been stressful for mother and child, was no longer an occasion for distress. Their reunion involved mutual gaze, a hug and gentle hellos – a stark contrast to when they began with the program.

## PART ONE – THE ACORN PROGRAM

### 1.7 Program Ethos

Acorn groups are a shared affective space, where affect refers to the experience for everyone present of the “feeling tone” (Stern, 1998) of the room and of the people, expressed verbally and non-verbally.

The group must be reliable, safe, nurturing and engaging in order to be an experience of security for children and mothers. Mothers need first to understand how a responsive and attuned relationship feels, particularly if their mental health has been compromised by a lack of secure figures in their own lives. Acorn originator, Mandy Seyfang, describes how Acorn maximises a cascading process in which everyone needs to be held by an attuned, emotionally available ‘other’. This applies as much to Acorn team members as it does to participants and is achieved for the team through reflective, clinical and group supervision (see section 1.6.3).

Similarly, the group work is designed so that mothers experience being held and supported by the Acorn team in such a way that gradually they are able to hold and support their children. Mothers witness secure attachment developing by watching it grow in their own relationships and in the other dyadic relationships playing out around them. Acorn does not set out to offer parenting tips or to teach specific parenting skills, but to promote a relational ethos and to model attuned connection between adults and children. In this context, behaviour management is re-framed as responding to children’s needs within the relationship, and children’s troublesome behaviours as their understandable expression of unmet needs. Parental learning is thus acquired through participation in play and reflection (Aylward, 2020). An important element of this journey is the opportunity for each mother to learn from the other mothers, coming to her own realisation in her own time of what she is doing well, as well as what she may need to reflect on, re-frame or change.

#### 1.7.1 Attending to the Acorn Children

Mares et al. refer to a “psychodynamic understanding” of parent-child interactions where “the infant carries a number of meanings in the mind of the parent” (2011). The work of Acorn identifies and explores these ideas.

Constructs of childhood, including the ‘property’ construct, in which children have less power than their adults, and the ‘deficit’ construct, in which they are perceived as lacking capacity, are consciously or unconsciously held society-wide. They may play out in unreflective, reactive interactions between parents and children, emanating either from unhelpful social clichés about children or more often from the mothers’ own relational templates held in their procedural memories. An important element of the work of the Acorn teams is to promote a general view of young children as creative agents and as complete human beings, capable of making choices, expressing preferences and experiencing and expressing their own needs and wants.

Teams model how to respond warmly and appropriately to children’s normative expression of an “active desire... for control over their circumstances” (Andrew and Fane, 2019). This may involve carefully worded observations, whether expressed in the moment during group time (Dance Play or Journaling) or as part of a therapeutic letter, or both, responding to the relational dilemmas in evidence in the group.

## PART ONE – THE ACORN PROGRAM

### 1.7 Program Ethos

Examples:

A mother challenged by temperamental differences between herself and her child may need help to appreciate her child’s separate and individual qualities

A mother referring to the “terrible twos” may benefit from re-framing this unhelpful construct into ideas describing how children’s behavioural choices express their unmet needs, or from information describing developmental stages

A mother rejecting her child’s expression of need for comfort as ‘attention seeking’ may need support in understanding that children need and therefore seek connection; She may also benefit from observable examples of how her child and other children express this

A mother experiencing her child’s exploration away from her as rejection may need to see, hear and feel many times, in many ways and in the company of other mothers and children that her child’s behaviour is normative and indeed optimal, before she can experience it positively and have ‘eyes to see’ her own child’s cues.

As part of our wondering with mothers we can:

Share in the observation of the children’s choices

Draw each mother’s attention to her child’s accomplishments and needs, helping her see her child as a separate being

Help mothers find pleasure and delight in their relationships

Create opportunities for interaction and exchange between mother and child

Allow the mother to take the lead in interacting with her child.

#### 1.7.2 Attending to the Acorn Mothers

The groups operate from a base of profound respect for the mothers, whose very attendance suggests they have resources of courage and curiosity and a desire to bring about change. The conscious assumption adopted by the teams is that all mothers want the best for their children and have their own strengths. Acorn proffers a ‘growth’ rather than a ‘recovery’ paradigm, because its ethos is about planting a seed for growing, learning and personal development in the mothers. ‘Recovery,’ implying the resumption of a former state of health, is relevant for many Acorn participants but for many others the source of their mental health struggle may be a pervasive and life-long issue, or developmental trauma, emanating for example from emotionally damaging people in their own childhoods.

Messages communicated through the team members’ words and actions are:

You’re not alone and you’re worth our full attention

It is hard to give what we did not get

We will work together to identify your strengths and the struggles in your relationship

Everyone has struggles in relationship at some time

All parents have wisdom

Sometimes responding to your child’s needs feels uncomfortable

It is not necessary to do this perfectly, in fact relationships may benefit if relational rupture is followed by repair (Cooper at al., 2019) or if misattunement is followed by reattachment (Schoore and Schoore, 2007).

These concepts are made visible by Dance Play, explored during Journaling and integrated by means of the Therapeutic Letters.

*I really loved how all of the support workers took such a keen interest in my baby and treated her like her own little person with things to share, despite her young age.*

Acorn Participant

**PART ONE – THE ACORN PROGRAM**

**1.7 Program Ethos**

**1.7.3 Attending to the Acorn Teams**

Supervision for employees, contractors and volunteers is a serious professional activity with clear responsibilities and expectations for all parties. Supervision attends to the implications for the team members of vicarious or secondary trauma that may arise if mothers try to invite interpersonal responses that fit with their own histories of relational trauma, and because infants in their vulnerability often provoke strong emotional responses from the people working with them. Facilitating organisations have a responsibility to ensure their employees receive reflective “supervision that is productive and beneficial to both staff and clients and is conducted within their organisation’s codes of practice, policies and professional guidelines” (Morrel, 2008).

Supervision must be provided for other team members working as contractors or as volunteers. Facilitating organisations may not have sufficient resources to provide one to one reflective supervision for volunteers, as they are obliged to do for staff, and so the team de-brief after each Acorn session is an invaluable forum. The team de-brief is likely to also be the primary forum for Dance Worker supervision. Dance Workers may need further support in a one to one arrangement with their MHC or in contexts where there are multiple simultaneous group programs, with a MHC working in a different Acorn program.

Group supervision invites team members to step back from the immediate experience of the hands-on work and take the time to wonder what the experience really means. It also helps identify when team members are experiencing strong emotional responses and supports strategies to avoid entering unhelpful patterns of relating with participants, whilst maintaining empathy for them. The MHC and the team explore the range of emotions (positive and negative) related to each dyad and identify future responses that best enhance the quality of the mother-child interactions. The role of the MHC is to help the team by providing the support and knowledge necessary to guide this decision-making and to provide safety, calm and support in a nonjudgmental space for team members. Sharing reflections, thoughts and feelings in a safe place allows team members to experience the very nurturing that they are expected to provide for infants and mothers.

In this way, group supervision supports workers’ needs so that they can support mothers’ needs, so that they can support their children’s needs.

**1.7.4 Respectful Wondering**

Acorn originator, Neil Underwood, used a framework he termed ‘respectful wondering’ as a way for team members to engage verbally with Acorn mothers in the course of the program.



**PART ONE – THE ACORN PROGRAM**

**1.7 Program Ethos**

**1.7.4 Respectful Wondering**

Respectful wondering can focus on the mother, on the child and on the relationship itself:

The mother	
Your actions	Listen for the past as it is expressed in the mother’s use of words and actions in the present. Invite expression of conflicts and emotions.
Your words	<i>What feeling is coming up for you at the moment?</i> <i>What do you need right now?</i> <i>Is this reminding you of times in the past?</i>
Your actions	Describe what you see in the mother.
Your words	<i>It looks like you’re working really hard to create a fun space for you both.</i>
The child	
Your actions	Wonder about the mother’s thoughts and feelings related to the presence and care of her child Wondering about the child’s experiences and feelings:
Your words	<i>What is your child doing right now?</i> <i>What is your child feeling at the moment?</i> <i>What does your child need in this moment?</i>
Your actions	Describe what you see in the child.
Your words	<i>It looks like [name] is enjoying that.</i>
The relationship	
Your actions	Describe what you see in the relationship.
Your words	<i>The way your child is looking at you shows how much you’re their world.</i>

Table 4: Respectful Wondering

Respectful wondering extends to all interactions at Acorn. The following protocols are for language use by teams in their interactions with the children.

*After Acorn,  
everything just  
shines a bit brighter*  
Acorn Participant, 2010

Talking with children	
Your actions	Use precise language relevant to the situation. An imprecise remark such as “good girl/boy” can be replaced with a reference to the actual situation.
Your words	<i>Thank you for sitting down safely to eat</i> <i>I love how you are reaching so high</i> <i>How good to hear your voice</i>
Your actions	Ask children’s permission for activities and actions. Asking for permission highlights each child’s own self-hood and also creates opportunities for the children to reciprocate and make choices.  Before picking up a baby extend your hands towards them as a non-verbal invitation and only lift them when you have their clear assent
Your words	Before each Hello Song ask: [Name] – <i>Can we sing for you?</i> If the child says no, don’t sing
Your actions	Name children’s actions and emotions
Your words	<i>Let’s clap our hands like [Name]</i> Rather than hushing children’s tears we might name the situation for example: <i>I can see you feel sad without Mum</i>
Your actions	Notice and re-frame ways of describing children that are really about their effect on their adults:
Your words	Cheeky may become humorous, cute may become tuned in, naughty may become looking for connection, shy may become quiet, clingy may become needing mum, and so on
Your actions	Encourage a constant commitment to ‘looking in’ to the children in order to see the world through their eyes
Your words	How are they really feeling today? What is it like to be them on this occasion?  An observational looking in song to the tune of ‘If you’re happy and you know it’ can make this informal and accessible but powerfully link the child’s feeling to what they are observably doing: <i>If you’re feeling insecure reach for Mum.</i> <b>Note</b> – A preference at Acorn is to sing <i>then it’s really good to show it</i> rather than ‘you really ought to show it’
Your actions	Avoid comments on the external appearance (clothes, accessories etc.) of the children.

Table 5: Talking with Children

In summary:

- Acorn is dyadic and relational, giving equal attention to mothers and children
- Acorn models contingent communication and reciprocity
- Acorn uses the multiple verbal and non-verbal languages of dance, play, song, writing, drawing, discussion and reflection
- Acorn offers iterative frameworks rather than a linear curriculum.



# Part Two

RUNNING  
AN ACORN  
GROUP

## PART TWO – RUNNING AN ACORN GROUP

Part two provides an overview of the logistical and procedural factors to consider when running a group or groups. The following section details the work of the Acorn Coordinator in managing teams, implementing procedures, promoting the program and establishing a group or groups (schedule, group location(s) and volunteer recruitment). The three procedural phases – pre-group, group and post-group – of program delivery are described, first for participants, and then for teams. This is followed by comprehensive sections dedicated to the delivery (rationale, purpose, roles, environment, structure and materials) of each of the three primary Acorn components – Dance Play, Journaling and Therapeutic Letters.

### 2.1 Setting Up Group(s)

While the need for a dedicated Acorn Coordinator in addition to team members will be dependent on a number of factors, including the scale of the program/number of groups and factors involved in the relationship between the Acorn program and other programs delivered by the facilitating organisation, the coordination of the program includes five critical and ongoing procedural tasks – scheduling the program(s), building partnerships with group location(s) in the community, developing and maintaining referral pathways and processing referrals, and recruiting and training volunteers and allocating them to groups. These are discussed in the following sections.

Reflective supervision for staff may be the responsibility of the Coordinator. This will depend on the scale of the Acorn program within the facilitating organisation, on the qualifications and experience of the Coordinator, on the qualifications and experience of their direct reports (MHCs and FSPs), and on the defined reporting relationships and responsibilities, as reflective and administrative supervision must be clearly separated. The Coordinator is responsible for administrative supervision, which includes allocation of work, monitoring of caseload, monitoring compliance with program procedures and time management. The Coordinator is also responsible for ensuring that employees do not work beyond their competence, and that there is a designated person available to support them at times of crisis or where safety or ethical concerns arise.



## PART TWO – RUNNING AN ACORN GROUP

### 2.1 Setting Up Group(s)

#### 2.1.1 External Supervision

Supervision may be the responsibility of another member of staff within the facilitating organisation, or provided externally.

The benefit of external supervision is the freedom it provides for staff to be honest about and fully supported in their work, in terms of exposing poor practice, mistakes or personal difficulties with their work. Supervision in a line management situation is believed to reduce the likelihood of such honesty, as the manager is also responsible for renewing contracts, performance appraisals and promotion.

If engaging an external supervisor (or a supervisor unconnected to the management and coordination of the Acorn program) the following points describe best practice to ensure that each party – the facilitating organisation, the supervisor and the supervisee are all clear about their role and ethical responsibilities.

Ethical practice for supervisors:

Membership of professional association

Ongoing training in supervision

Engages in own supervision

Does not supervise beyond level of competence or knowledge

Refrains from engaging in any dual relationship with supervisee – sexual or counselling

Willing to provide ongoing 'formative' feedback to supervisee

Agreeing to appropriate confidentiality.

Ethical practice for supervisees:

Attend conscientiously and explore work honestly

Bring issues which concern their own or their client's safety or ethical concerns

Notify designated person in the facilitating organisation of any safety /ethical issues especially in between sessions.

Best practice:

The facilitating organisation ensures and is confident that the supervision fits with organisational values and policies

The supervisor gains information about organisational culture to help the worker to work within the policies, procedures, values, tasks and responsibilities of the role

The supervisor and supervisee clarify the nature and purpose of the supervision – i.e. that it is not administrative. The main objectives are to enhance the quality of service to clients and to continue the professional development of the worker

Clarify how administrative supervision will be provided

All parties to determine the nature, frequency and length of the sessions dependent upon needs and experience of worker or gaps in knowledge to be focused on in supervision

All parties to discuss the nature of feedback to the facilitating organisation and how conflicts can be handled between organisational and professional demands

Develop a contract / agreement noting the above and heed the advice "a contract minimises surprises and allows and rehearses for conflicts of roles, expectations and responsibilities" (Morrell, 2001)

A contract also provides "equidistance between each party and avoids the possibility of unequal relationships in the triangle such as collusion either between agency and supervisor or between supervisor and supervisee against the agency" (Morrell, 2001)

Contract to note – frequency, and duration of sessions, venue, preferences regarding notification and charging for cancellations or non – attendance and willingness to fund additional sessions if needed and the process to authorise these.



## PART TWO – RUNNING AN ACORN GROUP

### 2.1 Setting Up Group(s)

#### 2.1.1 External Supervision

The three parties meet approximately every 12 months to review the contract and to discuss:

Supervisee professional development and use of supervision

Supervisor performance and effectiveness

The role the facilitating agency plays in supporting or constraining the supervisee.

In addition, the coordination of Acorn group programs requires:

Development, expansion and maintenance of referral pathways and relationships with potential referrers

Documentation of all operational systems, practices and procedures

Program promotion. Promotional practices may involve generating marketing material and face-to-face presentations targeting mental health, medical and social service providers

In a context of multiple simultaneous Acorn groups, team building and professional development across the program may be relevant.



#### 2.1.2 Schedule

The calendar year accommodates two programs. Experience shows that these run ideally from March to June and from August to November because this allows time for the other tasks outlined above to be completed.

Programs run for families for 15 consecutive weeks, and for teams for 16 consecutive weeks, as follows:

Pre-group Team Workshop\*

Morning tea for families – Introductions and Dance Play taster\*

First three full sessions (Dance Play and Journaling) remain open to new group members, after which the group is closed to new participants

Sessions continue weekly for 10 further weeks

Approximately half way through the program a special session called Village Week is held. (See below for more on Village Week)

Final session and morning tea (Dance Play and whole group reflection).

Morning sessions are preferable, beginning at 9.30 or 10 am with Dance Play, followed by Journaling. Each component runs for 60 minutes.

**\* [Resource Materials – Sections Four and Five provide a Team Workshop Agenda and Introductory Session plan to licensed facilitating organisations].**

## PART TWO – RUNNING AN ACORN GROUP

### 2.1 Setting Up Group(s)

#### 2.1.2 Schedule

##### Village Week

Village Week takes the well-known concept, ‘it takes a village to raise a child’, to respond to the program objective of expanding and strengthening community supports and building social connectedness between families, by hosting a relaxed, social occasion for the group at about the mid-way point of the program. Village Week pauses the regular program, usually during school holidays, to hold a morning tea provided by the facilitating organisation in the regular group location, or in a local park.

Village Week attends to two factors in the trajectory of the group program:

The momentum of the program is maintained during school holidays, when attendance may otherwise be problematic for mothers with school-age children

Mothers are supported towards the conclusion of their Acorn journey by foreshadowing the end of the program well before the final session.

This last point is particularly important. Village Week plants a seed for each mother to consider her social supports and to arrange continued child-focused group activities beyond Acorn. The mothers may be encouraged to co-organise places to meet and/or their own social media group. If the group is located in a children’s or community centre, Village Week is an ideal opportunity to invite a worker from the centre to attend the session and talk about other child-focused group options held in the centre. Therapeutic letters sent after Village Week will also start to foreshadow the end of the program and hold mothers’ emotional responses to this, marking time and providing a count down to the final session.

#### 2.1.3 Group Locations

Acorn groups can operate in church halls, community centres and children’s centres. The Acorn Coordinator is responsible for locating, developing and maintaining partnerships with each host location. This may involve devising formal partnership agreements to facilitate transparent expectations around access to and the use of the spaces and available resources. The optimal location for the program is one dedicated to children and families. Such venues can provide practical resources (children’s toys, safe outdoor spaces and suitably sized bathrooms/change facilities) and access to allied health services and other family supports. The opportunity for families to become familiar with the venue and its staff may lead to their continued use of its resources, including other groups, after Acorn.

Acorn groups require two spaces – one for Dance Play and the other, ideally adjacent, but otherwise nearby, for Journaling. The groups make exclusive use of both spaces for a full morning and also require access to storage for Dance Play props, journaling and morning tea supplies and equipment belonging to the group.

Dance Play requires a clean, uncluttered open area, at least 5m x 5m in dimension. Baby change facilities must be available in or near the space, which must be carpeted or have large heavy mats for comfortable play at floor level

Journaling requires a quiet, private area with enough space for the group to be seated around a large shared table

Both spaces require heating, cooling and power points. It is essential that neither room is a thoroughfare. If the rooms are visible to the public, or to other people using the building, they must be able to be screened with blinds or curtains.

## PART TWO – RUNNING AN ACORN GROUP

### 2.1 Setting Up Group(s)

#### 2.1.4 Volunteers

Volunteers may be community-based volunteers with a broad range of professional/employment backgrounds and levels of education or tertiary students undertaking placements. Students may be social work, allied health or medical students, however counselling students are discouraged as volunteers if their involvement is to be part of their student placement because the group work model of Acorn is not considered conducive to the professional, one to one context of counselling. Occasionally, staff members of the host group location have become members of Acorn teams.

Volunteer positions are promoted and a volunteer role description widely circulated. The Acorn Coordinator manages applications, selects suitable volunteers through an interview process, checks references and mandated clearances and allocates volunteers to groups/teams. Volunteers' suitability is determined in terms of their capacity for empathy, teamwork and ability to relate well with people from a variety of cultural and socio-economic backgrounds.

**[A volunteer role description is provided to licensed facilitating organisations in Resource Materials – Section Two].**



### 2.2 Procedures Overview (Participant-Focused)

Table 4 below summarises the procedures involved for working with participants at each of the three stages of program delivery.

Phase	Whose Role	Documented Procedure
Pre-group	Coordinator	Manage group intake <ul style="list-style-type: none"> <li>- Receive referrals, determine eligibility</li> <li>- Allocate referrals to group location</li> <li>- Send invitations to participants</li> <li>- Create and distribute group information to participants, team members and referrers</li> </ul>
	MHC	Build relationships with participants <ul style="list-style-type: none"> <li>- Contact participants via phone</li> <li>- Follow up with participants' other services as required for additional information in accordance with consent to share information</li> <li>- Send Outcome of Referral letter to referrers</li> </ul>
	MHC	Pre-group Home Visits. At these complete: <ul style="list-style-type: none"> <li>- Complete Participant Information Form with participants</li> <li>- Client consent form to take photographs in group</li> </ul>
Group Program	Team	Introductory Sessions <ul style="list-style-type: none"> <li>- Morning tea</li> </ul>
	MHC and Coordinator	Be alert to, respond and manage risks or concerns that may arise throughout the group program. Take action in accordance with the facilitating organisation's policies, procedures and duty of care obligations.
	MHC	Client Case Notes as per the facilitating organisation's case noting policies
Post-group	MHC	Post-group Home Visits

Table 4: Procedures Overview (Participants)

## PART TWO – RUNNING AN ACORN GROUP

### 2.2 Procedures Overview (Participant-Focused)

#### 2.2.1 Pre-Group

##### Referrals

Mothers attending Acorn groups must be referred to the program using the facilitating organisation's preferred process. The Acorn Coordinator is the first point of contact for referrals and manages the work of processing and allocating referrals to specific groups. Acorn participants cannot self refer. Mothers attending Acorn must be referred to the program by a health or allied health professional. Written referrals are received from health professionals, including Child and Family Health Services, Aboriginal Health Services, hospitals and medical practitioners/centres. In contexts where more than one group is operating simultaneously the referral includes client preferences for group location and day of the week. Referrals may be received at any time throughout the year, however if groups have been in progress for more than three weeks at the time of receiving the referral the next available program, which may be some months later, will be offered.

**[The Referral Form is provided to licensed facilitating organisations in Resource Materials – Section Seven].**

Referral criteria are:

The mother must have mental health supports provided by a health professional in addition to Acorn

The mother must have her child(ren) in her care

Children are aged from birth to 30 months at the commencement of the group program (see section 1.2 for the rationale for this age range).

The process from referral to commencement of group attendance takes place in six stages managed by the Acorn Coordinator and MHCs, as follows:

#### Stage 1

Coordinator determines the eligibility of the referral

The Acorn Coordinator receives the referral via email and checks that it is fully completed as soon as it is received. If it is incomplete or incorrect the referral is returned to the referrer immediately for completion

If the referral is complete and the client is eligible the Coordinator contacts the referrer using the Outcome Letter for Referrers – eligible **[provided in Resource Materials for licensed facilitating organisations – Section Eight]**, acknowledging receipt of the referral and providing information about timeframes and next steps

If further information is needed the Coordinator may also contact the referrer and the client's General Practitioner or other service provider

If a referral is not appropriate and the client is not eligible (eg. the child is too old or there are inadequate mental health supports for the mother), the following steps will be taken prior to week three of the commencement of the group:

The Coordinator contacts the referrer directly using the Outcome Letter for Referrers – ineligible **[provided in Resource Materials for licensed facilitating organisations – Section Eight]**. This includes the reasons why their client is not eligible and may advise the referrer of alternative community-based groups or therapies that may be appropriate.

#### Stage 2

Group Referrals Folders

The Coordinator creates an electronic Group Referrals Folder for each group

The Coordinator files each referral in the relevant folder, according to the client's stated first preference for the location of the group and the day of the week

The referral forms are now available to that group's MHC to view and action (see stage 4).

**PART TWO – RUNNING AN ACORN GROUP**

**2.2 Procedures Overview (Participant-Focused)**

**2.2.1 Pre-Group**

**Stage 3**

Review referral across all Acorn groups (numbers check)

In contexts where more than one group is operating simultaneously the Coordinator collaborates with the MHC to review the progress of the referral and to manage participant numbers in each group, re-allocating clients to other groups using their second and third preferences as necessary

Managing participant numbers can be a complex exercise. The most important task is to ensure optimal numbers of children (around eight), noting that some mothers may attend with more than one child

If there is a large cohort of participants it is viable to allocate up to 12 dyads to a group. Approximately 20% of participants will not complete the program. Mothers withdraw most commonly due to their improved mental health or because they are returning to work

In contexts where more than one group is operating simultaneously the age of the children is a key consideration, and may even override the mother's first choice of location and day, because the allocation of a dyad to a group where the children are of a very similar age may provide a more optimal experience for their participation. The Coordinator is responsible for updating the Group Referrals folders if re-allocations are made

Once each group is at capacity (10 - 12 dyads) new referrals are only accepted on a waiting list for the next scheduled program.

**Stage 4**

MHC starts to build relationships with clients

The MHC contacts the referrer and client by phone, reviews and clarifies the information provided in the referral if necessary

The MHC contacts the client by phone (1) to explain that their referral has been accepted, (2) to provide a detailed overview of the purpose and practices of Acorn and (3) to confirm their offer of a place in the program and the client's continued interest in attending

If the client confirms their interest in attending, the MHC arranges a home visit (for details of the purpose and procedures involved with home visits see section 2.2.2 below).

**Stage 5**

MHC sends welcome letter to client [provided in Resource Materials for licensed facilitating organisations – Section Eight]

The welcome letter includes program information, the schedule for the specific group to which the client has been allocated and any brochures/information specific to the host location

All documentation is filed in accordance with procedures for records management used by the facilitating organisation.

**Stage 6**

Notify referrer of the referral outcome (see also stage 1)

Groups are closed to new referrals after week 3 of the program

No later than week four of the program the MHC will notify the referrer advising of the outcome of the referral, using the appropriate version of the Outcome Letter for Referrers [provided in Resource Materials for licensed facilitating organisations – Section Eight).

**PART TWO – RUNNING AN ACORN GROUP**

**2.2 Procedures Overview (Participant-Focused)**

**2.2.1 Pre-Group**

**Home Visits**

The program starts and ends with a home visit, undertaken by the MHC. Pre-group home visits attend to the clinical governance of each mother's Acorn journey and begin the relational aspects of the group by bridging the referral stage to the actual group. The MHC begins a process of building trust and security between the mother and the group by means of the home visit. The MHC uses the home visit to gain a valuable snapshot of the home context of the participants and also to build on the information supplied in the referral and throughout the referral process to formulate their own observations of the main issues in the dyad's relational patterns. This is critical, because the MHC's observations inform the pre-group team workshop soon after the home visit and become the basis of the team's initial responsive support for the mother and her child on their Acorn journey.

Pre-group home visits also provide an opportunity for the MHC to share detailed practical information explaining how the group works. MHCs seek to reassure mothers and answer their questions. The MHC discusses with the mother what to do if she is unable to attend, running late or triggered emotionally during the group, and issues such as privacy and confidentiality, safety planning and risk assessment. Much of this information is repeated in the first Therapeutic Letter and again during group as required by mothers, especially during the first few weeks.

At home visits the MHC completes administrative tasks with the mother. These are the completion of the Participant Information Form [provided in Resource Materials for licensed facilitating organisations – Section Eight] as the mother's formal consent to take part in the program and the facilitating organisation's consent form for filming and photography during group. The Participant Information Form includes contact details, an emergency contact, medical details and allergy information. It also asks mothers to outline their strengths, struggles and aims for attending the group. How each mother views her strengths, struggles and aims in comparison with the referral information and the MHC's initial observations, is an important part of developing a clinical picture of each dyad at this early stage in the Acorn journey.

The MHC collects the completed forms at the home visit. Any relevant health/safety information about the mother/child (allergies, parenting orders etc.) is shared with the team at the pre-group Team Workshop. All documentation is filed in accordance with procedures for records management used by the facilitating organisation.

The safety of MHCs must be ensured using the facilitating organisation's home visiting safety procedures.



## PART TWO – RUNNING AN ACORN GROUP

### 2.2 Procedures Overview (Participant-Focused)

#### 2.2.2 Group Program

##### Introductory Session (Morning Tea)

Participants are invited to attend an introductory morning tea, meticulously planned to outline important information and offer a taste of the participatory activities.

**[Resource Materials – Section Five provides a plan of the introductory session for licensed facilitating organisations].**

The introductory session carefully introduces participants to the norms and activities of their Acorn groups and manages their expectations sensitively. Some mothers expect the program to be a simple playgroup with toys and chat and can be challenged by the session format and its relative formality. Common concerns among mothers are that they might be infantilised or judged by the team, or not fit in with the other mothers. Mothers may understandably begin the group experiencing some degree of anxiety and fear, often underpinned by the shame that can accompany depression, trauma and long-term mental health struggles.

##### Group Sessions

See sections 2.5, 2.6 and 2.7 for details of the group activities.

##### Final Group Session

Acorn team members refer to the end of the group for some time before the final session in order to prepare mothers carefully for the conclusion of their Acorn journey. The final session involves Dance Play, morning tea and a group reflection, choosing images representing the beginning and the end of their Acorn journey. Mothers and children are presented with a Farewell Folder, containing photographs taken during their group participation, and printed copies of each of their Therapeutic Letters.

#### 2.2.3 Post-Group

Post-group home visits conclude the Acorn journey and ensure that mothers have access to suitable and accessible mental health supports, or identifying new referral pathways.

Client closure refers to the procedure for noting clients who do not complete their Acorn group. ‘Client’ refers to mothers who had a home visit at the start of the program. The MHC notifies the referrer using the Outcome Letter for Referrers [provided in Resource Materials – Section Eight] and recording the reasons for the client’s withdrawal.



## PART TWO – RUNNING AN ACORN GROUP

### 2.3 Procedures Overview (Team-Focused)

Table 5 below summarises the procedural tasks undertaken by Acorn teams.

Phase	Whose Role	Documented Procedure
Pre-group	MHC	Orientation Workshop for Volunteers [plan provided in Resource Materials for licensed facilitating organisations - Section Three]
	Coordinator Dance Worker MHC	Team Workshop - Roles and responsibilities - Review Dance Play activities and check introductory session (morning tea) plans - Provide a summary of participants’ needs and aspirations for the group
	Teams	Audit venue for access, resources of toys and equipment and risk and safety assessment
Group Program	Teams	Introductory Session, then weekly sessions (Dance Play, Journaling and Therapeutic Letters)
	MHC	Group Supervision (team de-brief after each session)
	MHC and Coordinator	MHC monthly peer meetings
Post-group	Coordinator	All Teams meetings (if more than one group is running simultaneously)
	Dance Workers	Dance Worker peer meetings (pre and post group programs)

Table 5: Procedures Overview (Teams)

The session also allows team members, whether new or experienced to:

- Meet one another
- Orientate support workers (venue staff, volunteers and placement students) to the ethos of the program
- Develop a common understanding of the Acorn model and the roles and responsibilities of everyone involved
- Develop a plan for managing the set up and pack down of the group spaces from week to week.

**[Resource Materials – Section Four provides the pre-group team workshop agenda].**

The next sections move to the group program and the three primary components of Acorn – Dance Play, Journaling and Therapeutic Letters. Each section follows the same format, describing the purpose, team roles, environment, structure and materials required for each component. Each section is written for the prospective team member who has specific responsibility for the component, however all team members benefit from understanding each other’s roles and how the components of the program work together to enhance attachment relationships between mothers and their children.

#### 2.3.1 Pre-Group

##### Team Workshop

All Acorn groups benefit enormously from the cohesion developed at the pre-group team workshop at the group location facilitated by the Acorn Coordinator.

At the workshop:

The MHC determines the appropriateness of what and how much participant information is shared with the team. Information is sourced from the referral and initial observations from the pre-group home visit about the dyads and their relational struggles

The Dance Worker uses this information to introduce Dance Play activities to the team that are likely to be relevant to the presenting dyadic struggles.

#### 2.3.2 Group Program

##### Introductory Session

See section 1.6.3 for a discussion of the importance of group supervision.

MHCs benefit from meeting fortnightly as a cohort.

**[Resource Materials – Section Five provides a plan of the introductory session].**

#### 2.3.3 Post-Group

Teams review the program as necessary. Dance Workers benefit from meeting as a cohort between programs to share repertoire and discuss how their Dance Play is functioning as a means of enhancing mother-infant relationships.



## PART TWO – RUNNING AN ACORN GROUP

### 2.4 Evaluation

Facilitating organisations licensed to deliver Acorn group programs are required to implement a short evaluation process consisting of:

1. A semi-structured post-program telephone / Zoom interview with the Hopscotch Foundation to discuss the observations of the Acorn teams' post – program review findings (analysed internally by the facilitating organisation to monitor the delivery and success of the program)
2. The provision to the Hopscotch Foundation at the end of each group program / reporting period of the following quantitative data:

The number of dyads referred to the Acorn program

The number of dyads that then participate in the program

Client Withdrawals

The number of dyads that completed the program

Referral pathways have been established with appropriate referrers and referral sources are documented

The number of pre – and post-program home visits

The number of mothers indicating they wish to participate in a second Acorn group, and the reasons for this.

Further evaluation options commensurate with the organisation's resources may be possible and will be discussed as part of the licence approval process.

### 2.5 Primary Component One – Dance Play

Dance Play is the first activity of each weekly Acorn session.

The use of art forms in health practices is an emergent and rapidly developing field, however dance in perinatal infant mental health is unusual. This section begins with an extended rationale for the use of Dance Play at Acorn, followed by details of delivering sessions.

#### 2.5.1 Rationale

One of the principles of the original Acorn group, developed by the SA Women's and Children's Health Network's Neil Underwood and Mandy Seyfang, was to create a relational context in which musical and bodily synchrony could be fostered as a non-verbal, child-centred practice having equal status with Acorn's other language-based therapies. The aim was to build moments of mother-child connection using musicality and movement, described as a key aspect of parent-infant communication (Cirelli et al, 2018; Dissanayake, 2017; Malloch et al, 2014) and a way of generating mutual positive affect as an important aspect of stress reduction (Sroufe, 1995). Put simply, the aim was to create mutual joy and playful connection between mothers and infants. On the basis that a child's sense of being a separate self forms, in Winnicott's terms, within the relationship between "the child and someone" (2007), Dance Play at Acorn harnesses Winnicott's concept that "cultural experience begins with creative living first manifested in play" and that this experience emerges "in the *potential space* between the individual and the environment" (ibid, Winnicott's emphasis), or "the social matrix of psyche"... emerging out of the domain of interpersonal relations. This has powerful implications for Dance Play – at Acorn as a space of potential, conducive to the play offers of the children and encouraging mothers to 'be with' their children in responsive communication.

## PART TWO – RUNNING AN ACORN GROUP

### 2.5 Primary Component One – Dance Play

#### 2.5.1 Rationale

'Being with' (Cooper et al., 2019) each other, as mothers and infants and as a group, is the key to Dance Play at Acorn.

Being with the children allows Dance Play to be child-led, responding to the children's "socio-affective competence" (Stern, 2010) and acknowledging not only that the child's own emotional well-being cannot wait for the mother's full recovery but also that developmental trauma may already be an outcome of their experience of their mother's mental health struggle. Dance Play provides reciprocal mother-infant experiences, defined by Bessel van der Kolk as "being truly heard and seen by the people around us, feeling that we are held in someone else's mind and heart" (2014). Such

experiences contribute powerfully to the establishment of positive templates of relating in the infants' procedural memories.

Neil Underwood's music-based work in the early years of Acorn modelled and helped build a song-based repertoire for the mothers on the basis that emotional regulation is supported when mothers learn to modify their voices in response to their infant's cues (Trainor, 1996 in O'Gorman, 2006). As the mother learns to associate her singing (and the range of her vocal tones in her daily life) with positive, affectively regulated responses from her child, her infant also senses the change in synchrony between them and responds in new ways (de l'Etoile, 2006), sending the attachment relationship on a wonderful upward spiral.

# Acorn Story

## I becomes we

A mother is singing. Her infant slowly turns his head, and signals to her with his movements and eyes that he knows her, he knows *them*; he uses this knowing to signal to her that he wants more – then less. The mother watches, growing her understanding – a little each day – that no one else can do for her baby what she can do. Her infant knows that his carer, the biggest person in his universe, will watch him and give him agency over his world.

Acorn creates the therapeutic environment that fosters these beautiful and critical moments.

Neil Underwood



## PART TWO – RUNNING AN ACORN GROUP

### 2.5 Primary Component One – Dance Play

#### 2.5.1 Rationale

Dissanayake proposes that “artification,” a neologism she coined for the process of making art, has its origins in the interpersonal space of mother-infant interaction (2017), where “the affect of a vocal and/or bodily gesture is attuned to by another” carrying “emotional meaning for both participants” (Malloch, 2005). As a result, “dance and music are particular cultural substantiations of this need to share sympathetically with others”. Malloch describes this as a mutual “shaping of time” between mother and child to create a dialogue that shares the quality of the feeling between them by reflecting each other.

In her analysis of ordinary daily adult-baby interactions (2017), Dissanayake makes a link between the things adults do to engage babies and the kinds of compositional techniques that a performing artist might apply to their material. She calls these “operations” and lists them as follows: simplification, repetition, exaggeration (with the goal of making something more conspicuous) and elaboration or dynamic variation. Going further, Dissanayake mentions that repetition also makes possible a fifth operation, manipulation of expectation to bring about the pleasure of surprise.

#### Dissanayake adds:

*“Refining or regularising and repeating fundamental forms – that is spatiotemporal patterning and elaborating – are innate and early parts of the human repertoire.*

*Indeed, patterning and elaborating, recurrence and variation occur in other modalities of movement, including vocalization, as precursors of what will become dance, song, poetry.”*

Dance Play at Acorn harnesses Dissanayake’s operations and is underpinned by the patterned, rhythmic, collaborative and energetic qualities inherent in the art form of dance. These include emphasising non-verbal communication, phrasing movement activities with moments of pause, stillness and silence, working with a full range of movement elements and dynamic qualities, encouraging everyone to move to and perhaps beyond their fullest capacity and inviting individual ways of moving within a shared framework. Dance Play also creates a sense of occasion, responding energetically to the affective atmosphere of the space and investing each Dance Play activity with a “feeling tone” (Stern, 1998) to create an arc of varying pace and volume. Dance Workers must use an intentional tone of voice to take the group on a Dance Play journey of light and shade, action and response, energy and calm.

Several theorists liken the parent-child relationship to a dance (Stern, 1977; Shai and Belsky, 2017). At Acorn the term ‘dance’:

Speaks to the children’s use of bodily self-expression as a pre-verbal language

Refers to the dance of the mother-infant relationship itself.

## PART TWO – RUNNING AN ACORN GROUP

### 2.5 Primary Component One – Dance Play

#### 2.5.1 Rationale

#### Dance is a Pre-verbal Language

*The core of human consciousness is the potential for rapport of self with an other’s mind. The infant experiences being experienced.*

Trevarthen, 1993

The word ‘dance’ speaks to the children’s use of bodily self-expression as a pre-verbal language. Dance Play is a critical aspect of supporting the children’s developing sense of self within a relationship that may have already been impacted, or at least interrupted, by their mother’s mental health struggle.

Dance Play creates a focus on the children that allows reciprocal and playful child-adult and adult-adult exchanges to take place. This is ideally between the children and their mothers, but if an individual mother is as yet unable to respond to her child the group surrounds the child with a responsive community at this critical time in their neurological development. Team members may function one to one as a child’s secure adult until their mother is ready for this role.

Dance Play also makes visible the child’s separate being-ness in ways that are often a revelation for the mothers. Once the children are secure within the activities they have the chance to demonstrate their individuality through their own responses of sounds, gestures and actions. Often, these responses become the language of the whole group. We call these ‘offers’ and look out for them throughout the program. In this way, many aspects of the weekly Dance Play originate in child-led offers. Over time the mothers witness their child’s agency made visible by their offers. It is immensely powerful for an infant to

know that they can control something of the world and developmentally crucial for them to have the sense that others are able to read and respond to their states. When mothers are supported in developing a repertoire of ways to be present, playful and responsive to their child, they learn to recognise and respond to their child’s cues and communication in such a way that “the infant experiences being experienced.”

#### The Mother-Infant Dance

*The mother-infant interaction... seemed to be an elaborate dance choreographed by nature.*

Stern, 1977

Dance Play works because movement is immediate and relational and can be experienced non-verbally, which gives equal status to the group experience of both mother and child. Dance Play highlights the infants’ ability to initiate affective interaction and communicate emotional experience (Mares, Newman and Warren, 2011 p.8). Stern describes this as “implicit relational knowing” (2010). Relational knowing creates the conditions for intersubjectivity between infants and mothers. Intersubjectivity is “the desire to share experience and emotional states with significant others” (Mares et al., 2011, p.13). Babies need the experience of shared attention with their adults in order to develop an autonomous sense of self.

Together, mother and baby begin to adapt their pacing and rhythm to each other, working towards “affect synchrony” (Schoore and Schoore, 2008) or the “happily developing partnership” (Bowlby, 1988) of mutual delight. The activities do not have a particular right and wrong in the sense of a dance technique or style, because the goal is not to teach the group how to dance; instead the emphasis is on what the activities add to each relationship and so ideas about right and wrong are more usefully expressed



## PART TWO – RUNNING AN ACORN GROUP

### 2.5 Primary Component One – Dance Play

#### 2.5.1 Rationale

in terms of the appropriateness of each dyad's response to the "feeling tone" (Stern, 1998) the activities. In this way, each Dance Play framework illuminates the relationship dance that already exists, and proposes new or alternative ways of being with each other.

Dance Play highlights the effectiveness of Acorn as a group practice because the child's emotional needs can be met collectively without shaming the mother whose own emotional needs also need to be supported. In this context Dance Play is as much about the mothers as it is about the infants because it can intervene in the cycle of physical patterns (for example, physical tension, low levels of energy, a frozen, closed or hunched stance or way of sitting, and shallow breathing) that often accompany perinatal depression and anxiety, and serious chronic mental health issues. Dance Play encourages mothers to consider that their mental health pre-occupations can be minimised by re-focusing from the mind to the body. Dance Play at Acorn is not Dance Movement Therapy, although qualified dance movement therapists make wonderful Acorn Dance

Workers, however Dance Play can demonstrate how movement literally opens the body, boosts the circulation, encourages deep breathing, involves muscular effort and requires awareness of everyone else in a powerful, joyful experience of community.

Dance Play makes this particularly visible with its approach to the use of songs and dances, not as a curriculum to be learned, but as frameworks to create the conditions for encouraging infant responses. Dance Play is *not* a children's dance lesson, a sing along, a fitness session, or a class in any particular dance form or technique. Acorn Dance Workers are not instructors, but facilitators of the shared affective space of Dance Play. When the children respond to a song, movement or object the Dance Worker draws the attention of the group to the child making the offer, allowing the mothers and the Acorn team to respond to the children's responses. In this way, the child has the powerfully connecting feeling of experiencing "being experienced" (Trevarthen, 1993).



## PART TWO – RUNNING AN ACORN GROUP

### 2.5 Primary Component One – Dance Play

#### 2.5.1 Rationale

# Acorn Story

## Relationship Dances

Every weekly Dance-Play session begins in a gathered seated circle, with a Hello Song for each child. At first glance this is a simple greeting, but in its simplicity it is a space that *meets* the children. Over time and with repetition the Hello Song becomes a powerful 'looking in' to each child. When mothers can look in to their child and see them for who they are, important change becomes possible.

This story describes how the Hello Song was deployed in a group to reflect the child's separation from the circle, at a distance from her mother. The Dance Worker made intentional use of the volume of the song. When the child was away from her mother, the song was sung at a higher volume. The team reached out with their voices to the child. When she moved nearer, the team lowered the volume to reflect her proximity to her mother. The volume of the child's Hello Song made her physical choices audible and aimed to draw her mother playfully into the game of meeting her child with our voices. This was hard for the mother who struggled with ideas about her child not needing her or wanting to be with her.

Over time, and with the supportive repetition of Dance Play activities like the Hello Song, the team encouraged the mother to notice when

her child did return to be close to her and how her voice could become congruent with the intimacy of their closeness. The mother worked hard to find calm and playfulness, and gradually this was reflected in her voice and face. Her eyes began to light up more, she expressed more delight in her child's play, and communicated through her attention to her child: 'I see you and I'm glad you're here'. This increased capacity for attunement in the mother created for her child the emotional conditions in which the child felt able to seek her mother out for comfort, spend time close to her and gather strength from her before exploring away again. When the mother experienced her child in this way, their relationship dance, which had begun the program at an uncomfortable distance, became a dance of comfort, safe exploration and mutual delight.



## PART TWO – RUNNING AN ACORN GROUP

### 2.5 Primary Component One – Dance Play

#### 2.5.2 Purpose

The purpose of Dance Play is to invite mothers and infants to be with each other, finding connection, communication and mutual delight.

#### Dance Play:

Is a relaxed, experiential way to make visible and support mother-infant relationships

Shares dances, rhymes, songs, play objects and materials in a group setting

Invites the mothers and children to set aside special time to be together

Aims to create delight and joy, even during those times when feeling joyful isn't easy for the mothers

Communicates without words

Helps the mothers to attune to their child or to read their cues, by wondering what their child is thinking and feeling, and by noticing their choices and preferences

Helps the mothers notice that their children have skills and can develop expertise

Shows the mothers that their children thrive in environments that provide security through routine and familiarity, and stimulation through exploration and new experiences

Supports the mothers to be less pre-occupied with their own thought processes, which in turn supports them to be more present for their children

Is about doing child-led things *within* the relationship, whilst also creating a context to build reflective capacity in mothers about their relationships; For example, mothers might ask themselves: How does it feel to be near to and then far from my child? Am I more comfortable with one than the other?

Creates a repertoire of play activities to re-create at home

Finds a powerful common language shared by everyone in the group.

Over the course of the sessions the Circle of Security © (Cooper at al., 2019) is made visible for the mothers through the activities. Team members also use Dance Play to make observations through the lens of the Circle of Security as a way of supporting each mother's self reflective journey through the Acorn program.

The teams hope to observe:

The children's increased use of their mother as a secure base for comfort and exploration, and

The mothers' increased confidence as a safe haven for their children.



## PART TWO – RUNNING AN ACORN GROUP

### 2.5 Primary Component One – Dance Play

#### 2.5.3 Roles

The role of the Dance Worker is to facilitate Dance Play. Facilitation is not about teaching dances but about providing a responsive play space. The Dance Play material is of course important, but it is simply the vehicle that makes visible the mother-infant relationships and the interactive alternatives that might support and nurture each relationship. Dance Workers must think on their feet, read the group and pace the activities according to the needs of everyone present.

The Dance Worker's 'before group' responsibilities are to:

Prepare the team before each new program as part of the Pre-Group Team Workshop [**Resource Materials – Section Four provides the workshop plan**]

Plan and prepare each Dance Play session

Set up the Dance Play space with the team

Lead a team warm up prior to each session

Brief the team before each session, specifying what sort of hands-on support they will be asked to provide that week.

The Dance Worker's role 'in group' is to:

Facilitate and observe each Dance Play session

Build and hold a safe group environment

Be prepared to modify the session plan in response to the needs that arise in the present moment

Be responsible for the comfort and safety of the people and the environment, attending to access issues, pregnancy and injuries that may inhibit movement. **Note** – Dance Workers must also be aware of the manual handling implications of Dance Play activities for team members and volunteers, whose capacity for lifting babies will vary. The facilitating organisation's manual handling policy will also apply

Support the differentiated interpersonal journeys of each mother and child through the Dance Play activities

Offer activities which respond to the various developmental stages of each child

Draw the group's attention to the children's movement and play offers and integrate them into the language of the group

Encourage the mothers to attune to their own bodies (use of space) and voices (tone and volume)

Model for the mothers how to be present in each moment with their child. This may involve listening, silence and stillness

Develop skills in observing how relationships play out within Dance Play, and when and how to comment appropriately on this during the sessions

Take responsibility for the well-being of everyone present during the children's shared play session

Use the children's shared play session to get to know the volunteers and support them in their volunteering goals. **Note** – If volunteers express specific emotional support needs, refer them to the MHC

Contribute observations (golden moments and concerning interactions) to the team debrief and group supervision

Use the team debrief and group supervision to identify differentiated relational goals for each dyad and modify the Dance Play plan for successive sessions.

Ongoing responsibilities:

Build and be familiar with a large resource bank of songs, rhymes and activities

Collect/purchase and maintain props, objects, music and books

Engage in ongoing training and professional development opportunities in the field of perinatal infant mental health.



## PART TWO – RUNNING AN ACORN GROUP

### 2.5 Primary Component One – Dance Play

#### 2.5.4 Environment

##### The Relational Environment

The relational environment is experienced by each dyad as soon as they enter the space. Dance Play contributes to the Acorn group’s capacity to be a secure and consistent holding place by creating a safe relational environment. ‘Holding’ refers to mothers and children being able to experience what they need to experience whilst knowing that nothing will feel out of control, because the team is there to support them. For the mothers, being held by the group is a powerful aspect of their journey towards feeling more confident about holding, managing and supporting their children’s responses and emotions.

A helpful image underpinning the relational environment of Dance Play is to think in terms of establishing three circles. This image links to the group’s literal use of a circle to begin and end each session. It is also more deeply a ‘felt’ experience, and a means of holding in mind all the layers of the relational web between children, mothers and team members.

The inner circle – What is going on for each mother? How has her family of origin and personal history shaped her sense of self and hence her response to her child? What is the tone of the parental voices inside her? (Team members will have their own internal circle too.)

The dyad’s circle – What is the shared shape made by mother and child? How do they look at each other? What sounds and words pass between them? How do they navigate the shifting distance between them? Are they attuned in the sense of being together in a way that attends fully and responsively to each other (Kraybill, 2017).

The group circle – What is the feeling in the group? How does a shared language build? How do the group activities support exploration and provide comfort? How does the team provide “safe hands” (Cooper et al., 2019) until the mothers are ready themselves to be safe hands for their children?

The Circle of Security adds to the image of multiple overlapping circles. The environment supports the children to explore away from their mother and then to return to her, to venture out of and into the main circle and for mothers and children to engage and delight with each other and within the group. Over time, Dance Play helps the mothers to take on board the Circle of Security principle of being “bigger, stronger, wiser and kind, to take charge when necessary and to follow their child’s need when possible” (Cooper et al., 2019).

Though aiming for a relaxed atmosphere, the Acorn Dance Play space creates a sense of occasion and therefore is more formal than open access playgroups where informal play and chat may be more usual. Dance Play is carefully designed to create an arc of feeling tones from the beginning to the end of the session. The “feeling tone” (Stern, 1998) is may be dynamic or quiet, allowing unspoken but shared understandings to develop. Most importantly, this approach allows the voices of the children to be heard, leading the group into rich moments of group rhythm and mutual delight. Sometimes a powerful silence pervades the group. The feeling tone may arise from the group itself; there may be tension, anger, joy, release or a range of conflicting feelings. The Dance Worker and team need to be ready for all of this, working with and through the emotional waves.

## PART TWO – RUNNING AN ACORN GROUP

### 2.5 Primary Component One – Dance Play

#### 2.5.4 Environment

##### The Physical Environment

The physical environment must be congruent with the relational environment. Dance Play requires a private, clean, open area, at least 5 m x 5m. Heating and cooling must be available. Baby change facilities must be available in or near the Dance Play space. The space needs to be carpeted or have large heavy mats. It must not be a thoroughfare. If the room is visible to the public, or to other people using the building, it must be able to be screened with blinds or curtains.

The practical set up is as follows:

A large circle of cushions – one for each dyad. Each cushion is covered, preferably in calming, low-key colour(s). Polar fleece is ideal, as it can be removed from the cushion and washed easily. Allow plenty of space around each cushion. The cushions tell the group what to do on arrival, by gathering them in a circle that is companionable but not too intrusive

Low ottoman-style stools (but not chairs with arms) are helpful for adults who prefer not to sit at floor level

The space inside the circle may be spread with blankets, as long as they do not become a slip hazard

Ideally, the colour palette among the fabrics and objects is calm and coherent

Disperse team members strategically throughout the circle, ideally between each dyad; this is for support but also to discourage informal chat, which can profoundly undermine the child-focused nature of Dance Play.

#### 2.5.5 Structuring Dance Play

##### The Arc of the Group Program

The program progresses through several phases over 15 weeks. Dance Workers must adapt the Dance Play according to the intention of each phase. Dance Play within each phase and across the entire group program is necessarily an iterative process.

Introductory Session: *Intention* – Meet the families and establish the Acorn circle of team, mothers and children; Establish a sense of safety, of the space being secure and held by the team; Emphasise that Dance Play is not about teaching and learning dance or dances, but about each Dance Play activity being a framework for making visible and accepting the children’s responses.

*Activities* – A morning tea and ‘meet and greet’. Each component of the program is introduced. A short Dance Play taster includes an introduction of names and the Hello Song for each child. A carefully designed plan supports this session.

**[Resource Materials – Section Five provides the plan].**

Sessions 1 - 3: *Intention* – Establish norms within Dance Play and allow rituals to develop; For example, meeting the children through their own Hello Song.

Full Dance Play sessions (each running for 50-60 minutes). Over these three delicate introductory weeks, mothers have the opportunity to see if the group will suit them. They are urged to experience all three sessions so that they are not discouraged too early, but must attend at least one session because after week three the group is no longer open to new members.

Sessions 4 - 8: *Intention* – Introduce a shared Acorn language through the introduction and repetition of activities. Enable everyone’s preferences, choices and patterns to emerge. Notice the way the dyads arrive and how they respond to Dance Play. Tease out attachment goals and tailor activities that could support these goals. Dance Play develops in response to the capacities and needs of the mothers, and the children’s offers.



## PART TWO – RUNNING AN ACORN GROUP

### 2.5 Primary Component One – Dance Play

#### 2.5.5 Structuring Dance Play

##### The Arc of the Group Program

Sessions 9 and 10: *Intention* – Introduce new Dance Play activities to create novelty and strengthen the group’s ability to cope with unfamiliar territory. Modify the familiar and layer it with the new. Be open to dropping what may no longer be helpful or relevant.

May coincide with the school holidays which includes Village Week (see section 2.1.2), a social occasion in which Dance Play may be a little shorter or even paused for a week. Siblings may be invited to attend. MHCs assist with these logistical decisions and confirm the arrangements in the relevant Therapeutic Letter. Session 10 starts referring to the end of the program, with plenty of time before the actual end.

Sessions 11 - 13: *Intention* – Work with what the children offer.

Dance Play sessions maximise the shared language of movement and songs, and make visible the children’s expertise.

Week 14: *Intention* – Empower mothers to feel ready to step into the world on their own.

Final Dance Play session is oriented to establish a sense of reflection and a satisfying ending. The last session is often an opportunity for ‘greatest hits’, asking the mothers to nominate their children’s favourite Dance Play activities and reflect on the changes they’ve observed.

##### The Arc of Each Dance Play Session

Dance Play is relaxed and playful but it is never ‘anything goes’. It is highly structured in a series of activities planned by the Dance Worker, preceded by the arrival window.

The arrival window is exceptionally important because it sets the tone for the Dance Play session. It is also the first of several transition moments, each of which needs careful attention (see *Transitions* below). The arrival window must be relaxed and welcoming, but can be hard to manage because of the logistics of varying arrival times, prams and bags, the families’ needs on arrival (feeds and nappy changes) and the affective implications for mothers and children of entering a new environment, especially early in the program. As a transitional moment the way families arrive provides rich opportunities for observation.

Observational Tip: As the program progresses, notice the arrival style of the dyads. Is it rushed or stressed? Does the mother attend to the logistics without considering the impact on her child, for example heading off to the toilet without explaining her absence to her child; Has anything become habitual, with the potential to impede enjoyment of the group? Is the relationship you see on arrival congruent with the relationship visible during Dance Play? Can it be supported in a way that helps the mother or the child?



## PART TWO – RUNNING AN ACORN GROUP

### 2.5 Primary Component One – Dance Play

#### 2.5.5 Structuring Dance Play

##### The Arc of Each Dance Play Session

The following strategies may support the arrival window:

Provide carefully chosen background music; This may need to be calm, or the atmosphere may benefit from being a little energised

Have some team members seated in the circle and others ready to help with prams, bags and babies. **Note** – If all team members are seated this can make participants feel awkward on arrival

Designate an area for pram parking. If this is in the room, set a corner well out of the way of the activities. Make large name labels and place them on each pram to help the team to identify each child’s bottle, nappies etc. later. Ask mothers to place all bags well out of reach of the children

Gradually remove all personal toys and other objects not required for Dance Play, including any brought by the participants, and explain that they can come out again later

Ensure that the group norms discourage food and personal toys, other than transitional objects, being brought into the Dance Play circle. It may help to designate a snack spot

Make sure that comfortable seating is available for breast and bottle feeding mothers

Phones must be switched off or on silent; Ensure that the group norms prohibit the casual use of phones and the taking of photos during group time

Encourage everyone to take off their shoes on arrival and leave them with their pram or bag. A special shoe area on the floor can be created with a masking tape shape

Start the Hello Song even if the group is still arriving. This helps create a culture of starting reasonably on time, but is individually focused on each child in turn, and so provides a gentle and extended opening activity. Children arriving later can still have their Hello Song once they’ve settled in.

Dance Play itself is organised in four sections:

- Start in a sitting circle
- Move to standing in the circle or spreading out in the general space
- Resume the standing circle
- Move back to sitting or lying down for a quiet finish.

The order of these sections may change of course according to the needs of the group; Furthermore, many Dance Play activities are just as relevant in one section as in another, for example the Jamaican song *Janie Mama* (a YouTube search provides many versions) works well in section A as a dynamic welcome to each dyad but also fits within section D, slowed down to be a soothing lullaby. The time spent on each section will depend on how the group is travelling. Early in the program groups may not move to standing at all.

A simple session ‘backbone’ might look as follows:

Hello Songs

A familiar action song, such as *row row row your boat* or *twinkle twinkle little star*

A familiar game, such as *peek a boo* or *round and round the garden*

A solid phrase of movement, such as *Taba Naba*, a Meriam Mir dance about going to the reef

A standing song, such as *Heydy Ho*

A standing and travelling activity, such as a go and freeze game

A re-gathering activity, such as sitting together under a parachute or fabric lifted and lowered by the support team

A quiet finish, such as a lullaby, or mindful breathing activity.

**PART TWO – RUNNING AN ACORN GROUP**

**2.5 Primary Component One – Dance Play**

**2.5.5 Structuring Dance Play**

**The Arc of Each Dance Play Session**

Elements of the backbone may be deployed in the introductory morning tea session as the Dance Play Taster and then each item can be gradually extended with linked ideas expanded effort factors/dynamic qualities and offers from the children (see table 6 below).

Backbone	Extensions	Child Offers
<i>Row your boat</i>	Sing three times starting small and becoming larger with the children riding in arms facing their mothers; finish the song singing <i>life is but a dream</i> and falling backwards on to a safe pre-set cushion; stay there for a while in mutual gaze	
	Hold a circle of blue fabric, row it back and forth while singing, extend into bouncing, lifting and lowering it and performing a Mexican Wave	A child may hold the fabric and initiate a bounce and stop game; invite the group to wait for the child to lead this action and to join in with the child, matching their timing, the height of the fabric, the length of the pauses, their facial expression or sounds
	Use other verses – if you see a crocodile, if you see a polar bear, if you see a lion...	A child may initiate the crocodile verse by lifting their arms and making a little screaming sound for <i>don't forget to scream</i>
	Link the song to the text of a book (such as <i>Grug builds a boat</i> by Ted Prior)	A child may offer a splash gesture with their arms, hands or voice. Take this into the general space, travelling and splashing as a group. The splash may become a whole body experience for the children, perhaps lifted and powered onto cushions.

Table 6: Extending the Backbone



**PART TWO – RUNNING AN ACORN GROUP**

**2.5 Primary Component One – Dance Play**

**2.5.5 Structuring Dance Play**

**Dance Play Examples Section by Section**

**Section A:** An intimate, gradually gathered space using the power of the circle to create a playful arena for the children, each with their mother as a secure base, and a participatory and observational environment for the mothers

Activity	Intention
Hello Song	Establish the circles, meet the children with their own song, acknowledge Aboriginal land
Looking in songs: Super songs (Hello <i>name</i> , curious <i>name</i> ) If you're feeling... (to the tune of if you're happy and you know it)	Invites mothers to 'see' their child in that moment and nominate a word, disposition or image
Song: <i>Janie Mama</i>	A welcome song for each dyad
Mindful heads (massage), shoulders (roll shoulders), knees (drum roll) and toes (this little piggy) Song: <i>Heads and shoulders, knees and toes</i>	A quiet moment using physical sensations together Touch sensations and clapping together
A stretch for the mothers: Breathe Heart awareness – Place palm over heart centre Brush down limbs	Refreshing and rejuvenating the mothers through deep breathing, physical sensations and visualisation
Dance: <i>Taba Naba</i> (and splash! with soft balls)	A traditional dance from the Torres Strait Islands (a web search will provide the information you need) for rhythms, sensation and connection, plus extra play with the balls
The long blue fabric circle (ocean, river) All hold to make waves together, play peek a boo and row Song: <i>Row your boat</i> Song: <i>The river is flowing</i> (a web search will provide the information you need) Place socks on everyone's hands to make fish Song: <i>1, 2, 3 4 5, once I caught a fish alive</i> Later, the blue fabric may be stretched round the adults' backs so that everyone is sitting inside the circle, but this needs the group to be feeling secure together.	Represents the holding space, mutual support and how we are all in this together

Transition slowly to standing

Team re-sets cushions in the general space or to the sides

**Section B:** Venturing out to explore different uses of the space, creating playful, imaginative environments (a garden, under the sea, a playground)

Activity	Intention
Place young babies on cushions and invite mothers and toddlers to travel round the cushions in a circle saying <i>round and round the garden</i>	Mutual gaze, reading children's cues Babies may be ready for <i>tickle you under there</i> with a wriggle or a smile which makes visible their ability to anticipate and invite a moment of connection
Song: <i>Heydy ho</i>	An opportunity for some deep gazing between mother and child as the child is swung on their cushion like a swing boat
Go and stop games in the general space build into travelling dances	A build of energy, observing the tolerance levels of each child for a range of physical sensations

Transition back to the circle

Re-set cushions to the sides if needed





PART TWO – RUNNING AN ACORN GROUP

2.5 Primary Component One – Dance Play

2.5.5 Structuring Dance Play

The Arc of Each Dance Play Session

Section C: Rebuilding the shared group circle, standing together side by side, babies and younger children in arms

Activity	Intention
Song: The ants go marching	Circle dances can also include and parting; Acorn groups love to meet (move closer to each other) making a whispering sssshhhhhh sound like a secret and then part (moving away again) saying wheeee
Parachute play	Taking turns to lift and lower, run underneath, roll underneath
Circle (travel in a circle) and "change!"(change direction)	Anyone can call out "change!"

Re-set cushions in a big comfortable pile or back in the circle

Transition back to sitting or lying back on the cushions

Section D: Moving towards a relaxed state and quiet time in the circle, facing in, or facing out from within the cushion "nest" or in the general space

Activity	Intention
Bubbles	A moment of quiet and awe, observing the children's actions and reactions
Parachute nest Song: Come under my umbrella	Everyone leans together into a big pile of cushions placed in the centre of the space
Lullaby	Mindful calm.

When the group is familiar with several discrete activities, grouping two or three thematically linked activities together creates a richness of imagery and a sense of a Dance Play journey. For example, the group may sing a rain medley (the ants go marching, come under my umbrella and then splash blue fabrics or soft blue balls like raindrops); Or an ocean theme may begin with Tabá Naba (a Meriam Mir dance about going to the reef in a dinghy), followed by 1, 2, 3 4 5, once I caught a fish alive and then a 'swim' for the children in the arms of mothers or workers.

# Acorn Story

The ants go marching, jumping, swinging...

The ants go marching provides a beautiful opportunity to watch for children's 'offers'. Children's offers are the actions and sounds they create spontaneously in response to how they feel and what they would like to express. The following Acorn version of *the ants go marching* arose from a mother holding her child who wanted to bounce on the spot, creating a wonderful image of their 'us-ness': *the ants go jumping two by two, I love you, you know it's true...*

One group involved a mother with twins. The words became *the ants go swinging three by three, you and me and you and me...*

PART TWO – RUNNING AN ACORN GROUP

2.5 Primary Component One – Dance Play

2.5.5 Structuring Dance Play

Transitions

Each transitional moment (arrivals, the transitions between Dance Play sections, the windows between the end of Dance Play and Journaling and its reverse – the reunion between mother and baby, right through to the departure of the families) can present challenges as well as observational opportunities.

Transitions between Dance Play activities need special attention and operate in various ways depending on the group. For mothers the shift from sitting in the group circle to standing is a big and demanding change of energy, especially with a baby in arms; the change of focus from the companionship of the whole group to the intimacy of being one-to-one can be the very aspect of the dyadic relationship that some mothers want to avoid. The group may need clear directions, or a gentle invitation, a brisk energy or even a small 'chat break'. Work with the team to manage this shift. Becoming familiar and even predictable helps most transitions, however this can work against some transitions, particularly troublesome ones. For example, mothers, children or both, for whom separation is challenging, may start to experience anxiety towards the end of Dance Play as the moment of separation into children's shared play and journaling nears. The following strategies may help:

- Ask a reflective question to help bridge the moment: What are you noticing now, with your baby or in yourself?
- Call the participants out of the circle and into the general space using their names (like a roll call)
- Name the feelings, for example: 'separation isn't easy'
- Mark transitions with a sound, such as a singing bowl or shaker.

Observational Tip: Use transitions as windows into each relationship, clues to the attachment needs of the mothers and children and markers of change within the relationships. One of the most important transitions each week is the return of the mothers from their Journaling session. This is almost always an important opportunity for teams to observe how mothers and children handle the moment:

- Reunions may be a joyful or avoidant window into the mother-infant relationship; they are a useful marker of change over time
- The child may want to show their mother what their play has involved; the worker may need to help alert the mother to what her child is saying and showing her
- A secure child may have held their feelings together until their mother returns. Their tears on her return indicate their relief in seeing her, however the mother may experience the situation differently and need help seeing it as the normative expression of her child's attachment to her.

Developmental Stages and Planning Dance Play

Meeting the needs of a group of children whose age range may vary from a few weeks to 3 years is a challenge. Three broad stages of development – *being* from birth to six months, *doing* from six to 18 months and *thinking*, 18 months to three years (Clarke and Dawson, 1998) have helpful implications for planning Dance Play:



## PART TWO – RUNNING AN ACORN GROUP

### 2.5 Primary Component One – Dance Play

#### 2.5.5 Structuring Dance Play

##### Being

This stage is all about holding, cuddling and gazing with the babies

Small conversations may be led by the babies – eyebrow lifts, tongue pokes, smiles, vocalisations

Mothers learn to provide appropriate physical sensations – rocking, swinging, turning – through their own bodies with awareness of their children’s bodies

Cushions (large soft ones) or blankets/large sturdy fabrics provide a secure way for babies to be on the floor, or held or lifted off the floor

Repetition of activities leads to familiarity, which – over time – showcases the babies’ expertise and capacity to demonstrate making choices, such as agreeing to their Hello Song non-verbally by leaning forwards, calling out or catching the Dance Worker’s eye

The Dance Worker’s detailed responses to the smallest of the babies’ cues make the babies’ skills and agency visible to their mothers.

##### Doing

Offer suitably sized objects to hold

Children start to learn action rhymes and gestural dances

Children explore by moving away from and then returning to their mother

Children can make choices, such as things to do with objects, and offer them to the group

Children can lead the group, such as go and stop with the group.

##### Thinking

Toddlers need clear cues and signals for their security within the activities. For example the end of one activity and the start of another can be signaled with words, a sound, or a ritual, such as coming back to the circle

Consider creating a visual schedule of the session with pictures or objects denoting the order of activities

Maximise toddler’s interest in posting objects, packing them away and handing them out.  
**Note** – Make this a collaborative moment rather than a “good girl/boy” moment

Invite children to take an object from a box; the object determines the next activity. For example, a silver star cues *twinkle twinkle little star*

Make use of the children’s movement offers and allow these to integrate into the vocabulary and culture of the group. Acknowledge the originator of the action as the group uses it, for example Daniel’s tummy drum, Zainab’s jump

Meet the children’s need for independence and responsibility. For example, they may hold the parachute with the grown ups

Imaginative play/environments become more possible – camp fire, a rainy day, cubbies, bird nests

If the energy rises a little too much mark it down gradually with something very familiar, such as a quiet song.

These approaches are not merely about accommodating toddler’s behaviours, but about meeting them, and responding meaningfully to their initiatives. Working this way also helps the mothers understand more generally that a toddler’s behavioural choices, though challenging at times, are developmentally appropriate and always underpinned by an emotional need.

## PART TWO – RUNNING AN ACORN GROUP

### 2.5 Primary Component One – Dance Play

#### 2.5.5 Structuring Dance Play

Clarke and Dawson’s language – being, doing and thinking – is only a framework. Clearly, very young babies are still thinking! Furthermore, this language may not be helpful to use with the mothers themselves, especially women with perfectionist tendencies or high levels of anxiety, who may be rather literal in their interpretation of these ideas. Instead, Dance Play encourages a state of attuned ‘being-ness’ with the children, where attunement is “a non-verbal process of being with another person in a way that attends fully and responsively to that person” (Kraybill, 2017). For this reason, Dance Play discourages a focus on ‘doing-ness’, which may become stressfully task-focused.

Things to consider:

Build on each session slowly, allowing the activities to become familiar

Gradually layer new ideas and possibilities within sections of familiar activity

Gradually string activities together that are similarly themed but contrasting in dynamics, like a Dance Play medley

Use images to support the imaginative world of the activities – nest, ocean, camp fire, garden, night sky

Create excitement and anticipation – what’s in the box?

Watch out for those transitions!

Trust what you see and use your observations as the basis for altering the emphasis of each activity

Build options into each activity to support the mothers with their own physicality and with their child’s developmental stage.

Observational Tip: Can the mothers wait for their children’s actions and choices? Can they move themselves and their children from high energy to a softer dynamic with ease? Does their appreciation for their children show in their faces? Do the mothers have their own child on their spatial radar? Is the child exploring? When the child is exploring do they check back to their mother with their gaze? What do they see? How might that feel?

#### 2.5.6 Materials

A small hand held bell or singing bowl to gather the group together

A length (about 10m) of stretchy blue fabric, halved along the length and stitched together to form a circle 20 m in diameter, which the group can hold or sit inside

Soft balls (blue is a very useful colour)

A parachute, or lengths of soft material that can reach across the whole group

Small shakers (egg-shaped shakers work well)

Other lengths of fabric to make waves, rainbows, shooting stars...

Boxes, star shapes, finger puppets, op shop scarves, baby blankets, toy animals, other sound makers...

##### Books

Using a book can be a wonderful stimulus for Dance Play. The language in the books can inspire movement and become group dances to be used in subsequent sessions without the book. Books can also be used to calm the group energy. Choose books with a kinetic quality, vivid words and a specific rhythm that lend themselves to movement or object play. Explain that books at Dance Play are for inspiring movement and songs, and not for a sitting ‘story time’. The entire text is likely to be too long, in fact a single page or image may be enough. Read the book then pause it to sing or dance, resuming the text further on. Copy and laminate images or short sections from books and use them as visual cues for Dance Play. Author web sites often provide useful materials.



## PART TWO – RUNNING AN ACORN GROUP

### 2.5 Primary Component One – Dance Play

#### 2.5.6 Materials

##### Songs and Rhymes

Dance Workers must build a large repertoire of songs and rhymes. You will discover what works and what you regularly use, but there will be times when you need suitable material ‘up your sleeve’ for unexpected moments. Being open to learning new songs offered by participants will enrich your repertoire. Songs at Acorn are sung live and unaccompanied so as to encourage the mothers to use their own voices as much as possible. This can be hard for some mothers who feel self-conscious about singing in a group setting or who do not yet realise how much security, enjoyment and connection babies gain from the sound and feeling of their mother’s voice. Singing at Acorn is a supportive, powerful and sometimes revelatory pathway to this realisation.

The following quote from an Acorn Focus Group illustrates how two mothers helped each other understand how singing and other activities build mother-child connection:

**Note** – It is important to remember that some mothers feel self-conscious in the group but are quite comfortable singing and playing with their child at home.

*It’s OK singing because everyone else is doing it.*

*At the start of Acorn no one sang apart from the people, like the workers, and by the end we were all joining in the songs.*

*It’s fun to see their [the children’s] reaction. You don’t really care about what you look like. It’s fun to watch the children.*

*And that’s the biggest change. And that’s how they build their confidence, watching us.*

*That’s the connection there, right there, the key.*

Focus Group Participants

Songs must be used relationally, intentionally and mindfully as part of Dance Play, using pace, imagery and volume to create a specific “feeling tone” (Stern, 1998). Acorn Dance Workers frequently make up words to familiar tunes, pause and resume songs according to the responses of the children and use song to make important things visible, such as how a baby is feeling. Songs are used to shape time together by sharing its beginning, middle and ending, enlivening the room or bringing it to quiet and stillness. Just as often, well-known songs are simply sung together, promoting feelings of comfort in something familiar.

Acorn uses songs that may already be familiar to participants who grew up in Australia and are routinely sung in families, community playgroups and library sessions. If they are not yet familiar they can be learned slowly and over the course of the Acorn program. When Acorn participants are ready for open playgroups not only is their confidence boosted by their knowledge of this important cultural material but also their understanding of *why* singing for and with young children is such a powerful source of connection.



## PART TWO – RUNNING AN ACORN GROUP

### 2.5 Primary Component One – Dance Play

#### 2.5.6 Materials

##### Songs and Rhymes

Songs and rhymes used frequently at Acorn are:

Row row row your boat

Twinkle twinkle little star

Galumph (went the little green frog)

1, 2, 3 4 5, once I caught a fish alive

Skinnamarink

(web search Skinnamarink for various versions)

I had a tiny turtle, his name was Tiny Tim

Heydy ho (web search *the elephant is so slow* for various versions)

Round and round the garden

Come Under My Umbrella  
([youtube.com/watch?v=r2Q8QziZMVg](https://www.youtube.com/watch?v=r2Q8QziZMVg))

The ants go marching.

Routine use of culturally diverse songs is important:

*Taba Naba*  
(web search *Taba Naba* for footage of the dance)

*Janie Mama*  
(web search *Janie Mama* for footage of choirs and groups)

*Mbele Mama*  
(<https://www.youtube.com/watch?v=WrUUVf9kMHs>)

Mbele Mama is a song that seems to come from the Torres Strait, places in Africa and maybe even from Italy. Some speculate that the song was brought by missionaries or traders to the Torres Strait and spread that way, as the words do not exactly match the language in any of those places. In the Swahili language Mbele Mama means *long time ago, Mama*; Bele (sic) Mama is call *Mama*, from West Africa and Bella mamma is Italian for *beautiful mother* or *beautiful woman*.

**With thanks to Sally Chance, Billie Cook, Molly Flanagan, Felecia Hick, Robyn Richardson, Gina Rings and Cinzia Schincariol.**





## PART TWO – RUNNING AN ACORN GROUP

### 2.6 Primary Component Two – Journaling

Journaling is the second activity of the Acorn session. This section provides an overview of the rationale for the use of journaling at Acorn and details about how to deliver the Journaling program. Session outlines can be found in Resource Materials – Section Seven.

#### 2.6.1 Rationale

Wondering together is the key to Journaling.

The rationale for the Journaling component links to Acorn's commitment to supporting the mothers to build their reflective functioning, or the capacity to understand the dynamics of the internal and interpersonal emotional life of oneself and the other (Fonagy and Target, 1997; Slade, 2005). Through a carefully prepared framework of topics, Journaling identifies and celebrates the capacities that the mothers bring to the session, invites them to consider how their personal perspectives follow their lived experiences, normalises as a group their mental health experiences and relational struggles and wonders about the mothers' thoughts and feelings related to the presence and care of their infants.

Journaling externalises events and feelings experienced internally. The sessions encourage each mother to listen for her past as it is expressed in her present and “to develop a representation of herself as a parent and of her infant as a separate, communicating being” (Mares et al, 2011). Journaling uses techniques of therapeutic writing, image creation, writing lists, finding key words, working with symbols, photos and affirmations.

Journaling is *not* scrap-booking, collage or decoration, although it may involve visual arts techniques; Journaling provides very much more than parenting tips, although the group discussion may build out from the challenges and issues new mothers experience. The ethos of Journaling for participants and team members is one of curiosity, rather than analysis.

#### 2.6.2 Purpose

Journaling at Acorn is primarily, though not entirely, a form of therapeutic writing. Studies cite evidence of the benefits of writing about emotional experiences that include significant mental health improvements (Moules, 2003; Hardy, 2017) and even physiological change (n.d. <https://psychcentral.com/lib/the-health-benefits-of-journaling#1>). Writing helps to understand and organise thoughts and feelings. Journaling at Acorn also creates space for putting thoughts into non-verbal form, such as images, colours, symbols, letters, lists and drawings. These processes create increased understanding and perspective, setting thoughts down on paper to allow extra mental and emotional space in which to accept new information and feelings, without being overwhelmed. Journals become a personal creative space, and a record of each mother's Acorn journey, which may be immediately helpful but also of value in the longer term.



## PART TWO – RUNNING AN ACORN GROUP

### 2.6 Primary Component Two – Journaling

#### 2.6.2 Purpose

Messages to Acorn mothers about the benefits of journaling may include:

It helps you begin to explore your strengths, identify your supports and decide where you want to go

It helps you begin to explore and process difficult or painful emotions productively

It offers you an opportunity to recover from daily stressors and leave unimportant stuff behind

It can help you identify things that would otherwise go unnoticed, such as patterns in your thinking, the influences behind your feelings and behavioural choices and any incongruence in your life

It facilitates learning by creating a record of the sessions and key ideas you have discovered and helps you remember them more effectively

It boosts your overall sense of gratitude and your sensitivity to noticing positive things

It may help resolve disagreements with others, writing about misunderstandings rather than stewing over them

It helps you discover your voice

It removes blocks that sap your energy and brainpower, bringing a better understanding of yourself, others and the world around you

It clarifies your thoughts and feelings

It releases feelings of fear, stress and anxiety and helps explore where those feelings are coming from.

The week one handout in Resource Materials – Section Seven lists several of these ideas in accessible language.

#### Reflective Functioning

The primary use of journaling at Acorn is as a means of increasing reflective functioning. Reflective functioning is the capacity to meaningfully reflect on states of mind in self and others. Strong parental reflective functioning is correlated with narrative coherence and adult attachment classification, and is a predictor of secure attachment in children. The aim is to provide mothers with guided opportunities to explore their relationship with their child and their ideas about parenting, to reflect on their experiences, strengths and struggles as a parent, to explore their hopes and dreams for themselves and their child, and to wonder about the world from their child's perspective. This takes place in an environment that is safe, supportive and understanding of the impact that mental health struggles can have on a person's sense of self, and on the relationship between a parent and their child.

Journaling provides a forum in which mothers can share their experiences with their peers and seek support and comfort from group participants and facilitators. The journaling session provides an opportunity for mothers to have their mental health experiences and attachment struggles normalised, by discussing such issues with others who have shared similar experiences.

It is hoped that the introduction of journaling and therapeutic writing activities and techniques encourages participants to use self-reflection in their daily lives as a means of externalising, self-expression and self-exploration.

## PART TWO – RUNNING AN ACORN GROUP

### 2.6 Primary Component Two – Journaling

#### 2.6.3 Roles

The Family Support Practitioner (FSP) facilitates Journaling sessions. Their role is to:

Be familiar with the content of the pre-prepared session plans of journaling activities

Be prepared to modify the program in response to the needs that may arise in the present moment

Build and hold a safe group environment

Support the differentiated journeys of each mother

Model for the mothers how to practice quiet and mindful self reflection

Contribute observations (“golden” moments and concerning interactions) to the team debrief and group supervision contextualising the team discussion with the mothers’ own perspectives from the journaling session.

A program of 13 planned journaling session outlines guides the facilitation of Journaling by the FSP. [Section Seven of the Resource Materials provides the session outlines]. The first and final group sessions do not include Journaling but set aside time for the mothers to complete pre and post-group program evaluation questionnaires. The FSP assists mothers gradually to deepen their journaling skills, helping them to develop greater insight and understanding of themselves and their relationship with their child. The MHC also attends the journaling component of the session to provide specialist support to the participants as needed as they work through the mental health implications of the activities. The MHC is available for one-to-one support as necessary.

#### 2.6.4 Environment

Journaling takes place in a separate room adjacent to, but separate from the space where the children are being cared for in their shared play session. It is important that the mothers are close enough to respond to their child if their needs are unable to be met by the team members, whilst also having the space and quiet to minimise distractions and ensure their anxieties are not too heightened by the close proximity of their children. The room should be large enough to hold 10-12 mothers and two workers

around one large table (usually made up of several tables pushed together). There should be room for the participants to spread out their journaling materials in front of them, and maintain the privacy of their journals from others in the group.

The atmosphere of the room needs to feel warm and relaxed rather than clinical. The use of inspirational and calming images in the environment can assist the participants to feel validated and welcomed. It is preferable that there is a natural light source in the room to promote a feeling of openness in the space, and prevent participants from feeling closed in.

#### 2.6.5 Structuring Journaling

**[Resource Materials – Section Seven supplied to licensed facilitating organisations provides detailed session outlines and handouts].**

#### The Arc of the Program

Each week’s activities have been designed to ensure that participants are supported on their journey of exploring their experience of parenting and of being parented. Participants are introduced gradually and gently to the journaling experience in response to their needs and resiliency. As the program progresses topics may become more challenging, but it is important to appreciate that for some participants, certain activities may be experienced as too difficult to complete, or to even attempt at all. It is the role of both the FSP and the MHC to support participants by expressing that it is normal and acceptable to struggle with certain journaling tasks, and to support participants to work through the difficulties, or to move on to an activity that they feel able to manage.

While it is important to deliver the first three sessions consecutively, sessions can be moved around to facilitate where the participants are at each week.

## PART TWO – RUNNING AN ACORN GROUP

### 2.6 Primary Component Two – Journaling

#### 2.6.5 Structuring Journaling

#### The Arc of Each Journaling Session

Journaling sessions are limited to a maximum of 60 minutes and so the FSP must ensure that sessions are delivered in such a way that participants leave the group session that day feeling supported, rather than alone with their thoughts and feelings, and vulnerable because of having been challenged beyond their current capacity. This may be challenging for FSPs, because participants are at varying stages of their mental health journey.



Each outline indicates a specific order of activities however the following broad phases will be relevant to most sessions:

**Commencement:** Start each session with a warm-up question

**Sharing:** Ensure space is provided for mothers to share their reflections during each session. Explicitly provide each participant with this opportunity, but respect their choice to share or not share

**Silence:** Silence is a crucial element of the journaling experience and must be strongly encouraged on the occasions where it is requested by the FSP. A ten-minute window of silence can create a powerful opportunity for personal reflection and exploration. Silence can be extremely challenging for many people, in particular for people with backgrounds of trauma, who may therefore need to have the rationale for working this way carefully explained, and extra support to stay within the silence

**Challenging sessions:** FSPs must be mindful of individual participant’s needs, and the challenges and barriers underpinning their choice to participate or not in sessions that they may find particularly confronting or challenging. Activities provided as Participant Handouts Folder can be offered individually to mothers as an alternative activity

**Journaling by facilitators:** FSPs and MHCs also take part in the weekly journaling activities. This is important for providing insight into the journaling experience, for modelling a process of respecting individual privacy and for supporting the experience of silent writing

**Check-in:** The FSP and MHC check in with everyone prior to the end of the session and offer an opportunity to debrief as required.



## PART TWO – RUNNING AN ACORN GROUP

### 2.6 Primary Component Two – Journaling

#### 2.6.6 Materials

A variety of blank journals for participants to choose from (A4 and A5)

A range of appealing materials – coloured pens, pencils, markers, oil pastels etc., scissors, glue, decorative paper, stickers

Visual resources and blank copies of activity templates

Acorn uses several card sets designed to prompt discussion and available at St Lukes Innovative Resources – <https://innovativeresources.org>

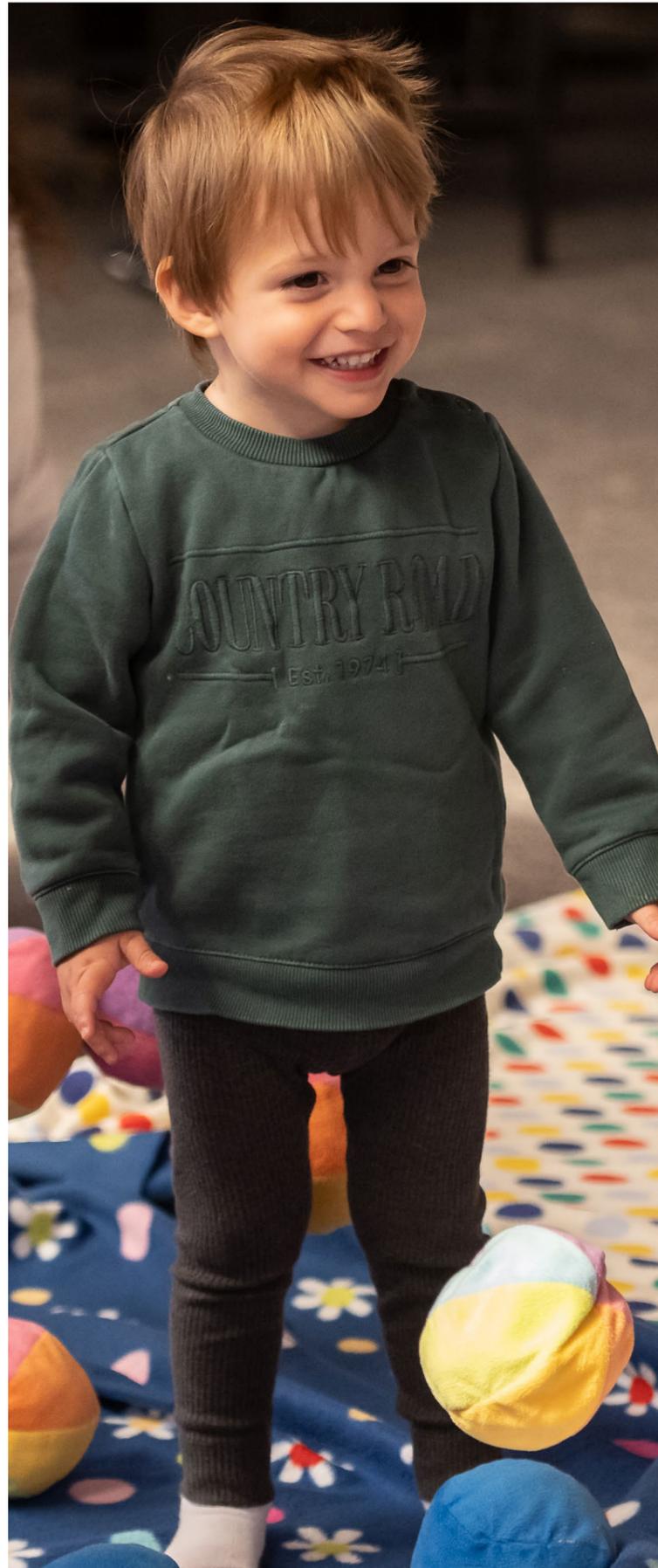
Other card sets and resources are available at [ipresourcecentre.com.au](http://ipresourcecentre.com.au)

Tissues

Photographs of mother-infant dyads taken during Dance Play.

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*Special thanks to Anne Flint for her work on the original Journaling program.*



## PART TWO – RUNNING AN ACORN GROUP

### 2.7 Primary Component Three – Therapeutic Letters

A therapeutic letter is a document written by a professional mental health clinician working in a therapeutic role with their client. Individually tailored Therapeutic Letters are sent to each Acorn mother and her child every week between sessions.

#### 2.7.1 Rationale

Integrating observation and wondering is the key to writing Acorn Therapeutic Letters.

Acorn letters are “acts of relationship” (Moules, 2003), designed to extend the clinical work of the group (Epston, 1994). As Moules articulates:

*“The influences of therapeutic letters seem to be inextricably connected to the meanings attached to the letters. These meanings are products of the intersection between the intended meanings of the therapists and the received and interpreted meanings of the families. It is through the way that the intention meets an interpretation that the letter works. The workings, therefore, of therapeutic letters lie in the ways that recipients allow the letters to enter, inform, invoke, influence, and change them in some way. The meanings attached to the letter, the place that the letter finds in the context of the clinical relationship and in the life of the recipient, is the heart of the influence and workings of this intervention.”*

Acorn Therapeutic Letters facilitate:

Encouragement and exploration of each mother’s reflective functioning with the focus on her child’s needs

Observation of infant behaviours as an expression of emotional need

‘Holding’ participants between groups and a link between what is experienced in group and at home

A personalised conversation between each mother and the Acorn team

Sustained attendance through a sense of connection to the group.

The letters focus on the strengths revealed over time by the mothers, rather than the limitations (perceived or otherwise) by their diagnosis; however the letters are *not* about cheerleading or glib praise. It is important that the letters engage with each mother’s particular struggles, once a comfortable rapport has developed. Letters are for the personal use of the mothers on their Acorn journeys and are not designed to provide any kind of evidence to services external to Acorn of the mother’s parenting or personal capacities.





## PART TWO – RUNNING AN ACORN GROUP

### 2.7 Primary Component Three – Therapeutic Letters

#### 2.7.2 Purpose

Acorn Therapeutic Letters extend the connection between the mothers and the weekly contact time and consolidate the work of Dance Play and Journaling by encouraging engagement, providing support and feedback, contributing to cognitive shifts and behavioural changes and deepening parental reflective capacity. The letters help to make meaning of the changes occurring within the group and the participant's life outside Acorn.

Acorn Therapeutic Letters provide:

Scaffolding to support each mother's struggle

Support for each mother to improve her capacity to keep her child in mind, be with her child, reflect on her child's internal experience and make appropriate attributions through 'wondering', and where necessary respectful challenges

Strengths-based reinforcement of the effective aspects of each mother's parenting and attachment behaviours. The language of the letters 'notices' the mother's behaviours and her child's responses, celebrating steps forward or moments of secure interaction

A stance of curiosity, positioning the mother as expert in order to strengthen the mother identity, underline the importance of the dyad, and build or maintain the mother's confidence

Accessible attachment information and some psycho-educational concepts, (for example, expectations around child development, self-care strategies or mindfulness practices) tailored to the mothers' particular attachment and mental health challenges; This information is not only conveyed through prose, but graphics, poetry, and occasionally, links to external videos or articles. Imaginative approaches include a letter 'from' the child

Reinforcement of engagement with Acorn through accessible information about the Acorn model (for example, why we do journaling, or why we do dance-play) 'we missed you' letters in weeks when a mother is absent from group, and thanking mothers when they notify team that they will be absent

Limited re-parenting of the mother through nonjudgmental, empathetic, clear and reliable communication. The language and overall arc of the 14 Therapeutic Letters are both attuned to each mother's personality style, goals, literacy, history, strengths and challenges, and are adjusted throughout the semester according to her successes and struggles at Acorn, her demonstrated level of trust of the team, and her feedback

Notice of upcoming Acorn practicalities, for example a visiting relief staff member or Village Week; or flagging upcoming tasks, for example the Super Songs in Dance Play invite mothers to nominate a strength in her child, which she may need to think about in advance

Strengthening of the mothers' ongoing social resources via suggestions to keep in contact with other Acorn mothers, and ideas for other relevant parenting and community services.



## PART TWO – RUNNING AN ACORN GROUP

### 2.7 Primary Component Three – Therapeutic Letters

#### 2.7.2 Purpose

##### Holding Each Dyad in Mind

The letters provide evidence for the mothers that their well-being continues in the minds of the team after the session ends each week. The act of meeting weekly as a team to debrief each dyad's journey, and the writing of Therapeutic Letters in relation to that journey, ensures that the team holds each participant in mind and reflects on finding the best ways to support each dyadic relationship. In the team debrief and group supervision differentiated adaptations to the delivery of Dance Play and Journaling are planned. For instance an Acorn team identified that a mother's anxiety was manifesting in her loud and pressured speech during group sessions; Team members were concerned about the impact of such persistent intensity on the child. The team agreed that the following Dance Play session would attend to the "feeling tone" (Stern, 1998) of Dance Play by emphasising gentle action and a calm vocal tone. The Dance Worker also focused on offering specific instructions to all mothers about the level of activity required by each Dance Play framework. The letter that followed drew the individual mother's attention to the positive effect on her child of her gentle, quiet actions to reinforce the potential for enhanced awareness and integrated change:

*"Today in the group we focused on doing actions that were quiet and calm. We loved how you very gently rocked K. She became very calm and relaxed and she seemed to really love it too."*

##### Strengths Based

Therapeutic Letters continue to build on the strengths based reflections that mothers engage in during Journaling by drawing the mother's attention to the strengths that are present and emerging in her parenting and her relationship with their child/ren. A strong component of mental illness is a propensity for negative bias and negative thinking.

The strengths based journaling, and the observed strengths noted in the Therapeutic Letters encourage mothers to shift their focus towards positive parenting and relational areas they value and want to build:

*"We know that you've been having a hard time, and we hope that coming along to Acorn provides you with a sense of support and a place where you can take some time out from everything else that is going on. It's also nice for you to be able to spend some time with J and C doing something that they enjoy – it's really good for them to have fun with you, and despite not feeling so good yourself you did a great job in managing to be there with them while we were doing the music and movement session."*



PART TWO – RUNNING AN ACORN GROUP

2.7 Primary Component Three – Therapeutic Letters

2.7.2 Purpose

Moments when the mother is doing well can be highlighted and reinforced through the letters:

*“We noticed some really lovely interactions between you and A before the group (at the toy kitchen) and when you were telling her what was happening as you were getting ready to leave. We also noticed that you were able to take charge and be ‘bigger’ when you needed to in order to keep her safe (when she was touching the power point), and although you were needing to be firm while you were doing this, you were still able to be kind at the same time.”*

Likewise, letters can be used to support and guide mothers in their approach to parenting within the group setting:

*“Given S’s age it is perfectly normal that he wouldn’t stay in the circle for the whole session and that he would sometimes wander off to explore the rest of the environment around him. We want him, and you, to feel comfortable and relaxed in the group and to enjoy it in whatever way works best for you, so it is perfectly fine if he does wander off and we don’t want you to feel pressured to try to ‘keep him’ in the circle ...We therefore thought it would be good if you could stay in the same place within the circle so that if S does wander off he knows exactly where to find you ...By staying in the group yourself too and continuing to take part in the singing and actions, you will be showing him that it is a fun thing to do which will encourage him to take part in the activities with you.”*



PART TWO – RUNNING AN ACORN GROUP

2.7 Primary Component Three – Therapeutic Letters

2.7.2 Purpose

The letters can also be used to raise concerns in order to prompt new understandings and approaches in parenting:

*“There was a moment when the toddlers were wandering off everywhere and B was sitting with some of them on the step when things got a bit tense. [MHC] misread things totally and thought B was in the role of being a ‘big kid group leader’ (which he often is) and asked him if he could come back into the group to encourage the younger kids to come back as well. Just at that moment though B didn’t want to be in that role – which is fair enough. It’s not his responsibility to look after everyone else. AND it might have seemed like he was being told off a bit too. So B turned away and didn’t do what was asked. That must have been difficult for you.”*

Promoting Reflective Capacity

Reflective capacity refers to the ability to reflect on states of mind in one’s self and others in order to understand that one’s own or another’s behaviours are linked in meaningful, predictable ways to underlying mental states, to feelings, wishes, thoughts, and desires (Slade, 2005). Therapeutic Letters are one means to increase reflective capacity in mothers attending Acorn. The observations and questions posed by the letters assist mothers to make new, helpful meanings about themselves, their child and their relationship with their child.

*And this was affecting him more than I could see...I just didn’t really think about what this must have been like for him and how it was affecting him. It was really about him trying to get closer to me, you know and all I could see was that he was being naughty, yeah, so really I was just pushing him away a lot [prior to attending Acorn]*

Focus Group Participant

Scaffolding Transitions

The Therapeutic Letters can assist mothers learning to separate from their babies by reinforcing that their babies are safe and have the capacity to enjoy staying with the team while their mothers are journaling. Learning to trust others to care for their babies for short periods of time is important to give mothers space away from the intense role of parenting.

*“I loved the letters. I loved them. I loved how I got told about what [my daughter] did while we were in journaling.”*

Focus Group Participant



## PART TWO – RUNNING AN ACORN GROUP

### 2.7 Primary Component Three – Therapeutic Letters

#### 2.7.3 Roles

The MHC determines the content of each letter, based on observations made by the whole team during Dance Play and Journaling. The MHC observes each dyad each session, takes notes during the team debrief and group supervision of observations made by team members and identifies key communication messages. Each MHC draws on their own style to create a personalised letter that conveys interest, support, curiosity and belief in the potential for positive change. Letters can make use of quotes and images where appropriate and so MHCs also collect and deploy visual images, literary quotes, web links and other useful material that may inspire, encourage and support the mothers, as well as help them connect their Acorn journey to their lives.

The MHC is responsible for sending a copy to the participant by email and Bcc (blind copying) the Dance Worker and FSP, who use the letters as an element of their forward planning in Dance Play and Journaling and as a reminder of the context of each dyadic journey. Support workers/volunteers may also receive a copy of the letters, however the MHC must first seek permission from each participant.

#### 2.7.4 Environment

The letters help to build the intention of the group as a therapeutic space, to consider the perspective of the children and strengthen the relationship between mother and child.

In the initial weeks of the program, the letters help to create a welcoming and safe atmosphere to assist with building rapport and engagement. The letters build belonging and connection to the group even in the absence from time to time of families, in which case the main message of their letter is “we missed you”.

*“Yeah, it was really good to get them [Therapeutic Letters] emailed too because it felt like the connection carried on afterwards. Like you’re still in touch and not waiting around for the next session.”*

Focus Group Participant

“As the group progresses, the rapport, trust and connection between the team and the families grows and this allows for greater depth in the content of the letter. The team can offer the mothers independent witness of the hardships and struggles that they are experiencing, and provide an opportunity for the mother to feel heard and recognised by supportive others. The limitations of working with people in a group environment can be overcome as each mother and infant is addressed personally every week. The letters are highly individualised documents that record a range of moments experienced by the infants as individuals, between the dyadic relationships of the mothers and children during Dance Play and by the mothers during Journaling. Acorn teams refer to these as ‘golden moments’, which could otherwise be missed or forgotten. As a written document the letters act as a permanent record for mothers to return to long after the group finishes.

## PART TWO – RUNNING AN ACORN GROUP

### 2.7 Primary Component Three – Therapeutic Letters

#### 2.7.5 Structuring Therapeutic Letters

##### Content

The content of the letters reflects the MHC’s clinical formulation of the lynch pin attachment issue for each dyad and progresses based on the team’s observations of each dyadic journey, made visible in the Dance Play and Journaling sessions:

*“Thank you for sharing that you’ve started a new tradition with your boys of reading to them at night. We understand that this week’s journaling topic was a tough one for you as you don’t have a lot of positive memories from your own childhood. While we understand that you have started reading to the boys for their benefit, we wonder how it feels to you to have them snuggle up and watch and listen as you read to them.”*

Letters are written from a curious perspective referring to moments from the group that can become questions for the mother. The phrases ‘we noticed... and we wonder...’ are used frequently. Variations on this include:

What’s your sense of that situation?

What makes you so certain?

Can you explain that a bit more?

What does that mean to you?

Have you got any other examples of that?

We wonder why that angered you?

What was it like to share that?

What’s your sense of why she doesn’t like the blue fabric?

What makes you sure he is worried?

Generally the letters are addressed to the mother. The content of letters can include observations made by the team and questions arising from these observations:

*We’ve noticed a couple of times now that when we sing Twinkle, Twinkle Little Star G motions towards the window. We wonder if your family has started a tradition of looking and pointing out of the window when you sing the song at home or perhaps he’s letting us know where the stars are.*

The letters also include references to unique moments that occurred:

*We recall a lovely moment that you and N shared at the end of the Dance Play hour when each mother was getting comfortable on the cushions and N gently laid his head on yours. We wonder if you remember this moment too, and how it felt to lie quietly together for a little while.*



PART TWO – RUNNING AN ACORN GROUP

2.7 Primary Component Three – Therapeutic Letters

2.7.5 Structuring Therapeutic Letters

Below is a guide or framework adapted from Moules (2003) for use in developing Therapeutic Letters for participants of the Acorn groups. The letter is addressed to the mother and child/ren and contains the date of the letter so the mother can refer back to her letters at a later date.

Begin by offering commendations to the family, highlighting strengths and competencies.

*Well done on making it to group today despite not having got a lot of sleep last night.*

Share positive observations of the group session made by the team. Accompany this with open-ended questions encouraging the mother to reflect on her own interpretation/experience of the observation, and the experience from the perspective of her child. This might be one or a combination of the following.

A special moment between the mother and child observed by the team:

*During the singing of the Hello Song to M we saw your face light up while you watched him smile as he was being sung to. Was it pride on your face, sheer enjoyment of your child, or a combination of both we wonder? Or was it something entirely different that you were feeling in that moment? Either way, it was a pleasure for us to watch.*

A general comment making observations about the relationship:

*We see that M is becoming more comfortable with the group, venturing from your lap into the centre of the shared Dance Play space more often each week. We do notice that when he seems to be feeling unsure he will return to you or simply look back at you for a reassuring glance. We wonder how it must feel for M to know that he can always check in with you when he is feeling uncertain about his world? We also wonder how it might feel for you to know that M looks to you to help him feel secure in the world?"*

PART TWO – RUNNING AN ACORN GROUP

2.7 Primary Component Three – Therapeutic Letters

2.7.5 Structuring Therapeutic Letters

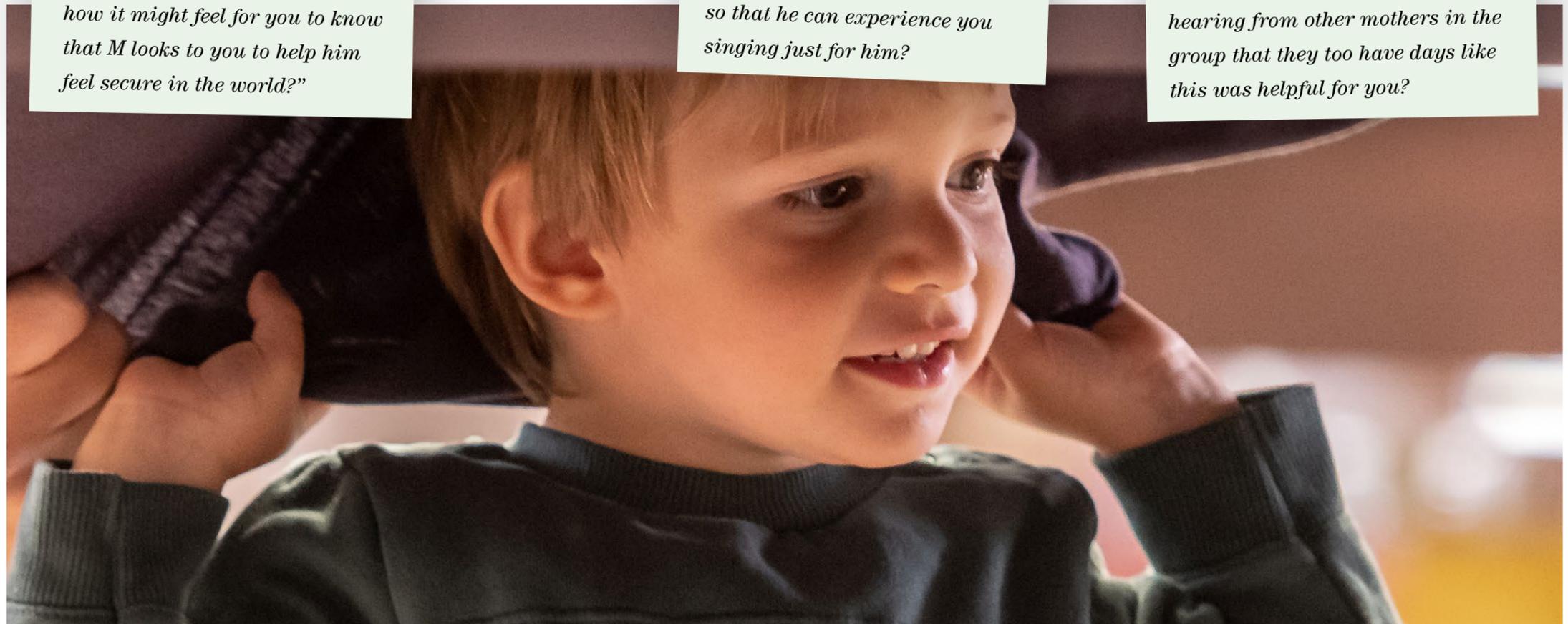
A general comment making observations about the mother and/or child as individuals:

*We noticed how much M has grown since last week! He is looking strong and healthy. Are you feeling happy with the way that M is developing?*

*We noticed that you seem a whole lot more comfortable with singing to M during Dance Play. We wonder how it must feel for M to have a mum that will try her best to put aside her own worries about feeling embarrassed or silly to sing in front of the group so that he can experience you singing just for him?*

Acknowledge any struggles or challenges that the mother is experiencing, especially if she has raised these during the group session, or with the MHC between sessions. Emphasise that the group is a safe space for mothers to share their struggles and seek support:

*We understand it has been a difficult week for you and M, having not got a lot of sleep, and acknowledge that sleeplessness can have a huge impact on the way we approach all things in life, including parenting. We thank you for sharing your struggles with the group in journaling today and we hope that talking about it with others provided you with some support. Perhaps even hearing from other mothers in the group that they too have days like this was helpful for you?*



**PART TWO – RUNNING AN ACORN GROUP**

**2.7 Primary Component Three – Therapeutic Letters**

**2.7.5 Structuring Therapeutic Letters**

Highlight particular words, ideas or recommendations that stood out from the therapeutic conversation and give them added emphasis:

*Today we invited mothers to practice singing the Hello Song to their children when you greet them in the morning. Is this something that you have tried yet, or think that you might like to try in the future?*

*Today in Journaling we explored the idea of writing Imaginary Letters as a way of expressing ourselves in a way that we aren't always able to do in real life. We wonder if this technique might be a useful one to revisit one day if you need it?*

**Variations with purpose**

Letters can be addressed to the child in order to draw the mother's attention to their child as an individual with autonomous preferences and will. By highlighting the child's perspective and the child's own struggles we can help build the mother's reflective capacity to view her child's behaviours as understandable in relation to the context in which the behaviour arises.

Dear J,

I got to see how hard it was for you to go into your car seat today!!!! It looked like it was so tricky for you to manage the **BIG** feelings that came up and hard for Mum too who was trying to be the best parent she can for you. I wondered if you felt sad or scared or angry or maybe other feelings muddled in as well?

I wondered why it was so hard for you in that moment and what Mum could do to help you with managing this in future? I am going to work with you all so that Mum can learn about your **BIG** feelings and also the feelings that come up for them and ways to have more connection with each other in the midst of hard times.

See you next week.



**PART TWO – RUNNING AN ACORN GROUP**

**2.7 Primary Component Three – Therapeutic Letters**

**2.7.5 Structuring Therapeutic Letters**

Letters can also be written from the child and addressed to their mother. Such letters can help the mother to feel loved, appreciated and valued for all that she provides for her child(ren).

Dear Mum

I just wanted to say thank you for bringing A and I along to Acorn for all of these weeks! We've loved watching you sing and dance and forget all about the house work, what's for dinner and the bills for a couple of hours to have some fun with both of us.

A's glad that she can sit by herself and crawl now so that you have your hands free to spend some more time with me. I love it when you pick me up and dance with me Mum, it feels so good to be held by you and to feel your body moving to the music. Have you noticed my big smile?

A and I love hearing you cheer us on when we're learning new things, so thanks Mum. We also love it when you smile at us for achieving something, it helps us to feel confident to keep trying new things knowing that you're watching us and feeling pleased with us.



**PART TWO – RUNNING AN ACORN GROUP**

**2.7 Primary Component Three – Therapeutic Letters**

**2.7.5 Structuring Therapeutic Letters**

At the same time, letters from the child can offer an opportunity to ask the mother tough questions:

But Mum, there's something I want to ask you... sometimes it feels like you're embarrassed about me and the way I act. Do you feel ashamed of me when I act out? I am sorry Mum, I really, really am but sometimes I don't feel like doing the things that you want me to, just like all the other kids at Acorn. I've seen them Mum, they all act out sometimes, we're just kids, we can't always stay quiet and do what adults want. So Mum, what I'm wondering is what will it take for you to talk about me with pride, like the other mothers do about their kids?

When [Dance Worker] invites me to do something I do listen. You don't need to call out too and tell me off, Mum. I promise that I'll learn if you just give me time and show me that you love me, even when I'm not doing what you want. The ways you can help me are to be patient with me, tell me that I'm doing things well and to smile at me when I get things right. That way I will know that you love me and I'll want to try hard to keep pleasing you.

Remember Mum, you are my world. When you watch me, cheer me on and smile at me, you teach me that I am doing a good job and that I am safe and loved no matter what. When you can do those things for me, it helps me to grow up to be the best person that I can be!

I LOVE YOU, B

It may be appropriate from time to time to develop a letter to send to all participants that is mostly generic in content.

**PART TWO – RUNNING AN ACORN GROUP**

**2.7 Primary Component Three – Therapeutic Letters**

**2.7.5 Structuring Therapeutic Letters**

**Format**

Each MHC draws on their personal style to create a differentiated and individualised letter, however it is always worth ensuring that:

The font throughout the letter is consistent (Arial)

The colour of the writing throughout the letter is consistent (black)

The size of the text is consistent (size 11)

The formatting of the letter avoids excessive use of **bold** and *italics*)

The components of the program are described and formatted consistently.

Tips for Mental Health Clinicians:

It may be useful to develop a template for each participant, so you have a letterhead with their address already saved each week

Proof read your work before you send it

Triple check for repeated or unfinished sentences, that can occur if you copy and paste from week to week or between participants

Check spelling, grammar and especially the names of the recipients every time!

**Procedures**

Letters are written and sent by email to all participants each week, regardless of whether the participant attended the group or not. On the weeks when the participant did not attend, a 'we missed you' letter is sent reminding the participant that they are welcome to contact their MHC if support is required, and of the date and time of the next group. In the event that a participant does not have an email address the letters are posted.

For the first three weeks of the group program, a letter should be sent to all referred participants inviting them to come along to the group, unless they have expressed a reason why they are unable to continue.

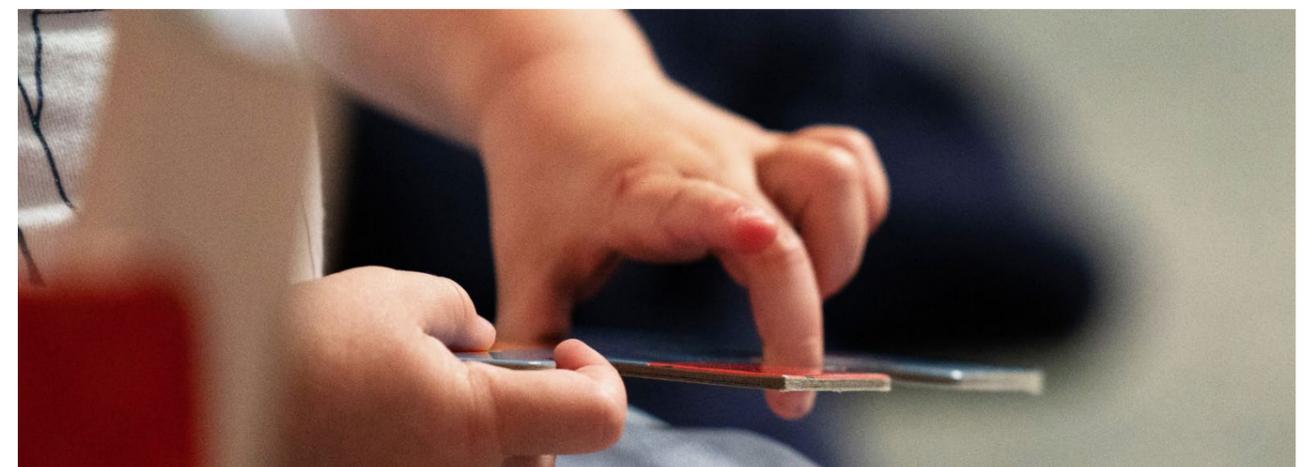
Therapeutic Letters are one way of documenting the work of Acorn and of the participants from week to week. Copies of letters must be filed in accordance with the facilitating organisation's records management policy.

The Acorn Evaluation report (2020) highlights the potential benefits of receiving strengths based feedback through the letters:

"Feeling better about my ability as a parent, especially through the Therapeutic Letters I received."

"Confidence in my parenting ability. Huge bonus to receive weekly letters validating it."

"I really enjoyed the idea of getting it every week and having someone go 'yes, I noticed this interaction about you, I know you did this really well'."





PART TWO – RUNNING AN ACORN GROUP

PART TWO – RUNNING AN ACORN GROUP

2.7 Primary Component Three – Therapeutic Letters

2.8 FAQs

2.7.5 Structuring Therapeutic Letters

The Arc of the Therapeutic Letters

Over the course of the program the letters move broadly through three qualitative phases from welcoming and gentle, through wondering and perhaps challenging, to reassuring and consolidating. MHCs have the opportunity to send three or four letters per phase. Letters sent throughout the program can express a qualitative range, but the mid-way point of the program offers the best opportunity to suggest ideas for change.

With thanks to Valerie Aylesbury, Alex Giles, Meredith Giles, Sharron Hollamby, Diana Kirke, Jenine Lamberton, Heather Mattner, Zakiyyah Muhammad, Mandy Seyfang, Sam Smith, Neil Underwood, Zoe Walter, Laura Woodley, Maria Wigley and Chris Yelland.

# Acorn Story

## A letter

In a beautiful reversal of the sending and receiving of letters a mother who had barely spoken during her group program later sent a letter to the team. She described how the group had built her confidence and comfort with playing and singing. She wrote that early in the group she had felt that when talking with her baby daughter she “felt like an idiot talking to a brick wall”. She wrote that Acorn helped her to notice her child’s likes and dislikes. From here she began to see her child’s individuality, to get to know her, and to notice how her child was benefitting. This mother felt that their future together was better because of the boost in confidence provided by the group.



Does a 10-week program work?

10 weeks is considered too short. 15 weeks is optimal and this duration has been carefully evaluated over many years. Acorn is designed to unfold slowly so as to build trust and security from the MHC’s home visit through to the final group session. For mothers, 15 weeks allows for a getting-to-know phase, critical for the security of mother and child, and then a gradual phase of understanding the work of the group. Acorn teams refer to the ‘masks dropping’ at or around week 6. By this, they mean that the mothers are starting to feel relaxed enough to be themselves, the primary components have become predictable and the group has a pattern, at which point reflection begins to deepen into change. For the infants, 15 weeks has been found to be optimal because this timeframe allows for the Dance Play activities to become familiar and predictable for them, creating emotional security and the opportunity to demonstrate expertise with the activities, to showcase how they anticipate the order of events and to actively ask to lead elements of Dance Play. Furthermore, the 15 week duration allows mothers and infants to manage the experience of separation during the Journaling component of the weekly program.

Why must children be aged 36 months and younger to attend?

The Acorn child age range of birth to three years allows the design of the program to attend to the specific developmental needs of this age group. Ideas such as the critical window known as the First 1000 Days inform this thinking (for more on this idea visit <https://raisingchildren.net.au/guides/first-1000-days>). Early in the development of the program children older than three years did take part, however it was clear that the activities did not meet their needs and furthermore that their ensuing dissatisfaction disrupted the work of the program for younger children and babies. This also proved very challenging for their mothers, with the potential to undermine the program objective of improving parenting confidence.

Why is Dance Play necessary?

Dance Play is not a routine aspect of perinatal infant mental health services, but it is a primary component of Acorn group programs. Dance Play is the key to the equal privileging of mothers and babies within the dyadic therapeutic environment of Acorn groups and provides a powerful window into the relational world of the mother-infant dyads.

What if a mother is unwilling to engage with the group?

Mothers enter Acorn groups at varying stages of wellness. Most are ready for the group, particularly if their referrer has a good knowledge and understanding of Acorn’s ethos and objectives. Some are not ready for the group and decide early in the program not to continue. If this is the case, it is well worth the mother considering attending a group at a later date. Others may attend but feel unsure of how it may be helpful. If a mother is willing to attend her group but is diffident, frowning, uncomfortable with singing or moving, or attempting to mask her discomfort by talking, the Acorn ethos is to keep going, carrying the mother gently and empathically. By continuing to build a relationship without judgement, the unknowns causing the mother’s anxiety will gradually become known, trust will develop and the mother will engage.

Can mothers attend more than one group?

Yes, attendance at two successive groups may provide the support a mother requires in the context of her relationship with her child/ren. Mothers may attend a new group with a new baby or two successive groups with the same child. A mother’s attendance at two groups within the same timeframe is clearly not permitted.



## PART TWO – RUNNING AN ACORN GROUP

### 2.8 FAQs

#### What if mothers dysregulate during the group?

The most important aspect of the Mental Health Clinician's role is to be available to mothers for the duration of their Acorn journey. This includes during group time. It is very usual for mothers to need one-to-one time with the MHC. Other team members will be ready to take care of her child while she is in this kind of conversation. Many activities, especially Journaling, are ready for tears and sadness as an expected part of the range of emotions experienced by participants. Team members must be able to manage their own emotional state in this situation.

#### Can former participants become volunteers?

Only in exceptionally rare and professionally-related circumstances, such as a mother making the transition through formal study into the field of perinatal infant mental health, and where an Acorn group might be her student placement. Some participants experience their Acorn group as such a safe space that they seek to revisit this sense of security without considering the implications of a change of role and its responsibilities, and without considering that any unresolved struggles may be triggered in the presence of the emotional vulnerability of a new group. The voices of mothers who have completed a group are very powerful, and so it is well worth finding ways of harnessing their thoughts and perspectives. For example, in the final group session mothers can be asked to provide messages for women coming into a new program. This can function as useful qualitative evaluation in itself, but may also feed into pre-group information for incoming participants.

#### What are the areas of study that benefit most from student volunteering at an Acorn group?

Tertiary students in social work, medicine and allied health (especially occupational therapy, mental health/perinatal infant mental health and arts in health) whose future practice may involve group work are ideally suited to volunteering at Acorn. Counselling students hoping to use the group as a placement are not accepted as volunteers because the group work of Acorn is not considered conducive to the professional, one to one context of counselling.

#### Can mothers be referred to Acorn where her child is not in her care?

Unfortunately not; Acorn encourages mothers to take the activities and ideas from the group into their daily lives with their children. For this reason, Acorn groups do not function optimally in family contexts in which the child has been removed from their mother's care. Furthermore, the open-ness and purposeful vulnerability that leads to insight and self-knowledge, and underpins a relationship of trust between mothers and the support team, may be undermined in a context in which mothers fear a child protection report may be made if they disclose their struggles openly.

#### Is the group suitable for children with disabilities or other special needs?

Every effort is made to meet the needs of all children whose mothers meet the referral criteria for an Acorn group. During the referral process the child's needs must be discussed fully so that the Acorn team can be briefed and the mother must understand that she is responsible for ensuring that her child's special needs can be met at the venue and by the team. A site-specific health care plan may need to be developed by an appropriate health professional.

## PART TWO – RUNNING AN ACORN GROUP

### 2.9 Reading and Resources

#### Books – Professional

*Clinical Skills in Infant Mental Health: The first three years* (2<sup>nd</sup> ed.) Sarah Mares, Louise Newman and Warren Beulah, ACER Press, 2011

*Emotional Milestones.*  
Ruth Schmidt Neven, ACER Press, 1996

*Diary of a Baby.* Daniel N. Stern; Basic Books, 1990

*The Birth of a Mother.* Daniel N. Stern and Nadia Bruschweiler- Stern; Basic Books, 1998

#### Books – Mainstream

*Brain Rules for Baby.* John Medina; Pear Press, 2010

*Your child's emotional needs: what they are and how to meet them.* Vicky Flory, Finch, 2005

*The Philosophical Baby.* Alison Gopnik; Picador, 2009

*What Happened To You?* Bruce D. Perry and Oprah Winfrey; Flatiron Books, 2021

#### Web Resources

[www.aaimh.org.au](http://www.aaimh.org.au)

[www.circleofsecurityinternational.com](http://www.circleofsecurityinternational.com)

[emergingminds.com.au](http://emergingminds.com.au)

<http://raisingchildren.net.au>

[thrivebyfive.org.au](http://thrivebyfive.org.au)

[brighttomorrows.org.au](http://brighttomorrows.org.au)

<https://developingchild.harvard.edu/science/key-concepts/serve-and-return/>

[connectedbaby.net](http://connectedbaby.net)

*If we want to understand the oak,  
it's back to the acorn we must go*

Oprah Winfrey





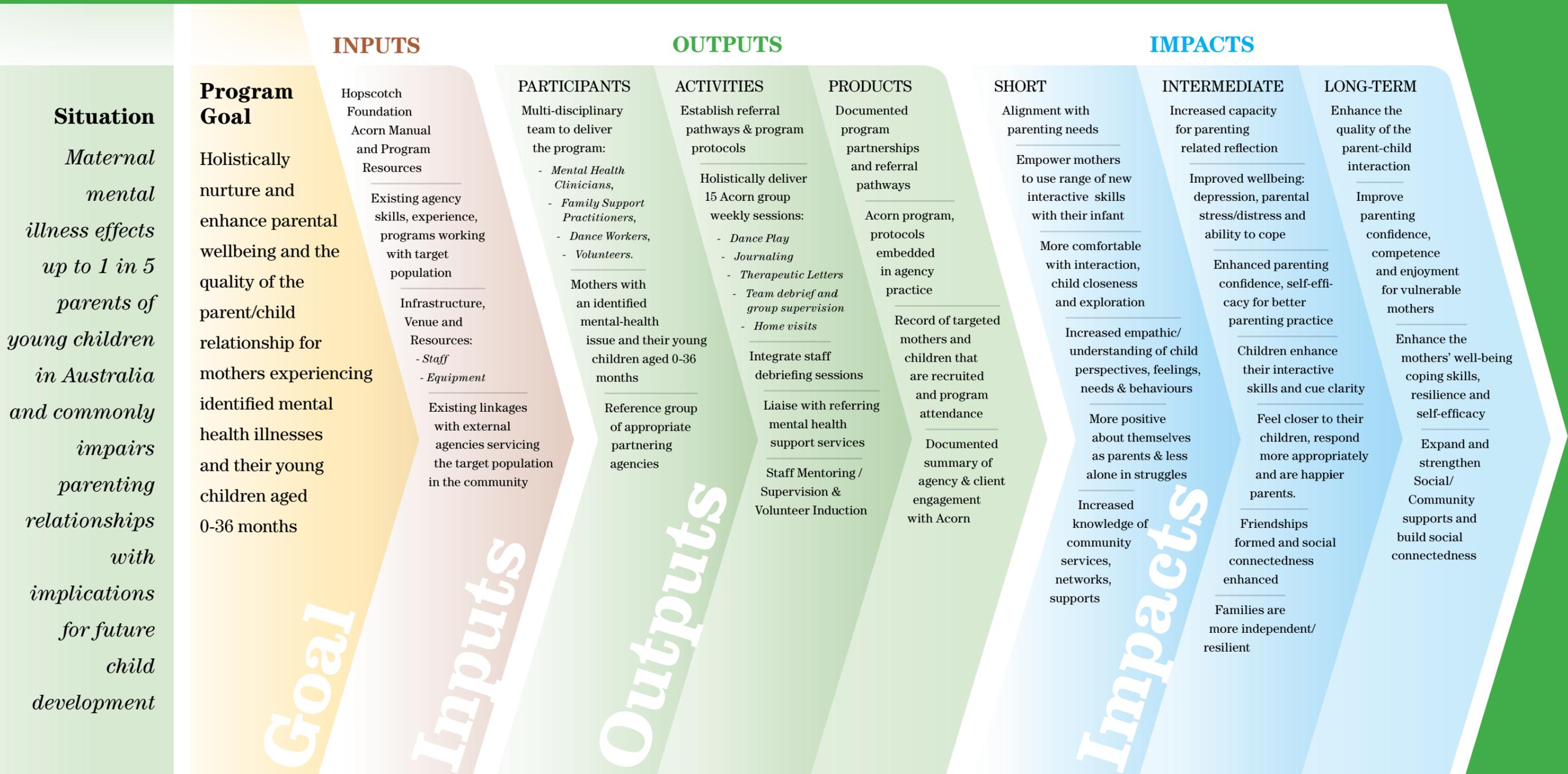
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# The Acorn Program Logic Model



## PROGRAM LOGIC – DEFINITION OF TERMS

### Program Goal

is a statement of what Acorn ultimately seeks to achieve

### Inputs

signify the external & internal investments needed to deliver the program

### Outputs

signify the participants, activities and products that constitute the operations of the Acorn Program

### Participants

are all those engaged with The Acorn Program at various levels

### Activities

refer to what the program 'does' or 'delivers'

### Products

are documented tangible evidence of service delivery

### Outcomes/Impacts

are the specified short, intermediate and longer-term changes the Acorn program will bring about for the mothers & children engaged and their families moving toward achieving the Acorn goal



