

## Two of Us: Dr Vivian Lee & George Timmins

Dr Vivian Lee is a Consultant Perinatal & Infant Psychiatrist, working at the Agnes Parent and Infant Unit (PIU) at Latrobe Regional Hospital (LRH) in Traralgon, Victoria, Australia. George Timmins is a Mental Health Nurse and Family Therapist, working as a Clinical Nurse Educator, also at LRH. Vivian and George were commissioned to provide training in the therapeutic model for the entire multi-disciplinary team of the new Agnes PIU, prior to the unit's opening in December 2014.

Latrobe Regional Hospital's Agnes Unit is an exciting initiative, presenting the opportunity to provide a therapeutic five days/four nights a week, residential mental health program for parents and their infants living in the Gippsland area.

A Thinking Framework was compiled to guide the development of therapeutic practice within the unit. This Framework utilises: the Mentalization Model to inform and frame the unit's thoughtful consideration and response to every person's difficulties and distress, bringing a working understanding to the ever-changing interpersonal dynamics of the ward environment; Attachment Theory and its relevance to therapeutic work, understanding personality development and early infant-family relationships; and the Solihull Approach, a model that highlights the central tasks of the parenting role to facilitate secure attachment relationships between infants and their caregivers, thereby promoting healthy child development.

### Vivian:

I have been a consultant psychiatrist for just under three years now. My whole junior doctor life had been at the largest metropolitan hospital service in the state, but I chose to come to Latrobe Regional Hospital (LRH) from the very beginning of my consultant life. LRH services the whole of rural Gippsland, with all its 41,556 square kilometres! There are many reasons for why I came to LRH: the lack of traffic in my commute to work (though admittedly it is a long drive since I still cannot give up living within the boundaries of our sprawling city yet); the friendliness of the people from my first enquiry of a job; and my own rural Australia upbringing. Of course, there is the job they offered me: work in an established child and adolescent community mental health service, with access to senior colleagues to support you while you find your feet, and at the same time, be part of the planning process for the first parent and infant unit to be located in rural Victoria, and then get to be the perinatal and infant psychiatrist at that new unit. That is not a job offer anyone with my career interests would refuse. So that is how I ended up at Agnes Unit. George and I met soon after I came to LRH. One of her many portfolios is as Coordinator of the Gippsland arm of the Developmental Psychiatry Course (DPC), which trains professionals from a range of disciplines in the assessment of children and their families. I was invited to be one of the supervisors.

Through that professional interaction, I learned that George is a highly organised type of person, but I admit I didn't know her much more beyond that and did not grow to be as fond of her as I am now. Years passed (well, one and a half), and our long awaited Agnes Unit was finally opening. I was so glad to have been part of this service, part of the planning process and not just hired the month before to start work on the day the unit opens. Dr Julie Stone, infant psychiatrist and my beloved mentor, has been at LRH for most of the last decade and put together the Thinking Framework for our unit. As part of this, she had visited Dr Hazel Douglas and gotten special permission for us to use the Solihull Approach resources to train our group of new staff. Being a sub-specialty unit in a rural setting, we knew that we were looking for staff with the right innate qualities rather than particular perinatal and mental health training and experience, and so it was crucial that we had a framework to unite us. The Solihull Approach has given our team, who come from diverse backgrounds and disciplines, a common language. George and I were entrusted with the task to deliver the two day foundation course of the Solihull Approach as part of the week-long orientation program for staff before the official opening of Agnes Unit. Usually, people would do the foundation course themselves then have further supervision and training, then deliver the course for the first time alongside an

experienced trainer. Neither of us had actually heard of the Solihull Approach before (sorry Hazel!). The course is (not yet) on offer in Australia, and we didn't quite have the time to fly to the UK and so on. So we diligently read the resource packs and met together to work out how we can best deliver this wonderful, 'this just makes sense clinically' training. Everything just fell into place. It turned out that George and I are probably as good a duo as any to complement each other. Batman and Robin, Bonnie and Clyde, even Simon Pegg and Nick Frost don't have it on us. We actually have many similarities. We both love our families and each have an adored first fur-child. We both come from clinical backgrounds of working with children and families. We are both perfectionists but also very different. When we worked truly for the first time through delivering the two day foundation course, we found that where George is organised down to the last detail (she made a detailed running sheet down to the minute for how we were to deliver the course, including prompts of when to move the participants around to keep the energy in the room), I like to improvise a bit and would share clinical stories as they pop into my head. Her attention to detail contained me so I had the space to play. My 'just do it' attitude helped us believe that we could deliver this course well though we hadn't done it ourselves.



Photo Credit: N. Morris

The experience has been amazing. The Solihull Approach just made sense to both of us from the theory and practice perspectives, and the Trainers' Pack made it so easy to just run the course as designed by Hazel and her team. Almost one year on, I am happy to say that the Agnes Unit team has incorporated the Solihull Approach into our daily clinical practice working with parents and their infants. The feedback we have gotten again and again from the families we have worked with is that our unit feels calm and nurturing, the philosophy inherent in our approach is obvious and staff members are consistent. That is a wonderful beginning.

### **George:**

My introduction to Vivian occurred when she joined our organisation and came to work in the Latrobe Valley Child & Youth Mental Health Service (CYMHS) in Traralgon, prior to the Agnes Parent and Infant Unit (PIU) being built. Vivian was fresh-faced, enthusiastic and curious. This was over three years ago, and she very willingly and helpfully provided great support and learning in her supervision role with the student group of another course I coordinate (the Developmental Psychiatry Course). The students found Vivian to be passionate and inspiring and her approach open, knowledgeable, inclusive and collaborative. As the Coordinator, I found Vivian to be prepared and organised, interactive, positive and fun – what a great combination!! It was the beginning of our working relationship and influenced how we came together for the Solihull Approach project. I was super-excited to be chosen as part of the team to educate our new colleagues joining the Agnes PIU and to share the role of introducing the Solihull Approach with Vivian. This therapeutic model had been chosen by another brilliant colleague, Dr Julie Stone and supported by the project implementation group to enable the infants, parents and families involved with the Agnes PIU to receive holistic, person-centred, empowering and evidence best practice care, support and treatment. I was pleased to be on board, looking forward to collaborating with Vivian again and really getting to know her well whilst having a career development

opportunity for therapeutic nourishment and collaborating and contributing to the development of bringing the new team together. Vivian and I share strong backgrounds and foundations in childhood development and working therapeutically with families so the Solihull Approach was highly compatible with our beliefs, values and experiences. The model fitted like our favourite, familiar and well-worn shoes and was immediately understandable and accessible, in keeping with our views about focussing through the developmental lens. We were excited, eager and energetic to get started and there was so much to discuss, especially with our love of communicating and collaborating. However, the practicalities of bringing together the training package of a program we had not been formally trained in and the fact that we both work part-time in this organisation hit home as we rushed towards the looming deadline. Regular meetings, long lists and communication peppered our work as we prepared our learning and resources and worked out how this was all going to come together, especially as we had never presented and facilitated education together before. As our training was to occur over two consecutive days (rather than the recommended two days split over a couple of weeks) we had to carefully prepare our timetable to break up the program and include as much content and activities as we could to maintain the integrity of the program. Vivian was always terrific at bringing a renewed focus back to what we were doing to prioritise and cross things off our lists, lessening the potential to become overwhelmed. In fact there were great parallels between the process that Vivian and I undertook with the three core concepts of the Solihull Approach; containment, reciprocity and behaviour management. This also helped us in the few moments of disagreement about how things might happen or run. Our new colleagues had already commenced their orientation program prior to undertaking the Solihull Approach Training, however conducting the training was the first opportunity for Vivian and I to meet the group as a whole and Vivian was

a bit like a proud mother hen.....taking her brood under her protective wing. We had a very attentive, motivated and engaged audience – a fabulous experience for any educator/facilitator. Vivian and I, although highly prepared were a tad anxious about how we would come together on the day and whether our styles would match in a natural and authentic manner and have the day flow in a way that often occurs after running many education sessions together. We were pleasantly surprised and delighted that we achieved this and that we provided this feedback to each other and also received positive feedback from our participants. Vivian and I have continued to work together but not as intensely as when we were preparing and conducting the training, although I love it when we come back together and I always bring food for my often hungry friend and colleague! Much knowledge and practice development has occurred since the opening of the Agnes PIU and the Solihull Approach is well-entrenched into the philosophy and clinical practice of the unit with great oversight provided by Vivian. Vivian continues to be a passionate advocate of our colleagues and the families receiving care, support and treatment in the unit. Vivian and I have come back together to work again on planning and providing further professional development opportunities regarding the Solihull Approach within our organisation and also in consideration of our external network partners. We have also sought out supervision and achieved accreditation with Dr Hazel Douglas, the Founder of the Solihull Approach. This has occurred by Skype due to the distance and time differences, so we would connect with Hazel after enjoying a lovely dinner together with my family. We are now the only accredited Solihull Approach Trainers within Australia. Reconnecting with Vivian has been joyful and fulfilling and it is great that we have many more adventures to come and experience together.