



# BABY TALK

The Official Newsletter of the Ohio Association for Infant Mental Health

Fall, 2004

Volume 4: Issue 4

## Notes from the President

By Mike Thomasgard, MD

Though we may still be taking baby steps, I believe that OAIMH has a very bright future. It's been a privilege to serve as your president during the last two years. I will use my last column to highlight several current challenges for our organization.

**Growth** This is particularly important since we lost some momentum by not having a fall conference this year. We are determined to make the process of joining OAIMH more efficient. As a new member, you may join at any time and will receive a timely acknowledgement for payment of your dues. We will send you a reminder letter one month before your 12-month membership expires.

**Chapters** The Southwest Chapter has been instrumental in developing a procedural manual to help chapters become incorporated and apply for 501.c.3 status. Our next President, Kate Merrilees, is determined to strengthen the role of chapters both at the local and state level. At our last board meeting, Kate proposed that chapter representatives to the board automatically become part of the membership committee. One function of the latter would be to help mentor and support new chapters as they begin to form. Kate is also developing a short survey for our membership asking what role(s) they would like to see chapters take on at the local and/or state level.

**Diversity** OAIMH still has a long way to go to diversify our membership. This is true for systems (e.g., foster care, adoption, judicial, business leaders), disciplines (occupational, physical, speech therapy, nursing, pediatrics), and with respect to socioeconomic, cultural, and ethnic diversity.

[WWW.OAIMH.ORG](http://WWW.OAIMH.ORG) We will soon have an entire section devoted to starting, sustaining, and evaluating *Collaborative Peer Supervision Groups*. Other sections of the Web site are in need of revision (e.g., *Information & resources*; *IMH providers*--the form to update clinician profiles needs to be more prominent). Some day we hope to have a parent section, although this would be a fairly large undertaking.

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## Cultural Competence: Beyond the Buzzwords

An Overview of Dr. Gloria Johnson-Powell's  
Grand Rounds Presentation  
By Janeece Warfield, Psy.D.

Gloria Johnson-Powell, MD, Professor of Psychiatry and Pediatrics and Director of the Center for the Study of Cultural Diversity in Health Care at the University of Wisconsin Medical School, recently presented Grand Rounds on the topic, "Cultural Competence: Beyond the Buzzwords." This informative, user-friendly presentation on a relationship-based approach for health practitioners to provide culturally responsive services to patients was given on November 4 at Children's Hospital in Columbus.

Citing work from Samovar & Porter (2001), Dr. Johnson-Powell began her presentation by emphasizing the importance of recognizing and understanding that it is the nature of human beings to seek similarities. She illustrated this with the saying, "birds of a feather flock together" and by mentioning Beverly Tatum's book, "Why are all the Black Kids Sitting Together in the Cafeteria?"

There is a sense of comfort when we are among things that are familiar ("like-mindedness"). When anxious, we tend to avoid differences and decrease our uncertainty by seeking closure. This may result in our making "in-group" and "out-of-group" distinctions that can lead to stereotyping. As service providers, we have to be cognizant that when we meet new patients or clients for the first time, their worldview and values may be different from our own. Either of us may feel uncertain, which in turn, may interfere with intercultural communication.

Dr. Johnson-Powell said we are living in an age characterized by the "browning of America," as waves of immigrants to our country arrive from the East, South America, Central America and Africa. According to the Harvard Encyclopedia of American Ethnic groups, within the United States in 1980 lived 100 distinct ethnicities. This number has undoubtedly increased over the past 24 years.

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**State Early Childhood Comprehensive Systems Grant**

By Mike Thomasgard, MD

The Ohio Department of Health (ODH) has received a State Early Childhood Comprehensive Systems (SECCS) Grant from the U.S. Department of Health and Human Services, to help maximize Ohio’s efforts to promote the development of children who are healthy and ready to learn at school entry.

The grant focuses on five critical components for early childhood systems development. These include: (1) Access to health insurance and medical homes, (2) Mental health and social-emotional development, (3) Child care and early education, (4) Parent education, and (5) Family support. I was OAIMH’s representative to the SECCS Task Force, comprised of individuals from both government and private not-for-profit organizations.

Prior to the first meeting in August 2004, a needs assessment was done by phone interview. These interviews generated a number of guiding principles (e.g., children’s development is a shared public responsibility), elements of a vision for a comprehensive system (e.g., all children birth to five, have access to a full continuum of high

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**SECCS Grant** *(Continued)*

quality mental health care), and a list of significant gaps/unmet needs (e.g., early childhood/social-emotional development) in our state. Items within each of these three areas were then prioritized.

At the first SECCS Task Force meeting, members developed a vision statement, guiding principles, and identified the top five gaps in Ohio’s early childhood system. This material was shared with several focus groups of agency providers and consumers from across the state. The second and final meeting occurred on November 19. Strategies were generated to fill identified gaps in three key areas: access to care, collaboration, and social-emotional development.

Of note, Collaborative Peer Supervision Groups received endorsement as a low cost means to enhance communication between professionals representing health, mental health, early child education, and childcare. Bethany Moore of ODH will submit a grant in January 2005 to implement Task Force recommendations.

*[Editor’s note: I considered titling this article “Everything You Wanted to Know About SECCS, But Were Afraid to Ask,” but reconsidered, fearing such an action would seriously compromise the high intellectual standard BABY TALK has come to represent. The Ed.]*

**And the Survey Says....!**

By Kate Merrilees, OAIMH President-Elect

The Ohio Association for Infant Mental health needs your help! The Board is very interested in eliciting ideas about making the Association more relevant to its members. Have you ever thought along the lines of, “I wish our county could do...” or, “If there were only more opportunities to...”? This is the chance to help the state organization brainstorm.

In the next few weeks you will receive online a survey of 5 or 6 questions about OAIMH. We are specifically looking for ways to better address the needs and wishes of our members on a state level. Are you looking for more training opportunities? Then let us know. Are you interested in developing a chapter but are unsure of where to start? Is your chapter in the early formation stages and in need of mentoring? Would a weekend professional retreat with a well-known speaker appeal to you? Please take the time to answer the questions and then press “send” on your tool bar and return your responses to OAIMH. The Board will use your ideas to formulate their goals for the coming year. The next issue of BABY TALK will contain a report of your suggestions to broaden and strengthen our organization.

## Notes From the 51<sup>st</sup> Annual Mtg. American Academy of Child and Adolescent Psychiatry (AACAP)

By Mike Thomasgard, MD

### Feeding Disorders in Infants and Young Children

10/19/04, Children's National Medical Center,  
Irene Chatoor, M.D.

Below, in outline form, is the six-part classification scheme proposed by Dr. Chatoor. \* I have listed the diagnosis, age of onset for symptoms, observations of feeding, and treatment.

#### Feeding Disorder of State Regulation

Too irritable or sleepy to feed (onset as newborn)  
Poor reciprocity  
Modulation of external stimuli to allow infant to gain a calm state

#### Feeding Disorder of Caregiver-Infant Reciprocity

Growth deficiency, no parental concern,  
professional refers  
Lack of mother-infant engagement (onset during first year of life)  
Nurturance and psychotherapy for the caregiver

#### Infantile Anorexia

Poor appetite, food refusal, poor weight gain  
Caregiver-infant conflict over food refusal (onset < 3 years of age)  
Reframe infant's difficult temperament and caregiver's difficulty setting limits

#### Sensory Food Aversions

Conflict over consistent refusal to eat certain foods  
Onset during the introduction of baby or table food  
Gradual desensitization to foods; caregiver models eating new foods

#### Posttraumatic Feeding Disorder

Consistent refusal of bottle, solids or all foods (onset at any age)  
Distress when positioned for feeding or when offered foods  
Medical, nutritional, and behavioral treatment to overcome fear of eating

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## Notes From Sacramento: The 19<sup>th</sup> Zero to Three NTI

By John D. Kinsel, LPCC

It was my pleasure to spend the first weekend of December in the home of the Governor attending the ZTT National Training Institute: A Changing World for Babies. As usual, it was an opportunity to brush elbows with giants in the field of infant mental health, learn about current research and practice, and make friends with folks from all across the country who "get it" about babies.

The quality of information shared throughout the conference was interesting, challenging and too much to summarize in this short column space, so allow me to share a few highlights from the plenaries.

The conference opened with a session on policy, not my personal forte. The surprising star presenter of the session was a banker from the Federal Reserve in Minneapolis by the name of Rob Grunewald. Rob challenged us to get out of our mental health mental framework and think like business people. If we can communicate in terms of return on investment, we are much more likely to get private industry based organizations to fund our efforts.

Citing the famous longitudinal study of the Perry Preschool Project, he translated the gains for society into dollars and cents. While you and I may be excited by results indicating children who participated as preschoolers in the Project were found as adults to be significantly more likely to be employed, un-involved with the justice system and in better medical condition, what turns business folks on is that the return was \$8.74 for every \$1 invested, or an annual rate of return of 16%!

If you would like to know more about interpreting the work we do with infants and toddlers so potential business partners can see the light, see the website [www.minneapolisfed.org](http://www.minneapolisfed.org).

We started the day on Saturday with a special session with the somewhat daunting title of "The Interpersonal Neurobiology of Attachment."

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**AACAP** (Continued from page 3)Feeding Disorder Associated with Concurrent Medical Condition

Distress when eating; not eating enough (onset at any age)

Examples of medical condition—reflux, pulmonary/lung disease

This is the most challenging disorder to treat

\* An excellent discussion of Dr. Chatoor's diagnostic scheme is found in:

Chatoor, I. (2002). Feeding disorders in infants and toddlers: Diagnosis and treatment. In A. Robb (Ed.), *Child Adolescent Psychiatric Clinics of North America* (pp. 163-183). Philadelphia: Saunders.

**Diagnostic Statistical Manual – V and the DC: 0-3**

10/19/04, Daniel Pine, M.D., NIMH

While plans for the Diagnostic and Statistical Manual, Fifth Edition are underway, it is unlikely to be published before 2010. Disorders presenting during infancy and early childhood are expected to be significantly revised and expanded in the upcoming edition. If you wish to follow the overall progress of this effort, a recommended Web site is: [www.dsm5.org](http://www.dsm5.org). The site also contains a number of quick links to the project timeline, research planning activities, comments on DSM-IV/suggestions for DSM-V, and a newsletter.

Dr. Pine of NIMH outlined three areas of fundamental challenge for our field: (a) Is there sufficient diagnostic reliability among the major classification schemes proposed by the DC: 0-3 workgroup, the Infant and Young Child Committee of the AACAP, and the Task Force on Research Diagnostic Criteria: Infant and Preschool? (b) How can we differentiate temperamental variation from pathology? and (c) Will there be sufficient time to conduct randomized controlled trials?

“An important lesson learned from the DSM-IV process is that it would be advantageous to enrich the empirical research base *prior to* the start of the

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**ZTT NTI** (Continued from page 3)

When I saw the anatomical drawing of the brain on my handout, I took a deep breath, ‘cause I was sure I was going under.’ However, the presenter, Dan Siegel, MD, now is my new hero!

Dr. Siegel was able to take the complex physiological organization of the brain, the equally complex interaction of adult attachment history with current capacity to parent and integrate the two in a way that was understandable and invigorating. I felt like I was ingesting a new level of theoretical, yet practical understanding.

Dr. Siegel, using his hand as a model for the brain (and occasionally as a puppet!), demonstrated how the medial prefrontal area of the cortex (also known as the orbital frontal cortex, as it is geographically right behind the eyes) is an essential part of the neurobiology of attachment, as it curls around the front and interior of the brain so that it has “one neuron shopping” with key brain systems—brain stem, amygdala, etc.

Within this area of the brain are located these socially critical processes: body regulation, cultural communication, emotional balance, response flexibility, social cognition, self-knowing, fear extinction, intuition and morality. And the way this part of the brain develops is through attachment behaviors/interactions.

A parent's capacity to attach to their child is linked less to the facts of their own attachment history (see Mary Main's Adult Attachment Interview), but more importantly to their making sense of that history. That is, if a parent has an understanding of their own losses and a consistent narrative of them, they are more likely to be able to attach to their own child!

Confused? See Dr. Siegel's publications: for scientific information, see the *Infant Mental Health Journal*, Vol. 22(1-2), pp.67-94 (2001). For a lay person's approach, see his book [Parenting From the Inside Out: How a deeper self-understanding can help you raise children who thrive.](#) Penguin/Putnam, 2003.

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**Notes From The Pres** *(Cont'd from page 1)*

**Get the Word Out** I believe that our membership needs to more effectively utilize the media. Our goal for the 2005 OAIMH Conference (11/3 and 11/4) is to have local media coverage including interviews of our guest speakers. We could certainly do the same for any event in which an OAIMH member is a speaker. Our members could volunteer to write an article for their trade publication or local newspaper on a topic related to early social-emotional development.

**Fewer Silos?** Collaboration at the state and federal governmental levels is emerging, albeit slowly. The Early Childhood Mental Health Initiative will utilize OAIMH for speakers at their next round of regional meetings. Attention is finally being paid to who does what best, so as to avoid duplication. The State Early Childhood Comprehensive Systems grant (see page 2) is another example of this. On the federal level, this year marked the first time that all recipients of Maternal and Child Health Bureau Training Program Grants were actually in one room to share promising outcomes and challenges.

If there is a theme to my comments, I believe it is one of increased collaboration among individuals, agencies, disciplines, and systems that all share a common goal—to further the well being of infants, toddlers, and their caregivers. This truly is an exciting time to be a part of infant and early childhood mental health.

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**AACAP** *(Continued from page 4)*

formal revision process in order to increase the likelihood that the necessary data will be available to answer the diagnostic questions raised by the work groups” ([www.dsm5.org](http://www.dsm5.org)).

In the view of Dr. Pine, the Relationship Disorder Axis of DC: 0-3 is in trouble. He believes that it would be a mistake to classify a disorder whose boundaries are outside the individual. There is however, a DSM-V work group devoted to looking at the importance of relationships across the lifespan, from infancy to geriatrics.

**ZTT NTI** *(Continued from page 4)*

The final plenary I want to summarize for you examined recent research on the social life of toddlers. Traditionally, this topic would be considered somewhat of an oxymoron. However, Dr. Carol Eckerman from Duke and Dr. Donna Wittmer from U of Colorado at Denver presented studies that defy characterizing toddlers social behaviors as simply parallel play and enacting the Toddler’s Creed (“If I have it, it’s mine, if you have it, it’s mine, if I ever had it, it’s mine, etc...”)

Dr. Eckerman’s study focused on the capacity of children ages 16-32 months to coordinate their actions with peers such as to generate spontaneous social games (as opposed to ritualized, familiar ones) and how these neo-games facilitate social speech.

Her research connected the emergence of imitative play between 20 and 28 months as being closely related to the child’s capacity to use imitation to create give-and-take games with an age mate (usually accompanied by giggling, if the video examples were representative.) Chronologically parallel to this is the emergence of socially connected talk (Child 1: “I fall down.” Child 2: “Me, too. I fall down.”) This imitative pattern of action and talk becomes ever more sophisticated as the children develop.

Dr. Wittmer turned her attention to the issue of toddler empathy. She identified a number of situations where empathy can be seen among toddlers. For example, a close look at conflict reveals the importance of this phenomenon in helping the toddler differentiate between self and other. As conflicts repeat, toddlers can be seen as “keeping the other in mind.”

On a more positive note, toddlers demonstrate the capacity for acts of caring. We probably all have an anecdote of a toddler squatting next to a crying peer and patting them reassuringly. In Wittmer’s study, 93% of toddler responses to peer cries were prosocial. A critical factor: the amount of time spent together under the care of a responsive adult. For toddlers, familiarity breeds empathy.

**EXTRA!! EXTRA!! EXTRA!!**

This just in: Psychics and Scientists agree that the best way to assure a happy and prosperous year in 2005 is to renew your OAIMH membership and get a colleague to join! Haven't done it yet? Better hurry! Simply download membership forms from the OAIMH website [www.oaimh.org](http://www.oaimh.org), complete and submit. Don't forget you can also join WAIMH through OAIMH making your membership application process simple and hassle free!

**Breaking News!** The OAIMH Board wishes all a

**HAPPY NEW YEAR 2005!!**

**Passing of the Torch** *by John Kinsel*

The last meeting of the OAIMH Board in 2004 marked more than the end of a calendar year. For two members of the board, it marked the end of a significant phase of their OAIMH lives.

Charter member Jan Kushmaul attended her last meeting as an official member of the board. One of the key forces behind the formation of OAIMH, Jan has contributed much to our organization's young life. In her capacity as charter treasurer, Jan helped to get our financial house in order and prepared for future growth. Serving as conference coordinator for our annual meetings, Jan spent untold hours organizing and managing the myriad details such endeavors entail.

Given that Jan has given so freely of her many gifts in so many capacities, it was appropriate that President Mike Thomasgard gifted her with a collection of decorative but functional storage boxes. Each box can be seen as representative of one of the roles she filled so effectively in the life of OAIMH. Thanks, again, Jan!

The other major transition involved president Mike Thomasgard, who presided over his last board meeting. OAIMH metamorphosed from a small grassroots organization to a web-sited, national trainer provider, not-for-profit group under Mike's tutelage. Symbolic of that transformation as well as a sensitivity to Mike's own values, two garden sculpture butterflies were bestowed upon him.

**Cultural Competence** *(Cont'd from p.1)*

Acculturation is more than the changes in language or the number of generations one has lived in a new location. Acculturation can also occur within a country, city, or neighborhood (e.g., moving from the north to the south.) A process of selective adaptation transpires—a very individualized and continuous process.

During the first point of contact with patients and clients of color, it is important to demonstrate that you want to develop a relationship by getting to know who they are. This may involve gathering practical information by asking basic questions:

1. What is your country of origin?
2. What was the reason for your migration?
3. How long have you been here?
4. What language(s) do you speak?
5. What are your religious beliefs?
6. How do you want to raise your children?
7. What sex roles pertain to your culture?
8. Have you encountered discrimination?
9. Are there others from your culture nearby?
10. Are there cultural aspects to your medical care I should know about?
11. What is the individual's functional status?
12. Does the individual or the clinician lead?

The diagnostic and treatment process should also include cultural influences on the individual's identity and explanation of their illness. The impact of culture on the psychosocial environment and the individual's level of functioning should also be assessed. With respect to relationships, it is important to know whether or not you will need an interpreter. If so, be aware that the presence of a translator may make it difficult for the client to discuss personal issues.

Dr. Johnson-Powell reinforced the notion that high assimilation does not equal high acculturation. There is tremendous variation within families. It is important to be aware of models of assimilation and acculturation. She cited LaFromboise, Coleman, and Sexton (1998), "Models of 2<sup>nd</sup> Culture Acquisition," as a good reference.

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## The Infant Mental Health Lending Library Made Simple

By Mike Thomasgard

### Access

You may now access the OAIMH items directly from [www.ohplibrary.org](http://www.ohplibrary.org).

1. Go to "Power Search"
2. Select the "Series" field from the "Select Field" drop down box
3. Enter the term oaimh (in the search box)
4. You should see at least 69 items. These may be sorted by title, author, or subject.
5. If you wish to borrow an item, click "e-mail librarian" in the blue side menu. Copy the title into the message box.

### Recent Donations

- Gray, D. (2002). *Attaching in adoption: Practical tools for today's parents*. Indianapolis: Perspectives.
- Watkins, M., & Fisher, S. (1993). *Talking with young children about adoption*. New Haven: Yale University.
- Hopkins-Best, M. *Toddler adoption: The weaver's craft*. (1997). Indianapolis: Perspectives.

### Videotape Holdings (Title, Author, and Brief Description)

- *Ages & stages questionnaires on a home visit* (Farrell)  
Parent-completed monitoring system of child development
- *Birth of a sick or handicapped baby; impact on the whole family* (Trout)  
Struggles by parents and sibs when a sick or handicapped infant is born
- *Bonding and attachment therapy, training tapes one and two* (Feinberg)  
Working with attachment disordered children (abuse, neglect, and abandonment)
- *Conducting an infant mental health family assessment* (Trout)

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## IMH Library *(Cont'd from previous col.)*

IMH interview and observation methods

- *Early intervention council: Parent/infant/toddler*  
Preverbal children's reactions to songs & gestures; parent-child observation
- *Educare Center*  
Head Start and the role of social skills
- *Family transitions: Young children speak their minds about divorce* (Trout)  
Drawings, feelings, and words of young children of divorce
- *First person: Impressions of being a baby*  
Birth to three: Attachment, development, interaction between parents and babies
- *Gentle transitions: A newborn baby's point of view about adoption* (Trout)
- *Infant crying: The first six months*  
How to care for the crying infant
- *Infant mental health* (Trout)  
How the health professional can do infant-parent psychotherapy
- *Love is in the palm of your hand*  
Healthy emotional and physical growth: Attachment and nurturance
- *Multiple transitions: A young child's point of view on foster care and adoption* (Trout)
- *Nature of human attachments in infancy* (Trout)  
Historical overview of infant mental health
- *Neonatal experience: The one year project* (Brown)
- *Newborn, the family and the dance* (Trout)  
Clips from normal & troubled families: How real/imagined factors can interfere
- *Playing is learning* (Connell)  
Parenting curriculum
- *Project craft: Culturally responsive & family focused training* (Chen)  
Working together with culturally diverse families
- *Psychological dimensions of pregnancy and delivery* (Trout)  
The intense, but quite normal work of pregnancy and delivery

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## NEWS FROM THE CHILDREN'S HOME IN CINCINNATI

*By Chandra Pester*

The Children's Home of Cincinnati has opened an Early Childhood Day Treatment Program to expand our continuum of care in Early Childhood Mental Health. We are serving 12 children ages three to six and the treatment day has three hours of day treatment and three hours of pre-school or kindergarten education. All children in the program are also involved in weekly dyad therapy with their primary caregiver. We have utilized many concepts in providing care, including the DEVEREUX Assessment and its domains for resiliency and behavioral concerns as well as Parent Child Interaction Therapy and Cognitive Behavioral Therapy. We hope to see children return to a less restrictive environment in approximately 20 weeks and then remain in dyad therapy for goal completion. Hopefully our outcomes will match our expectations and hard work!

### Cultural Competence *(Cont'd from p.6)*

Primary care providers need to be aware of ethno-Pharmacology—that different ethnic/racial groups are more or less sensitive to some medications. For example, African Americans are more sensitive to Dilantin: if the proper dosage is not used, a toxic reaction can occur.

Dr. Johnson-Powell concluded her presentation by drawing the audience's attention to "Guiding Principles for Cultural Competence Education and Training for Health Care Professionals," a product of the California Endowment. This document provides specific guidelines on how cultural competence education and training should be conducted in order to provide culturally responsive services. She also referenced the 2002 Institute of Medicine Report on "Unequal Treatment" for minorities, published by the National Academy Press, Washington, D.C.

Dr. Johnson-Powell's parting words were: "We are all ethnocultural and we have to become learners."

### IMH Library *(Cont'd from p. 7)*

- Smarter than you think  
Four stages of emotional development in the first year of life
- Temperament program  
Using temperament concepts to prevent behavior problems
- Touch: The foundation of experience (Barnard)  
The therapeutic impact of touch

### BOOK NOOK

Don't Hit My Mommy! by Alicia Lieberman and Patricia Van Horn. Zero to Three Press

*Reviewed by John D. Kinsel, LPCC*

This follow up to last year's Losing a Parent to Death in the Early Years by the same authors (plus Chandra Ghosh Ippen) is presented as book two in a trilogy on treating traumatized young children.

Rooted in the evidence based treatment model of child-parent psychotherapy for which Lieberman and her colleagues have become well known, this small volume provides a practical "manual" for applying well researched, family & child sensitive interventions to young children and their families who have been exposed to domestic violence (DV).

Written in highly accessible language, Don't Hit My Mommy contains an overview of the therapeutic model, clarification of the developmental risks of exposure to DV for young children, illustrates with case examples both diagnostic and treatment scenarios, identifies essential elements of treatment as well as contraindications and much more.

Practical, sensitive and comprehensive, the book reflects the characteristics of its authors. Any practitioner who works with violence-exposed young children, no matter their discipline, will find this book helpful in expanding one's awareness and sensitivity to the needs of children and families caught in a destructive cycle. Clinicians, in particular, will find their practice enhanced.