



BABY TALK

The Official Newsletter of the Ohio Association for Infant Mental Health

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Notes From the President

by Kate Merrilees

If Infant Mental Health had a signature story, the book Love You Forever would be it. It encapsulates not only the story of infancy but also the ripple effect of nurturing primary relationships, something that many of us, myself included, lose sight of in our work with families. Infant Mental Health is not just about one baby and one caregiver. It is about the caregiver that baby will become and the babies that baby/care giver will nurture and on and on.

Infant Mental Health concerns itself with the primary care giving relationship; with our first experience of falling in love. It reiterates the importance of a primary relationship for a baby and it addresses itself to supporting the bond between infants and caregivers. It recognizes that babies have very specific emotional needs; needs that have to be addressed for the infant to survive. At the same time it underscores the reality that caregivers have needs that have to be supported and histories made up of experiences of being a baby and having a mother. These same caregivers have ideas, dreams and expectations of themselves as parents and caregivers; all of which influence their care of the baby.

Infant Mental Health may look like many things. It is emotional support, which provides a safe environment, inviting parents to talk about their baby; the delight they experience as well as the troublesome feelings that also may be present. It is developmental guidance, which addresses the specific pattern of growth and change of each baby individually. It involves advocacy, becoming the voice for the baby. Putting into words for the parent what the baby is saying with his or her behavior as well as the voice for the parent in a system or situation that may be unresponsive to them.

Infant Mental Health recognizes that unless basic needs of a family are met, caregivers cannot provide for the emotional needs of the infants in their care. Finally, IMH offers infant parent psychotherapy; a process in which the parent is assisted in the recovering and understanding of feelings and past experiences that are impeding appropriate and affectionate responses to the baby.

In short, Infant Mental Health is about relationships! But Infant Mental Health goes beyond the relationship among family members. IMH also concerns itself with nurturing wherever it needs to occur. Of course, it promotes nurturing the relationship between caregivers and young children. Less frequently, however, do we think about the importance of nurturing the relationship we have with each other.

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Notes From The President (Cont'd.)

Nurturing relationships among ourselves is crucial to our work with families, but does not need to be a chore. It can be as simple as taking time in our staff meeting to share something that was positive in our work with a family. It may be as simple as having a staff meeting in a local park instead of at our agency or making an 'appointment' to have lunch together in an environment that is renewing. It could be setting aside a day or part of a day to retreat together to accomplish the business tasks of our jobs while also building into the agenda opportunities to feed our connections with one another. Nurturing these professional connections is not a luxury: it is imperative! Without such connections we have little left to offer to the families we serve.

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**“UNDERSTANDING CHILDREN FROM THE INSIDE OUT:
Improving the Fit between Children and Families” is
Theme for 2005 OAIMH Annual Conference 11/3-4/05**

By John D. Kinsel

On November 3&4, 2005 parents and professionals from all across Ohio who are interested in the well being of infants and toddlers will gather in the Greater Columbus Convention Center to learn more about what is best for infants, toddlers and their families. What they will find is the most ambitious conference to date in OAIMH's brief six year history. The title, "Understanding Children from the Inside Out", is borrowed from Daniel Siegel, M.D., an infant psychiatrist whose work focuses on applying an in depth understanding of the developing brain to the practical issues of parenting. It will take OAIMH two days to develop this theme.

The "Inside" portion of our exploration of young children will center around the keynote speaker for day two, Georgia DeGangi, PhD, OTR, FAOTA. Dr. DeGangi will present on *Affect Regulation Problems in Infancy and Their Treatment*, a theme she will continue to develop in two smaller breakout sessions. will discuss the latest theory, research, and treatment strategies for young children with problems of self-regulation and mood disorders. She will present a model of intervention that emphasizes how regulatory problems impact the child's emotional life, relational dynamics, including attachment to others, and adjustment to school. Common types of regulatory problems will be discussed and how to work through the caregiver-child, teacher-child, and peer relationships.

Dr. DeGangi is both a clinical psychologist and an occupational therapist. She is the founder of Integrated Therapy Services for Children and Families, Inc. in Kensington, Maryland, an assessment and treatment facility that considers developmental/constitutional factors as well as family/relational issues when designing individualized interventions. In this way, in the words of Elisabeth Muir who wrote the Forward to Dr. DeGangi's book, "The child and family receives a carefully seasoned broth that nourishes both the child's development and his/her relationships with parents and other family members." Prior to founding ITS, she was mentored by Dr. Stanley Greenspan and later collaborated with him in developing the Functional Emotional

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ANNUAL CONFERENCE *(Continued from page 2)*

Assessment Scale (FEAS). Participants can read more about her work in her book entitled [Pediatric Disorders of Regulation in Affect and Behavior: A therapist's guide to assessment and treatment.](#)

Leading the discussion of the “outside” component of the understanding of young children will be Susan McDonough, PhD, MSW, the keynote speaker on the first day of the conference. Her topic, *The Interaction Guidance Model*, will illuminate her evidence-based approach to working with very young children and their caregivers. In an afternoon breakout session, she will focus on “overburdened” families. Associated with the School of Social Work and the Center for Human Growth & Development at the University of Michigan, Dr. McDonough’s Current research explores how environmental risk factors and parent-infant relationship problems mediate the connection between early behavior problems and later emotional, social and cognitive functioning.

Dr. McDonough is also testing an intervention strategy to prevent problems of physiological regulation in infants from becoming later mental health and learning problems. This preventive intervention to reduce parent-infant relationship problems is currently being tested in the U.S and abroad. Other research examines parent-infant interaction among adolescent parents, cognitively limited parents and caregivers of substance-exposed infants. In addition to the presentations by the keynote speakers, conference attendees will have the choice of attending four of fifteen breakout sessions. Provided by an array of distinguished physicians, psychologists, social workers, nurses and counselors from around Ohio, these presentations will further explore the conference theme by examining related topics ranging from maternal depression to the relationship between young children and the natural world. An on-site bookstore will allow participants to add to their own personal collection of literature on infants and toddlers.

A luncheon on Thursday will include an organizational business meeting during which new members of the OAIMH Board will be seated, a status report on the organization will be given and honorary lifetime memberships will be bestowed on two long-time advocates for Ohio’s infants and toddlers.

DAYTON’S ARTEMIS CENTER RECEIVES FEDERAL GRANT

By John Kinsel

The Artemis Center for Alternatives to Domestic Violence, Inc. is one of only 15 sites across the country to receive a four-year federal grant from the U.S. Department of Justice, Office of Justice Programs to support children exposed to violence. The Safe Start Promising Approaches for Children Exposed to Violence is intended for the development of an early intervention program to provide services to young children and their families who have been exposed to violent crime, sexual and physical assault, child abuse and/or domestic violence. A collaborative effort between Artemis, Help Me Grow and SBHI’s Young Children’s Assessment and Treatment Services, the program will entail development of systems for identifying exposed young children, assessing their developmental and mental health status and providing comprehensive Infant Mental Health relationship-based treatment.

Why Ohio is Building an Early Learning System for Its Children

By Don Van Meter

The first years of life are crucial to the healthy development of children. Research confirms that what children know and can do when they start school helps determine their success in the classroom, the workplace and throughout their lives. Yet, each year, many children entering kindergarten are not emotionally, socially, physically and intellectually prepared to succeed as learners.

Each year, approximately 130,000 Ohio children enter kindergarten, but nearly one-third of them require intervention services – and approximately 4 percent of them repeat kindergarten. This problem is most serious among young children from low-income families. Even as three-year-olds, the differences among children's literacy skills are startling, with children from middle- and high-income families demonstrating substantially higher skills than low-income children.

Children who start school ill prepared tend to have a wide range of future problems. Research documents a cause-and-effect relationship between society's failures to meet young children's essential needs and future social costs and problems. Investments in early learning cut future program costs through the reduced need for special education, less grade retention, fewer behavioral problems, lower teacher turnover, increases in students' future earning capacity, and a powerful reduction in juvenile and adult criminal activity.

State Board of Education Convenes Solutions Group

A new economy driven by knowledge and innovation has emerged in Ohio and across the nation. It is reshaping our economic landscape and redefining the foundations of success for the state and its citizens.

This is why Ohio has worked hard in recent years to improve the performance of its schools. Yet, without the creation of a system that promotes children's learning and development from birth through kindergarten, the long-term effectiveness of these efforts will be limited and many children's success in school and later in life will be impaired.

To address this problem, the State Board of Education has convened the School Readiness Solutions Group, directing it to create a compelling road map that can be followed to ensure that any Ohio child has access to high-quality early learning opportunities. The group's 50-plus members – including OAIMH's John Kinsel as the sole infant mental health representative– are educators, parents, providers of early learning services, children's advocates, health and human service professionals, business and community leaders, public officials and leaders of a wide range of community-based organizations. The group's final report will be completed in June 2006.

(Ed.'s Note: Mr. Van Meter serves as coordinator of information for the Solutions Group JDK.)

CHAPTER CHAT

Southwest Ohio Chapter Takes on CSB Parent/Infant Visitation

By Holly Schlaack

When children are taken from their families and enter foster care, a myriad of reunification services is frequently identified to give parents the opportunity to regain custody of their children. Best practices dictate that this plan of services be tailored to the children's needs. What is the single most important service provided to foster children? Visitation.

Anthony was born to a drug-addicted mother and an unknown father. Attempts by Children's Services to place Anthony and his mother together in a drug treatment program were unsuccessful. Anthony was placed in foster care when he was four months old. Many people think that Anthony's placement in foster care is an end to the risk of harm he faces. In reality, his placement in foster care is the beginning of a long journey.

When children are placed in foster care they are thrust into a system that is overburdened, understaffed and facing budget cuts. They belong not to an identified adult caregiver but to a system. A group of people becomes responsible for their care: a judge or magistrate, a Children's Services caseworker, a foster parent, a Guardian Ad Litem (GAL) or Court Appointed Special Advocate (CASA). One of the most critical decisions made by this team involves the nature of contact between children and their parents.

Anthony's mother began a drug treatment program and made steady progress. Per court order, Anthony's mother visited two hours per week with him in a supervised setting. From the time of the very first visit, it became clear that things were not going so well. Anthony cried the entire duration of the visits and his mother visibly felt helpless to calm him. Like too many other foster children, Anthony and his mother had serious bonding and attachment problems that were never addressed.

A look around the visitation room where Anthony and his mother spend time revealed a noisy room divided into four cubicles, each containing a family visiting together. Worn toys were scattered across the floor. The room had one door and no windows. The identified supervisor sat in such a position as to be able to see all four visits occurring at once.

Determined to improve conditions for every family that faces court ordered visitation, the **Southwest Ohio Chapter of the Ohio Association for Infant Mental Health** is working with the Hamilton County Juvenile Court to create recommendations and guidelines for family visitation. In most child protection cases, issues such as frequency, duration and location of visitations are determined in a courtroom by a magistrate who may or may not know the current visitation conditions that exist at Children's Services. The goal of SWOAIMH is to provide clinically based recommendations to child welfare professionals so that family visitation can be a positive, even therapeutic experience.

CAPTER CHAT (Continued from page 5)

So, what happened to Anthony and his mother? His GAL and CASA advocated for a therapist to work with them to help facilitate healthier interaction. The therapist helped his mother to understand Anthony's needs and to learn to read his cues. In time, interaction between Anthony and his mother improved. Soon after, it became clear that Anthony's mother was unable to maintain sobriety and a stable lifestyle. The therapist then worked with an identified relative caregiver and helped Anthony make the transition from foster care into the relative's home. The therapist facilitated communication between the foster parent and the relative so that Anthony's routine, likes and dislikes and other unique characteristics were made known. The therapist helped develop a plan of pre-placement visits and other strategies that supported a successful transition for Anthony from one home to another.

Because the visitations and transitions were thoughtfully planned, Anthony's natural anxiety was considerably lessened. Successful visitation was the key to establishing stability and positive relationships. Today, Anthony is a thriving one-year-old in the care of his relative and maintains a strong relationship with his mother, who visits him in his new home.

Meanwhile, countless families torn apart by abuse and neglect spend only a few hours of questionable quality time per week together. It is imperative that we optimize this time so that good decisions can be made about a child's future. We can offer parenting classes and mental health services, psychological assessments and substance abuse treatments. But if we fail to provide families with quality visitation environments and parent/child focused therapists who can help them improve their interactions, we fail the very children the system is mandated to protect.

SPOTLIGHT ON OAIMH MEMBERS

*(Ed's Note: In an effort to reach across the state and become familiar with others who are working on behalf of young children and their families Baby Talk will feature one or two OAIMH members in each of its publications. This issue's featured OAIMH member is **Holly Schlaack**, author of the previous article. Kate Merrilees, OAIMH President, wrote it. JDK)*

There is a sign in the Cincinnati Pro-Kids Office which challenges anyone who sees it to "Be a Voice for an abused child." Holly Schlaack, Director of the Building Blocks Program at Pro-Kids, takes that challenge personally. Holly is a tireless and passionate advocate for young children who are in the Juvenile Court system. She began the Building Blocks Program, which serves children birth to age 3, five years ago.

Pro-Kids offers children in the child welfare system a CASA (court appointed special advocate) to shepherd them through the juvenile system and to speak on their behalf. Building Blocks becomes the voice for infants and toddlers who literally cannot speak on their own behalf. Building Blocks was recognized in the summer of 2004 by receiving Ohio Attorney General Jim Petro's "Promising Practice Award."

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SPOTLIGHT ON OAIMH MEMBERS *(Continued from Page 6)*

Holly does not limit her energy to Pro-Kids. She is the Chair of the Southwest Chapter of the Ohio Association of Infant Mental Health. In that role she serves on the Board of Directors for the statewide OAIMH. She is involved in many projects in Hamilton County. One among them is a committee to address the issue of parental visitation with infant and toddlers. She works with the Dept of Jobs and Family Services and Juvenile Court Magistrates to develop guidelines that speak to the needs of very young children and support their relationship with their parents. Her vision is to have a family friendly environment in which parents and children can visit.

Holly is married to Ed and together they parent Hannah, Grace and Ben. Holly can be reached at schlaack@prokidscasa.org.

BOARD BITS

By John D. Kinsel, Board Secretary

The Board of Directors of the Ohio Association for Infant Mental Health held their most recent meeting on September 9 at what has become our standing location: Molly Woo's in the Polaris Mall north of Columbus. As one would expect, the bulk of the meeting was focused on finalizing plans for the November Annual Conference.

Special guest Eleanor Garrison of Garrison Associates, with whom the Board contracted to arrange the conference, shared the current status of plans for the conference. With her input, the Board made final decisions about the array of breakout speakers, the handling of conference materials, the amount of fees to be charged and the design of the conference brochure. All of you should have seen the fruition of these decisions upon receipt of said brochure. You would have noticed them as you were selecting your session choices and sending in your registration. (YOU HAVE REGISTERED, HAVEN'T YOU?! WE'LL BE CHECKING, YOU KNOW!)

We also planned the agenda for the brief Association Annual Meeting that will take place during the first day's luncheon. We accepted and applauded Mike Thomasgard's suggestion of honoring two pioneers of Infant Mental Health in Ohio with by granting them honorary lifetime membership in OAIMH. We established jobs needing to be done the day of the conference and who would do them. If you would like to volunteer to assist with registration, material distribution or other tasks, please contact Conference Committee Chair Mike Thomasgard by email at Thomasgardm@pediatrics.ohio-state.edu.

In other business, the Board reviewed our current financial status and was pleased to learn we are still solvent. Treasurer, Jeff Rosenbaum, will report current figures to the OAIMH membership at the Annual meeting. We also approved the contracting of a new accountant, Chad Lahrmer, who will file our 501.c3 non-profit status paperwork for us, as well as be available to advise the treasurer as needed. The next meeting of the OAIMH Board will be on Nov.3 at-Guess where?-No, not Molly Woo's! We'll meet at the Hampton Inn after a full day of conferencing. The Board looks forward to seeing you at the conference!

POSITIONS

POSITION: SAFE START CHILD THERAPIST (Full Time)

DESCRIPTION: Artemis Center for Alternatives to Domestic Violence has a full-time position immediately available providing ongoing therapy in the home to children ages 0-5 who have witnessed domestic violence and their non-offending parents. Therapist will serve on collaborative team with a victim advocate and partner agency professionals (nurse, infant mental health specialist). Artemis Center is a non-residential domestic violence agency that provides outreach, crisis intervention, on-going therapy for children, and community training.

PRIMARY SKILLS & DUTIES

- Therapy (with an emphasis on attachment and bonding) with children and their non-offending parent.
- Education with families regarding development stages, effects of trauma on young children and adults, parenting strategies and related topics.
- Collaboration with systems partners and cross-discipline team.
- Case management, advocacy and follow-up.
- Liaison to other providers of care and systems.
- Cultural sensitivity and competency.

REQUIREMENTS

- Commitment to ending domestic violence
- Experience with child trauma survivors
- Ability to create and maintain effective working relationships
- Willingness to participate in outreach activities with clients in their own environments
- Ability to make sound independent decisions
- Ability to function independently, outside of agency, and represent agency positively
- Excellent written and oral communication skills
- Excellent organizational skills with commitment to accurate documentation
- Optimistic outlook, creativity, energy, flexibility
- Reliable and self-motivated
- Availability for 2+ evenings Monday-Friday
- LISW, PCC, Psy.D., or MSW with LSW required

Submit a resume and cover letter detailing why you are interested and your qualifications to: **Artemis Center-Clinical Director, 310 W. Monument Ave., Dayton, OH 45402** or donnag@artemiscenter.org No phone calls, please.

(Editor's Note: Positions is a new feature of Baby Talk, as a way of promoting networking. If you wish to place an ad, contact me at JDKinsel@shp-dayton.org. No charge for members. Similarly, if know of a member that you feel should be written about in the new Spotlight on Members section or have any other suggestions or questions, please feel free to contact me. JDK)