



# BABY TALK

The Official Newsletter of the Ohio Association for Infant Mental Health

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## Notes From The President

*by Mike Thomasgard*

This is an exciting time to be involved in the Ohio Association for Infant Mental Health (OAIMH). Our organization now has more than 200 members and is continuing to grow. We owe a debt of gratitude to the members of our Executive Board. In addition to their usual family and clinical responsibilities, these individuals have put in countless hours of work for OAIMH. We should all be proud of our accomplishments. These include three successful annual conferences, numerous high quality presentations at a number of meetings throughout the state and the formation of four regional chapters of OAIMH. While our work is exhausting at times, much of what we've done is more a labor of love rather than "work."

Fortunately, we have each other for guidance, support and continued education about what it is to be human. For many of us, a simple non-verbal gesture such as a smile or a hug is enough to keep us going. This is especially true when contrasted with the stark realities of hunger, poverty and the threat of war. While there are substantial challenges facing clinicians and the families we serve, there are equally substantial opportunities where progress can be made. I will use our mission statement to frame five goals that I believe can be accomplished during the next two years.

1.If we are truly going to "promote and support healthy development and nurturing relationships for *all* infants," then our membership should better match the socioeconomic, cultural, ethnic and racial composition of our state. As I looked out over the audience at the 2002 OAIMH fall conference, I was struck by the overwhelming predominance of "white female" attendees. The primary mechanism to increase our organization's diversity is via local chapters and their elected representative

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## Zeanah Headlines OAIMH Third Annual Conference!

Charles Zeanah, MD, of Tulane University in New Orleans, Louisiana, provided keynote leadership for this year's OAIMH annual meeting held on November 8, 2002.

Perhaps best known as editor of The Handbook of Infant Mental Health, Dr. Zeanah has been an international leader in the study of Attachment in families from impoverished and violent environments. Reflecting the conference theme "Babies on the Edge: Intervention Strategies with Young Families Affected by Violence, Separation and Stress," Dr. Zeanah led the record crowd of over 225 participants in morning and afternoon sessions on the effects of family violence on attachment.

Using powerful videotapes of children from his violence intervention program in Louisiana, Dr. Zeanah defined and illustrated the array of behavioral and emotional response presented by young children with disrupted attachment. His casual demeanor, extensive knowledge and clarity of concepts led conference goers to evaluate him very highly and many to ask for more opportunities to be taught by him. (see article in this newsletter titled "Hold That Date!")

Over the noon hour at the conference, recognition was given to a number of pioneers in the development of Infant Mental Health in Ohio. Kate Merrilees, long time advocate for infants, and ODMH's Marla Himmegar presented on historical and current trends (see article, "History of Infant Mental Health.") In addition, newly elected members of the OAIMH Board were introduced and exiting OAIMH President John Kinsel, having completed his two year term as charter President, passed the OAIMH gavel to new president Michael Thomasgard.

## WEB SITE TO INCLUDE DATA BASE FROM PROVIDER DIRECTORY

As outlined in "Notes from the President," our OAIMH Web Site (<http://www.oaimh.org>) is nearing completion.

. We expect to "go live" by late March 2003. Here's a brief preview of the site layout:

Many people and organizations have contributed to this project including Jane Boettcher, Stephanie Cannon, Daniel Coury, Lynne Henkel, Art Krumsee, Brock Poling, Jeff Rosenbaum and members of the OAIMH Executive Board. Two individuals have been major contributors to this project: Mr. Steve Tuhela-Reuning of Children's Hospital and Ms. Halli Webb of MC<sup>2</sup>, a Columbus-based Internet development firm.

Our *Home Page* will contain general information about OAIMH and the Web Site as well as a list of all subsequent sections. The latter includes: "More about OAIMH," "Our Newsletters," "Find a Provider," "Professions in IMH," "Information Resources," "Joining OAIMH" and "Announcements." *More about OAIMH* will include our purpose, profiles for OAIMH members and a listing of executive board members. *Find a Provider* will allow individuals to search for IMH clinicians by name, city, zip code, county or region.

*Information Resources* contains a glossary of terms, key organizations relevant to IMH and a listing of ODH library holdings related to IMH. *Joining OAIMH* contains a membership application, information on forming a chapter, our by-laws and numerous resources related to forming continuing education, peer supervision groups to promote continued professional development.

I look forward to providing further details about our Web Site in a special edition of our newsletter later this winter. *Mike Thomasgard*

## ASK DR. BETH

By Elizabeth Finley-Belgrad

Many people are concerned about immunizing their children give all the recent much publicized controversy in this area. The medical community has not had a clear response to these concerns. Unfortunately, politics and financial interests muddy the waters.

The data regarding the toxicity of thimerisol, the mercury-based preservative used in vaccinations, is unequivocal. Confusion about safety emerges because it is not equally toxic for everyone. Individual differences, primarily in immunological functioning, lead to differences in toxic effect ranging from none to severe reactions.

One way to address this unpredictable matter would be to wait until after one year of age, giving the child longer to develop more mature immune and GI systems. This would also allow for more time to determine individual levels of risk.

An example of an indicator of increased risk is the child who is the sibling of a child with a pervasive developmental disorder. This is especially true if the PDD child exhibited a clear regression in functioning during the first two years of life.

A major concern is that potentially risky vaccinations containing thimerisol are administered at times of great vulnerability: infancy and pregnancy. While steps have been taken to eliminate their use, stockpiles of these vaccines still are in use. Little regulatory and legislative action has been initiated.

There is no quick and easy answer regarding vaccines. They have been very helpful to our population. Vaccinating children should be  
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***Child Development* launches “From Another Perspective” (FAP) by Mike Thomasgard**

The first edition of “FAP” included a pair of articles concerned with day care effects. The abstracts for both appear below. More information can be found by visiting: <http://www.srcd.org>. Click on Publications, Child Development, then FAP. I hope these short abstracts further stimulate your interest in exploring the research literature on early child development.

**"Does Amount of Time Spent in Child Care Predict Socioemotional Adjustment During the Transition to Kindergarten?"**

From: The NICHD Early Child Care Research Network

In order to examine relations between time in nonmaternal care through the first 4.5 years of life and children's socioemotional adjustment, data on social competence and problem behavior were examined when children participating in the NICHD Study of Early Child Care were 4.5 years of age and when in kindergarten. The more time children spent in any of a variety of nonmaternal care arrangements across the first 4.5 years of life, the more externalizing problems and conflict with adults they manifested at 54 months of age and in kindergarten, as reported by mothers, caregivers, and/or teachers. These effects remained, for the most part, even when quality, type, and instability of child care were controlled, and when maternal sensitivity and other family background factors were taken into account. The magnitude of quantity-of-care effects was modest and smaller than those of maternal sensitivity and indicators of family socio-economic status, though typically greater than those of other features of childcare, maternal depression, and infant temperament. There was no apparent threshold for quantity effects. More time in care not only  
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**FAP** (Continued from previous column)

predicted problem behavior measured on a continuous scale in a dose-response pattern, but also predicted at-risk (though not clinical) levels of problem behavior, as well as assertiveness, disobedience and aggression.

**"Morning to Afternoon Increases in Cortisol Concentrations for Infants and Toddlers at Child Care: Age Differences and Behavioral Correlates"**

From: Sarah E. Watamura, Bonny Donzella, Jan Alwin, and Megan R. Gunnar

This study examined salivary cortisol, a stress-sensitive HPA axis hormone, in 20 infants (12 females, mean age = 10.8 months) and 35 toddlers (20 females, mean age = 29.7 months) in full-day, center-based childcare. Samples were taken at approximately 1000 and 1600 hours at childcare and at home. At childcare, 35% of infants and 71% of toddlers showed a rise in cortisol across the day; at home 71% of infants and 64% of toddlers showed decreases. Toddlers who played more with peers exhibited lower cortisol. Controlling age, teacher-reported social fearfulness predicted higher afternoon cortisol and larger cortisol increases across the day at childcare. This phenomenon may indicate context-specific activation of the HPA axis early in life.

**DR. BETH** (Continued from Page 2)

a carefully considered individual decision based on individual risk factors, such as immune function and family history.

Direct any specific questions to Dr. Beth at [eafb17@hotmail.com](mailto:eafb17@hotmail.com) and they will be addressed in the next BABY TALK.

(Ed's note: Dr. Beth is solely responsible for the opinions she expresses in her column. They should not be mistaken for OAIMH positions)

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to the OAIMH Executive Board. I believe this should be our number one priority.

2. We need to become even more of “an *interdisciplinary* infant mental health organization.” We must actively recruit individuals who serve young children and their families in the foster care and adoption systems as well as in other disciplines such as child psychiatry, education, law, nursing, occupational therapy, pediatrics and physical, speech and language therapy. Each of these disciplines has a unique culture, training process and language. We must begin to understand what each does well and improve upon those areas in which relationship-based skills could be enhanced.

3. We have made a good beginning at the job of providing a “*forum* for ... scientific, educational and clinical relationship-based work.” There is an ever-increasing volume of research on the interaction between early brain development and environment, yet the translation of such information to the clinical realm remains a challenge. I believe that we must make such information more readily available to front-line clinicians. There are at least two avenues that may be used to achieve this goal. First, this newsletter will soon contain brief summaries of published peer reviewed articles from the many discipline-specific journals that each of us has access to. Second, such information will be posted under “Announcements” once our Web Site (<http://www.oaimh.org>) goes live in late March 2003. Similarly, both consumers and clinicians in the health and mental health fields will be able to search the Infant Family Mental Health Provider database on our Web Site for local resources.

4. While many of us have done a good job “advocating for the application of infant  
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mental health principles,” our impact on physicians has been almost zero. To accomplish this, I believe we must address the issue of providing continuing medical education credits (CME) at our conferences and workshops. The basic tools to catalyze the formation of such continuing (medical) education peer supervision groups will be soon be available on our Web Site. Specifically, we need to link those physicians who are already providing “medical homes” for our state’s youngest citizens and their caregivers with clinicians from OAIMH. I will be working with Dr. James Bryant, Chief of Bureau for Children with Medical Handicaps (BCMh) of the Ohio Department of Health to facilitate this project.

5. We have made progress in “publish[ing] educational newsletters, journals and other materials,” yet there is room for improvement. Our newsletter, “Baby Talk,” first begun by our Past President John Kinsel, has been an excellent start in this direction. OAIMH members have also submitted articles to peer reviewed journals on subjects that include collaborative peer supervision groups and how best to integrate our efforts with those in state government. If we are to impact the lives of Ohio’s infants and their caregivers, we must first understand how funds are allocated with respect to mental health at the local level through the mental health boards. As more local affiliates of OAIMH are formed, achievement of this goal will become possible.

I look forward to working with you to accomplish these five goals over the next two years. Both personal relationships and information linkages will continue to improve within Ohio and between other World AIMH (<http://www.waimh.org>) chapters. As these events continue to unfold, our ability to promote healthy development and nurturing relationships for *all* infants will dramatically improve.

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## A Brief History of Infant Mental Health in Ohio

by Kate Merrilees

“The Queen responded to young Alice’s statement about not believing in impossible things by saying,” I dare say you haven’t much practice. When I was your age I always did it for half an hour a day. Why sometimes I’ve believed in as many as six impossible things before breakfast.” (Carroll, 1865)

In July of 1993 about 150 people came together for a day long workshop entitled “Mental Health for Babies: Issues in the 90’s.” More were turned away due to lack of space.

Less than a year later on June 7<sup>th</sup> of 1994, Cindy Oser, then Director of the Bureau of Early Intervention of the Ohio Department of Health, Cliff Davis, then Director of Children’s Services for the Ohio Department of Mental Health and Helen Cain Jackson, also of ODMH, welcomed a group of 15 individual representing social workers, service coordinators, pediatricians, nurses and others working with very young children and their families to a meeting of what became the Ohio Infant Mental Health Stakeholders Committee.

The group, giddy at the prospect of coming together to discuss, learn from each other and dream, did not at first realize the challenge they had undertaken. As they began to articulate the need for community education, support for collaborative, relationship based services and research, the challenge became clearer.

Over the course of the following year, the group developed a common vision for Ohio’s youngest residents and their families. This vision was articulated in a mission statement and a five-year plan.

The plan incorporated from the Bureau of  
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## A Brief History (Continued from Column 1)

Early Intervention, from representatives of other states who were working on organizing infant mental health groups in their states, and from Hiram Fitzgerald, President of the World Association for Infant Mental Health. Dr. Fitzgerald challenged the committee to envision a model of services that would be unique to the needs of Ohio’s youngest citizens and their families.

The following year the group was expanded to twenty-five members. Work on several important projects included in the long-range plan began to come to fruition.

Dr. Michael Thomasgard spearheaded the publication of the Ohio Infant Mental Health Resource Directory. The second, significantly improved and revised edition was published in 2001.

The Ohio Infant Mental health Library was begun with a grant from the Ohio Department of Mental Health, thanks to the efforts of Helen Cain Jackson.

The committee was invited to participate in the training of Early Start Home Visitors. In the summer and fall of 1996 committee members traveled to all parts of the state offering a day of training on relationship based practice with infants and their families.

The need for reflective supervision was also addressed in the trainings. This led to the formation of Collaborative Office Rounds groups at Children’s Hospital in Columbus under the direction of Mike Thomasgard and at Wright State University under the direction of Dr. Janece Warfield in Dayton.

*(To be continued in the next edition of BABY TALK. Still to come: the formation of the Ohio Association for Infant Mental Health!)*

### Child Focus Designed Conference to Keep You on Track

Child Focus, Inc. and OAIMH proudly invite you to the 3<sup>rd</sup> Annual Child Focus New Dimensions in Early Childhood Mental health Conference on March 13 and 14, 2003. This year we have again put together a powerful learning opportunity for professionals like you that provide early childhood mental health services. This year we will have “track” sessions focused on interventions for working with children who experience trauma, brain development and learning, classroom applications of mental health principles, the use of the scientific method for interpersonal problem solving and discipline, developmental and behavioral impact of child abuse, in-home treatment strategies, effective interventions for young victims, and other individualized breakout sessions focused on family intervention strategies. For more information, please call Butch Losey at 513-752-1555 or visit our website at [www.child-focus.org](http://www.child-focus.org).

### HOLD THAT DATE IF YOU WANT TO SEE THE AMAZING BLOCKBUSTER, “RETURN OF THE ZEANAH!!!!”

The OAIMH Board is pleased to announce that we have contracted with Dr. Charley Zeanah to return for our 4<sup>th</sup> Annual Meeting scheduled for November 21, 2003. Dr. Zeanah will be focusing on intervention strategies. Location and other details TBA. **Mark your calendar!**

BABY TALK

Ohio Association for Infant Mental Health

5400 Penny Pike

Springfield, OH 45502