UAIMH Newsletter

Utah Association for Infant Mental Health

(Issue 13, Fall 2010)

http://www.uaimh.org

President's Corner

We began this edition of our newsletter with the intent to focus on 'normal' stresses that young children and their families encounter in their early development and learning. As happens, when a group of individuals begin to work on something together, the plans evolve, then the project takes on a life of its own, becoming its own creation! This is the excitement of working with a group of people who share a common passion.

I wanted to share with you some relevant thoughts revealed in the story of a family who experienced both unusual stresses and unusual strengths. Many of you may know this family already, since one of the children wrote and published a book, a memoir, of her experience in/of her family growing up. She wrote of her and her siblings shared experiences of rearing as seen through her child's "mind's eye view." This offers a unique window into a child's thoughts, feelings, and level of understanding from an early age. The story is a testament to the adaptive capacity of children in compensating for their parents' deficiencies—learning from the mistakes and strengths of their parents, teachers, other adults, and friends they encounter in their development. Children actively take part in their own development of self, honing their own life and strengths in the process.

Children actively take part in their own development of self....

In this particular family, both parents were intelligent and talented, but they functioned on the periphery of the "norm." They were dreamers and creators. They did not view parenting as their primary vocation in their adult lives. The mother was a creative artist. The father was a hopeful and enthusiastic dreamer/inventor whose dreams and inventions were never realized. There were problems of alcoholism, maternal depression, poverty, and inadequate food, housing, clothing, and healthcare. There were some episodes of physical and mental abuse. There was a lack of extended family capable of compensating for some of the basic deficits the children suffered. The children were left to gather provisions for their own physical needs—from the garbage, from the dump, and from the discarded threadbare clothing of others. The family did not have adequate housing, water, or warmth. The children often had to deal with embarrassments and taunting and abusive targeting from their peers, which served to isolate them socially. They did, however, attend public school regularly, as the parents were afraid of welfare and imprisonment for fear of losing their children. In spite of their many deficits, the parents loved their children deeply, believed in them, and communicated that to them consistently—in ways other than by providing the basics for survival. The children were taught daily about the physical world around them. Their parents inspired them by sharing their own dreams. The parents were well intentioned and provided the children with rules for life, honed from their own life experiences. There were teachers who recognized the potential of the children and encouraged them to further their educations. The children learned, experiencing the deficits in their rearing, to rely on their own early self-recognized capacity for survival and self-development, to overcome their despair. The siblings also learned to rely on one another and acted as a team to bolster their respective strengths, together

Contents

(continued...)

looking out for the youngest and most vulnerable of the four children.

The energy to move out into another sphere from their parents was motivated by the basic need for active self-preservation and nurturance. In spite of the deficiencies they consciously experienced in the parents, the children loved their parents. In later years, this love was expressed in attempts to provide care for their parents, which the parents had not been able to provide for themselves.

There are critically blatant lessons from this remarkable story (and others we have been privileged to share), to cherish in our hearts and minds, as we work with children and families. Parental strengths and deficits can be equally strong positive motivators. The complex value of child-parent relationships is indelibly imprinted and must always be recognized and deeply respected. The qualities of a parent-child relationship are the starting point and the primary avenue of ongoing support and change—as avenues are explored to ameliorate other deficits. It is also important to realize that it is not always necessary, or even possible, to expunge the deficiencies; growth can occur with consistent support for the strengths revealed in each family member and the powerful positive aspects of their relationships.

Parental strengths and deficits can be equally strong positive motivators.

(*Note: "Parents" is intended to include natural parents and other consistent life caretakers who are available for significant periods of time in a child's life.)*

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Suggested Reading:

Walls, J. (2007, September). *The glass castle.* Invited speaker for the annual fundraising/awards luncheon at the YWCA, Salt Lake City, UT.

Why a Preschool Experience for the Child

Babyhood presents exquisitely the natural force in humans to grow, to strive, and to change. Parents delight in seeing their child take small steps through developmental milestones, and are filled with hope that their child will develop into a happy, capable, and caring adult.

In seeking further child enrichment, some parents decide upon a preschool experience. A healthy preschool experience can help the parent and child work on the natural anxiety of separation. The child's transition between parent and preschool teacher is planned in small increments. This carefully planned, practiced, and more-comforting path to learning experiences in a group outside the home is then established prior to the big step of kindergarten. Janet Brown McCracken has written an excellent article on how to handle the little goodbyes that ease the transitions between home and the outside world and help prepare parent and child for ultimate separations (1990, 1997-The National Association for the Education of Young Children [www.naeyc.org/store/node/200] [Order #213]). Separation: Supporting Children in Their Preschool Transitions (Rev. ed.) by Kathe Jervis and Barbara K Polland.

A healthy preschool experience can help the parent and child work on the natural anxiety of separation

A preschool experience outside the home supports the developmental process and may also provide developmental opportunities that parents may not have time or be able to give. Interactions with teacher and peers in a structured child-oriented setting and held in a trusting and learning environment help build upon the already-established family foundation of love and trust.

The following are some potential positive and health-promoting factors that can impact the child's development in the preschool experience.

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- The child expands the parental attachment to an attachment to the teacher. With the trust established, the child and teacher begin the reciprocity of interaction. Mutual wants and desires are negotiated and satisfied.

Interactions with teacher and peers... help build upon the already-established family foundation of love and trust.

- There is another arena for health promotion—vision, hearing, and immunization checks are made.
- The child, with teacher support, builds on capacities for emotional coping and behavioral modulation with another adult/teacher and peers.
- The child's growth and integrity of development are promoted in sensory, language, motor and creative experiences: foundations for industry and competence in academic skill building (Piaget & Erickson).
- The child may have the good fortune to experience and see a healthy partnership between parent and teacher for his or her own well-being.
- The child sees how adults of different backgrounds and cultures work together for a positive goal.
- The child gains mastery over transitions between home and school.
- The child works towards better mastery of transition anxiety, which may be helpful when an emergency occurs in a family, or community, such as parent illness, parent need for time out of the home due to employment, or natural disaster.
- The child develops friendships, strong bonds with children outside the family and develops the beginning skills for friendship.
- The child develops recreational skills and may expand interests.
- The child is exposed to a teaching gray area where there is less dichotomous learning, and more multi-perspective learning, cultural differences and richness. He or she receives broader experience and a sense of the real world not so much of the TV world.
- The child is exposed to social mores.
- The child takes a small step into his or her generational culture.
- The child has a wider base of caring adults in his or her world.

The National Association for Education of Young Children provides suggestions for helping the child start school (www.naeyc.org/store/node.190)

Web Sites

http://www.naeyc.org
http://zerotothree.org

Further Reading

Balaban, N. (1985). *Starting school: From separation to independence (A guide for early childhood teachers)*. New York: Teachers College Press.

Dittman L. L. (1993, 2000). *Finding the best care for your infant or toddler* (Brochure). Washington, DC: NAEYC. Order #518.

Honig, A. S. (2002). *Secure relationships: Nurturing infant-toddler attachment in early care settings.* Washington, DC: NAEYC. Order 123.

Jervis, K. (1984). *Separation: Strategies for helping two-to-four-year-olds*. Washington. DC: NAEYC. Order #230.

Warren, R. (1977). *Caring: Supporting children's growth*. Washington, DC: NAEYC. Order # 213.

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Attachment: Not For Mothers Alone—Responsibility Can Be Shared

Child maltreatment hurts everyone in a society--whether we are the victims, the perpetrator, or the public at large. Child maltreatment is a pattern of behavior that can be passed from generation to generation. This happens not out of desire to hurt, but rather out of trauma (Gormley, 2004; Hendrie, 2009; Lieberman, 2004). The majority of child maltreatment cases involve young parent offenders. In 2008, adult offenders between 18-30 years old comprised 44% of all offenders (Child Protective Services, 2008). Child Maltreatment is trauma, and effects normal development throughout the life span.

Child maltreatment has been shown to produce neurological effects in the brains of the victims. Infants and toddlers who experience child maltreatment may suffer devastating consequences to their development. Child maltreatment effects a person's memory and cognition (Christianson, 1992; Howe, 2000; Reissberg & Hertel, 2004; Toth & Cicchetti, 1993). Child maltreatment has a deleterious impact through elevation of stress hormones in the body. Stress hormones alter the victim's brain maturation and neuropsychological outcome. Child maltreatment is associated with many adult psychiatric disorders (Harvard Medical Health Letter, 2005).

Infants are vulnerable and helpless. They rely on their caretaker for everything. This first relationship (care giver/infant) is very important for the infant's survival. This first relationship is imperative to the infant's growth, development, and to future relationships.

Child maltreatment is associated with many adult psychiatric disorders.

Attachment theory provides a useful framework for understanding formative and functional aspects of human relationships and is applicable to child maltreatment research. Attachment theory suggests that the experience of child maltreatment can affect a child's internal working model of primary relationship, which then impacts quality of future relationships (Bowlby, 1969/1982; Carnelley, Pietromonaco, & Jaffe, 1994; Carol & Solomon, 1989; Finizi et al., 2001; Lamb et al., 1985; Verschueren, Marcoen, & Sehoefs, 1996).

The key to a secure attachment formation is a secure relationship from birth on. This is accomplished by meeting the needs of the infant. Sadly, this does not always occur. Many believe that a "mother" is the only important person during their infant's attachment formation. This is inaccurate. An infant can form a secure attachment with any reliable caretaker.

In research, most studies on attachment are on the mother/child relationship attachment. There are less known writings on father/child relationships: (Cox, Owen, Henderson, & Margand, 1992; Grossman, 1997; Grossman, Grossman, Fremmer-Bombik, Scheuerer-Englisch, & Zimmerman, 2002; Van Ijzendoorn & De Wolff, 1997; Volling & Belsky, 1992; Zelazo, 1977). There is, however, research into attachment formation in other relationships. Examples are: attachment formation and foster care (Reynolds, 2004; Smyke, Zeanah, Fox, Nelson, & Guthrie, 2010), attachment formation and siblings (Teti & Ablard, 1989; Volling, 2001; Ward, Vaughn, & Robb, 1988), attachment formation and self (Seigel, 2003; Willemsen, 1986), and attachment formation and inanimate objects (Erkolahti & Nyström, 2009).

When a secure attachment is not formed with the parent or others, one of the best methods for corrective therapy is "attachment work" with a clinician. Infants, children, teenagers, adults, and geriatric adults are typically able to shift their development of an insecure attachment to a more secure relationship with a supportive and consistent therapist (Farber, Lippert, & Nevas, 1995; Goldman & Anderson, 2007; Mallinckrodt, Gantt, & Coble, 1995; Pistole & Watkins, 1995; Woodhouse, Schlosser, Pistol, 1999; Schuengel, Sterkenburg, Janssen, & Jongbloed, 2009)

With children, one of the most effective methods of achieving a corrective attachment is through both partners establishing a secure relationship with a

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clinician during Child-Parent Psychotherapy. Child-Parent Psychotherapy (CPP) has been shown to be effective in treating attachment issues (Larrieu, 2009). The child/children attend therapy with their parent. This intervention combines cognitive behavioral therapy, (talk therapy, shifting cognition and changing behaviors) with play therapy. Child-led play helps a child process trauma and cognitively shifts from helplessness to self-control. The therapist working with the family can also facilitate the family in creating a crisis plan to hold the parents accountable and keep the children safe. CPP has been supported by findings from several controlled trials demonstrating increasing attachment security of maltreated children and their mothers (Lieberman & Van Horn, 2005). Helping parents heal from their own childhood trauma supports their child's healing process and may stop the perpetration of child maltreatment in future generations. There is little literature written on other forms of corrective attachment; the basic idea of CPP is to support the child and parent in developing their relationship while the clinician models it.

Helping parents heal from their own childhood traumas supports their child's healing process and may stop the perpetration of child maltreatment in future generations.

A newer treatment is through trauma focused cognitive behavioral therapy, (TF-CBT). This attachment intervention is a behavioral approach with the goal of changing negative (trauma related) behavior to more positive behavior (culturally appropriate behavior), involving the family (Project Best, 2010).

A new intervention that is being used with families, similar to trauma psychotherapy, is Rational Emotive Behavioral Therapy. The steps of REBT are: (1) determining and normalizing thinking and behaving, (2) evaluating language, (3) shifting attention away from problem talk, (4) describing times when the attachment problem isn't happening, (5) focusing on how family members "successfully" solve problematic attachment behavior, (6) acknowledging "unpleasant emotions" (i.e., angry, sad, scared) underlying negative interaction patterns, (7) identifying antecedents such as controlling conditions and associated negative cognitive-emotive connections in behavior (the reciprocal role of thought and emotion in behavioral causation), (8) encouraging previously abused children to experience their own negative thoughts and associated adverse emotional feelings, (9) modeling and rewarding positive behavior change, for themselves and in relationships, and (10) encouraging and rewarding thinking and behaving differently.

> *"Unlike traditional attachment based family therapies, which often interpret verbal information in terms of underlying emotional dynamics, the rational cognitive emotive view of human behavior focuses solely on the causal sequences of a child's experiences and perceptions, and the impact that the child's negative thoughts regarding trauma have on the role of emotion in behavioral causation." (Prather & Golden, 2006)*

The last intervention I will focus on is basic play therapy. Children and adults can benefit from play. When a child plays "peek-a-boo" with an adult, they are learning security. When the care giver covers their eyes, then removes their hands so the child sees the care giver again, the child rehearses their caregiver 'leaving' and 'coming back' to the child. As the child grows the child learns to explore, and then returns back to the caregiver to check in and receive the security of encouragement and comfort (Cooper, Hoffman, & Powell, 2002; Cooper, Hoffman, Powell, & Marvin, 2005).

There are many games that a parent/child/therapist can play that are fun, educational, and attachment/trust building. Here are a few ideas:

1. The Human Paint Brush (the child allows the caregiver to move the child's hands in paint to create a picture together).
2. Thumb Wars (hands are interlocked and the words "one, two, three, four, let's have a thumb war" are said, then the child and adult try to hold down each other's thumbs; remember, children are less strong then adults).
3. Child Directed Play (letting the child be in charge of

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the play, with the adult modulating any dangerous play; safety of the child/parent/therapist comes first!)

4. Mirroring Faces (the child makes a face and the adult copies the face, to mirror the expression; turn taking helps the child develop patience, by switching who originates the faces).

5. Model Playing (showing a child how to play safely sometimes needs to happen first; the adult can model what is safe and what is not safe play).

6. P.R.I.D.E. Skills ('Praise' the child, 'Reflect' what you see, 'Imitate' the child, 'Describe' their play, and have genuine 'Enthusiasm').

7. Tic/Tac Toe is a game of X and O (a small grid is made and two players mark an "X" or an "O" in the grid; the person who gets three straight or diagonal "X"s or "O"s wins; this game helps develop critical thinking skills in both the child and adult).

8. PICA Painting—a novel intervention suggested, which has been used in the author's own clinical practice. (Young children are always putting things in their mouth as a means of learning and this can be unsafe; an alternative to using potentially toxic painting by substituting "PICA Paint"—give the child a paint brush, or a large carrot, and use catsup, mustard, salad dressings, and colored drink powder to paint with—a very colorful, tactile, and taste experience for a young child. CAUTION! Be aware of possible allergies the child may have and use large brushes/carrots to avoid choking hazard).

9. Co-Story/Poem-another novel interactive intervention developed by this author (when a child is learning to write words or draw pictures, the child and adults can unite, writing one sentence at a time and switching from child to adults, all ideas are useable; in the end, the story is silly, mixed up, and entertaining for all involved).

10. Story-Draw-a third interaction originated by this author (have the child draw a picture of anything; then the adult writes about the picture they see; then switch the artist and author; a younger child may prefer to draw always).

11. Squiggle (the child or adult draws a squiggle line, then the other person draws one connected to the first line, then repeat the process; this can help release aggression, sadness, and hyperactivity in children, and adults by forming a graphic connection).

12. Hide-and-Go-Seek (an intervention similar to peek-a-boo, for older children).

13. Name that Tune/'toon' (a game where a small part of a song is played and both the child and the adult say what song they think it is; remember to use music the child knows; younger children can be accommodated by using pictures of cartoon characters [i.e., Mickey Mouse] that correspond to the 'toon').

Attachment is not exclusive to the mother-child relationship. When a caretaker is not available or able, for whatever reason, to create a safe and secure environment for their child or herself/himself, others can step in and support the child and the caretaker. The younger the age that corrective or replacement attachment occurs, the better the chance for developing a secure attachment. Adult corrective attachment exists, and is a hopeful endeavor that may bring change for subsequent generations. This is an exciting new area for research.

Attachment is not exclusive to the mother-child relationship.

To obtain the complete reference list, which could not be printed here, and or questions, the author may be contacted at hewesgirl@aol.com.

References

Project Best. (2010). *Bringing evidence supported treatments to South Carolina children and families.* Retrieved from http://academicdepartments.musc.edu/projectbest/tfcbt/tfcbt.htm

Bowlby, J. (1969/1982). Attachment and loss: Vol. 1, *Attachment* (2nd Ed.) New York, NY: Basic.

(continued...)

Carnelley, K., Pietromonaco, P., & Jaffe, K. (1994). Depression and working models of others, and relationship functioning. *Journal of Personality and Social Psychology*, *66*(1), 127-140.

Carol, G., & Solomon, J. (1989, March). *Internal working models of care giving and security of attachment at age six*. Paper presented at the National Biennial Meeting of the Society in Child Development, Tampa, FL.

Child Protective Services of Utah. (2008). *Annual Report*. Salt Lake City, UT: Division of Child and Social Services.

Christanson, S. A. (1992). Emotional stress and eyewitness memory: A critical review. *Psychological Bulletin*, *112*, 284-309.

Cooper, G., Hoffman, K., Powell, B., & Marvin, R. (2005). The circle of security intervention: Differential diagnosis and differential treatment. In L. Berlin, Y. Ziv., & M. Greenberg (Eds.), *Enhancing early attachments* (pp. 127-151). New York, NY: Guilford.

Cox, M., Owen, M. T., Henderson, V. K., & Margand, N. A. (1992). Prediction of infant-father and infant-mother attachment. *Developmental Psychology, 28*(3), 474-483.

Erkolahti, R., & Nyström, M. (2009). The prevalence of transitional object use in adolescence: Is there a connection between the existence of a transitional object and depressive symptoms? *European Child Adolescent Psychiatry*, *18*, 400–406.

Finizi, R. Ram, A., Har-Even, D., & Shinitt, D. (2001). Attachment styles and aggression in physically abused and neglected children. *Journal of Youth and Adolescents*, *30*, 35-45.

Gormley, B. (2004). Application of adult attachment theory to treatment of chronically suicidal traumatized women. *Psychotherapy: Theory, Research, Practice, Training*, *41*, 136-143.

Grossman, K. (1997, April). *Infant father attachment relationship: Sensitive challenges during play with toddler is the pivotal feature.* Paper presented at the biennial meeting of the Society for Research in Child Development, Washington DC.

Grossman, K., Grossman, K., Fremmer-Bombik, H. K., Scheuerer-Englisch, H., & Zimmerman, P. (2002). The Uniqueness of the child-father attachment relationship: Fathers' sensitive and challenging play as a pivotal variable in a 16-year longitudinal study. *Social Development*, *11*, 307-331.

Harvard Medical Health Letter. (2005), Vol 21, No. 12, p.1.

Hendrie, C. (2009). Counseling psychologist CAHMS for accommodated young people (CAYP) NHS LANARKSHIRE Motherwell, Scotland 01698 244321; *Attachment, trauma, substance misuse in children and young people*; XXIV World Conference of Therapeutic Communities, Lima, Peru.

Hewes, A. A. (2010). Child maltreatment policy and attachment theory. *Utah Association for Infant Mental Health Newsletter, 12*, 6-11.

Howe, M. L. (2000). *The fate of early memories: Development science and the retention of childhood experiences.* Washington, DC: American Psychology Association.

Lamb, M. E. Gaenbauer, T. J., Malkin, C. M., & Schultz, L. L. (1985). The effects of child maltreatment on security of infants-adult attachment. *Infant behavior and development*, *8*, 35-45.

Larrieu, J. (2009). *Institute of infant and early mental health.* New Orleans, LA: Tulane University School of Medicine.

Lieberman, A. F., & Van Horn, P. (2005). *Don't hit my mommy! A manual for child-parent psychotherapy with young witnesses of family violence.* Washington, DC: ZERO TO THREE.

Lieberman, A. (2004). Traumatic stress and quality of attachment: reality and internalization in disorders of infant mental health. *Infant Mental Health Journal*, *25*, 336-351

Marvin, R., Cooper, G., Hoffman, K., & Powell, B. (2002). The Circle of Security™ Project: Attachment-based intervention with caregiver-pre-school child dyads. *Attachment and Human Development*, *4*, 107-124.

Prather, W. (2007). Trauma and psychotherapy:

(continued...)

Implications from a behavior analysis perspective. *International Journal of Behavioral Consultation and Therapy*, *3*, 555-570.

Prather, W., & Golden, J. (2006). A behavioral perspective of childhood trauma and attachment issues: Toward alternative treatment approaches for children with a history of abuse. *International Journal of Behavioral Consultation and Therapy*, *5*, 222-241.

Reissberg, D., & Hertel, P. (2004). *Memory and emotion.* New York, NY: Oxford University Press.

Reynolds, N. (2004). A study of the attachments of cognitively impaired school age participants in treatment foster care. *Proquest Information*, pp. 1-90.

Siegel, D. (2003). Attachment and self-understanding: Parenting with the brain in mind. *Parenting from the inside out: How a deeper self-understanding can help you raise children who thrive*. New York, NY: Guildford.

Smyke, A., Zeanah, C. H., Fox, N. A., Nelson, C. A., & Guthrie, D. (2010). Placement in foster care enhances quality of attachment among young institutionalized children. *Child Development*, *81*, 212-223.

Teti, D., & Ablard, K. (1989). Security of attachment and infant-sibling relationships: A laboratory study. *Child Development*, *60*, 1519-1528

Toth, S. L., & Cicchetti, D. (1993). Child maltreatment: Where do we go from here in our treatment of victims? In D. Cicchetti & S. L. Tolth, (Eds.), *Child abuse, child development, and social policy* (vol. 8, pp. 399-438). Norward, NJ: Ablex.

Trauma-Informed Interventions (2008, August) CPP: General information.

Van Ijzendoorn, M., & De Wolff, M. (1997). In search of the absent father-meta analysis of infant father attachment. *Child Development*, *68*, 604-609.

Verschueren, K., Marcoen, A., & Sehoefs, V. (1996). The internal working model of the self, attachment, and competence in five-year-olds. *Child Development*, *67*, 2493-2511.

Volling, B. (2001). Early attachment relationships as predictors of preschool children's emotion regulation with a distressed sibling. *Early Education and Development*, *12*, 185-207.

Volling, B., & Belsky, J. (1992*)*. Infant, father, and marital antecedents of infant father attachment security in dual-earner and single-earner families. *International Journal of Behavioral Development*, 15, 83-100.

Ward, M., Vaughn, B., & Robb, M. (1988). Social-emotional adaptation and and infant-mother attachment in siblings: Role of the mother in cross-sibling consistency. *Child Development*, *59*, 643-646.

Willemsen, E. (1986, March). *The toddlers transition from attachment to self; the role of self comforting*. Paper presented at the National Biennial Meeting of the Society for Research in Child Development, San Antonio, TX.

Zelazo, P. (1977, March). *Father and sons: An experimental facilitation of attachment behaviors.* Paper presented at the National Biennial Meeting of the Society in Child Development, New Orleans, LA.

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2010 World Association for Infant Mental Health (WAIMH)

As many of you already know, the 12th World Congress of the World Association for Infant Mental Health was held from June 29-July 3, 2010 in Leipzig, Germany. I and several of my colleagues from Utah State University were fortunate to be able to attend and present at this outstanding conference. One presentation (Lisa Boyce, Mark Innocenti, Lori Roggman, Cora Price, Eduardo Ortiz, and myself) highlighted a family bookmaking approach that we have used with low-income Latino families and families with children with speech delays enrolled in an early intervention program. In this program, parents make books (by taking pictures of their children, themselves, and activities their children are engaged in) around topics that interest and are relevant to young children to increase conversational

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opportunities and children's subsequent proficiency with language. Our results suggest that the family bookmaking approach offers a promising strategy for engaging parents, increasing the quality of parent-child language interactions, and increasing children's understanding of language. So parents can help their children's language development through fun and engaging activities with their children!

In another presentation (Lori Roggman, Mark Innocenti, Gina Cook, and myself), we shared our parenting behavior checklist, PICCOLO. This checklist is being used by Early Head Start, infant mental health practitioners, and other programs serving children under the age of 3 years to promote positive parenting behaviors which are linked to later positive child behaviors. Our work has indicated that parents already engage in some of these behaviors which lead to positive child outcomes. We can help parents to increase the use of these behaviors by building on their existing behaviors. Both presentations were well received, and we have had many requests for permission to use our techniques and checklist. If programs are interested in learning more, you can contact Mark Innocenti at Mark.innocenti@usu.edu.

Parents can help their children's language development through fun and engaging activities...

Lori Roggman and Gina Cook also had posters discussing their research with fathers and their powerful influence on children's development. But there was so much more happening at WAIMH! There were innovative presenters discussing their clinical work with depressed mothers and/or infants, the effect of trauma on parental and young children's behavioral responses and mental health, autism, and substance abuse, and almost any topic imaginable dealing with young children's infant mental health. And there were researchers discussing new and promising interventions for high-risk populations, infants and toddlers in orphanages, children with disabilities, children in childcare, and so many more interesting topics. It was difficult to determine which sessions to go to at times.

A common theme that seemed to run throughout the conference was one of openness to other cultures, different ideas, and ways of thinking. Psychoanalytic clinical practitioners mixed with university faculty researchers, new professionals in the field, and physicians mixed with paraprofessionals and theorists alike. There was a great spirit of collegiality and collaboration among the participants, which was very inspirational. The conference culminated in much energy and support for the next World Congress to be held in Cape Town, South Africa from April 17-21, 2012. Start saving, planning, and getting ready to pack your bags! Besides the conference and all of the amazing research and innovative programs, you could go on a safari and stroll by the sea.

A common theme... was one of openness to other cultures, different ideas, and ways of thinking.

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News from UAIMH

Annual Open Board Meeting April, 2010

The Board voted to change the terms of office to two years to provide a better opportunity to accomplish goals. All were in favor and current officers agreed to fulfill another term.

Presentation by Cinda Morgan, LCSW, on "Fostering Optimism," a pilot program of Wellspring "www.wellspring.com" focused on improving the success of foster placements.

Review of Accomplishments, April 2009-September, 2010

Summer and Spring editions of the UAIMH Newsletter were published with feature articles on "Brain Development and Empathy," "Attachment and

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Autism." Recommendations for fostering resilience in "Military Families and Mental Health" and, in Spanish, "Desarrolla y Edifica La Capacidad de Recuperacion En Los Ninos" ("Development and Building the Capacity of Resilience in Babies/Young Children") and continued discussion of "Child Maltreatment Policy and Attachment Theory" and how the two could be more effectively integrated were presented.

Nellie Arrieta, LCSW, Martha Mandujano, PA, and Lupita Aguayo, Early Intervention provider, presented an excellent public television program for the Hispanic community on Univision regarding early child development and early intervention.

"Critical Issues Facing Children and Adolescents" Conference (2009, October). UAIMH worked with Tia Korologos to establish an "Infant Mental Health Track" for this mental health conference. This resulted in a superb, well attended, full day of Infant Mental Health presentations, by Kadija Johnson, LCSW-Director, Infant Parent Program UCSF, beginning the day with a conference keynote presentation by infant/young child professor, researcher Ross Thompson, Ph.D., of UCDavis. (Reunion with colleagues around the state was a precious gift of this day!)

UAIMH host and hostess information tables were established and attended by members, to provide information for participants at the "Generations Conference" and the "Common Problems in Pediatrics" Conference in May and June, 2010.

UAIMH memberships have increased with new and returning members in 2010.

Critical Upcoming Events, 2010

"Critical Issues Facing Children and Adolescents" Conference, October 20-21, offers, not one, but two conference days with an Infant/Early Child Mental Health related presentation in each and every hour. Doug Goldsmith, Ph.D., is the keynote speaker on "Children and Trauma."

Get your registration in for this conference by October 2, 2010 and you will receive a $30 discount on your registration fee if you mark your registration "UAIMH Member." Get your registration in today—the deadline comes quickly—and enjoy reconnecting with your colleagues!

Renew your UAIMH membership online at:

www.uaimh.org

Mail payment by check to:

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