



UAIMH NEWSLETTER

Utah Association for Infant Mental Health
May, 2003

Welcome to UAIMH!

The first general membership meeting/reception will take place July 8th during University of Utah's Summer Institute. Baby Watch Early Intervention Program is sponsoring infant mental health training that same week at the Summer Institute. Registration info can be found at: www.socwk.utah.edu/pacc

The Founding Board of Directors

UAIMH's Board of Directors will be composed of 9 elected members. Following are brief bios of the founding Board.

Adrienne Akers, MS, RPT is a senior researcher at the Early Intervention Research Institute (EIRI) at Utah State University. She has enjoyed a 30-year clinical, research, and training career working with young children and their families. Adrienne has developed a strengths-based infant mental health model referred to as *mutual competence* and has conducted extensive training on the model nationwide.

Glenna Cooper Boyce, PhD is a senior research scientist with EIRI at Utah State University. She has served as adjunct instructor in the Department of Human Environments, College of Family Life, and Department of Family and Human Development at Utah State. Glenna has been involved in studies that address service and evaluation of services for children and their families.

Ilse de Koeyer, PhD is a researcher in Dr. Alan Fogel's Infant Laboratory at the

University of Utah. She graduated with her PhD from Utrecht University, The Netherlands, in June 2001. Ilse has been involved in studies about parent-child relationships and development of those relationships, and infant attachment security. Her focus of research is how infants and young children become aware of themselves in relationships. Ilse serves as UAIMH's treasurer.

Kristina Hindert, MD is Medical Director at The Children's Center (Salt Lake City). Kristina received her medical degree from the University of Utah College of Medicine Pediatric Honors Program, 1978. She has worked in child psychiatry since 1986 and has given many lectures and seminars on the subject. Kristina serves as the founding President of UAIMH.

Mark Innocenti PhD is Associate Director of EIRI and Assistant Director of the Research and Evaluation Division at the Center for persons with Disabilities at Utah State University. He has over 20 years of experience working with infants and young children at-risk as well as with disabilities and their families through multiple research and model demonstration projects. Mark has extensive experience in model demonstration and training projects.

Aziele Stewart Jenson M.Ed. is an Early Childhood Specialist at the HOPE Institute at Utah State University. She has worked with infants, toddlers, and at-risk preschool children for over 20 years emphasizing children with disabilities and vision impairment. She is the Program Coordinator for the newly funded Touchpoint Site at Utah State University which will serve infants and toddlers in the state of Utah. She is a member of the Zero to Three's Pathways to Prevention social/emotional competency national initiative and the national EHS/Zero to Three

Infant/Toddler network for research, trends, and service

Janice McCaffrey MSW coordinated, analyzed, and authored a report from data collected in a statewide survey of mental health providers regarding services to children birth to three. From that data she compiled *A Utah Guide of Infant-Toddler Mental Health Services for Early Childhood Professionals*. Janice serves as UAIMH's founding secretary.

Nick Tsandes LCSW is the Director of Children's Services at The Children's Center, where he provides assessment and treatment for infants, toddlers, preschoolers and their families. He obtained his MSW from the University of Utah Graduate School of Social Work where he also serves as clinical instructor for practicum students. Nick serves as founding President-Elect for UAIMH.

Janet Wade is the Community Partnership Specialist with Baby Watch Early Intervention. She has worked in the field of early childhood as a home visitor and Disabilities and Mental Health Coordinator for Head Start in Utah and Oregon. Janet has been the driving force behind the statewide committee Expanding Options for Infant-Toddler Mental Health and has been the catalyst in creating the Utah Association for Infant Mental Health (UAIMH).

Research Report

Warm, Responsive Caregiving Benefits Children in Russian Orphanages

News report from the website of the Society for Research on Child Development (SRCD), www.srcd.org

Tampa, FL. A unique partnership of five professionals from St. Petersburg, Russian Federation, and the University of Pittsburgh is trying to change the behavioral culture of two orphanages for children birth to four years in St. Petersburg. And preliminary results reported by the group at the meeting here of the Society for Research in Child Development, indicate that the bold experiment is working.

Children reared in dismal orphanages for the first few years of life are often shorter and thinner and mentally and socially behind their home-reared agemates. These limitations are often attributed to inadequate

medical care, unsanitary living conditions, poor nutrition, and possibly abuse, conditions that likely existed in the Romanian orphanages more than a decade ago.

But many professionals believe the lack of early experience with warm, responsive caregivers is the crucial missing component in these children's lives.

This same lack of responsive caregiving has often existed even in otherwise good orphanages throughout the world for many decades.

Moreover, the level of care provided in many foster and child care settings in the United States, Israel, and elsewhere is no better, and caregivers similarly may not be required to have relevant training.

The St. Petersburg project, funded by the US National Institute of Child Health and Human Development and the Howard Heinz Endowment, is designed to demonstrate specifically whether improving the amount of warm, responsive caregiving from fewer and more consistent caregivers produces improvement in nearly every aspect of children's development and benefits their caregivers as well.

The orphanages in St. Petersburg provide adequate medical care, nutrition, safety, toys, facilities for exercise and swimming, and specialized therapeutic and educational services. But they also have the "institutional culture" common to many orphanages in which caregivers do not get socially or emotionally close to the children

"Our early studies showed the caregivers did not respond or talk much to the children," said Dr. Rifkat J. Muhamedrahimov, one of the St. Petersburg project directors. "Feeding and changing are done in a business-like, efficient manner, with little talking. Even when playing, the caregivers direct the child—'this is how you play with this toy.' There was almost no sharing, no interaction, no responsiveness with the children."

"The caregivers did not want to get close to the children," Muhamedrahimov continued. "The children leave the orphanage, some are adopted, some return to parents, a few die, and at four years the rest go to the next institution, which may be even less caring and responsive. So they don't get close to the children to avoid the pain of separation."

"Some also believe it is better for the children to be prepared for the unresponsive nature of the next institution," reported Dr. Robert B. McCall, one of the University of Pittsburgh project directors. "Maybe that's true, but we have much theory and a little research evidence that says just the opposite—that it is better for young children to have been loved and lost than to never have been loved at all."

Muhamedrahimov and his St. Petersburg colleagues, Dr. Natalia Nikiforova, Directress of an orphanage and a pediatrician, and special educator, Oleg Palmov, wanted to change this and other circumstances.

“Two interventions have been implemented,” said Dr. Christina J. Groark, the other American project director. “First, caregivers were trained in warm, responsive caregiving of young children, early education, and children with disabilities. Second, several structural changes were made to support caregiver-child relationships, including cutting the group size in half, reducing the number of different caregivers—it was 60-100 in the first two years—increasing the children’s exposure to a few caregivers, and mixing into the same groups children of different ages and disabilities.”

Both interventions were done in one orphanage, and the preliminary research results after 13 months of these changes are encouraging.

“Caregivers improved their responsiveness, acceptance, and involvement with the children,” reported Dr. Wendy Barnard of the University of Pittsburgh, “and they provided more learning materials, variety, and organization.”

“So far, the children have improved on tests of their communication, cognitive, and personal-social behavior, and the children with severe disabilities have improved the most on everything—46% on average,” said Barnard.

“The caregivers,” added Muhamedrahimov, “found that it was actually easier to have mixed ages and disabilities, because they could pay more attention to older children while the infants slept or to the infants when the older children played. The caregivers also have become less anxious and depressed.”

“We need to see what happens in the second orphanage which just finished the training and will not get the structural changes,” cautioned Muhamedrahimov, “and then compare both orphanages to a business-as-usual orphanage. We would like all the orphanages in St. Petersburg to change in this way, but we need the proof that the completed research on these three can provide.”

“The project is already attracting the attention of professionals and government officials in St. Petersburg,” added Groark, “because you can see the difference.”

“The children are active, playing, energetic—not lethargic and staring at their hands. Everyone is talking, smiling, happy—not silent, expressionless. Caregivers are on the floor playing with—not directing—children, and the children with disabilities are positioned correctly and participating, not ignored. “It’s a completely different atmosphere—the caregivers are loving these children like they do their own, and the children are loving them back.”

Robert B. McCall, Ph.D., Principal Investigator

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Mark your calendars...

- **July 7-11, 2003** Infant Mental Health training *From Conception to Connection* and UAIMH general membership meeting/reception. Class registration details can be found in the Summer Institute Catalog and at <http://www.socwk.utah.edu/pace>

For Information regarding the World Association for Infant Mental Health (WAIMH) log on to www.waimh.org