

# CT-AIMH Member News



CONNECTICUT ASSOCIATION  
FOR INFANT MENTAL HEALTH

- Items of Interest from the Connecticut Association of Infant Mental Health -

## Save the Date: April 21, 2011 CT-AIMH Annual Meeting/Workshop

Please save the date of April 21, 2011 from 8:30 – noon at the Lyceum in Hartford for the CT-AIMH annual meeting and workshop.



Our presenter will be Rebecca C. Parilla, PhD, a clinician in private practice in New Preston, CT and a mental health consultant for Early Head Start, Head Start and Birth to Three through Education Connection. Dr. Parilla will discuss maternal depression and its impact on early relationships for young children.

Registration information and more details will be posted on our website: [www.ct-aimh.org](http://www.ct-aimh.org).

## New Federal Project in CT through Wheeler Clinic

CT-AIMH will have a role in the new federal SAMHSA project through Wheeler Clinic and New Britain Council for Young Child Wellness.

The project, Promising Starts, will be coordinated by Melissa Mendez, LCSW. This will be another opportunity to build the mental health workforce capacity for young children and their families in Connecticut.

Promising Starts program activities include Workforce Development, Substance Abuse Prevention, Behavioral Health in Primary Care, Implementation of Child FIRST, Circle of Security, and Child Care Consultation Services.

For more information about Project LAUNCH visit <http://projectlaunch.promoteprevent.org/>

## Join Us to Hear Endorsement Progress and News on the National Front

You are invited to join us February 28, 2011 from 3:30-5:30 p.m. to celebrate the first group to be endorsed in *Culturally Sensitive, Relationship-focused Practice Promoting Infant Mental Health®* and to hear what is going on nationally regarding workforce development for infants/toddlers and their families.

Deborah Weatherston from the Michigan Association for Infant Mental Health will share with us the policies that other states have developed to promote Endorsement in Infant Mental Health. Debbie will be here to conduct the exam training for a group of endorsed persons from Connecticut.

The CT-AIMH is pleased to announce that seven members have earned endorsement, which will be identified in their credentials by IMH-E (IV) Infant Mental Health-Endorsed and level of endorsement.

Those individuals include:

- Nancy Close, PhD, IMH-E (IV Clinical)
- Margaret Holmberg, PhD, IMH-E (IV Policy)
- Christiana Mills, LCSW, IMH-E (IV Clinical)
- Catherine O'Brien, MEd, IMH-E (IV Policy)
- Dale Saul, PhD, IMH-E (IV Clinical)
- Kim Shepardson Watson, LCSW, IMH-E (IV Clinical)
- Grace Whitney, PhD, IMH-E (IV Policy)

Others will sit for the exam through Michigan Association for Infant Mental Health in March. CT-AIMH will review portfolios for a small group in April 2011 and conduct the exam in June 2011. The next review and exam dates will be announced on February 28.

## Upcoming CT-AIMH Trainings

### ***Introduction to Reflective Supervision:***

With funds from the Department of Social Services around infant/toddler quality improvement, CT-AIMH is offering 10 hours of training in introduction to reflective supervision.

Nancy Close, PhD, IMH-E (IV) who is one of the seven new endorsees in infant mental health and will be the presenter for this training. The training will be both informational and experiential and will contribute 10 hours toward the required reflective supervision for endorsement at levels II and III.



### ***Two-Part Series Related to Core Competencies Being Offered:***

The Connecticut Workforce Collaborative for Behavioral Health has provided funding for CT-AIMH to offer a two-part training series with eight topics related to the Competencies required for endorsement in infant mental health offered in each part.

This training will be geared toward home visitors providing services to infants/toddlers and their families. Trainees will have the opportunity to reflect on each topic between sessions in each part.

We anticipate the dates for the series to be in May, June, September and October. Watch for details on this and other items on our website at [www.ct-aimh.org](http://www.ct-aimh.org).

## Call for Jane C. Bourns Award Nominations

The Connecticut Association for Infant Mental Health will name the 6<sup>th</sup> Jane C. Bourns Award recipient at our spring meeting in April 2011.

Please see the description of the award on our web site: [www.ct-aimh.org](http://www.ct-aimh.org)

Previous recipients have included:

- The Bourns family
- Dr. Judith Meyers, President and CEO, Child Health and Development Institute
- Dr. Marianne Barton, Professor, University of Connecticut
- Mary Ann Dayton-Fitzgerald, first president of CT-AIMH
- Dr. Kyle Pruett, author and Clinical Professor of Psychiatry, Yale School of Medicine

Do you know someone who is outstanding at promoting quality social and emotional development among infants and young children and their families? This might be someone who excels in her/his work and who:

- Advocates for the importance of young children's early relationship development,
- Leads her/his staff in focusing on warm, sensitive, responsive relationships with infants and young children,
- Demonstrates responsive care-giving and help with emotional regulation for the young children in his/her classroom,
- Strengthens infant/young child and parent relationships during home visits.

Send us the name and address of your nominee and a short description of why you think the person is qualified to receive the Award this year. You can e-mail your nomination to [ctaimh@yale.edu](mailto:ctaimh@yale.edu) or call Joanna Bogin at 860-610-4267. Nominations will be accepted through March 18, 2011

## League of States Meeting in Phoenix

Five people from Connecticut attended the League of States meeting in Phoenix in early December.

**Catherine O'Brien**, director of Young Children and Families at LEARN, **Kim Shepardson Watson**, clinician in private practice, **Anne Giordano**, CT-AIMH Endorsement Coordinator, **Grace Whitney**, Director of State Head Start Collaboration Office, and **Margaret Holmberg**, CT-AIMH President met with colleagues from 14 other states to engage in reflective supervision activities and to learn how other states are funding and growing their organizations.



The groundwork was laid to propose some research to identify and measure the effects of engaging in reflective supervision. Reflective supervision is a key component of the competencies for endorsement in infant mental health. Margaret was on a panel to share funding resources experienced by CT-AIMH.

The League of States is the group of states providing endorsement in infant mental health following the process established by the Michigan Association for Infant Mental Health. The League meets annually prior to the Zero To Three Training Institute and provides the setting for learning and sharing policies and practices to promote relationship-focused practice.

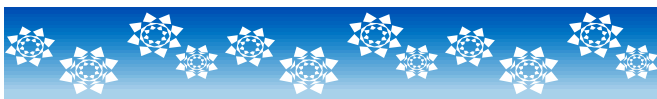
Along with Connecticut, 13 states now provide, or are preparing to offer, the endorsement including: Alaska, Arizona, Colorado, Idaho, Indiana, Kansas, Michigan, Minnesota, Oklahoma, Texas, Virginia and Wisconsin. We are grateful to the Children's Fund/Child Health and Development Institute for providing assistance in attending this important meeting.

## 2010 CT-AIMH Fall Conference a Success

The 128 people who attended our fall conference at Woodwinds in Branford enjoyed a day of inspiring information about home visiting with young children in the child welfare system, good food, pleasant atmosphere and good company.

Dr. Brenda Jones Harden from the University of Maryland was an engaging and informative presenter who shared her personal experiences as well her research.

Norma Ginther, MS, LICSW and Dr. Dale Saul joined Dr. Harden in the afternoon for lively break out discussions. To read one of Dr. Harden's many articles on this topic, go to our website at: [www.ct-aimh.org](http://www.ct-aimh.org).



## Membership Benefits of CT-AIMH

Please join or renew your membership in CT-AIMH for 2011.



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We have more trainings planned for this year and your membership entitles you to reduced rates. We will also be starting a regular email contact with members, sharing information that is happening nationally in the area of infant mental health.

Click onto our web site for membership applications. We continue to offer the popular agency membership with reduced rates for four or more persons from one agency.

We will not be able to change agency membership after September 2011, so plan to have as many interested people as possible join now from your agency. The rate is the same, so membership is a bargain.

## Building Blocks Seeks Sustainability As Federal Funding Draws to a Close

In 2005, the Southeast Mental Health System of Care (SEMHSOC) applied for and was awarded a federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop an early-childhood system of care in New London County. The project, known as Building Blocks, provides to the family, at no cost, in-home therapeutic services to families with children under the age of six who are experiencing social-emotional challenges.

All services and interactions with families are based on System of Care values and are child centered, family friendly, community based, strength based, and culturally and linguistically competent. Family voice and choice are a major focus in the provision of supports and services.

The support team consists of an early-childhood mental-health clinician and a care coordinator who work with the family to identify their unique strengths and with the family utilize these strengths in developing services that address identified concerns. The team incorporates Positive Behavior Supports (PBS) and Wraparound practices as they work to strengthen the parent-child relationship. As of September 2010, Building Blocks has provided services to 220 children, of which two-thirds are male. The average age is 3.87 and the youngest is 7 months.

The goal of Building Blocks is to support the social and emotional wellness of young children and their families'. Evaluation of program results reveal statistically-significant improvements including:

1. Reduction in problem behaviors, such as aggressive behavior, sleeping problems, anxiety, and attention problems
2. Increase in child's self control
3. Decrease in suspension and expulsion
4. Decrease in maternal depression and parenting stress.

Evaluation continues beyond active enrollment and shows the continued maintenance these improvements (currently to 18 months beyond services).

In addition to the development of comprehensive mental-health services for families and their children, birth to under six, Building Blocks recognized the need for an improved workforce capable of providing mental-health services and supports to young children and their families.

During the past five years, Building Blocks has worked to promote the development of a qualified community and statewide workforce with expertise in early- childhood mental health.

Through workshops and trainings, service providers and family members have been able to increase their knowledge regarding a wide variety of infant and toddler mental-health issues and concerns. Qualified trainers are now available in New London County to continue to expand knowledge regarding the use of Positive Behavior Supports, Wraparound, and DC-0-3R.

Recognizing the importance of continuing and expanding the provision of services to young children and their families, Building Blocks entered into a partnership with Child FIRST in 2009 in an effort to sustain and further develop a statewide early-childhood mental-health service system.

As Building Blocks' SAMHSA funding ends in September 2011, the immediate goal is to maintain the provision of mental health supports and services to young children and their families in New London County through this relationship as a Child FIRST affiliate.



Charlie Slaughter, CT Department of Children & Families, shared with friends of Circle of Security this important article from a sister organization.



## Australian Association for Infant Mental Health

*Affiliated with the World Association for Infant Mental Health*

www.aaimhi.org

### Position Paper 3: Time Out

Issued July 2009

The Australian Association for Infant Mental Health Inc (AAIMHI) aims (in part) to:

- Improve professional and public recognition that infancy is a critical period in psycho-social development, and
- Work for the improvement of the mental health and development of all infants and families.

#### Definition

Time out involves time away from a rewarding or positive environment as a consequence of some form of misbehaviour, usually for 1 – 5 minutes. The definition used by AAIMHI for this statement is where the child is also removed from the presence of and/or interaction with the parent or carer.

#### Background to AAIMHI's Position

AAIMHI's concern is that some parents and others caring for children in the community understand time out as *exclusionary* time out, that is, as separation from the parent or caregiver as well as from the activity in which the child had been involved. This statement refers in particular to the use of time out with children in the first three years. However, some of the issues raised will also be relevant to older children.

While there is research that supports using time out to control behaviour, especially for older children, this research does not address the emotional impact on the child. Developmentally, children less than three years cannot be expected to be able to self-regulate emotionally. Therefore they still need the presence of a caregiver to assist them with this process, not separation from them. Separation may increase a child's insecurity and distress.

Many older children have never had emotional regulation modeled to them by their caregivers in ways that enable them to learn self-regulation. They therefore also need the presence of a caregiver to assist them with the management of their feelings.

Children under three years may not have the developmental capacity to keep in mind the connection between their behaviour and the response of the caregiver, especially if there is any time delay.

Unregulated feelings are the cause of 'out of control' behaviour; responding to this behaviour needs to be about responding to the underlying emotional need of the child. The most effective, long-lasting way to respond to this behaviour is for caregivers to understand how the child is feeling and thinking. Then the parent or carer can anticipate when problems will arise and plan to prevent them.

When they do happen the parent can show that strong feelings can be understood and managed. Sometimes therapy may be needed for persistent 'out of control' behaviour.

#### Time out – AAIMHI's Position

The AAIMHI position on responding to children's behaviour is informed by an attachment theory model of relationships which is now backed by a very significant body of research. The use of time out (where the child is removed from contact with the parent or carer) with children *under three years* is inappropriate. The use of time out with children *over three years* needs to be carefully considered in relation to the individual child's experience and needs.

AAIMHI concerns in relation to use of exclusionary (where the child is separated from the parent or caregiver) time out for children less than three years are:

- It does not teach constructive ways to deal with problems; instead it teaches separation as a way to deal with problems.

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- It does not take into consideration the developmental capacities of young children under three. From an attachment and development-based point of view, children this age are experimenting and do not yet have the necessary skills to control impulses and emotion, i.e. their behaviour is not *misbehaviour*.
- It deliberately cuts off the child from the relationship with parent or carer so that the child feels powerless to connect with the adult; this cutting off from relationship is an intended consequence for the child's behaviour and is seen by the child as a punishment.
- It does not address the message (cause) behind the behaviour.
- It fails to recognise that young children do not learn self-regulation of emotions by themselves; they need the support of a parent or carer.

### Recommendations

Reinsberg (1999) lists five points to consider in responding to a child:

*Is this a developmental stage?*

*Is this an individual or temperamental difference?*

*Is the environment causing the behaviour?*

*Does the child not know something but is ready to learn?*

*Does the child have unmet emotional needs?*

### Some practical suggestions

1. Make sure the child's environment provides for the basic needs of love, emotional and physical security, room to explore and encouragement. The emotional context should be with the parent and child in a partnership for growing and learning, not an oppositional one of controlling.
2. The parent needs to be the one in charge (in a guiding way), wiser than the young child. The child does better with a confident, kind caregiver.
3. Let young children be as much involved in helping with activities as is sensible. Show children how to do things that they can feel good about.
4. Monitor a young child's activities and emotional state. Watch for early signs of distress or difficulty and act then (divert, attend to needs, give a hug, change the activity) rather than waiting for the emotional response to develop.
5. Respond to precipitating factors such as a child's level of tiredness or excitement or family changes such as a new baby.
6. Calming routines before difficult situations are a good idea to get your child in a calm, well-balanced state, e.g. a quiet game, a bath, a walk outside, a story.
7. Give young children choices where possible and

within their capability.

8. Anticipate difficult situations. Think about when they happen and plan to avoid them if possible. For example, take with you some things to amuse a young child. Watching adults is very boring for them. If not, talk to the child about the situation ahead of time. Challenge the child with how you would like things to go: "I wonder if you would be able to (be clever, strong etc.) and help me do this?" Have a plan in case things don't go well.

9. Think about the event from the child's perspective.

10. If you see an emotion rising in the child, note it and name it with them.

For example:

"you are getting cross I know"

"I understand you would like ... but we can't because ..."

Give a short reason:

"We have to make sure you are (healthy, safe, kind to others etc)".

"I can help you do (something else)."

Or a challenge to the child of something acceptable to you:

"Do you think you could ... ?"

11. If the above does not work, take the child away from the situation but keep the child with you (sometimes called 'time in'). Remain as calm as you can and consistently restate your decision. Acknowledge the child's feeling. Offer to connect with the child. "I know it is hard. Do you want a hug?"

12. Predict that this will be over soon. "I know we can calm you down. Very soon you will fine again".

13. Importantly, parents who are very upset themselves need to take a break, as long as the child is safe. Helping parents to find support is important; there are always times in parenting when this is needed.

### Specific resources for helping one and two year olds (and older) with behaviour and feelings.

#### Time In

The Circle of Security model lists a step-by-step process called "Time In" during which the adult helps the child "organise their feelings." In their approach, Time Out is for the parent to calm down (emotionally re-regulate) in order to be in a good state to respond to the child. See: [www.circleofsecurity.com](http://www.circleofsecurity.com)

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### ***Time-in Parenting***

This book by Otto Weininger is highly recommended for helping children to learn strategies for self regulation. It states, "When children are upset, out of control, rude or angry, what they need most is to be with a safe and accepting adult. They need to be with someone who is calm and non-punitive, and can recognize that anyone can get very upset at one time or other. They also need someone who can help them express these strong feelings appropriately". The context of responding to young children's behaviour is to use the parental relationship with the child to assist the child with emotional regulation, i.e. young children learn emotional regulation in the context of the relationship and with the support of the parent. It is not something they learn alone.

Weininger makes the following points about exclusionary time out. "...it assumes that, at any age, we learn by ourselves and do not need others to help us. It assumes that we already somehow know the 'right' way to do things and can simply go to our room and 'tune into' the right way. Again, it appears to the child we do not need anyone to help us do this ... I do not believe that children of two, three, four, five or even six are able to perform such thinking tasks because they do not yet have the reflective skills to do so ... time out ... is a punishment that deprives a child of the very relationship that he needs at the time the punishment is given."

See: Weininger, Otto (2002). *Time-in parenting: how to teach children emotional self-control, life skills, and problem solving by lending yourself and staying connected*. Toronto: L Rinascente Books. Available in Australia from Open Leaves Books, Phone: 07 38440169.

#### *The emotional life of the toddler*

This book by Alicia Lieberman also has very helpful information about toddlers and how the way we respond to them helps them with important learning and development. It gives parents and carers a real insight into the world of the toddler and what is behind their actions and feelings.

#### **References and further resources**

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Schreiber ME (1999). Time-outs for toddlers: Is our goal punishment or education? *Young Children* 54:4, 22-25.

Weininger O (2002). *Time-in parenting*. Canada: Caversham Publishers.

Wolf T et al. (2006). Time-out interventions and strategies: A brief review and recommendations. *International Journal of Special Education* 21:3.

#### **Useful websites**

<http://www.awareparenting.com/timeout.htm>

[www.betterkidcare.psu.edu/AngelUnits/OneHour/TimeOut/TimeOutLessonA.html](http://www.betterkidcare.psu.edu/AngelUnits/OneHour/TimeOut/TimeOutLessonA.html)

<http://www.circleofsecurity.org/publications.html>

<http://www.naeyc.org/resources/eyly/1996/15.htm> (NAEYC statement on Time Out)

[http://www.naturalchild.org/guest/peter\\_haiman.html](http://www.naturalchild.org/guest/peter_haiman.html)

## Connecticut Association for Infant Mental Health

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**T**he Connecticut Association for Infant Mental Health provides statewide opportunities to enhance knowledge and to promote a positive influence on the social-emotional health and development of infants, young children and their families.

## World Association of Infant Mental Health



**W**hy is Mona Lisa smiling? Join the World Association for Infant Mental Health (WAIMH) and subscribe to the *Infant Mental Health Journal* to find the answer in the January-February 2011 issue.

Membership in the World Association for Infant Mental Health (WAIMH) includes *The Signal* and offers a member rate to subscribe to the *Infant Mental Health Journal*.

In the January-February 2011 issue of *Infant Mental Health Journal*, Robert Emde from the University of Denver reviews the 2008 World Congress held in Yokohama, Japan. He summarizes the contributions that the infant mental health field has made to prevention, to policy and to providing for advances in science and practice.

This article is an excellent review of the impact infant mental health has had in our understanding of babies and their families and calls for applying that knowledge to places where the needs of babies and their families are neglected. A really great read.

Please visit their website at [www.waimh.org](http://www.waimh.org).

## CT-AIMH Now at Home!

**O**ur CT-AIMH administrative home is now at the Yale Child Study Center.

Address: 230 S. Frontage Rd, New Haven, CT 06520  
E-mail: [ctaimh@yale.edu](mailto:ctaimh@yale.edu)  
Phone: 203-737-6422  
Fax: 203-785-7926

Linda Isakson is providing a few hours of administrative assistance work for us at Yale. We are grateful for the work and support that Dr. Linda Mayes and Dr. Fred Volkmar have offered to provide us space and connections.

We are working with Miranda Creative in Norwich to update our website with information about membership, news and events, Endorsement in Infant Mental Health, and resources. Our new site should be up soon and at the same address: [www.ct-aimh.org](http://www.ct-aimh.org).



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