UAIMH NEWSLETTER

Utah Association for Infant Mental Health

Issue 8 – July 2006

Special Topic: Autism

President's Corner

From President to Past President: Jessica Singleton

Fred Rogers said, "When I was very young, most of my heroes wore capes, flew through the air, or picked up buildings with one arm. They were spectacular and got a lot of attention. But as I grew, my heroes changed, so that now I can honestly say that anyone who does anything to help a child is a hero to me." I would add that those people who help parents are also heroes. They are, after all, ultimately helping children when they support their caregivers.

Nearly one year ago, I was allowed into that mysterious parenting society when my daughter Augi was born. I never imagined the impact one little person could have on my life. I have learned first hand about prematurity, newborn intensive care units, reflux, first smiles, pros and cons of co-sleeping, how to install a diaper while she is crawling away, and countless other bits of information—and we haven't even reached her first birthday!

In contrast to the joy I feel as I watch this little girl grow, I am concerned by the never-ending advertisements and recommendations I now receive for infant DVDs, must-have toys with flashing lights, and the latest methods for getting a baby to sleep. There is a wealth of easily accessible information, and misinformation, on the Internet to address any topic you can dream up. With all of this information coming at parents, it is a wonder anyone can ever feel confident in their parenting choices.

Parents, especially young parents, frequently ask me about different parenting practices they have read or been told about. Some of these practices are alarming. All of these parents want what is best for their children, but they are often misguided by popular media.

UAIMH is an excellent avenue for sifting through the resources available to parents and providing opportunities for professionals to become more knowledgeable about positive practices in infant mental health. UAIMH has been doing this by sponsoring a variety of workshops for our community on topics such as Touchpoints®, Movement/Dance Therapy, maternal depression, and grief. UAIMH workshops and events allow those interested in infant mental health to network and build a strong support system. UAIMH membership is growing, and we have members throughout the state. We have plans for fabulous speakers in the future to keep our members up-to-date on the latest practices in infant mental health.

I am forever grateful to the members of UAIMH for their commitment to infant mental health and their support as I fumble my way through parenthood. Our UAIMH members are heroes to the families and infants with whom they work. I am excited to hand over the presidency to Adrienne Akers. She has the energy and devotion to make great things happen. She has been a valuable UAIMH Board member and she will be a strong leader. I want to wish her the best of luck as UAIMH's next president.

Jessica Singleton, PhD
Past-President of UAIMH
School Psychologist
Davis School District Early Childhood Program

Our New President: Adrienne Akers

I'm really looking forward to the opportunity to serve as the 2006-07 President of UAIMH. I have been a member of the UAIMH Board since it began a few years ago and hope to provide continuity with our past efforts. One of the Board's main goals this year is to increase the participation of UAIMH members in the various committees that UAIMH sponsors. Currently, the UAIMH committees include:

- Membership/Outreach/Public Relations
- Training/Workshops
- Newsletters
- Website

During the first few years of UAIMH, the Board members established and organized these committees. We are now at a point that the interests and talents from all our members are necessary to keep UAIMH strong and healthy. Please stay tuned during the coming year to hear how you can become more involved in UAIMH and the committees listed above. Feel free to contact me directly at adrienne.akers@usu.edu if you want to offer any suggestions or would like to volunteer to work on any of the committees.

Adrienne Akers, MS, RPT
President of UAIMH
Senior Researcher
Early Intervention Research Institute
Utah State University

News from UAIMH

This spring, UAIMH not only changed Presidents, but also said goodbye to two excellent Board members. Kristina Hindert, MD, and Nick Tsandes, LSCW, have both been Presidents to our young organization. We will be forever indebted to them for their tireless efforts to improve the mental health and well-being of Utah's infants. Kristina and Nick, you will be sorely missed! We rest assured, however, that your efforts will continue in different ways.

We welcome two enthusiastic new Board members: Jim Taliaferro and Brad Lundahl. Jim Taliaferro, LCSW, has been involved with infants and young children for 17 years, providing intervention and therapies, first through his work at the Children's Center, and currently through his position as Program Manager of the Child Development Clinic at Children with Special Health Care Needs. Brad Lundahl, PhD, is an Assistant Professor at the School of Social Work, University of Utah. Brad was trained as a clinical psychologist and his research interests include, among other things, parent training as an intervention for child behavior problems. Both these individuals bring clinical experience and expertise to our Board and we look forward to working with them!

Training Offered by UAIMH

Mini-Conference with Dr. Suzi Tortora

On January 6, 2006, UAIMH hosted a day-long mini-conference, entitled, **"Using Movement and Nonverbal Cues to Support Relationships with Infants and Young Children"** presented by Suzi Tortora, EdD, ADTR, CMA, KMP. Although we expected about 70 participants, attendance topped 100 people from many different backgrounds, including the mental health field, medicine, and parenthood. Dr. Tortora is an early childhood specialist who has been involved in ZERO TO THREE since its inception. She is also a registered dance/movement psychotherapist and works with clients of all ages. Dr. Tortora focuses particularly on infants and young children because she believes early intervention is key.

With tireless energy, Dr. Tortora demonstrated her work using PowerPoint and video presentations, as well as experiential exercises. Because young children cannot make use of verbal language very well, their nonverbal body language is a crucial port of entry. Dr. Tortora demonstrated how movement can be used as a means of communication, and also to detect any problems.

In children who have psychosocial problems, nonverbal expressions in various parts of the body are often asynchronous. Dr. Tortora gave an example of a young boy diagnosed with pervasive developmental disorder. Whereas the child's play overall had a boisterous quality, his

facial expression did not match the quality. Dr. Tortora's work with this same little boy showed how playful movement can be used as an entryway for communication and therapeutic relationship. Little by little, she gained his confidence by mimicking small movements and the quality of his expressions. Gradually, he became able to initiate contact and he became more and more creative doing this.

Dr. Tortora also showed her powerful work with toddlers undergoing a painful treatment for cancer. Her approach significantly reduced pain and distress among these children, as indicated by physiological measurements such as their heart rates.

Overall, mini-conference participants gave high ratings for Dr. Tortora's presentation. Most people liked her high energy and clear way of presenting, as well as the activities and video examples. Many said that they would be able to apply elements of Dr. Tortora's approach in their work or everyday life with young children, for example:

- Using movement both in observation and kinetically to enhance attachment. [Boy with PDD} – dance with him was magic!!
- Recognition of nonverbal cues. Witnessing of the profound changes that can occur in a child's ability to relate to others through the use of movement.
- Trying to "see through the eyes" of the baby.

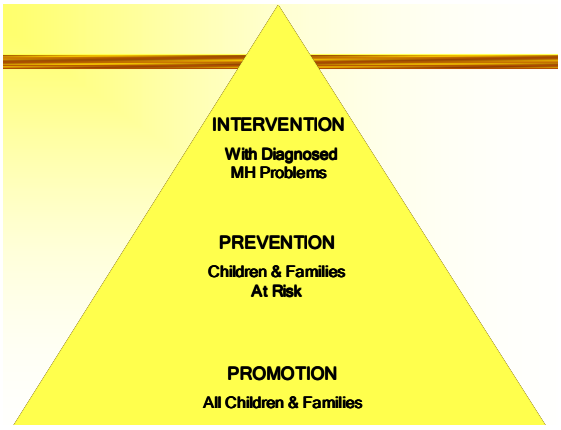
Ilse DeKoeyer-Laros, PhD
Adjunct Assistant Professor
Department of Psychology
University of Utah

Summer Institute Program Training

From June 12-16, 2006, a five-day course entitled, **"The Parent-Child Relationship: Developing an Advanced Skill Base in Working with Very Young Children and Their Families"** was offered through the University of Utah College of Social Work's **Summer Institute 2006**. This course represents the fourth opportunity for students and clinicians to hone their skills related to infant mental health via the Summer Institute. Beginning in 2002, a three-day course covered entry level topics related to infant mental health. During each subsequent year, the topics have been expanded based on the feedback from Summer Institute participants.

The importance of relationships in the emotional life of children is seldom called into question today. Consistent and responsive caregiving is critical to shaping the essential aspects of a child's development. Thus, sound intervention must occur at the level of the parent-child relationship. However, the first five years of life present particular challenges to mental health professionals. Young children's development is always progressing at a rapid pace, making it difficult to formulate interventions that meet both the needs of children and their parents. Participants in this course received training in the critical areas of observation, assessment, diagnosis, and treatment of very young children and their families.

On Day 1, Adrienne Akers provided an overview of the topics to be covered during the course and introduced the concept of mutual competence to the class. She also emphasized the interdisciplinary nature of infant mental health that recognizes promotion, prevention and intervention as key components of a community-based model of infant mental health as depicted in Figure 1.



The rest of the morning, Dr. Alan Fogel discussed how to enhance parental and caregiving empathy through *somatic resonance*, a professional interest of Dr. Fogel. He involved the class in experiential exercises using movement to show

ways of relating to what baby and mother do together. These movement exercises attempt to mimic mother-infant communication and look at the impact of resonant symmetrical communication.

On the second day, Dr. Vonda Jump provided an opportunity for the class to gain an appreciation for the power of infant massage. Dr. Jump presented research on the effects of infant deprivation and the impact of infant massage. She also described some of her research and impressions of teaching orphanage staff in Haiti and India to massage children in their care. Dr. Jump also arranged to train several parents in the basics of infant massage while the class observed.

On the next day, staff from the Southeastern Utah District Health Department presented their model of relationship-based intervention via their local Baby Watch Program. Lois Boomer, Gayle Hill, and Terry Galen described their team approach in working with infants and families, with a particular focus on their use of videotaping. The team uses an eclectic model of videotaping based on "Seeing is Believing®," which is designed to promote parental understanding, sensitivity, and responsiveness through observing videotaped parent-child interactions. They also use their videotaped observations for assessment and provider feedback. Course participants viewed and discussed a series of videotapes of parent-child and home visitor interactions.

On the fourth day of the course, Liz Kuhlman discussed how violent chaotic environments impact behavior and impulsivity in young children. Using examples from brain research, Ms. Kuhlman illustrated how neural development can be affected by early negative experiences, and presented a case study. The second part of the morning, Dr. Jessica Singleton presented infant mental health screening and assessment tools. As part of that session, she invited one of the students--the father of a toddler--to role play an assessment interview as a demonstration for the entire class.

The final day of the course focused on the topic of autism, with presentations by Catherine Johnson and Carma Mordecai. Ms. Johnson discussed identification and diagnosis of autism and various models of treatment. Ms. Mordecai focused on relationship and attachment issues with children on the autism spectrum. She also described models of intervention and presented case studies.

Adrienne Akers closed the week-long course by revisiting the concept of mutual competence. She reminded the class that intervention focused on "what's going right with the family" helps clinicians to zero in on those supports that will be most effective with a particular family.

The value of this course during the Summer Institute is underscored by an ongoing request that coursework in infant mental health be continued on an annual basis.

A course evaluation was conducted on the last day of class and will be used to shape topics for future sessions on infant mental health. Some of the comments were:

- Great that you include three levels of family service -- promotion often gets overlooked.
- I learned new ideas of how to get parents to become more in tune with what their child is experiencing.
- How important positive touch is for the parent and child.

The course participants enjoyed the hands-on activities, videos, and case examples. Informal comments also noted that the focus on practical strategies and assessment tools will be helpful for clinicians.

Adrienne Akers, MS, RPT

Special Topic: Autism in Young Children

Autism or autistic disorder is a "severe developmental disorder characterized by abnormalities in social functioning, language, communication, and unusual interests and behaviors" (Mash and Wolfe, 2002). Children with autism have a hard time engaging in developmentally appropriate nonverbal ways of communicating (e.g., eye contact, facial expressions). They also have language impairments or lack language altogether. The

majority also suffers from mental retardation (an IQ below 70). Further, these children show stereotypies and repetitive behavior patterns, for example an excessive interest in certain objects or topics. In order for a child to be diagnosed with autism, these symptoms have to occur before 36 months of age.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR, 2003) classifies autism as a pervasive developmental disorder (PDD). PDD "suggests that the condition emerges early in the child's development and often affects many or all (pervasive) of the child's developing systems" (Gelfand and Drew, 2003). Other pervasive developmental disorders are Asperger's syndrome, childhood disintegrative disorder, Rett syndrome, and PDD not otherwise specified (PDD-NOS). Together, these disorders are also referred to as autistic spectrum disorders (ASDs).

In recent years, there has been a remarkable increase in cases of autism. Estimated rates of occurrence have increased from 6 in 10,000 children to 20 in 10,000 children (Gelfand and Drew, 2003). There is a considerable debate about whether there is a real increase in the disorder or a higher rate of diagnoses. Experts suggest that the higher number of diagnoses is due to a rise in the detection of the disorder, the inclusion of other disorders on the autistic spectrum, and diagnoses at younger and younger ages (Gelfand and Drew, 2003).

Although autism has an early onset, it is difficult to detect the disorder at the youngest ages. Interventions are also still in their infancy, partly because there is wide disagreement about the presumed causes of ASD. In Utah, as elsewhere, there is a range of treatment options and diagnostic efforts. There are too many to cover them all, but this newsletter highlights several.

References

Gelfand, D. M., and Drew, C. J. (2003). Understanding child behavior disorders (4th ed.). California: Wadsworth.

Mash, E. J., and Wolfe, D. A. (2002). Abnormal child psychology (2nd ed.). California: Wadsworth.

Ilse DeKoeyer-Laros, PhD

Early Detection of Autism

Many parents of children with autism recognized that something was not quite right with their child's development early on, sometimes even from birth. However, pinpointing specific signs with enough precision to diagnose autism in infants is extremely difficult. Research in this area has increased dramatically in recent years, and it is hoped that with detection in infancy we can come closer to finding potential causes of autism.

Research on the earliest signs of autism began with detailed reviews of home videos. Parents of children with autism provided copies of home videos of their children as babies and toddlers. Researchers then began painstakingly editing the videos to find situations that were consistent across all families. This was no easy feat, as home videos vary on practically every variable imaginable! Generally, researchers searched for common events, such as birthday parties, bath time, etc., and tried to find scenes that were similar across families in terms of how long the video clip was, how many people were interacting with the child at the time, etc. Once the clips were identified, the researchers developed coding systems and trained raters to code different aspects of the child's behavior that might be related to autism. Several features were identified, including difficulty responding to name, limited imitation, and limited social referencing. However, there were no definitive markers, and the age at which the signs were evident varied (Maestro et al., 1999).

The next step in this research is to study children from birth and track their development. Since doing so for an entire population would be prohibitive, the infant siblings of children already diagnosed with autism were chosen as the group to follow, given they are at higher risk of developing autism than the general population. A handful of universities throughout the U.S. and Canada are engaged in this research, and the first group of babies has just turned three years old. Preliminary results suggest that development in autism may be distinguishable from typical development at around age 12 months

(Zwaigenbaum et al., 2005). Hopefully this research will lead to earlier detection and better screening measures.

Future research will need to track the development of infants and toddlers in a more general community setting to see if the findings in infant sibling studies generalize to the rest of the population. Utah is preparing for this type of research, and has begun pilot testing methods for screening toddlers. In collaboration with Early Intervention, the University of Utah is developing methods to screen children as young as 18 months, with the hope of screening even earlier as measures become available. We have also applied for several grants to study the very early development of children with autism.

If you would like to learn more about Utah's research on this topic, feel free to contact Judith Miller, PhD, at judith.miller@hsc.utah.edu or the Utah Autism Research Program at 801-585-9098.

References

Maestro, Casella, Milone, Muratori & Palacio-Espasa (1999). Study of the onset of autism through home movies. Psychopathology, 32, 292-300.

Zwaigenbaum, Bryson, Rogers, Roberts, Brian and Szatmari (2005). Behavioral manifestations of autism in the first year of life. International Journal of Developmental Neuroscience, 23, 143-152.

Judith Miller, PhD
Research Staff
Utah Autism Research Program

The Relationship Development Intervention (RDI®):

Remediating Autism Spectrum Disorders Through Relationships

The Relationship Development Intervention (RDI®) is a relatively new treatment for autism developed to correct the chronic, severely debilitating information-processing deficits unique to individuals with autism spectrum disorders (ASDs). Described by its developer as a "remediation of core deficits" intervention, the overarching goal of RDI® is to help children with autism learn to live in a highly complex, unpredictable world which requires the capacity to respond dynamically in continuously changing environments. Initially, the instrument of change is the parent-child relationship. Over time, this systems-based model expands into a child's entire relational world, incorporating siblings, relatives, teachers, peers and other care providers into the treatment milieu. In each of these relationships, five core deficit areas -- believed to be universal to individuals with autism spectrum disorder regardless of IQ or language development -- are addressed: 1) self-awareness; 2) flexible thinking; 3) appraisal of environments and situations; 4) episodic (or autobiographical) memory; and 5) experience-sharing communication.

According to a number of prominent developmental psychologists, typically developing infants increase their sense of competence in managing the tension associated with novelty and challenge by participating in increasingly complex, daily interactions with caregivers. Over time, when the process unfolds without serious disruption, the child learns to be a competent participant in dynamic systems. Sensitive caregivers are intuitively adept at finding the ever-changing level of stimulation optimal for a child's growth and discovery across the multiple developmental domains of communication, emotion and cognition. The neurobiological underpinnings and associated information-processing deficits in infants and children on the autism spectrum disrupt their capacity to participate in these relational dances, exacerbating an already skewed developmental pathway.

In RDI®, the child of any age and diagnostic severity is brought back into the cradle of the parent-child relationship in a kind of "do-over" of infancy and early childhood. Parents learn from certified consultants to dramatically slow down their interaction style and to modify the environment as needed, to invite their child into meaningful, growth-enhancing interactions. The treatment is embedded into the context of the parents' daily lifestyles, in such simple activities as doing laundry, making a sandwich or weeding a garden. Within these daily events, regulatory frameworks are established, while parents introduce "just noticeable differences" at a signal level that will challenge, but not overwhelm, their

child. Each of these events is framed to provide maximum opportunity for mutual focus. Guidance and support are adjusted depending on the capabilities of a given child. Over time, challenges and complexity are increased, in much the same way as they are in the parenting of typically developing children. In this day-in, day-out relational dance choreographed by the parent, many children slowly learn to thrive in dynamic, continuous information-processing systems.

While short term and intermediate goals of RDI® are remediation of core deficits, the stated long-term goal of RDI® is to "provide a gradual, systematic road map for improvement, intrinsically linked to quality of life" (Gutstein et al., 2006). Quality of life is being measured as the capacity for independent living, rewarding employment and close, reciprocal relationships both within and outside of the family.

Preliminary studies on RDI® have been promising, but not without methodological weaknesses. As with any intervention for autism, parents and providers should proceed with caution before wholeheartedly endorsing a particular theoretical model or treatment. Individual differences in children and family circumstances and/or characteristics may influence outcomes in ways that are as yet unknown and untested. Additionally, RDI® may work best by complementing a family's ongoing interventions, rather than replacing them.

In an effort to begin to close the research gap on RDI®, I am proposing dissertation research with a number of collaborating faculty at the University of Utah, including Brad Lundahl, PhD, Department of Social Work; Alan Fogel, PhD, Department of Developmental Psychology; and Janet Lainhart, MD, an autism researcher in the Department of Child and Adolescent Psychiatry. I am proposing pilot research using a case-based, developmental process research design. Our aim is to observe the incremental unfolding of the parent-child relationship as families progress through the early stages of RDI®. Using microanalytic video techniques, we are particularly interested in observing whether parent-child relationship development may differ in high, medium and low responders to the treatment. We are also interested in examining whether concurrent participation in other treatments alters the nature of the change processes.

The Relationship Development Intervention® is an intriguing, family based treatment for ASD which deserves further evaluation and consideration. Anecdotally, some parents report phenomenal results, with comments such as, "With RDI, I feel like I got my child back." Other parents are less convinced, preferring interventions with more concrete, structured protocols and a lengthier history of research support. Still others blend interventions, hedging their bets, combining as many treatments as possible in their battle to save their child's life. Like the treatments which have preceded it and those that will undoubtedly follow, RDI® will have to stand the tests of time and scientific inquiry to endure in the autism treatment community.

References

Gutstein, S. (2000). Autism Asperger's: solving the relationship puzzle – a new developmental program that opens the door to lifelong social and emotional growth. Arlington, TX: Future Horizons.

Gutstein, S., Gutstein, H. and Baird, C., (Eds.). (2006). My baby can dance: stories of autism, Asperger's and success through the Relationship Development Intervention (RDI®)program Houston: Connections Center Publishing.

Tracy Golden, MEd, LPC
Doctoral Student
Department of Social Work
University of Utah

Please feel free to send comments/inquiries to richgold2@comcast.net.

NOTE: RDI® was developed by Steven Gutstein, PhD, Founder and Co-Director of the Connections Center in Houston, TX, the primary training and education center for RDI®. For further information, please visit the following website: www.rdiconnect.com

Additional Resources

Tara Dean, BA, Certified RDI Consultant (e-mail: utahrdi@yahoo.com)

Utah FEAT – Utah Families for Effective Autism Treatment (website: www.utahfeat.org)

The Autism Council of Utah

The Autism Council of Utah (ACU) is an independent council formed by a core group of parents and professionals to meet the growing needs of people and families affected by autism. Governor Huntsman supports the formation of the ACU. He recognizes the need to maintain and improve services and resources for people with autism throughout the state.

The mission of the ACU is to foster collaboration, communication and learning among families and agencies. Our aim is to promote access to resources and responsible information. The ACU will accomplish this by supporting statewide partnerships to collaborate on special projects, research and training.

For more information, or if you would like to apply to be on the Council, please contact Emilie Tanner at emtanner55@comcast.net or 801-282-4653.

Emilie Tanner
Chairperson
The Autism Council of Utah

Child Development Clinic

The Child Development Clinic (CDC) is located within the Children with Special Health Care Needs (CSHCN) Bureau of the Utah Department of Health. In recent years, we here at the CDC have seen a great increase in the number of referrals with the possibility of autism as the main referral concern. Certainly other symptoms are related during the intake/triage process, but autism seems to be a frequent question that is raised.

Due to the complicated nature of the children referred to our clinic, the Child Development Clinic typically uses a multidisciplinary approach to make any diagnosis regardless of referral issues. This includes an appointment with a developmental pediatrician for a thorough medical/developmental evaluation, focusing on any possible organic, neurological or genetic issues. This multidisciplinary approach can assist in ruling out other disorders or diagnoses that may present some symptoms that appear to be autism.

Additionally, any child with a referral concern of autism is also seen by one of our psychologists for complete developmental and IQ testing. These children are also scheduled for a second appointment with the psychologist for a test called the Autism Diagnostic Observation Schedule (ADOS). The ADOS is the main evaluation used by our clinicians to make or solidify a diagnosis of autism. It uses a well-developed and validated observational coding process that looks specifically at interpersonal and play skills, often affected by autism.

Regardless of the outcome of testing, each family receives solid recommendations for intervention and treatment strategies (education, counseling, rehabilitation, family/child support, etc.) that will address the child's needs.

Consistent follow-up evaluations are performed to track progress in response to treatment and intervention, and to assess for any new issues raised by parents or outside agencies involved with the child.

We feel the multidisciplinary approach is best suited for the children we see with concerns of autism spectrum disorder possibilities, as these conditions tend to be very involved, and they tend to present with multifaceted issues and challenges not always addressed by each particular discipline or clinician. This extensive evaluation process allows us to make recommendations for treatment best suited to meet the needs of the child and family.

Although the CDC does not provide ongoing treatment, our philosophy is that a multi-dimensional treatment approach is best. We recommend an approach that not only focuses on individual capacities such as speech, motor or other delays, but that also incorporates relationship-based models such as the Relationship Development Intervention (RDI®) or the Developmental, Individual-Difference, Relationship-Based (DIR)/Floortime Method. Educational services are also an important component of such a multi-dimensional approach. In addition, assisting the family in linking with appropriate supports for financial, housing, transportation, and basic needs is vital to ensure that the children are provided the best

possible chance to benefit and succeed with the interventions put into place. This type of "wraparound" service model seems to lead to good, if not great, success, as evidenced by our continued follow-up evaluations.

For more information, please contact Jim Taliaferro at 801-584-8510.

Jim Taliaferro, LCSW
Program Manager
Child Development Clinic
Children with Special Health Care Needs
Utah Department of Health

Book Review

Treating Parent-Infant Relationship Problems: Strategies for Intervention

Arnold J. Sameroff, Susan C. McDonough and Katherine L. Rosenblum. (Eds.) 2004, Guilford Press

> " This book is about relationship problems, but more broadly it is about infant mental health."

So plainly begins this excellent edited book. Arnold Sameroff, author of the first chapter, goes on to explain the transactional model of development and to explore the "port of entry" problem – the question of where and how to focus intervention.

Along with Sameroff's thoughtful opener, the next two chapters (one by Daniel Stern, the other by Katherine Rosenblum) comprise the book's first section, labeled "Themes." The three complementary essays tell not us not what to do, but how to think about parent-infant relationships. Stern writes about what happens to women when they become mothers, and how, along with their babies, they represent a newly recognized clinical population requiring some very old skills. Rosenblum, discussing assessment, reminds us that our field still faces many diagnostic challenges, demanding new skills and ideas.

"Variations" --Part II of the book-- gives us seven chapters on intervention methods, all written by top clinicians and researchers, and all brimming with useful material.

Alicia Lieberman's "Child-Parent Psychotherapy: A Relationship-Based Approach to Treatment of Mental Health Disorders in Infancy and Early Childhood," is particularly strong and worth multiple readings. Lieberman lays out the basic premises of intervention, the treatment parameters, and the mechanisms of change. I read this one and thought, "So that's what I'm doing!"

Writing on "Treating Parent-Infant Relationships in the Context of Maltreatment," Julie Larrieu and Charles Zeanah present an intensive, comprehensive approach to intervention. Solidly grounded in the clinical and developmental literature, this well-written chapter shows us a model program and helps us understand issues of goals, process, and professional growth.

Other contributions in Part II focus somewhat more narrowly. For example, Chapter 6 ("The Primary Triangle," by Elisabeth Fivas-Depeursinge, Antoinette Cordboz-Warnery and Miri Keren) illustrates the tenets of a systematic family therapy method through a session-by-session case study. Winnie Dunn's piece (Chapter 7) on "A Sensory Processing Approach to Supporting Infant-Caregiver Relationships" details characteristics of children with different patterns of sensory processing difficulties. A nine-page table offers a wealth of useful strategies for clinicians and parents. Byron England and Martha Farrell Erickson (Chapter 9) give us "Lessons from STEEP®," reviewing the program's principles, goals, strategies, outcomes, and even team building methods.

The book concludes with a one-chapter section called "Coda" (to continue the musical metaphor), by Robert Emde, Kevin Everhart and Brian Wise. The authors synthesize and extend what came before. They throw a line to the past – citing Fraiberg, Erikson, Skeels and others – to tie together the book's concepts and to introduce the idea of "therapeutic leverage," a construct to help us find clarity as we consider how to

intervene in complex relational systems.

Each program description in the book is richly woven with case examples, keeping the clinician-reader engaged, and enabling the student- reader to connect concept and practice. At the same time, the book offers an understanding of the state of the science as well as the state of the art. I would recommend it highly for teachers and researchers, as well as for the clinical audience.

Lynne Seaborg Cobb, PhD
Clinical Psychologist
Southwest Community Mental Health Center

Mark Your Calendars

- **SAVE THE DATE!!!** On **Friday, September 15, 2006,** UAIMH's next mini-conference will feature **Martin Maldonado, MD.** Dr. Maldonado is one of only 30 leaders chosen for the "Leader for the 21st Century" fellowship by ZERO TO THREE, a national non-profit study center in Washington, DC. He is also president of the Kansas Association for Infant Mental Health.

  The morning session (9:30 am – 12 noon) will be on **Cultural and Transcultural Issues in Perinatal and Infant Mental Health.** The afternoon session (1:00 pm – 4:00 pm.) will focus on **Sleep and Its Disturbances in Infancy**.

  As a UAIMH member we hope that you will take advantage of the discounted rate. Registration information is attached with this newsletter and is also on the Website at http://www.hope.usu.edu/uaimh.

  The conference committee is also seeking volunteers to assist in organizing the conference. Please e-mail janetwade@utah.gov for information on volunteer opportunities.

- The Eighth Annual **Bridging the Gap** Conference will be held on **February 7, 8, 9, 2007**.

UAIMH Activities

Volunteer Needed for Newsletter:

We need an energetic, organized person with a good sense of language to oversee the **UAIMH Newsletter**. This is a wonderful opportunity to network with colleagues and collect interesting information. If you are interested, contact Ilse de Koeyer-Laros at ilse.dekoeijer@psych.utah.edu.

Website: Don't forget to visit the UAIMH Website at www.hope.usu.edu/uaimh. We are continually updating the website content so there is always information on a conference or new information on the "Tool Kits" to view. We will also be posting information on **Training Opportunities.** If you hear of any upcoming event that you would like to post, please send an e-mail to janetwade@utah.gov.

For information about the **World Association for Infant Mental Health (WAIMH)**, log on to www.waimh.org**.**

To become a member of UAIMH, log on to www.hope.usu.edu/uaimh **or contact Janet Wade at** janetwade@utah.gov

Please send submissions for the **next UAIMH Newsletter** to ilse.dekoeijer@psych.utah.edu by October 15, 2006, or call Ilse at 801-581-2233 if you would like to contribute!

Newsletter Editor:
Ilse DeKoeyer-Laros, PhD
Contributing Editor:
Jan Robinson, RN, MS, CPNP

Utah Association for Infant Mental Health

http://www.hope.usu.edu/uaimh

UAIMH is proud to present

Dr. Martin Maldonado

Cultural and Transcultural Issues in Perinatal and Infant Mental Health

and

Sleep and Its Disturbances in Infancy

September 15, 2006
Wasatch Mental Health
1161 East 300 North, Provo, Utah

Dr. Martin Maldonado is a psychiatrist specializing in childhood mental illness and infant and child development. For many years he was an instructor and supervisor for the Karl Menninger School of Psychiatry and Mental Health Sciences (KMSP). He is currently leading a three-year project called the Early Childhood Intervention Project, funded by a grant from the Jessie Ball duPont Fund. The Early Childhood Intervention Project is building a network of community services to provide therapy and counseling for families in which young children are at risk for developing mental health problems.

Dr. Maldonado has given numerous presentations and has published several articles on infant, child, and family issues. He has co-edited three books in Spanish on themes of child and infant mental health that have been published in Latin America. The American Psychiatric Press recently published a book on models of clinical intervention for infant and families.

Dr. Maldonado is one of only 30 leaders chosen for the "Leader for the 21st Century" fellowship by ZERO TO THREE. He is also president of the Kansas Association for Infant Mental Health.

Session 1: 9:30 am - 12 noon ***Cultural and Transcultural Issues in Perinatal and Infant Mental Health***	Session 2: 1:00 pm – 4:00 pm ***Sleep and Its Disturbances in Infancy***
Cultural variations in child-rearing strategies (dealing with sleep, feeding, crying, and "discipline" in early childhood)	Brief introduction to the physiology of sleep in early childhood; Sleep hygiene
Culturally-based parental beliefs and their translation in child-rearing strategies	The classification of sleep disturbances in early childhood
Child-rearing practices in some traditional societies and their rationale	Sleep as a manifestation of the "total child" and its correlation with regulatory disturbances.
Dealing with immigrant families during the perinatal period	Sleep and lifestyle, parenting strategies around sleep
Some culture-bound syndromes during pregnancy and early childhood	Disturbances of sleep onset and sleep maintenance
How to work clinically with families from a transcultural point of view	Parasomnias in early childhood (sleep terrors, nightmares, restless leg syndrome, sleep walking)
	Issues of pharmacotherapy

Don't Let This Opportunity Go By!

To register go to: http://www.hope.usu.edu/uaimh/html/announce.asp

Thank you to Wasatch Mental Health and Centro De La Familia De Utah for their support of this conference.

UAIMH Mini-Conference with Dr. Martin Maldonado

Friday September 15, 2006
Wasatch Mental Health
1161 East 300 North, Provo, Utah

Session 1: Cultural and Transcultural Issues in Perinatal and Infant Mental Health 9:30 am - 12 noon
Session 2: Sleep and its Disturbances in Infancy 1:00 - 4 p.m.

Name: _____ **Degree**:_____

Address: _____
City/State/Zip:_____

Phone: _____ **Fax:** _____
Email: _____

Current Position: _____
Organization: _____
I have a special interest in: _____

Students, Residents & Interns:
University: _____ Department:_____
Student ID: _____
(please show your Student ID at the registration desk)

Form of Payment:
MAKE CHECKS PAYABLE TO: **UAIMH (Utah Association of Infant Mental Health)**
Check No:_____

Special Needs:
___ Any special dietary needs:_____
___ Any special assistance needed (in accordance with the Americans with Disabilities Act):
_____

Fees:	**UAIMH* member**	**Non-member**	**Students/Parents**	**Total**
___ A.M. Session, Cultural Issues	$ 35	$ 45	$ 25	_____
___ P.M Session, Sleep	$ 35	$ 45	$ 25	_____
___ A.M. & P.M. Sessions	$ 60	$ 80	$ 45	_____
___ Box Lunch	$ 10			_____
___ UAIMH Membership	$ 10			_____
			Total Fees:	_____

*UAIMH members received a discounted fee. Please join!

Please send with payment to:
Janet Wade, UAIMH
Baby Watch Early Intervention
P.O.Box 144720
Salt Lake City, UT 84114-4720
(801) 584-8201 Fax (801) 584-8496
janetwade@utah.gov

To register go to: http://www.hope.usu.edu/uaimh/html/announce.asp

Thank you to Wasatch Mental Health and Centro De La Familia De Utah for their support of this conference.