



UAIMH NEWSLETTER

Utah Association for Infant Mental Health
Issue 2 – October, 2003

President's Corner

After 20 years of working with toddlers and their parents, I remain fascinated at the complexity and rapidity of development and change in children. I am equally amazed at the growth and development of the Utah Association for Infant Mental Health.

Three years ago Janet Wade, from the Baby Watch Early Intervention program, took on Infant Mental Health as her “baby”, pulling together organizations, agencies and individuals to talk about what we could do in Utah to serve this needy and deserving group of children and their families. In that short span, our “toddler” stage looks healthy and thriving with very successful first steps and even some running and galloping.

Three themes of need have been expressed by you, our rapidly growing membership: training, social exchange, and policy change. The UAIMH has sponsored a week-long training at the University of Utah School of Social Work Summer Institute and are scheduled to provide another training at the Critical Issues For Children and Adolescent Conference. This translates into Infants and Toddlers being highlighted at two of the most respected conferences held in Utah.

We have held our first social event with a reception in July, with a wonderful turnout of members and future members from across the state, with an account of the history of mental health services for young children in Utah provided by the venerable Agi Plenk, Ph.D. who created a solid foundation of community awareness of and services for emotionally and behaviorally disturbed children. Another event will be scheduled in conjunction with the Critical Issues Conference.

Finally, the UAIMH has provided the platform for the Mental Health Practice Model for Children Zero to Five Years. This platform truly represents a grassroots demand that communities and agencies recognize the need and support families struggling

with the social emotional growth of their infants. We can be proud of the health, vigor and competence of our organization. I am anticipating many more “Kodak moments” for the UAIMH in the next year.

Kristina Hindert, MD

Intervention in Utah

InReach Project: Supporting the Parent-Infant Relationship in the NICU

Any intervention for young children should include a mental health component. Focusing services only on the “problem” (usually the situation or behavior that makes the child eligible for services) has its limitations. A certain portion of the intervention time needs to be spent supporting the parent’s recognition of “what is going well” in the child and in her /his own interactions with the child.

This principle is the basis of the *mutual competence model* that members of the Early Intervention Research Institute (EIRI) staff at Utah State University have developed under the tutelage of Dr. Victor Bernstein and used as the basis of several research projects. *Mutually competent interactions are those in which both individuals feel secure, valued, and successful, and in which both enjoy learning together.* Briefly, we believe that parental observation and support can help children become more competent in their interactions with others. Likewise, staff observation and support can help parents become more competent and confident in their interactions with their children.

This *mutual competence model* has guided the development of the InReach project, in which researchers and participating neonatal intensive care unit (NICU) and early intervention (EI) staff have collaborated to develop procedures that would

support the parent-infant interactions while infants are cared for in the NICU and as they transition to home and to EI services. A secondary goal has been to improve the collaboration and communication between the NICU and community EI agencies. (In Utah the federally mandated early intervention services for infants and toddlers (ages 0-3) who have developmental delays are directed by the Utah Department of Health Baby Watch Early Intervention (BWEI) and a network of community BWEI agencies.) The target group includes those babies in the NICU who are eligible for BWEI services.

Two InReach activities are briefly introduced in the following. First, in the NICU, a staff member introduces a form, *My Needs and Goals*, to parents. The goal of using the form is to support and encourage the parent's observational skills and understanding of her infant. Together the staff and parent complete the form and discuss the infant's behaviors. The discussion allows the staff to suggest behaviors the parent might watch for as the infant develops. Parents are encouraged to update the form as the infant grows and develops.

Second, the transition to home and to BWEI services is also supported before the infant is discharged from the NICU. Parents meet the BWEI staff member from their home community. This is done via a personal visit if the home community is near the hospital, or via desktop videoconferencing if the home community is farther away. At this meeting the Individual Family Service Plan (IFSP) goals are developed collaboratively by the parents, the BWEI service coordinator, and the NICU staff who has worked closely with the infant. NICU staff provides the professional developmental assessment information. Parents and NICU staff share their knowledge of the infant's strengths and needs. Based on this information BWEI service goals are defined. Parents have the peace of mind knowing that there is someone in the home community who has learned about their infant and are ready to support the infant and them after discharge.

Qualitative results indicate that parents, NICU staff and BWEI service providers value these two procedures. The quantitative findings demonstrate a significant reduction in the time between discharge and initiation of BWEI services.

The InReach project has been funded by the U.S. Office of Special Education Projects. Glenna Boyce

and Adrienne Akers, researchers at EIRI, have directed the development of the InReach procedures. Vanya Mabey at the state BWEI and community BWEI agencies located in Kaysville, Salt Lake City, Logan, St. George, and Vernal have participated. The NICUs that have helped develop and implement the InReach procedures include University of Utah and Primary Children's Medical Centers and LDS and McKay-Dee hospitals. For more information contact Glenna Boyce at Glenna.boyce@usu.edu.

Glenna Boyce, PhD

Research Report

Promoting Infant Mental Health: Ameliorating the effects of Maternal Depression and Parenting Stress on Infant Attachment through Early Intervention

Security of attachment is a marker of positive infant mental health. Infants with secure attachment are more likely to show positive socio-emotional development and less likely to develop psychopathology (Greenberg, 1999; Thompson, 1999). According to attachment theory, the mother's (or primary caregiver's*) sensitive responsiveness influences the development of secure attachment in the infant (Ainsworth, Blehar, Waters, & Wall, 1978). However, being a sensitive caregiver of a young infant can be stressful, especially for mothers who are low-income and may be worried about meeting basic needs.

The stressful aspects of parenting have been linked in research to less secure attachment in the infant. The relation of parenting stress to insecure attachment suggests that this kind of stress is especially disruptive to mothers' early relationships with their infants (Creasey & Jarvis, 1994; Teti, Nakagawa, Das, & Wirth, 1991). Parenting stress influences mothers responsiveness and sensitivity toward their infants and thereby the infants' subsequent attachment security. The infant's later behavior may, in turn, have negative effects on the mother's behavior thereby creating a mother-infant interaction pattern detrimental to infant mental health.

Early intervention programs have the potential to prevent infant mental health problems by helping young parents cope with the stress of parenting and learn to respond more sensitively to their infants.

One such program currently operating in several Utah communities is Early Head Start (EHS). The EHS program in northern Utah, designed to improve parenting skills and child outcomes such as attachment security, has been part of a multi-site local-national evaluation study assessing the well-being of parents and infants randomly assigned either to EHS or a comparison group. We have been examining data on parents and infants to evaluate whether a program such as EHS can ameliorate the negative effects of parenting stress on the mother-infant relationship.

The participants in our local study included 199 families who met federal poverty guidelines. The mothers were predominantly European-American (78%), married (65%), and had a high school education (65%). These families were randomly assigned to either EHS enrollment (n=102) or a comparison group (n=97). Before random assignment or enrollment, mothers were interviewed about their education and symptoms of depression. When their infants were 10 months old, mothers were interviewed about parenting stress, and when their infants were 18 months old, mothers completed a measure of their infant's attachment security.

The results of our research show that depression, parenting stress, and infant security are all interrelated. EHS enrollment did not reduce depression or parenting stress, although it had some positive impact on attachment. A series of models with these variables were tested separately for the EHS group and the comparison group. In both groups, mothers who were more depressed reported more parenting stress. In the comparison group, who did not receive EHS services, both depression and parenting stress predicted less infant security. However, in the EHS group, there was no relation from mothers' depression and parenting stress to infant security.

These results suggest that EHS ameliorated the negative impact of depression and parenting stress on infant attachment security. This EHS program emphasized the quality of the infant-parent relationship. Based on research showing that maternal responsiveness has a positive influence on infant security, sociability, and exploration, EHS home visitors were trained to help parents be more responsive and sensitive to their children's needs. For the parents who had been in this program that taught them to be more responsive, parenting stress no

longer had the same impact on infant attachment security as it did in the comparison group.

* The term "mother" is used to refer to the primary caregiver even though that person may not always be the biological mother of the infant.

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Lori Roggman & Gina Cook, Utah State University

Further Education:

The following institutions are currently offering further education in the field of infant mental health:

- **Graduate Certificate Program in Infant Mental Health.** Merrill Palmer Institute – Wayne State University.
<http://www.mpi.wayne.edu/graduate.htm>

The program is designed to prepare graduate students and professionals from a variety of disciplines to work with infants, toddlers, parents and caregivers in social service agencies, community mental health programs, clinics, hospitals, early

childhood programs and other settings.

- **Irving B. Harris Infant Studies Graduate Certificate Program** - Online Option [18 credit hours]
<http://www.erikson.edu/programs.asp?file=infa ntstudiesonline>

Erikson's Irving B. Harris Infant Studies Certificate Program **Online Option** provides you with the training you need to assume the complex role of infant/family specialist. In the company of other experienced professionals—including those with advanced degrees—you will learn to work with infants from birth through age three and their families in the context of their culture and community.

- **UW Extension, Certificate Program in Child and Adolescent Mental Health** – Continuing Education, University of Washington
http://www.extension.washington.edu/ext/certificates/ssw/ssw_crs.asp#child

This certificate program is designed for practitioners who wish to gain new knowledge and skills within the rapidly changing human services environment. Participants learn how to provide more effective mental health services to children, adolescents and their families. Courses provide new insights and tools that can be applied immediately.

Mark your calendars...

Conferences:

- Dr. Kristina Hindert and Janet Wade are presenting a workshop titled **“Keeping the Infant in Mind.”** – A discussion on the State Practice Model for Supporting the Mental Health of Children 0-5 at the Critical Issues Conference on **Thursday November 6, 2003** at the Salt Lake Hilton. The session will run from 9:30 – 10:45. For more information about the conference call: (801) 272-9446
- Dr. Kristina Hindert and Janet Wade have been invited to present a poster session on Utah's State Practice Model to Support the Mental Health of Children 0-5 at the **World**

Association for Infant Mental Health Conference in January.

- Fifth Annual **“Bridging the Gap” Conference, February 5th & 6th 2004.** The focus will again be on the Clinical Application of Attachment Theory and Research. Presenters will be Beatrice Beebe, who will present on Infant-Parent Psychotherapy, and Mary Target, who will present on Attachment Across the Lifespan. For more information, contact Jeannette at The Children's Center at (801) 582-5534, or jeannette@tccslc.org.
- The 14th Biennial Meeting of the Society of Research in Human Development will be April 1-3, 2004 in Park City, UT. The Program Committee invites submission of Symposia Proposals, Individual Paper Proposals, and Poster Proposals of your current research in the field of Human Development. The Keynote Speaker will be **Dr. Robert Emde** talking about **“Infant Mental Health and Beyond: Diagnosis, Dilemmas and Frontiers.”** We welcome submissions about research across the lifespan in all domains. Submission deadline: **November 3, 2003.** More information: <http://www.fcs.iastate.edu/swsrhd/2004>
- The **International Society for Infant Studies (ISIS)** organizes its 14th biennial meeting **May 5 – 8, 2004**, in Chicago. The conference will host a large number of (inter)national research experts on infancy. The keynote address is by T. Berry Brazelton. Deadline for submissions is **October 15, 2003.** More information on www.isisweb.org

UAIMH activities

- On Thursday November 6th the UAIMH will hold a joint **reception** with the **Critical Issues conference** planning group in the Conference Hospitality Room. You are welcome to attend! Room # will be announced at the conference.

Committee Work

- The **State Practice Model Committee** will meet on December 4th at noon at 44 North Medical Drive.

- The UAIMH **Web Site Committee** will meet Tuesday October 21st at 4pm at 44 N Medical Drive to finalize the logo and web page design. Email janetwade@utah.gov for more information.

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

To become a member of UAIMH, contact Janet Wade, janetwade@utah.gov

Deadline for the next UAIMH Newsletter will be January 1, 2004. If you want to contribute, please contact ilse.dekoeijer@psych.utah.edu