UAIMH NEWSLETTER

Utah Association for Infant Mental Health

Issue 9 – July-August 2007

Special Topic: Sleep & Culture

President's Corner

In February, I got to take the *trip of a lifetime*! My husband Jim, a statistician, was hired as a U.N. consultant to conduct an impact study in the kingdom of Bhutan. It was a completely enchanting experience! To refresh your memory, Bhutan is synonymous with Shangri-la. Anyone remember the movie called Lost Horizons?

Bhutan is a small kingdom about half the size of

Indiana situated in the Himalayas near Nepal and Tibet and is almost totally Buddhist. I knew little about Bhutan before we went but I remembered hearing on "60 Minutes" that Bhutan's goal is **Gross National Happiness** (as opposed to the Gross National Product). It sounds comical at first but the basic idea is that Gross National Happiness (GNH) is an attempt to define quality of life in more holistic and psychological terms than Gross National Product.

While conventional development models stress economic growth as the ultimate objective, the concept of GNH is based on the belief that true development of human society takes place when material and spiritual development occur side by side to complement and reinforce each other. The four pillars of GNH are

- equitable and sustainable socioeconomic development
- preservation and promotion of cultural values
- conservation of the natural environment
- establishment of good governance

As part of Jim's study, we were able to travel (on foot) to several rural villages to field test the questions for a larger survey that is now being conducted. Although all children in Bhutan now learn English, many older people in rural areas do not, so we needed an interpreter. Something that I will never forget is the response by one older man to our survey questions. As we sat on the floor in his clean but humble home, he answered a series of questions about the impact of better roads, health care, electricity, etc. on his family's standard of living. He summed it up by saying, "Yes, yes, all these things that the government has provided are very helpful. Yet if I do not prosper, then that is my karma." Having enough rather than having it all seems to be the natural way of living for people in Bhutan.

Upon reflection, I drew some parallels to the field of infant mental health. No matter what support services we offer to young children and their families, we need to remember that we're there to support *their* goals and interests…and not the other way around. Family strengths are discovered through noticing, listening and paying attention to the family. Strengths are enhanced when they are acknowledged and encouraged. Families all over the world seem to need the same thing… a chance to live and grow.

Adrienne Akers, MS, RPT
Past President of UAIMH
See also www.kingdomofbhutan.com

News from UAIMH

Annual Board Meeting

We had an exciting and productive Spring UAIMH Board meeting in the lovely Centro de la Familia conference room, with a number of UAIMH members also in attendance.

Get ready, members, because we're gearing up to have our own website, www.uaimh.org, for the next 10 years! We also have 70 members throughout the State of Utah, and we're ready to push ahead in helping others think about the mental health of our infants and toddlers.

Look for some exciting training and conference opportunities through UAIMH in the fall and winter. Also, if you know of an exciting opportunity to promote infant mental health, please let us know, and we'll do our best to pass that information along to our membership.

We concluded our busy meeting with a lively discussion on raising cultural awareness in our state as we were surrounded by the beautiful flags of many countries helping to remind us that we are all humans, and we should join together to promote infant as well as adult mental health through supporting and listening to each other.

Vonda Jump, PhD
President-Elect

Annual Board Change

At our Annual Board Meeting in April (see below), a new President was chosen. We are happy and proud to announce a year of leadership by Aziele Jenson, M.Ed. Adrienne Akers, MS, is now Past-President, and Vonda Jump, PhD, is President-Elect.

Also, three of our Board members decided it was time to move on and make room for others. Ilse DeKoeyer-Laros, PhD, Brad Lundahl, PhD, and Jessica Singleton, PhD, left the Board. We wish to thank all of them for everything they have put into UAIMH! We are also excited about our new Board members: Kate Gardiner, April Hewes, and Linda Smith.

Katherine Gardiner, LPC RPT-S, is UAIMH's new Secretary. She has been providing assessments and treatment for infants, toddlers, and preschool children and their families at The Children's Center for almost ten years. She is a Registered Play Therapist Supervisor and often a silly goose. Kate spent over twenty years practicing mechanical engineering but never did figure it out.

April Hewes has an Associate's Degree in General Studies from Salt Lake Community College, a Bachelor of Science Degree in Psychology from Utah State University, and is currently attending the University of Utah as a Master's of Social Work Student. Her passions include: attachment theory, mental health of young children, domestic violence prevention and treatment, and social justice. She is currently a member of Voices of Diversity (VOD) at the University of Utah. April is honored to serve on the UAIMH Board and is very aware of the contributions of past board members, particularly Nick Tsandes LCSW., Kristina Hindert MD, and Brad Lundahl, PhD, and knows that she has huge shoes to fill. She is ready and willing to take on the challenge!

Linda Smith, MA, is currently an employee of The Children's Center, and works in two very important areas: 1) in the area of consultation and training; and 2) as the Central Area Infant /Toddler Specialist for the Office of Child Care *Baby Step*s Program. Linda has a Bachelor's Degree in Human Development and Family Studies from the University of Utah. She just finished her Master's of Education Degree in Curriculum Design and Instruction. Linda is married and has seven wonderful children. Her goal is to improve the quality of infant/toddler child care in Utah, realizing this is a lofty goal. But, it can be done with the support of professionals in this field and those on the UAIMH Board. Linda is excited to serve and would like to get to know more professionals in this field.

Training Offered by UAIMH

Fall and winter of 2006-2007 provided the opportunity for UAIMH members to hear two outstanding speakers. Ninety participants attended the Fall 2006 mini-conference held at Wasatch Mental Health. The President of the

Kansas Association for Infant Mental Health, Dr. Martin Maldonado MD, shared his thoughts on sleep and cultural competency (see reviews). It was a lively meeting despite the fact that Dr. Maldonado spent the night on a bench at the Denver International Airport and traveled from the plane to the podium without a chance to catch his breath!

The winter mini-conference in January 2007 provided the opportunity for Jim Taliaferro, LCSW, to share the challenges of supporting the mental health of young children with disabilities. Jim is the Program Manager of the Child Development Clinic, with the Children With Special Health Care Needs Bureau at the Utah Department of Health. Two parents of children with disabilities assisted Jim in his presentation and gave valuable insight into the challenges that parents face in finding appropriate services.

The training committee met at the annual Board meeting in April to discuss possible ideas for upcoming mini-conference topics. If you would like to see an issue addressed at an upcoming mini-conference, please email janetwade@utah.gov

Janet Wade
Executive Secretary

Special Topic: Sleep and Culture

In March 2006, our little Dutch-American boy was born – healthy and beautiful. As he keeps growing, we keep being amazed at his zest for life, his eager learning, and the rate of his development, which seems faster than the speed of light! But what has remained throughout his young life is having a hard time falling asleep and then staying asleep for an entire night (see Book Review). He is doing better than he used to, waking up only a few times every night now, but he still leaves his parents exhausted at times!

Sleep problems in young children are among the major concerns that parents bring to the pediatrician's office. Surprisingly, little research has been done into young children's sleep. A major reason might be that pharmaceutical companies do not stand to gain from such research. In psychology, researchers have been most interested in studying infants when they are well-rested. So what are we – parents, caregivers, and supporting professionals – to do when the young children we care for have a hard time sleeping?

Many parent-advising books have been written on sleep, from many different perspectives. One example is in the Book Review section. These books are often based on experience – be it by professionals (often pediatricians) or parents who have 'been there' themselves. Culture certainly plays a role in the kind of advice given.

Dutch culture, for instance, traditionally advises parents to use the three Rs: *Rust, Reinheid, and Regelmaat* (Rest, Cleanliness, and Regularity). Young parents are advised to create a restful and clean environment and put the infant down to rest at regular – and early – bedtimes. Living in the U.S., one of the surprising things I have seen from my cultural perspective, is that little kids are being kept up very late, or taken to the movies to see pictures that are scary even to me!

A cultural perspective on Infant Mental Health in general, and sleep in particular, was also highlighted by Dr. Martin Maldonado, M.D., during the UAIMH mini-conference on September 15, 2006. He emphasized that every family comes with a culture of its own, and solutions to sleep problems should be geared toward that. In many parts of the world, and even in many cultures within the U.S., part of this solution is co-sleeping between parents and their young children. However, this practice is very controversial in the main culture (see below) and is recommended against by the American Academy of Pediatrics (AAP).

Below are two reviews of the mini-conference by Dr. Maldonado, President of the Kansas Association for Infant Mental Health (see www.kaimh.org). Dr. Maldonado was also chosen for the "Leader for the 21st Century" Fellowship by Zero To Three.

Ilse DeKoeyer-Laros, PhD

Culture and Sleep

Last fall, I had the pleasure of listening for the first time to Dr. Martin Maldonado. His plane was delayed and he spent several hours in the Denver Airport, waiting for dawn to take a plane to Utah. He probably took a nap with his tie on, and with much courage stood up in front of an anxious audience to deliver quite a comprehensive talk on "Cultural and Transcultural Issues in Perinatal and Infant Mental Health." A few of us made a coffee run, and Dr. Maldonado was content to have some fuel to begin his morning and demonstrated with enticing pictures ways on how our minds construct stereotypes about cultural groups.

Culture

Dr. Maldonado's Powerpoint slides showed a mature man holding a child, maybe six months old. The baby was adorned with traditional clothing from his cultural group,, and on his eyes he had make up,. Possibly from our perspective here in Utah, the boy was made up to look more like a girl than a boy. Many pictures of babies with their caregivers were shown, each encoding a cultural message, making us aware that "things are done in a different way" in other parts of the world. Dr. Maldonado explained in his gentle and matter of fact style how the clothing, adornments and make up for the children were meant to protect them from "environmental or folkloric evil" and that the adorning was meant to help the children attach to this side, to life, and not return to the dead.

Due to high child mortality in many countries, parents will do what is culturally appropriate and expected (i.e. what they learned from their ancestors) to protect the new life of their babies. As Dr. Maldonado discussed issues of culture, diversity within cultural groups and acculturation, the images in these pictures were "translated" for us, the audience, taking on a complete different meaning in front of our eyes, and helping us all become more competent in an area that is often forgotten when providing early intervention services to families.

Dr. Maldonado presented documentation and research arguments to motivate all of us to become more interested and curious about the way others conduct their business of raising a family. Dr. Maldonado focused more specifically about his experience working with Latinos, especially those who immigrated to the United States.

Interestingly, his research shows that Latino women who maintain a more traditional perspective do better during their pregnancies, and maintain better health for her and her children in contrast to those who are more assimilated to the North American way of life. For example, mothers who follow closely the more traditional values of their culture of origin show more positive health behaviors, (Ventura, et al 1997). These mothers choose a healthier diet, consume fewer fats, consume more vegetables and eat breakfasts regularly. Traditional Latinas tend to use less alcohol and drugs, and show better perinatal health outcome all together. When looking at the data on the children born to these women, there is lower rate of small gestational babies (3% Mexican born vs. 14% for U.S. born women).

When providing services to Latinos, understanding some of their cultural themes like familismo, the importance of the family, the special relationship between the mother and the child; understanding the preferences for familial interdependency versus the more Anglo model of self-reliance and the importance the parents place on education and aspiring for better opportunities for their children will help us design a better and realistic treatment or case plan to help the family. We also need to understand the parents' past experiences with institutions in their country of origin as well as is in North America, to develop positive and helpful relationships with the parents. Dr. Maldonado proposed that we would do well to find a place "in between" to meet our clients, instead of expecting the client to assimilate to our values. A transcultural perspective can facilitate bridging common cultural gaps and may prevent the client's social isolation or entrenchment.

Sleep

On issues or problems of sleep and its disturbances in young children, Dr. Maldonado proposed a careful assessment of the child's symptoms, again using cultural competency and sensitivity when trying to understand the parents concerns about the child's problems with sleep.

A thorough description of sleep classifications and clinical interventions were part of the doctor's presentation. According to his research, sleep disturbances are quite frequent, with around 20% of infants and pre-school children having some sleep difficulties. The etiology of these difficulties can be associated with medical problems or environmental and psychosocial stressors.

Dr. Maldonado described the two most common models for dealing with children's sleep disturbances. One model is based on the premise that children should be ignored, allowing time for the child to go to sleep on his/her own, even if the child cries or shows distress (Ferber, 2006). Another model suggests gradual desensitization, with parental intervention to soothe the child to sleep (Mindell, 2005).

Many other suggestions to improve sleep hygiene were part of the discussion, always emphasizing the need to understand the parent and the child within their cultural context to avoid misinterpretation of symptoms and parental concerns. Diagnosing sleep disturbance in very young children is very important. The side effects of not sleeping often are confused with behavioral problems and attachment problems. Early intervention will prevent the development of co-morbid conditions for the young child as much as for the parents or adult caregivers.

Utah

Dr. Maldonado's presentation was a timely and needed one. At a time when each service provider in Utah is confronted with the reality that our communities are changing and that these communities are becoming culturally diverse, his encouragement and teaching was greatly appreciated. According to the Office for Minority Affairs for Salt Lake City, from 1990-2005, the Latino population in Utah tripled. According to a study from the University of Utah, 1 in 19 Utahns who graduated from high school was Latino in 2002.The projection is that 1 in 4 will be Latino by the year 2018. The Salt Lake City Chamber of Commerce reported, "the number of Utahns claiming Hispanic or Latino ethnicity grew 138 % in the last 10 years. Nearly 1 in every 10 Utahns is now Hispanic." The Latino community in Utah is very diverse, and for most, Spanish is the first language spoken at home.

Sometimes, we as service providers, and with very good intention, intervene in the life of our culturally diverse families, and many times we encounter incredible resistance. Our reactions can be dangerous, and will impact multiple generations. Sometimes an intervention is helpful, but many times it causes more suffering, and can create a reactive chain of responses that will not be helpful and will not heal the wound, but will mortally injure the immigrant family system. We must strive to become more sensitive to those families we serve and who are very different from us. We can excel in cultural competency, and we can make that a priority in supervision.

Dr. Maldonado provided us with motivation and a solid argument to become even better at what we do. Gracias, Dr. Maldonado, for your generosity in sharing your experience and knowledge when working with Latino families. All of our children will benefit, from all cultures and backgrounds. Let's get to work! Juntos podemos!!!!

Nellie M. Arrieta, MA, LCSW

Ferber, R. (2006). *Solve your child's sleep problems.* NY: Fireside.
Mindell, J. (2005). *Sleeping through the night: How infants, toddlers, and their parents can get a good night's sleep.* NY: HarperCollins.

Safe Sleep For Babies

Wow! I hope you all enjoyed the day with Dr. Maldonado as much as I did. It is refreshing to hear about such a dedicated and introspective way of interacting. Dr. Maldonado also gave us a lot to think about and options for better serving our clients and we appreciate that. Thank you,

Dr. Maldonado!

As the nurse consultant for the Child, Adolescent and School Health Program with the Utah Department of Health I have the privilege of overseeing the Sudden Infant Death Syndrome (SIDS) Program . One of the goals of our program is to make sure we are consistent and accurate in the messages we give our clients. Currently, the American Academy of Pediatrics gives the following guidelines for us, as professionals and paraprofessionals, to educate parents, grandparents, child care providers, families, and friends in regard to safe sleeping. The following is from the CJ SIDS Foundation at www.cjsids.com. Many other resources can be found there as well.

Risk Reduction: Seven steps to reduce the risk of sudden infant death syndrome:

1. Put your healthy baby on his or her back to sleep - If your baby has problems breathing or spits up a lot, ask your doctor about how your baby should sleep.
2. No smoking near the baby - Do not smoke during pregnancy and do not let others smoke near your baby.
3. Do not let your baby get too hot - Dress your baby in as much or as little as you would wear. Do not wrap your baby in lots of blankets or clothes. If your baby is sweating, has damp hair, or a heat rash, he or she may be too hot. A baby that has a fever, is breathing fast, or is not able to rest, may also be too hot.
4. Put your baby to sleep on a firm mattress - Do not let the baby sleep on soft things, like cushions, pillows, blankets, the couch, sheepskins, foam pads, or waterbeds.
5. Take good care of yourself and your baby - When pregnant, see your doctor often and do not use drugs or alcohol. Talk with your baby's doctor about changes in your baby and how your baby acts.
6. When your baby is awake, put your baby on his or her tummy to play. Make sure someone is always watching. "Tummy Time" is good for your baby because it strengthens neck and shoulder muscles.
7. If possible, breast feed your baby - Breast feeding has been shown to be good for your baby.

SIDS Facts

- SIDS claims the lives of almost 2,500 infants in the US each year - that's nearly 7 babies every day
- SIDS is not caused by "baby shots"
- SIDS deaths occur unexpectedly and quickly to apparently healthy infants, usually during periods of sleep
- SIDS is not caused by suffocation, choking, or smothering
- SIDS is not caused by child abuse or neglect
- SIDS is not contagious
- SIDS occurs in families of all races and socioeconomic levels
- SIDS cannot be predicted or prevented and can claim any baby, in spite of parents doing everything right

On a final note, while Dr. Maldonado gave us some very good recommendations, he specifically addressed research on co-sleeping that was conducted in other countries. For whatever reason, co-sleeping relates to a lower incidence of SIDS in other countries but not in the U.S. That is why it is so important to not recommend co-sleeping to our families.

Don't forget to encourage a flu shot for infants six months and older and their family members during the winter months. Practice good hand washing to stop the spread of colds and illness.

Good luck with your clients and keep up the good work you all do. Your presence and information is changing lives and saving the lives of babies every day!

For further information you may contact Karen Roylance, Nurse Consultant at kroylance@utah.gov or 801-538-9187.

Benefits and Dangers of Co-sleeping

As a former co-sleeper with my daughter, I have always been an advocate of co-sleeping. Research on co-sleeping is controversial, and not at all conclusive. Co-sleeping can help facilitate

breastfeeding and bonding, but it can also be dangerous in some situations:

- Young infants (under 11 weeks of age) who co-sleep with their mothers are at highest risk for Sudden Infant Death Syndrome (SIDS).
- If a mother has been drinking or using other drugs, or is very tired, babies should sleep in their own cribs next to the mother's bed.
- Obese mothers are also advised against co-sleeping.
- Some research indicates that having babies sleep in the same room but not in the same bed decreases their risk of SIDS.
- Co-sleeping should not occur on couches or on soft surfaces.
- Mothers who smoke should not co-sleep with their infants. They might lie next to their infants to snuggle while the infant sleeps, but when the mother is ready to go to sleep, she should put the baby in his or her crib next to her bed.

Vonda Jump, PhD

Information from:
Task Force on Sudden Infant Death Syndrome (2005). The changing concept of Sudden Infant Death Syndrome: Diagnostic coding shifts, controversies regarding the sleeping environment, and new variables to consider in reducing risk. *Pediatrics 116*, 1245-125

Editor's Note: For parents who want to co-sleep safely, several options are available that reduce the risk of SIDS. Various so-called co-sleepers are available. These are infant beds surrounded by only three sides that attach to the parents' bed. This way, the baby is right next to the mother (usually) but not in her bed. This enhances safety and still enables closeness and ease of breastfeeding.

Book Review

To Sleep or Not To Sleep: That is the Question!

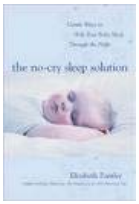
The No-Cry Sleep Solution, by Elizabeth Pantley

My precious son celebrated his first birthday, but he still wakes up frequently. Before he was born I decided I wasn't going to let him cry. That turned out to be a lot harder than I ever imagined! But at least around bedtime, I've stood by my decision… to the expense of my own sleep. What to do?

At times desperate to find a solution, I've read many parenting books on the topic. Advice seems to range from letting babies "cry it out" to "Attachment Parenting." The former is exemplified by the famous Ferber method (although Dr. Ferber himself doesn't call it "cry it out"). Dr. Ferber believes, however, that crying is not harmful for the child in the long run, even when it is long or intense. He advises to leave the child alone in her crib and check on her after increasingly long intervals. Many proponents of this approach claim that infants will learn to sleep through the night in as little as three nights. I imagine, though, that three nights may feel like three years when parents have to endure excruciating crying for hours on end!

Attachment Parenting is promoted by Dr. Robert Sears and his wife, Martha. They advocate 'wearing' babies in slings, breastfeeding, and co-sleeping. A problem with Attachment Parenting is that it may leave parents exhausted from sacrificing precious sleep.

Elizabeth Pantley proposes a middle way between these extremes. Her audience consists of parents who have chosen to not let their children cry it out, but still want to help their children (and themselves!) sleep easier and longer. Pantley starts out with a request for some soul-searching. Does the parent *really* want to make changes in the existing sleep situation? As exhausted as she may feel, a parent might still resist changes for various reasons. Many of the mothers she is targeting are breastfeeding and co-sleeping. Are they enjoying that soft little body so much that they don't really want to change this pattern, despite the wrecking sleeplessness? As I scrutinized my own motives, I realized I *am* attached to this closeness with my child and would find it difficult to give up or change.



Another issue Pantley stresses at the beginning of her book is safety – safety should always come first in any sleeping arrangement! She offers many guidelines for this, especially for co-sleeping parents.

The next step is to carefully create a sleep log. For any intervention aimed at changing sleep

patterns, it is imperative that a careful overview be made of current sleep patterns. Pantley also asks parents to document how the last few hours before bedtime are spent. Oftentimes, parents unknowingly create a hectic or exciting environment before bedtime. As the family cleans up after dinner, bright lights and noises in the house might keep the little one from relaxing before bedtime. Many parents also enjoy some high-energy fun with their little one, like roughhousing, in the early evening hours. The child might love this, but it is very likely that she is running on adrenaline!

A surprising fact (found in sleep research) that I learned from Pantley's book is that creating an earlier bedtime often resolves many problems. Parents usually think that keeping their child up longer will exhaust their child and help him or her sleep easier. Pantley points out that children often get a 'second wind' when staying up late, but this is driven by stress hormones keeping them active and excited (and less able to sleep!). Good bedtimes for infants and toddlers range from about 6:30 to 7 pm.

Like all parenting books on sleep, Pantley urges to create a predictable bed time and bedtime routine. Children need to know what to expect and when. For many, this includes a bath, putting on pajamas, reading books or singing songs, and then going off to sleep… With my own son, this has proven to be very helpful. By the time we brush his teeth, he knows it is time for bed.

Many sleep problems are associated with parents being always available, so that the child never learns to fall asleep on his or her own. I certainly recognize this! Elizabeth Pantley offers many tips for creating a loving, relaxing, sleep-enhancing environment, without letting the baby or child cry. She tried out her advice on a group of 'test mommies' whose testimonials are spread out across the book, and they all say they got more and better sleep than they had ever dared to dream, without any crying!

This almost sounds too good to be true. Personally, I have used some of Pantley's tips, such as trying to encourage my baby's attachment to a 'lovey' (which didn't work – he was probably still too young), and gently trying to break the connection between sleep and breastfeeding (which I've found too hard to do). Something that did work for us was to have someone else (my husband) help our son to sleep in a different way, so he is not totally dependent on one pattern. We now bring him to bed together – still parenting him to sleep by nursing, rocking, and singing. Yes, he still wakes up. But he sleeps much more deeply now and often finds his own way back to sleep when he briefly wakes. We're not there yet… But, everyone who has had young children tells me that this time, too, will pass (more quickly than you think!).

Ilse DeKoeyer-Laros, PhD

Pantley, E. (2002). *The No-Cry Sleep Solution: Gentle Ways to Help your Baby Sleep Through the Night*. McGraw-Hill.
See also www.pantley.com/elizabeth

Mark Your Calendars

- **Loving Touch® Infant Massage Training: Education and Professional Development.** August 21, 22, and 23, 2007; Kids on the Move; 475 West 260 North; Orem, UT 84057. see www.lovingtouch.com

- **Fall into Caring: 5th Annual Child Care Professional Development Conference.** September 28-29, 2007. Keynote Speaker is Dr. Bruce Perry, M.D., Ph.D., Senior Fellow of The Child-Trauma Academy. Dr. Perry's work has been instrumental in describing how childhood experiences, including neglect and traumatic stress, change the biology of the brain and thereby, the health of the child. www.slcc.edu/ccpdi/profdevconference.asp

UAIMH Activities

- **Don't forget to visit the UAIMH web page!** You can find us at www.hope.usu.edu/uaimh but this will change as we get our new website www.uaimh.org up and running!
- Please email any upcoming events that you would like to post to janetwade@utah.gov.
- To become a UAIMH member, log on to www.hope.usu.edu/uaimh or contact Janet Wade at janetwade@utah.gov
- Please send ideas and submissions for the next Newsletter to ilse.dekoeijer@psych.utah.edu

UAIMH Newsletter by Ilse DeKoeyer-Laros, Jan Robinson, Vonda Jump, and Janet Wade