Early relationships, experiences and the broader environment form the foundation for lifelong physical and mental health. The North Carolina Infant/Young Child Mental Health Association is a statewide interdisciplinary nonprofit organization that promotes this strong foundation for infants, toddlers, young children and their caregivers through public awareness, advocacy and professional development.

NC IMHA Holds First Annual Meeting
Melissa R. Johnson, Ph.D. Vice-President

The culmination of over two years of preparation and progress in the development of our organization was our first statewide meeting, held on November 9, 2012 in Greensboro. We were fortunate to have as our inaugural keynote speaker Ed Tronick, Ph.D., University Distinguished Professor at the University of Massachusetts and Harvard Medical School, and a pioneering figure in infant mental health. After an organization business meeting at lunch, we spent the afternoon in regional networking sessions, and have been collating and studying the suggestions and ideas that came out of these sessions. This article provides a very brief summary of some of these events:

Dr. Tronick’s Lecture: Beyond the Still Face Experiment: Gaining Deeper Understanding of Parent-Infant Relationships

The heart of this lecture was the “Mutual Regulation Model” which “views infants and part of a dyadic communication system in which the infant and adult mutually regulate and scaffold their engagement with each other and the world by communicating their intentions and responding to them” (Tronick, November 2012). This concept was illustrated through very detailed, frame-by-frame analysis of videotaped interactions between caregivers, primarily mothers, and not only infants but also toddlers, in the laboratory and in clinical situations. Take-

As a member or friend of the NCIMHA, you can be a leader in the effort to make a long-term difference in the lives of our youngest citizens, and thus in the health and well-being of our entire community.
NCIMHA First Annual Meeting - Continued

(home messages include the idea that parental mental health disorders are communicable diseases” which can impact the developing mental health of their children; this process occurs as the infant integrates “meaning taking” from the two-way interaction into their own state of consciousness. Another crucial concept was the role of REPAIR in understanding dyadic relationship, since all relationships experience disruptions at times, but healthier ones can readily repair themselves as the participants restore their connections with one another. Powerful and moving video example of toddlers trying multiple strategies to re-engage with their parents made this process vivid for the audience, and suggested many ideas for clinical application.

Dr. Tronick also reviewed recent research on infants of depressed mothers, including indications that cortisol levels become chronically elevated in children of depressed mothers, and the very high incidence of depression found in mothers of babies brought to a colic clinic.

Finally, Dr. Tronick summarized some of the key features that he believes are essential in therapy for very young children: that it must be “chronic and reiterated,” include caregivers, change the caregiver’s “meaning making,” age appropriate, multilevel, relationship-focused, and above all, MESSY!

Regional break-out session ideas

A wide range of wonderful ideas were shared in the regional break-out networking sessions. The sessions were marked by a wide range of disciplines and roles, and a number of participants commented that they were able to connect with resources in their region that they had not previously been aware of or known how to access. The groups were challenged to explore ways that Dr. Tronick’s research and findings could be applied to their own work.

Below is a brief sampling of some of the brainstorming:

Suggestions and ideas:

- Use the research on still-face, repairing relationships, and similar issues in parent and teacher education and consultation, as well as education for CBRS providers
- Focus more in our communities and health care practices on identifying and supporting depressed mothers
- Share strategies for self-care, using a range of approaches with ourselves as well as the families we work with.
- Increase public awareness of the critical issues in infant mental health
- Share the importance of increasing support systems for young families, especially in the absence of natural intergenerational support
- Increase the availability of motivational interviewing and other proven strategies for working with addicted and other highly challenged families
- Focus on building relationships with families, especially facilitated by working in the home

Concerns:

- The lack of service definitions for 0-3 year old children
- Challenges in working with adolescent mothers who sometimes need more mothering themselves
- Collaboration with disciplines and agencies where there is not history of working together
- Challenges in geographically spread-out regions
- Finding strategies that work for traumatized children in the foster care system
- The stigmatization still involved in mental health diagnoses and treatment

(continued next page)
NCIMHA First Annual Meeting - Continued

This is just a small fraction of the thoughtful ideas shared during the afternoon sessions. Fortunately, the upcoming forums on the Institute of Medicine report will provide more opportunities to develop action plans to address these and many other issues.

Planning for future meetings

The NCIMHA board looked carefully at the evaluations of the first conference, and is actively planning for this fall’s meeting. Speakers and format will be informed by the successes and challenges of the first meeting. Stay tuned for more details in our next newsletter and on our website!

Research Update: The Biochemistry of Neglect
Betty Rintoul, Ph.D.

The core foundation of infant mental health is the critical importance of responsive caregiver-child relationships during infancy and early childhood. A working paper released in December 2012 by Harvard’s Center on the Developing Child summarizes a wealth of research that indicates that the absence of such relationships constitutes a serious threat to normal development – perhaps even greater than the threat posed by physical or sexual abuse – and certainly more prevalent.

Why is the simple act of not responding on a chronic basis so devastating to very young children?

First, infants and young children learn through “serve and return” interactions. They instinctively reach out for interaction through smiles, babbling, and gestures. The response of an adult caregiver provides communication models, information about the world, and exposure to meaningful experiences. The absence of such interactions robs children of learning opportunities, resulting in delays – particularly in receptive and expressive language.

Second, a human infant is completely dependent on adult caregivers for his or her very survival. As a result, the absence (even the emotional “absence”) of the caregiver is experienced as a threat and activates the stress response system. The complicated physiology of this system is designed to help the body cope with perceived threat, but when it is activated repeatedly, it results in wear and tear that leads to a breakdown of the system.

Let’s look more closely at one aspect of that system – the stress hormone cortisol.

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Chronic stress initially causes excessive levels of cortisol.
Cortisol has become known as “the bad guy” since elevations in response to chronic stress can be harmful. Actually, cortisol is essential to your body’s functioning, including facilitation of the brain’s use of glucose, repair of tissue damage, and as part of complex interactions that affect control of mood, motivation, and fear (www.mayoclinic.com). Recent research literature suggests that chronic stress does initially cause excessive levels of cortisol. But if this elevation continues over a period of time without buffering (such as comforting by a caregiver), the body defends itself by a resistance to cortisol – resulting in abnormal patterns of production.

Normally, people show a sharp increase in morning cortisol (which seems to “prepare” us for our day), followed by a steady decline in levels throughout the day – evening off to an evening low point that continues through the night. Children who have experienced significant neglect over time show lower levels of cortisol in the morning – remaining flat throughout the day. Research indicates this “flat” pattern of cortisol production appears to be associated with weaker brain structures. The lack of fluctuation may also disrupt natural sleep rhythms.

The good news is that several child-caregiver treatment approaches have demonstrated reversal of some of these physiological changes, as well as improved relationships and reduction in behavior problems. Young foster children (age 20–60 months) whose caregivers participated in the Attachment and Biobehavioral Catch-up (ABC) Intervention demonstrated more normal cortisol production patterns, as well as increased attachment security and behavioral regulation. Similar findings were reported for the Multidimensional Treatment Foster Care for Preschoolers (MTFC-P), targeted to caregivers of 3 to 5 year old children. In that intervention, children (compared to non-treated foster children) showed normalized cortisol production patterns, as well as fewer behavior problems and less placement disruption. Although the interventions were different in design, both emphasized sensitive and consistent responsiveness and positive support to the children. It is important to note that simply removing a child from a neglectful environment was not adequate to produce these improvements – children in foster families not receiving this kind of specialized support actually showed an increase in symptoms, both in behavior problems and stress physiology.

Emotional neglect is not limited to those children who reach the threshold of maltreatment established by Child Protective Services. Many other children suffer lack of sufficient attention from caregivers because of parental depression, substance abuse, stress of poverty, or parents who simply don’t understand how important their attention is to their young children. Any efforts to support parents in their “serve and return” interactions with their young children are likely to be valuable in promoting children’s healthy development. Two other interventions which have shown effectiveness at improving caregiver-child interaction and responsiveness (with both foster and biological parents) are Child-Parent Psychotherapy and Circle of Security.


From the President’s Desk
Suzanne Fullar, RN, MSN, MPH

Highlights from Zero to Three’s National Training Institute

Each year Zero to Three, the national organization for infants, toddlers, and their parents, holds its annual conference called the National Training Institute (NTI) in December. I was fortunate to attend this wonderful conference which was held in Los Angeles, California. I’d like to share some of the highlights of my three days there. 2012’s NTI was entitled “Connect, Revitalize and Learn” and its goal was to highlight the latest science, policy, and practice in early childhood development.

I’d like you to know first of all, that NTI is fun. It is filled with folks, just like you, who care deeply about our youngest children. There are lots and lots of them at NTI – over a thousand. Turn around and talk to someone you don’t know and right away you’ll find you have something in common. Opportunities for networking, for sharing ideas, for support, and fellowship abound in the breakouts, organized networking sessions, hallways, the Marketplace (where you can buy great books and materials and get free food), the hotel’s restaurants and lounges, and even in the swimming pool. Learning and new friendships abound both inside and outside of NTI’s formal program.

Here are some highlights of my 3 days at NTI. I attended a Pre-Session on Reflective Supervision which explored the challenges and benefits of supporting staff in their work with families. How we understand and deal with the stresses and frustrations of our work directly affects how the families perceive us and our intervention. This, in turn, directly affects how parents deal with the stresses and frustrations of parenthood. How we interact with parents and how they, in turn, interact with their kids is called “parallel process”. When we feel supported and can share both the negative and positive emotions that children engender in us, we are better able to build empathy and social emotional competency in the children and parents we work with. This in turn leads to improved child outcomes, less vicarious trauma for staff, and decreased staff turnover.

In a plenary session Alan Sroufe, PhD from the Institute of Child Development in Minnesota shared the results of his 36 year longitudinal study of poor children. He and his study team continue to follow 180 of the 200 children first enrolled in 1974 (before their birth). From this research Dr. Sroufe is able to look back at his study children and find predictors of a life’s trajectory. By the age of 3 years he found he could predict which children would drop out of school and have poorer outcomes. IQ was not a predictor of outcome for poor kids, but quality of care was. Family stress and family support are important determinants of how kids do later in life. Early relationships and “confident” attachments help build self-confidence, emotional regulation, empathy, and social competence. Dr. Sroufe believes that resilience comes not out of innate child traits, but is created by supportive adults in early childhood, and is stable even in the face of later traumatic events.

In a breakout session Andrew Meltzoff, PhD told us that the period from birth to three years is now a “hot topic” in business (for selling stuff to help kids learn), in artificial intelligence (to understand how the brain works and for robotics), in society (with recent articles in Time and Newsweek), and in academia (how brain science informs learning). Dr. Meltzoff’s research focuses on how babies learn - by observing and imitating others. Babies are born wired for “self-other connectedness”. A newborn can connect his body with that of another’s (for example when a baby sticks out his tongue in imitation of his mother). Young children learn about causal relationships by watching and looking for an effect. Antonio, Texas from December 11- December 14th. It is an expensive conference but scholarships are available. So think about attending and get a friend or colleague to go with you so you can share a room. You won’t regret it.
NCIMHA Welcomes New Board Members

At the first NCIMHA board meeting of 2013, the board was excited to welcome their newest board members, Sheryl Ewing and Archana Hegde. Both new board members bring a vast array of educational, professional and life experience that will enhance our board.

**Sheryl Ewing** is the Executive Director of Family Support Network of Southeastern North Carolina Inc. (1999 – present), an agency that provides support, information, resources, and caring connections to parents of children with special needs. She has worked 35+ years with people who have developmental disabilities and has advocated for their rights. She began her career as a tutor for children with Learning Disabilities and Behavioral Disorders in a public school system, directed habilitation services for a county run program for children and adults with developmental disabilities, founded a non-profit learning center to provide remedial education to children/teens struggling in school and/or involved in the juvenile court system, fostered 10 children, and started an adult work/habilitation program for United Cerebral Palsy of North Carolina. She is currently involved in an innovative new Early Intervention Collaborative Project with New Hanover County Health Department providing one-on-one support and specialized parent education in the home around child development with parents of children birth to five who are at-risk. Sheryl was trained under Wolf Wolfensberger in the philosophy of Normalization, the precursor for today’s self-determination. She has a Bachelor’s degree in Fine Arts, a number of graduate courses in special education, and a Masters degree in Human Services. She completed the Empowerment Skills for Family Workers Duke Certification Program and has gone on to be a coach and instructor for this program with Community Action Opportunities (since 2007) out of Asheville, NC. She is past President of the North Carolina Foster and Adoptive Parent Association. We look forward to Sheryl bringing a strong voice for families to NCIMHA.

**Archana (ANU) V. Hegde**, PhD is an Associate Professor at East Carolina University in the department of Child Development and Family Relations and holds a (BK) license in Birth through Kindergarten Teacher Education. She received her masters degree from Mumbai University, India and doctorate from the University of North Carolina at Greensboro (UNCG) in Human Development and Family Studies. She has widely published on topics related to the quality of inclusive and non-inclusive child care and preschool settings, teacher beliefs and practices regarding developmentally appropriate practices, inclusion and diversity. She has worked in the field of early childhood education for more than 12 years in many different capacities; classroom teacher, student supervisor, university supervisor and teacher educator at the university level. Presently Anu serves on the Tiered Quality Rating Improvement Scale (TQRIS) advisory council for the North Carolina Division of Child Development and Education (DCDEE) and has contracted with the Early Education Support, Licensure and Professional Development (EESLPD) unit of DCDEE to serve and evaluate non-public school pre-K teachers’. She is also an active member of the Birth through Kindergarten Higher Education Consortium Group. Anu is very excited to be a part of the interdisciplinary team at NCIMHA, and shares their philosophy and vision for young children, with its primary focus on social and emotional development. Her experience will make her invaluable in our efforts to broaden the scope of early childhood social and emotional educational and professional development.
PCIT of the Carolinas: Building Healthy Futures Across the Carolinas

Rhea M. Chase, Ph.D.

Parent Child Interaction Therapy (PCIT) is a parent training program developed for the treatment of disruptive and acting out behaviors in young children. Parents and children attend treatment sessions together and parents receive live coaching while playing with their child. The PCIT therapist is therefore able to help the parent learn and implement positive parenting skills in real time and provide support during challenging parent-child interactions (Eyberg & Funderburk, 2011). Research has shown that PCIT is highly effective in reducing child disruptive behavior and increasing their cooperation with parents’ directions. Parents participating in PCIT also report improvements in their parenting stress and locus of control (Eisenstadt, et al., 1993). Because it improves the parent-child relationship and teaches parents effective and safe discipline methods, PCIT has also been shown to reduce child physical abuse in parents with a history of child maltreatment (Chaffin et al., 2004; Chaffin et al., 2010).

Although PCIT is a strong evidence based practice, training capacity is limited, and few clinicians are trained in PCIT to fidelity nationwide. In 2009 The Duke Endowment funded PCIT of the Carolinas to disseminate PCIT across North and South Carolina. The project is a collaborative effort between The Duke Endowment, the Duke Evidence-based Practice Center, and the Center for Child and Family Health and represents the nation’s first Learning Collaborative (LC) in PCIT. The National Center for Child Traumatic Stress pioneered the Learning Collaborative on the Adoption and Implementation of Evidence-Based Treatments. The LC is designed to enhance the diffusion of evidence-based treatments while overcoming implementation barriers by targeting three domains of implementation: 1) clinical competence, 2) family and client engagement and 3) organizational support and readiness. Evidence suggests that full adoption and sustainability of an evidence-based treatment requires changes within each of these domains. (Ebert, Amaya-Jackson, Markiewicz, & Fairbank, 2012).

Thus, the LC includes three “tracks:” clinicians, supervisors, and agency administrators or senior leaders. All three groups attend face-to-face training sessions and participate in ongoing consultation calls throughout training. Clinicians and senior leaders sometimes attend separate sessions to address content specific to their track. In a PCIT LC, for example, clinicians may learn the PCIT coding system while senior leaders discuss and practice marketing strategies. However, the groups are often together, so that all participants understand the basic principles of the treatment and the team learns to identify and address implementation barriers early in the adoption process.

Twenty-eight community-based agencies are currently enrolled in the PCIT of the Carolinas project, with 84 clinicians and 28 agency administrators. Participating clinicians provide services to children ages 2 1/2 to 6 along with their primary caregivers. Agency teams receive training and consultation meeting the training standards developed by PCIT International. Preliminary results support the LC as a promising methodology to promote the spread of PCIT to community agencies. Data suggest that clinicians participating in PCIT of the Carolinas conduct the treatment with a high level of fidelity, as rated by a faculty member. Parents receiving PCIT through the project demonstrate significant increases in positive parenting skills, and parents report significant decreases in their child’s disruptive behavior.

We expect to build capacity among these organizations to implement and sustain the delivery of PCIT and other evidence-based practices. As the nation’s first PCIT LC and one of the largest dissemination efforts in PCIT to date, the project is an innovative venture garnering national attention from the PCIT community and experts in implementation science.

References

