

Dr. Robert Fox:

"In my 30+ years working as a psychologist with families of young children, I'm more convinced each year that we can no longer afford to wait until children are school-aged to address their mental health concerns.

Prevention is the answer to getting our young citizens off to a good start."

Professor, Marquette University and Licensed Psychologist, Penfield Behavior Clinic



Early Pathways Program Helps Vulnerable Children

Penfield Children's Center, in partnership with Marquette University, have been operating the Behavior Clinic, featuring the Early Pathways (EP) program, for fourteen years. As a five-year federal SAMHSA grantee, this unique clinic provides evidence-based, home-based, trauma-focused treatment in Milwaukee County, for children ages 0—5, who have experienced traumatic events and live in poverty. Children are referred for treatment by over 80 different agencies, as well as individual providers. Clinic professionals work with both the child and the child's

primary caregiver, for 8-16 weeks, to address issues such as serious temper tantrums, aggression, self-injury, hyperactivity, property destruction, and emotional problems, including separation anxiety, fears, and trauma symptoms.

In addition to working with approximately 400 children each year, the clinic also trains professionals in EP and offers short training programs on specific topics related to social and emotional health of young children. The clinic has an ongoing applied research program, which has contributed over 30 published



journal articles, including the development of published assessment outcome measures, and a soon-to-be released trauma assessment tool for young children. EP is featured in this month's NCTSN [eBulletin](#) along with a [journal article](#).

The state licensed outpatient clinic is staffed by 6 full-time family counselors, including one bilingual counselor, a psychologist consultant, and several graduate students. Children are routinely referred for other early education services and counseling for parents.

Heather Rotolo, a SE Chapter

Jerome: A Success Story

During infancy, Jerome experienced neglect and malnourishment before being placed in foster care. At age 30 months, his foster parents sought treatment for his night terrors, temper tantrums and separation anxiety. In the EP program, a combination of psycho-education and trauma-

informed treatment strategies were used, including ongoing discussions about the effects of trauma on young children and their behavior. A treatment plan included a "calm-down" spot, strategies to reduce and address aggressive tantrums and overstimulation, parental monitoring, and rewarding

positive behaviors. Jerome was encouraged to label and talk about his feelings.

At treatment completion, Jerome was able to have smoother transitions, his night terrors had decreased, and his foster family gained confidence to handle challenging situations appropriately.

Chair's Corner **Beth Boucher, SE WI AIMH Chapter Chair**

I am excited to welcome you to the very first addition of the Southeast Chapter's Newsletter **Bright Beginnings**. This newsletter is a tribute to what is possible when like-minded professionals come together with a common vision and drive to make a positive impact. I am proud to say that our membership, 78 strong and growing, is building awareness, understanding and



a professional capacity in the field of infant mental health daily. We come together from different backgrounds, fields and locations to strengthen children, families and communities. This is powerful stuff!

The collective knowledge and experience of our membership offers us many opportunities to learn from each other

and grow our professional selves. I hope that through chapter activities and information sharing, you feel validated and find inspiration in your work. I invite you to join our journey to discover interests, explore strengths, make connections, take on new challenges and realize your professional goals.

My hope is that chapter membership offers you a professional home where you can find the inspiration, supports, resources and educational pathways you are looking for to grow your professional self.

Committee Updates—Building Community Awareness

The Building Community Awareness Committee has focused on identifying its goals and action steps to increase awareness of the term and concepts of IMH, with an emphasis on professionals in the community. Our three goals are:

1. to convene a meeting of early childhood professional trainers, to identify areas of overlap and develop consistent messaging related to IMH;

The Building Community Awareness Committee focuses on increasing awareness of the term and concepts of IMH with early childhood professionals.

2. to increase the number of early childhood professionals who are aware of

what is IMH and cross-discipline sharing; and 3. increase awareness of IMH for early childhood medical providers in the southeast region. Action steps have been identified for each of these goals and the committee will begin work on these steps at its September meeting. For more information contact Mary Jo Gerlach at mgerlach@wi.rr.com or Sarah Greene at sigreene@co.walworth.us.wi.

What's New?

Journal of Pediatric Health Care, 2016, Jan./Feb. Vol. 30, No. 1 pg. 38–48

"Demystifying IMH: What the Primary Care Provider Needs to Know"

Primary Care Providers (PCP) are some of the first professionals to have access to the intimate relationship between a parent and child. The article's authors suggest the PCP's routine contact with the family provides them with the opportunity to examine, explore, and address the social and emotional experiences of the child and family. This can be achieved through reflection,

guidance and knowledge of culture and circumstance of the caregiver and the family system. This article provides strategies to identify areas of concern (red flags), possible interventions and resources, including programs, training and publications, the PCP can access to assist them in better understanding their role in the caregiver-child relationship. Contact Mary Jo Gerlach, mgerlach@wi.rr.com, for a copy of the article.





Impressive Ideas: How Do You Help Parents Understand the Value of Play?

"I use a lot of ideas from the [Incredible Years](#) like the pyramid and how to build skills through play. One of my favorite books for parents who have 'forgotten' how to play is "[I love you rituals](#)" book, which structures the brief interactions enough for those who are uncomfortable with the concept/vulnerability that play can sometimes represent." *Samantha Wilson, Medical College of Wisconsin*

"We often let the parents know that play is a meaningful and purposeful activity for children. It is really the child's occupation and it is through play engagement, that children learn social roles, social rules and it

is how they develop." *Occupational therapists' work – Kris Barnekow, UW-Milwaukee*

"During training for pre-adoptive parents, I'd ask them what they thought were the 'best' toys for children to play with and wrote their ideas on a whiteboard. (I also had a pair of my pants hanging over the white board with worn-out knees). They gave great ideas...balls, blocks; all the great, classic child-propelled toys. I then told them that when we



adopted our first child, I couldn't understand why I was getting holes in the knees of my pants; only to learn the importance of me being down on the floor playing with my child, not only to promote optimal development, but a secure, autonomous attachment, as well. (That's why my pant's knees were all worn out!) I ended the session by telling them that while their traditional toy ideas were awesome, to always remember that child's VERY favorite toy is their parents or caregivers!" *Deb Sumiec, Children's Hospital of Wisconsin*

Committee Updates – Building a Competent Workforce

This committee is committed to Growing a Competent Workforce through Professional Development, Reflective Practice and Infant Mental Health Endorsement. Our current priorities include identifying trainings offered in the community that meet endorsement competency areas, as well as identifying gaps in trainings that professionals may

need in order to obtain endorsement. We are creating a calendar of professional development events and a reading/

resource list that is relevant to those interested in endorsement. An endorsement informational event will be planned for the SE Chapter in the fall.

If you are interested in growing a competent workforce of infant mental health providers, contact Karissa Vogel at karissa@mhawisconsin.org or 414-336-7964.

"If you wish to achieve worthwhile things in your personal and career life, you must become a worthwhile person in your own self-development." Brian Tracy

Committee Updates – Large Impactful Chapter

Chapter growth: 78 registered Chapter members (our goal for 2017 is 100 members!)

Chapter Outreach - Conferences:

- *Fulfilling the Promise:* 3/7–3/9
- *WI AIMH conference:* 6/12–6/14

We've developed:

- Webpage and Facebook pages



- Email listserv
- Outreach materials
- Informational display
- Power point overview

What's Next?

- Quarterly Newsletters
- Develop grant narrative templates

Are you interested in becoming part of this vibrant committee?

Contact Cindy Muhar: cmmuhar@uwm.edu to learn more!

We meet monthly, via teleconference—no travel required!

Next Meeting: Oct. 3, 9:30–11:00 a.m.

Dates to Remember!

10/30/17—SE Chapter Meeting, features Professional Development Event: **Perinatal Mood Disorders**, presented by the Medical College of WI's Periscope Project and the Mom's Mental Health initiative.

Related Conferences

11/10-11/11/17: [Wisconsin Early Childhood Conference](#), WI Dells

11/13-11/14/17: [Children Come First](#), WI Dells

11/29—12/1/17: [Zero to Three](#), San Diego

We Want to Showcase the Ideas of SE Chapter Members!
Share your thoughts with Cindy Muhar, cmuhar@uwm.edu, and they could be included in the next *Impressive Ideas* feature!

Member Question for the Next Newsletter:

What are 3 things you'd recommend parents look for in a child-care setting, to ensure healthy social-emotional development of their child?
(100 words or less)

We're on the [Web!](#)

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Name Our Newsletter Contest Winner: Prefers to remain anonymous

Washington and Ozaukee Counties Birth to Three Embraces IMH Principles

Contributed by Michael Hoffman, Birth to Three, Washington and Ozaukee Counties

This vision started in the Summer of 2005 when I attended a course, "Social Emotional Development in Children Ages Birth to 6: Nurturing Relationships and Recognizing Concerns and Boundaries." As a Birth to 3 teacher with less than two years' experience, the session introduced me to the topic of infant mental health. We began by reading "Ghosts in the Nursery" and an activity for which we were instructed to look at the youngest picture of ourselves we could find. After silently looking at the picture, we answered these questions:

- *What do you know about who held you as a young child (physically, emotionally?)*
- *What are some of the many ways that people are "held" by others (arms, eyes, voice)?*
- *How might you have wanted to be held?*
- *How might your early experiences have effected who you are today?*
- *How have these experiences effected your relationships with others?*

This exercise opened a door that I had never explored. Tears, tingles, suffocation and clarity overwhelmed me while doing this activity and I was never the same. This was something and I wanted more!

Diane Fett then encouraged me to

apply for the UW Infant, Early Childhood and Family Mental Health Capstone Certificate Program. I met wonderful, smart and talented professionals in my program cohort. I often looked around and thought, "Help is on the way. We are going to do some great things in our respective fields." With each cohort, came more graduates and more boots on the ground. I continued to think, "Help is on the way."

Our program has been fortunate to secure funding to send five staff through the certificate program and another two start in Fall, 2017. "Help is on the way!" In 2013 we were fortunate enough to begin work with a reflective supervision consult-



Michael & some of the Ozaukee County Birth to Three team.

ant, Tricia Schutz, and our group dynamic started to shift. We changed our work with families by re-shaping our family history and assessment practices to look for, and ask about, families' experiences. We utilized various assessment tools for greater knowledge of how children function socially and emotionally. We put a greater emphasis on the *relationship* between the Birth to 3 service provider and the family.

We listened to parents' tone of voice and phrases used to describe their child on the first referral phone call. This often prompted evaluation, using the NBO (Newborn Behavioral Observation), when in the past we may have 'screened the child out' on that call. We started thinking about how a parent with a history of trauma may fit, or not fit, our program rules and regulations.

Our work and work culture have positively changed, but we were too engaged to notice, until we were asked to present our work at a SE Chapter meeting. We reflected on where we came from, much like that first activity in 2005. We support each other and keep infant mental health 'front of mind' in our services and the decisions we make. As one team member, Ashley aptly stated, "The work reinforces the work"!