



*The Newsletter of*  
**The Indiana Association for Infant and Toddler  
Mental Health**

**From The Chair**

**REFLECTIONS**

**Winter  
2011  
Vol. 5,  
No.1**

*A Subsidiary of  
Mental  
Health America  
Indiana, Inc.*

During 2010, the IAITMH celebrated the association's 10th year by looking back at our accomplishments with special articles in *Reflections*. Beginning with this issue, we will take a look forward at the goals the IAITMH hopes to accomplish for and with Indiana families and our much appreciated state and agency partners. An important initial and continuing goal for the IAITMH is to increase awareness of infant mental health issues, including helping families and professionals to understand both the gravity of emotional and behavioral concerns in early childhood and the possibility of intervention. We seek to increase the capacity of our workforce to serve the social and emotional needs of very young children and families in Indiana. Traditionally we have met this goal by providing an Annual Conference. Going forward, the IAITMH is working in partnership with state agencies to support a certificate program, intensive training and an Endorsement process. In this issue, we provide an overview of two initial courses that will be offered at IUPUI this summer. In later issues we will discuss new opportunities for joining the Early Childhood Mental Health Intensive and provide ongoing updates as Indiana's Endorsement rolls out. Stay tuned for an exciting and productive year! **Angela M. Tomlin, Ph.D., HSPP**

**Early Childhood Mental Health Courses  
IUPUI Summer Sessions Offered in 2011**

In conjunction with the Indiana University School of Social Work, the IAITMH will offer two graduate level courses in early childhood mental health during summer sessions in 2011. These courses are part of IAITMH's efforts to develop a 12-hour certificate program in early childhood mental health. Students from programs outside of social work are welcome, as the courses are intended to be interdisciplinary.

During Summer I the IAITMH will offer **Early Childhood Diagnosis**, a one credit course on the Diagnostic Criteria Zero to Three-Revised (DC0-3R). The DC0-3R is a diagnostic system designed to complement the Diagnostic and Statistical Manual of the American Psychiatric Association, which has limited utility for providing accurate descriptions of the kinds of emotional and behavioral difficulties that are encountered in early childhood. This course will be offered during Summer I on two Fridays (June 10 and June 17). The course number is Social Work 600, Seminar in Social Work. *(Continued on page 2)*

## Early Childhood Courses (Continued from page 1)

A strength of the DC-03R is its developmental and relationship focus. The course will address how familiar diagnostic categories, such as anxiety and depression, can be recognized in early childhood. In addition, participants will learn about some diagnoses unique to early childhood, such as Regulation Disorder and how to assess and describe parent-child dyads. Experiences with the IAITMH DC 0-3R Crosswalk will be included in this course.

In Summer II (June 27 to August 8, 2011), IAITMH will offer a 3-credit course titled **Advanced Issues in Early Childhood Mental Health**. The course is listed in the course bulletin under Social Work 600, Seminar in Social Work. This course will provide an overview of important foundational areas of early childhood mental health. An introduction to the theory, practices, and major controversies of infant and early childhood mental health will be presented. Students can also expect to cover areas including typical attainment of important social and emotional milestones, attachment theory, the development of parenting roles, risk and resilience factors in early childhood, risk factors for appropriate family functioning specific to early childhood, and cultural considerations.

Looking ahead, two other courses are planned to cover assessment and diagnosis and intervention. In addition, it is planned that a formal certificate program would also include some practicum experiences. All course work has been developed with support from the Indiana State Department of Health's Sunny Start Program. The courses will be co-taught by Stephan Viehweg, ACSW, LCSW and Angela Tomlin, PhD, IAITMH Board members and Riley Child Development Center LEND Program faculty.

Can't join these courses but interested in self-study? Here are recommended books on infant and early childhood mental health:

Davies, D. (2010). *Child development: A practitioner's guide, Third Edition*, New York: Guilford.

DC 0-3 R Task Force. (2005). *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition*. Washington, DC: Zero to Three.

DelCarmen-Wiggins, R. & Carter, A. (2004). *Handbook of infant, toddler, and preschool mental health assessment*. New York: Oxford.

Lieberman, A. & Van Horn, P. (2008). *Psychotherapy with infants and young children*. New York: Guilford.

Oppenheim, D. & Goldsmith, D. (2007). *Attachment theory in clinical work with children*. New York: Guilford.

## CAPTA and Part C Update

CAPTA, the Child Abuse Prevention and Treatment Act, identifies state and federal responsibilities related to preventing and intervening in child abuse and neglect. The federal legislation provides a minimum definition of child abuse and neglect, identifies a variety of federal roles, including research related to child abuse and neglect, and provides support to states around activities connected to prevention and responding to possible child abuse or neglect (See <http://www.childwelfare.gov/pubs/factsheets/about.cfm> for a good summary.) An important part of the 2004 revision of CAPTA requires that states that receive these funds must create provisions and procedures to refer children under the age of 3 with a substantiated case of abuse or neglect to Early Intervention Services funded under Part C of IDEA. These procedures are important because it is known that children who have experienced neglect and abuse are at higher risk for developmental delays than their peers.

In 2004, IDEA added corresponding language, requiring Part C referrals to be made for children under three in these circumstances: child is involved in a substantiated case of child abuse or neglect; child is identified as affected by illegal substance abuse; or child is demonstrating withdrawal symptoms resulting from prenatal drug exposure. Including the requirements in both laws strengthens the legislation and increases the likelihood that young children will receive needed services.

In Indiana, CAPTA and Part C staff members are coordinating to ensure that children are referred and receive developmental screenings. DCS staff are regularly identifying children under the age of three years and sending this information to First Steps Clusters. First Steps staff will be responsible for offering a screening to these families. Individual Clusters are developing procedures for following up with the referrals provided by their DCS colleagues. Like other states, Indiana is finding that many children referred by DCS are already participating in First Steps services. For others, the referral is an important avenue to receive needed early intervention screening, and assessment and intervention when appropriate.

The *Ages and Stages Questionnaires-3 (ASQ-3)* is being used by First Steps for developmental screening needed for these children. The *ASQ-3* is well-research and is recommended by the American Academy of Pediatrics. The current version is useful because it includes both cut-offs at the 2 standard deviations below the mean mark as well as a borderline delay range. This borderline delay range is important in Indiana, given that our eligibility requirements parallel a delay of 1.5 standard deviations below the mean in some cases.

Determination of mental health diagnoses in very young children must always include consideration of developmental level. To do this, mental health professionals who receive referrals for young children under the age of three years need to include developmental information as part of their evaluation. It is recommended that the receiving mental health professionals establish relationships with their local First Steps professionals and obtain appropriate releases to access information about any previous screening or evaluations that may have been conducted. In addition, evaluation of a young child's development and behavior must always be conducted within a context of important relationships. Again, close contact between mental health, early intervention, and child welfare professionals is critical to success.

## TRAINING CALENDAR

THE Institute for Strengthening Families,  
April 11-13, 2011, Indianapolis, IN

Indiana Association for Infant and Toddler  
Mental Health, 13th Annual Conference in  
Infant Mental Health, August 12, 2011,  
Ruth Lilly Auditorium, Riley Hospital Out-  
patient Center, Conference

Infant Toddler Specialist Initiative, Sep-  
tember 8 and 9, 2011, Fort Benjamin Har-  
ris, Indianapolis, IN

The IMH Task Force has made a transition to the IMH Supervision Group. Next meetings are March 4 and April 8, 2011 from 1 to 3 PM at the Riley Child Development Center. The Supervision Group will meet once per month and will be led by Angie Tomlin, who currently holds Level 4 Endorsement through the Michigan Association for Infant Mental Health. Participation in the IMH Supervision Group can help meet the requirement for Reflective Supervision as part of the activities needed for the IAITMH Endorsement. To join the group or for more information, contact Angie Tomlin at [atomlin@iupui.edu](mailto:atomlin@iupui.edu).

### *Join the IAITMH!*

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

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|--|-------|
| <input type="checkbox"/> Professional                | \$50  |
| <input type="checkbox"/> Family/Retired Professional | \$25  |
| <input type="checkbox"/> Student                     | \$15  |
| <input type="checkbox"/> Donation                    | _____ |

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Indianapolis, Indiana 46202*

## **Review: Babies**

*Babies* is a wonderful documentary by Thomas Balme that follows four infants from their first breaths to first steps. The four babies are from vastly different places and cultures across the world: Mongolia, Namibia, San Francisco, and Tokyo. The film moves smoothly from a baby apparently overwhelmed by a toy-filled urban shopping trip in Tokyo to a baby crawling on the ground while discovering the fun of play with rocks and bones.

The director moves from baby to baby, simply observing their actions, environments and relationships. There is no effort or intent (and really no need) to create any additional story as the story of development is powerful and touching to watch. The movie has no narration and little spoken word, since the movie is primarily about the babies and babies communicate in many ways besides speech.

This is a terrific film for demonstrating the consistency of attaining development skills across cultures. Regardless of where and how they live, all four babies smile, sit up, laugh with their mothers, enjoy play with peers or siblings, explore pets and objects, and take their first steps in similar orders and at nearly the same ages. It's recommended viewing for anyone who enjoys baby-watching.