

Partnership Broadens

Five Department of Public Welfare program offices are now working together on various early childhood mental health initiatives: Office of Child Development and Early Learning; Office of Children, Youth and Families; Office of Developmental Programs (Bureau of Autism Services); Office of Medical Assistance Programs; and Office of Mental Health and Substance Abuse Services.

Representatives of the five offices provide staff support for the Early Childhood Mental Health Advisory Committee and other initiatives, and help to ensure that attention is paid to the variety of related issues in developing a comprehensive early childhood mental health system. The ECMH partnership planned a statewide meeting in April with early childhood mental health consultants and county children's mental health coordinators, to help them understand each other's roles, network with each other, and learn more about early childhood mental health from Dr. John Biever, child psychiatrist consultant for the Office of Mental Health and Substance Abuse Services. In June, representatives from four of the program offices provided updates to early intervention personnel across the state on what their offices are doing in early childhood mental health. For example, the Office of Medical Assistance Programs has recently increased the fees paid to providers for increased developmental screening during Early Periodic Screening, Diagnostic and Treatment well-child visits for young children.



Early Childhood Mental Health Advisory Committee Launched

The first two meetings of the newly-formed state Early Childhood Mental Health Advisory Committee took place in May and September 2008. At the first meeting, Estelle Richman, Secretary of Public Welfare, welcomed members to the new committee and highlighted the importance of focused attention on the social and emotional needs of very young children. Joan Erney, Deputy Secretary for Mental Health and Substance Abuse Services, also expressed her support for the committee and its goal of "ensuring that coordinated mental health services are available for young children across the commonwealth."

In addition to receiving the charge for its work from Secretary Richman and Deputy Secretary Erney, the committee designated three priorities and members chose to join one of three workgroups to address these priorities. The three focus areas are prevention and intervention, workforce development, and communication and collaboration. Infused into the work on each of these priorities will be an emphasis on engaging parents and family members, funding issues, program evaluation and diversity. All three workgroups met at least once between the May and September meetings to define their work and identify specific strategies.

The co-chairs, elected by the full committee, moderated the second meeting in September. Leigh Carlson-Hernandez is a parent from Allegheny County who works for the Alliance for Infants and Toddlers, and Connell O'Brien is the children's policy specialist for the Pennsylvania Community Providers' Association. In addition to reports from the three workgroups, committee members also heard a report from Ellen DiDomenico, executive director of the Governor's Commission for Children and Families, and discussed the relevance for Pennsylvania's early childhood mental health work of the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children promoted by the Center on the Social and Emotional Foundations of Early Learning (www.vanderbilt.edu/csefel/). The next meeting of the advisory committee will be Dec. 2, 2008.

Initiatives in Workforce Development

Infant Mental Health Certificate Program

The Offices of Mental Health and Substance Abuse Services and Child Development and Early Learning awarded 30 scholarships to early childhood direct service providers for the Certificate in Infant Mental Health program at Chatham University in Pittsburgh, demonstrating the Department of Public Welfare's commitment to the ongoing development of a skilled early childhood mental health workforce. Scholarship recipients include early childhood mental health consultants in each of the six regions of the Pennsylvania Key, as well as therapists, developmental specialists, psychologists, physical therapists, social workers, behavioral specialist consultants and Head Start personnel who provide direct services to young children. Awards were distributed across the state to early childhood workers in more than 20 counties, and recipients began taking their first course in program in September. The Certificate in Infant Mental Health program at Chatham is the only one of its kind in Pennsylvania, and is a low-residency program that can be completed mostly online. Course work can also be applied to graduate degree programs. More information is at www.chatham.edu/ccps.imh.cfm.

Ages and Stages Questionnaires

The Office of Children Youth and Families (OCYF) in conjunction with the Pennsylvania Key provided training sessions across Pennsylvania that were designed to instruct designated child welfare staff in the use of the Ages and Stages and Ages and Stages Social-Emotional Questionnaires (ASQ/ASQ-SE). Trainers from Pennsylvania Key provided child welfare workers with an overview of social/emotional development in children which they may not have previously had in their line of work, with the intention that this additional knowledge would assist them in their work with the most vulnerable children. Personnel from the Office of

Children, Youth and Families were on hand to provide policy clarification and to assist in integrating the use of the ASQ/ASQ-SE system with current child welfare casework practices.

The ASQ/ASQ-SE system was selected to assist Pennsylvania in complying with the Child Abuse Prevention and Treatment Act (CAPTA). Under CAPTA, children under age three who have been the victims of substantiated abuse cases must be screened within 30 days of case acceptance. Those with a qualifying score must be referred for early intervention; others must be screened periodically. Effective Sept. 1, 2008, each county children and youth agency in Pennsylvania is expected to have full implementation of the ASQ/ASQ-SE system as part of its casework process. OCYF staff remain available for technical assistance. For more information, contact Jill Kachmar at jkachmar@state.pa.us.

Mind in the Making

"School readiness and school success are dependent on intellectual competence and emotional and social health. They are not separate in any given child. The smartest kid who is in emotional turmoil will not be an effective learner in school." (Dr. Jack P. Shonkoff)

Pennsylvania is one of eight states that are implementing the Mind in the Making Learning Modules for Early Childhood Teachers. Developed by the Families and Work Institute and based on the premise that social, emotional and intellectual learning are all inextricably linked, Mind in the Making is a collaborative effort to communicate the science of early learning to the general public, families and professionals who work with children and families. Each of the six Regional Keys in Pennsylvania offers Mind in the Making for early child-care centers that are enrolled in the Keystone STARS program and provide service to at least one child with a disability. Mind in the Making uses new

ways of teaching adults so they learn to teach children in new ways. A train-the-trainer model is used so that center directors can return and facilitate the 12 modules to their early learning practitioners. Topics include how learning begins, understanding temperament, building confidence and competence, how to use language and literary skills to create meaning in experience, encouraging curiosity and problemsolving, and creating communities of learners. For more information about Mind in the Making, visit www.mindinthemaking.org or contact Michele Walsh at the PA Key (micwal@berksiu.org).

Preventing Child Abuse and Neglect (PCAN)

In March, the Southeast Regional Key offered Zero to Three's train-the-trainer program on Preventing Child Abuse and Neglect. The curriculum focuses on building effective relationships with parents and their very young children; understanding the impact of abuse and neglect on infants and toddlers; and helping directors build workplaces that support staff in reducing the risk for child maltreatment. Ten units of instruction provide 60 hours of training activities and materials. Eight of these are focused on providing early care and education with concepts, skills and exercises to prepare them to help in the primary prevention of child maltreatment. Two are aimed specifically at center directors. The training reflected cross-systems partnerships, and included several county children's mental health coordinators. One of them, Pat Theodore from Lehigh County, noted that not only did the training offer her current information on child development, especially brain development, but it also gave her the opportunity to share with child care workers her knowledge of the resources available at the county level. Each person trained is required to deliver training locally and participate in follow-up training with Zero to Three.

Early Childhood Mental Health in Pennsylvania

Updates on Current Initiatives

Strengthening Families Leadership Team

Pennsylvania is one of 21 states participating in the Children's Trust Fund's Early Childhood Initiative Learning Community. The Early Childhood Initiative is working to implement effective child abuse prevention strategies and strengthen families by embedding the protective factors of the Strengthening Families National Network in all systems that serve young children and their families. These protective factors are parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children. The Strengthening Families Leadership Team has begun developing a strategy for infusing the protective factors format and language into all programs dealing with young children and their families, using the Children's Trust Fund's Theory of Change Tool. The strategy will include early care and education, domestic violence, children's mental health, home visiting programs, child welfare, family resource centers, targeted special needs programs, and physical health. The leadership team will serve in an advisory capacity. Pennsylvania's approach also includes participating in Zero to Three's State Partnerships for Prevention and training early care and education providers using the Preventing Child Abuse and Neglect (PCAN) curriculum (see page 2). The Strengthening Families Leadership Team brings together representatives from the Children's Trust Fund, the Office of Child Development and Early Learning, Pennsylvania Key, the Office of Mental Health and Substance Abuse Services, and the Office of Children, Youth and Families. More information is online at www.strengthening-families.net and www.ctfalliance.org.

Room to Grow

The Room to Grow initiative, led by the Pennsylvania Health Law Project and funded by a grant from the Commonwealth Fund, is moving forward with plans to implement developmental screening in pediatrician and primary care settings. A feasibility study and pilot project began in the southeast and will expand to six more sites across the state. A survey was also conducted among pediatricians last spring. Among the findings: 63 percent were not using a validated screening tool; 91 percent would refer a child with development concerns to early intervention, and 70 percent would also refer a child with social and emotional concerns to early intervention; lack of time and reimbursement are barriers to doing developmental screenings. A majority indicated they would be interested in more information or training. The Room to Grow committee is preparing specific budget and policy recommendations to the Department of Public Welfare and the Insurance Department for the Children's Health Insurance Program.

Infant Mental Health Coalition

Public Citizens for Children and Youth (PCCY), Southeastern Pennsylvania's leading child advocacy organization, has emphasized early childhood mental health for the past few years. PCCY is a member of a Philadelphia Compact workgroup proposing to expand the availability of early childhood mental health consultants to more child care programs in the city. PCCY also does direct work connecting children to developmental and behavioral health resources. With a grant from The Pew Charitable Foundation, PCCY released in January 2008 *Where to Go for Help: Behavioral Health Resources for Young Children (Birth to Age 5) Enrolled in Medical Assistance or CHIP*. The guide is currently available for Bucks and Delaware counties. Chester, Mont-

gomery and Philadelphia county editions will be published next year. The guides contain information about children's development, how to begin to recognize if a developmental problem exists and ideas for what to do if there appears to be a problem. For more information contact Roxy Woloszyn at 215-563-5848 x35, or roxyw@pccy.org.

Fetal Alcohol Spectrum Disorders Action Plan

The Department of Health recently released *The Pennsylvania Fetal Alcohol Spectrum Disorders Action Plan 2008*. In his preface, former Secretary of Health Dr. Calvin Johnson noted that the action plan "is intended to provide a plan of action to address the very serious issue of birth defects caused by prenatal alcohol exposure. With a prevalence rate estimated at 1 in 100 live births for a spectrum of disorders which are 100 percent preventable, it is vital for the commonwealth to take steps toward prevention and intervention of FASD." The plan lists goals and objectives in five major areas: awareness, data, education, funding and system. It is available www.dsf.health.state.pa.us (search for Bureau of Drug and Alcohol Programs and find the link to the plan).

Welcoming All Children

The State Interagency Coordinating Council's Continuous Progress Monitoring/Welcoming All Children Subcommittee focuses on how well Pennsylvania is serving young children with special needs in inclusive environments. The subcommittee also monitors data showing the length of time it takes for a child's individualized family service plan to be developed. The most recent data, shared at the Oct. 2 meeting, show that rates of compliance with the 45-day requirement averaged 95.48 percent. Services were delivered on time 76.19 percent of the time.



Michele Walsh Appointed Early Childhood Mental Health Project Manager

Michele Walsh began work in August as the Early Childhood Mental Health Project Manager for the Pennsylvania Key. She has worked in the social service field for 10 years in program development and as a clinician. As a clinician Ms. Walsh provided outpatient mental health services and behavioral health rehabilitation services to children and adolescents. She was exposed to the barriers faced by families attempting to access services for young children and learned firsthand about the need for comprehensive early childhood mental health services.

She received a Bachelor of Science degree in Education from Millersville University and a Master in Social Work degree from Temple University. Areas of professional interest and research include the impact of poverty on children's educational attainment and role of housing stability in predicting early educational success for children.

This is the second edition of a periodic early childhood mental health update. The first edition is available online at www.parecovery.org (Statewide Initiatives/Early Childhood Mental Health). Contributions to future updates are invited. Please send information to:

Harriet S. Bicksler, M.A.
Marketing/Communications Specialist
2001 N. Front St., Building 1, Suite 314
Harrisburg, PA 17102
Phone: 717-233-1278
E-mail: hsb5@psu.edu

First Principles by John Biever, M.D.

Dr. John A. Biever is a general and child/adolescent psychiatrist in private practice in Palmyra, Pa. He is also a child psychiatry consultant to the Pennsylvania Office of Mental Health and Substance Abuse Services, which includes serving as a consultant to the Pennsylvania Key Early Childhood Mental Health consultation team. In December 2007, he participated in a panel discussion on early childhood mental health consultant at the Infant-Toddler Mental Health Symposium. Following is an excerpt from that presentation which had as one of its titles, "Raising Cain Right: If Only Adam and Eve Had Had a Good Therapist."

What went wrong with Cain? Well, we don't know much about his genetic constitution and inborn temperamental predispositions, nor about his intellectual endowment or presence or absence of birth trauma....We do know he had parents who were novices at parenting, even though perhaps with the best of intentions. We know his mother was gullible and had trust issues, and his father had difficulty with authority figures. We also know they were traumatized before Cain's birth by a real snake of a guy, and to make matters worse, were then kicked out of their home. So, likely during Cain's first three years his father was in denial and his mother depressed. And therefore Cain was not afforded a secure attachment with either parent, had no grandparents, aunts or uncles to substitute as secure attachment figures, and was almost certainly not placed in day care. We know that infants who do not form a secure attachment with someone during the first three years of life are likely to grow up with an empathy defect.

I am serving as a consultant in child psychiatry to consultants in the Early Childhood Mental Health Consultation project. So, carrying forth the aforementioned allegory, I am not God but a consultant to the gods and goddesses, the men and women cut from various cloths who consult with early childhood service providers on matters of infant and toddler mental health. Some first principles for this work:

- We have compelling evidence from the fields of attachment research, neuroscientific research, and psychotherapeutic experience that the mental health of a person throughout his/her lifetime is profoundly and enduringly shaped—for better or for worse—by his/her earliest life experiences.
- The single most critical determinant of future mental health is the security of the person's primary attachments during the first three years of life.
- The most powerful predictor of an infant's attachment security is the attachment style of the parents.
- It appears that in the first 18 months of life infants are capable of forming two or three significant attachments. Thus, they might have an insecure attachment to one care giver but a secure one with another. Therefore, all caregivers for infants and toddlers must understand that their interactions with the child may have a significant impact on the child's later ability to form and sustain healthy relationships.
- Insecure attachment styles of parents (and other caregivers) can evolve toward greater security in the context of positive relationships with skilled therapists, with corresponding benefits for the attachment security of their children.
- Early intervention programs designed to enhance the maternal-infant bond by way of providing practical and emotional support of the mother, such as the Nurse-Family Partnership program, clearly demonstrate the cost-effectiveness of such efforts.
- Therefore, the hallmark of successful infant-toddler mental health programs will be their focus on fostering attachment security between parent and infant, between parent and parent, and between parent and the extended support network. All caregivers should be aware of their own attachment histories and interested in their own constant evolution into an interpersonal style marked by ever greater attachment security.