



**PA-AIMH**  
Pennsylvania Association for  
Infant Mental Health

# **8<sup>TH</sup> ANNUAL INFANT MENTAL HEALTH CONFERENCE**

October 19<sup>th</sup> & 20<sup>th</sup>, 2017

Sonesta Hotel Rittenhouse Square

Philadelphia, PA

*“Keeping our babies in mind”*





**President's Welcome**

**INSERT STACEY'S MESSAGE**

# ***PA-AIMH Competency Guidelines for Endorsement in Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®***

Over 140,000 babies are born in Pennsylvania every year. It is imperative that our professionals are infant mental health informed; using knowledge, skills and reflective experiences to guide our work with infants, toddlers, and families in promoting social-emotional development and addressing mental health concerns. The Endorsement materials provide potential candidates with a process for developing a professional development plan, and suggest a pathway for required and supplementary training and experiences to adequately prepare one for work in the infant and family field. Targeted and ongoing training for the professionals from the multiple disciplines that work with infants and young children and their families is essential to ensure that professionals understand infant and early childhood mental health and are equipped to promote positive practices to support these children, prevent problems when risk is identified, and intervene when necessary.

The Pennsylvania Association for Infant Mental Health (PA-AIMH), with support from the Pennsylvania Project LAUNCH Partnership, has embarked on the implementation of the ***Competency Guidelines for Endorsement in Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®***, developed by the Michigan Association for Infant Mental Health (MI-AIMH). Because of the support of the PA Project LAUNCH Partnership, both Infant Mental Health Endorsement® and Early Childhood Mental Health Endorsement® will be available in 2018.

Pennsylvania has joined 27 US states and 2 international territories/countries in the movement toward the promotion of infant mental health principles and practices, influenced historically by the recommendations of the Early Childhood Mental Health Advisory Committee (2009) who indicated PA should *“adopt and promote a set of early childhood mental health competencies for all professionals and across all levels of service provision for families with children from conception through age five.”*

An endorsement in infant/early childhood mental health (I/ECMH) is a verifiable process that supports the development and acknowledgement of infant and early childhood professionals, within a framework that recognizes knowledge, training, and criteria for best practice standards. It is not a license or certification, but instead is an overlay onto a person’s professional credentials which recognizes achievement of competence in the area of I/ECMH.

Professionals eligible for endorsement range from those who have worked in the early childhood field for at least two years to those who have received a doctorate in their field. Each category of Endorsement has a set of educational, work, training and reflective supervision/consultation requirements. For all categories, specialized work experience with infants, toddlers and their families is required. More information on the categories for Endorsement® can be found at [www.pa-aimh.org](http://www.pa-aimh.org).

- Promotion: Infant Family Associate and Early Childhood Family Associate
- Prevention/Intervention: Infant Family Specialist and Early Childhood Family Specialist
- Intervention/Treatment: Infant Mental Health Specialist and Early Childhood Mental Health Specialist
- Leadership: Infant Mental Health Mentor and Early Childhood Mental Health Mentor

# Conference Schedule At-A-Glance

Thursday, October 19, 2017				
7:30-8:30am	Registration, Resource Area, Continental Breakfast			
8:30am	Welcome and PA-AIMH Updates			
9-10:30am	Keynote: <b><i>Reflections on the Professional Formation of the Transdisciplinary Infant-Family Workforce: Preparing Those Who Help and Ensuring Competency</i></b>			
10:30-11am	BREAK			
11-12:30pm	Breakout A:	Breakout B:	Breakout C:	Breakout D:
	The Origins of Empathy in Infancy: What are the Critical Interpersonal Experiences to Form Empathic Minds and Brains	How to Make the Most of Neurosequential Windows of Opportunity from Birth to Five Years old	Fragile Feeders: Identifying and treating high risk parent-infant dyads in the context of feeding challenges in early childhood	Child-Parent Psychotherapy (CPP) Beyond the Clinic: Integrating Evidenced-Based Trauma Intervention Through Community BHRS Settings
12:30-1:30pm	LUNCH			
1:30-3:00pm	Keynote: <b><i>Infants in Child Welfare: A developmentally-sensitive and evidence-based approach to practice</i></b>			
3-3:30pm	BREAK			
3:30-5pm	Breakout A:	Breakout B:	Breakout C:	Breakout D:
	Implementing the Attachment and Bio-behavioral Catch-up (ABC) program with Latino families in Early Head Start	Male Involvement in Child Care	Stable Housing is Essential for Child Development and Healthy Families: An Infant Mental Health Perspective	Mental Health Screening for Mothers and Fathers of Medically Complex Infants
Friday, October 20, 2017				
7:30-8:30am	Registration, Resource Area, Continental Breakfast			
8:30-10am	Keynote: <b><i>What Young Children Know: Lessons Learned Through Child-Parent Psychotherapy</i></b>			
10-10:30am	BREAK			
10:30-12pm	Breakout A:	Breakout B:	Breakout C:	Breakout D:
	The Past Informs the Present: Integrating a Historical Perspective into Our Understanding of How Trauma Affects Children and Families	Preschoolers and Parental Loss	Children and Families of Adoption: The unique developmental, social, and psychological needs of adopted children and their families...and why those needs matter.	<del>Pregnancy Recovery Center: Improving Outcomes for Mom and Baby</del>
12-1pm	Gosh-Ippen Book Signing			
12-1:30pm	LUNCH			
1:30-3pm	Keynote: <b><i>Building Healthy Brains: Implications for your daily work</i></b>			
3-3:30pm	BREAK			
3:30-5pm	Breakout A:	Breakout B:	Breakout C:	Breakout D:
	Building Healthy Brains: In Early Intervention	Nurturing and Healing the First Relationship: The Baby Steps Program	Building a system for home visiting: Experiences in Allegheny County via Project LAUNCH	Associations between trauma-exposed mothers' secure base scripts, parental reflective functioning, and parent behavior during infancy and toddlerhood
5pm	Close of Conference- Please sign out and submit your Evaluations			

# Continuing Education Credits:

CEUs at the Annual Conference are being offered Temple University and Public Health Management Corporation (Southeast Regional Key). Please see the CEU table for all needed documentation pertaining to your desired credits. In order to receive your credits, you must sign in/out, complete all required documentation, and submit your evaluation forms at the end of each day.

Thursday, October 19, 2017: 7.2 hours

Friday, October 20, 2017: 7.2 hours

*This conference has been approved for up to 14.2 continuing education hours through co-sponsorship of Temple University Harrisburg, a PA State Board of Social Workers, Marriage and Family Therapists, and Professional Counselor pre-approved provider of continuing education. These credit hours satisfy requirements for LSW/LCSW/LMFT/LPC biennial license renewal. Certificates of attendance documenting continuing education hours will be issued by Temple University Harrisburg*

*This conference will offer up to 14 continuing education hours through Public Health Management Corporation/SERK for Act 48 and PQAS.*



*The Temple University Department of Psychological Studies in Education is approved by the American Psychological Association to sponsor continuing education for psychologists. The Temple University Department of Psychological Studies in Education maintains responsibility for this program and its content.*

# Keynote Speakers



**Gerry Costa, Ph.D., DIR-C, IMH-E® (IV-CM)**

***Director & Senior Lecturer, Center for Autism and Early Childhood Mental Health, College of Education & Human Services, Montclair State University***

Dr. Gerard Costa is the founding director of the Center for Autism and Early Childhood Mental Health and Professor in the Department of Early Childhood, Elementary and Literacy Education, in the College of Education and Human Services at Montclair State University. Dr. Costa was the founding director of the YCS Institute for Infant and Preschool Mental Health, a training and consultation, clinical service and research program concerned with the optimal development of infants and children, birth to six years, within the context of their relationships.

Dr. Costa currently serves on the Advisory Board of the New Jersey Child Assault Prevention (NJCAP) Program and is a Member and Past President of the New Jersey Association for Infant Mental Health (NJ-AIMH). He served on the BUILD NJ Committee, addressing public-private initiatives for early learning, birth to five years of age, the NJDHSS Early Childhood Comprehensive Systems (ECCS) Committee, and the New Jersey Strengthening Families Initiative (SFI) Task Force.

Dr. Costa received his Ph.D. in Developmental Psychology from Temple University. He received specialized training in Infant Mental Health from Michael Trout and Thea Brea, and has conducted trainings and workshops in Infant Mental Health throughout the United States. As head of the YCS Institute, he led a 4-year Infant and Early Childhood Mental Health systems development project in partnership with Child Development Services of Wyoming and the Wyoming Developmental Disabilities Division. He is the principal author of a 15 module Infant and Early Childhood Mental Health training curriculum. In 2009-2010, he led a yearlong training and consultation project with 25 Infant Mental Health mentors with South Dakota Voices for Children. He has presented his work on an Infant Mental Health consultation model for infant and early childhood programs at the ZTT National Training Institutes. He is a former Head Start Director and has worked in early intervention programs since 1984. He chaired the New Jersey School Boards Association's Early Childhood Education Ad Hoc Study Committee (1989-1990), which resulted in publication of the NJSBA book, Early Childhood Education: An Agenda for Young Children. (By Patricia Patracco).

***Keynote: Reflections on the Professional Formation of the Transdisciplinary Infant-Family Workforce: Preparing Those Who Help and Ensuring Competency***

This presentation will examine the ways in which professionals and paraprofessionals are traditionally trained and educated in the field of Infant Mental Health. The concept of "Formation" will be introduced and explored as a model that emphasizes notions of "integration", "personal unfolding", layered knowledge of "self", and development of "ways" of growth. A model will be presented that can serve as guidance for all who seek to support the growth of a responsive, multidisciplinary field.



**Brenda Jones-Harden, Ph.D.**

***Associate Professor, Institute for Child Study, University Maryland***

Brenda Jones Harden is a professor at the University of Maryland Institute for Child Study, Department of Human Development and Quantitative Methodology. She has worked over 35 years in the arenas of human services policy, practice, and research. Her research examines the development and mental health of young children at environmental risk, with emphasis on those exposed to trauma. A particular focus is preventing

maladaptive outcomes in these populations through early childhood and parenting programs, such as early care and education, home visiting services, and infant mental health interventions. Dr. Harden has a Ph.D. in psychology from Yale University and an M.S.W. from New York University

***Keynote: Infants in Child Welfare: A developmentally-sensitive and evidence-based approach to practice.***

In this keynote presentation, I will briefly review conceptual frameworks, epidemiologic data, and research on the developmental sequelae with respect to young children exposed to trauma. I will discuss a public health approach to improving outcomes for this group of children, exploring primary, secondary, and tertiary prevention models. In particular, I will discuss the integration of parenting and other trauma-related interventions into primary prevention programs such as Early Head Start and home visitation. Video exemplars of interventions will be presented.



**Chandra Ghosh-Ippen, Ph.D.**

***Associate Director and Director of Dissemination, Child Trauma Research Program***

Dr. Ghosh-Ippen is the Dissemination Director of the Child Trauma Research Program at the University of California, San Francisco and the Early Trauma Treatment Network, a member of the National Child Traumatic Stress Network (NCTSN). She has worked on seven longitudinal studies and has conducted treatment outcome research on the effectiveness of psychosocial intervention programs with Spanish-speaking children and parents. She is co-author of *Losing a Parent to Death: Guidelines for the Treatment of Traumatic Bereavement in Infancy and Early Childhood* (2003), director of the NCTSN Measure Review Database, and producer and director of *Vale la Pena Recordar*, a Spanish language video on childhood traumatic grief. As a first-generation East Indian/Japanese American, she is committed to examining how culture and context affect perception and mental health systems. She authored the chapter "The sociocultural context of infant mental health: Towards contextually congruent intervention," which is part of the 3rd edition of the *Handbook of Infant Mental Health*, and co-authored the chapter "Rainbow of tears, souls full of hope: Cultural issues related to young children and trauma," which discusses the importance of incorporating a cultural focus when working with young children who have experienced trauma. She serves as the co-chair of the Cultural Competence Consortium of the NCTSN.

***Keynote: What Young Children Know: Lessons Learned Through Child-Parent Psychotherapy***

Children aged birth to five are highly vulnerable to exposure to interpersonal traumas, and trauma exposure at an early age can have long-term consequences for development. Over the years, as our team developed, empirically validated, and disseminated Child-Parent Psychotherapy (CPP), an evidence-based treatment for young children who have experienced trauma, the children and their caregivers have taught us invaluable lessons about what young children know, what they remember, and what they need to make meaning of traumatic experiences and return to a healthy developmental trajectory.

Through rich clinical vignettes, this presentation shares key lessons learned through CPP, linking these lessons to core trauma concepts and to implications for practitioner across service systems, including schools, day care, child welfare, medical settings, and mental health.



## **Sheri L. Hill, Ph.D., IMH-E® (IV-P), CCC-SLP**

### ***Early Childhood Policy Specialist***

Dr. Hill is an Early Childhood Policy Specialist who consults and trains on a variety of issues from an infant mental health perspective. She holds a M.Ed. in Speech-Language Pathology, a Ph.D. in Developmental Psychology, and a Graduate Certificate in Infant Mental Health. She is endorsed as a Level IV Infant Mental Health Policy Mentor and is a founding member of the Academy of ZERO TO THREE Fellows. Additionally, she holds both ASHA and WA state licensure as a speech-language pathologist. Dr. Hill was formerly Faculty Lead on Policy for the University of Washington's Barnard Center on Infant Mental Health and Development, and Assistant Director of Washington Kids Count.

### ***Keynote: Building Healthy Brains: Implications for Your Daily Work***

This multi-media presentation will provide an overview of: early brain and memory development; how relationships and stress impact developing brains, bodies and behaviors; and how your own early childhood experiences impact your work. We will explore together the top five things you can do in your daily work to support healthy brain development and build resiliency for the children and families you serve.

### **Session Alignment with the IECMH Competency Guidelines©:**

Each session indicates what Category of Endorsement would be appropriate for the content of the session. Ultimately, each attendee, no matter what role of the system you work in, can benefit from any breakout session offered. The alignment is provided as a guide. Please see the Endorsement tables in the back of the brochure to explore what category of Endorsement best fits your role in the early childhood system in PA.

I– Infant Family Associate/Early Childhood Family Associate

II– Infant Family Specialist/Early Childhood Family Specialist

III– Infant Mental Health Specialist/Early Childhood Mental Health Specialist

IV– Infant Mental Health Mentor/Early Childhood Mental Health Mentor

### **Selecting Breakout Sessions:**

To plan for comfortable learning spaces, with room for everyone, your Breakout Session selections made at registration were used to choose the correct room for each session. Should you decide to attend a session other than the one you indicated at registration, we appreciate you being mindful of the constraints of the space and, if need be, choosing an alternative session so as not to overcrowd any room.



# Breakout Session Descriptions:

**Thursday, October 19, 2017**

**11:00 a.m. – 12:30 p.m. Breakout Session 1**

***A. The Origins of Empathy in Infancy: What are the Critical Interpersonal Experiences to Form Empathic Minds and Brains***

**Gerry Costa, Ph.D., DIR-C, IMH-E® (IV-CM)**

**IMH Competency: I, II, III, IV**

This presentation will examine the origins of empathy in infant, child and human development, through a consideration of what we are learning about infant mental health, the brain, the levels of emotional development, mindfulness and mindsight. Types of interpersonal and emotional experiences that are needed for empathy, in the unfolding of development will be described. Programs and activities that can facilitate this process will be illustrated. Empathy will be understood as foundational in the formation of interpersonal – local and global – communities rooted in interdependency and peace.

***B. How to Make the Most of Neurosequential Windows of Opportunity from Birth to Five Years old***

**Janet Caputo & Suzanne O'Connor**

**IMH Competency: III, IV**

The World of Infant Mental Health has been shifting to neurodevelopmental models which bring about a greater understanding of how the brain operates during the stages of childhood. The Presenter will help the participants learn about how a young child's brain develops and how to maximize the windows of opportunity during development. Most importantly participants will learn how to easily communicate to parents how they can optimize their children's development and create a brighter future. The Presenter will tie in the importance of attachment throughout the lifespan as well as how to build resilience after experiencing trauma.

***C. Fragile Feeders: Identifying and treating high risk parent-infant dyads in the context of feeding challenges in early childhood***

**Dena M. Dunn, Psy.D.**

**IMH Competency: I, II, III, IV**

Feeding, by definition, is a relational process. A baby alone eats, but a baby feeds with support from a caregiver who provides nutrition. That nutrition may come from a breast or bottle nipple, a spoon, or a nasogastric or gastrostomy tube. Given that feeding is a relational process, interventions should

consider the feeding dyad, be family-centered, and relationship based. Having a baby with feeding difficulties can be very stressful. Families experiencing worry and concern about their child's feeding often do not know where to turn for advice, frequently have a multitude of medical professional opinions with limited emotional support. This presentation outlines the development and implementation of The Fragile Feeders Clinic, an innovative pilot program in the Children's Hospital of Philadelphia's Feeding and Swallowing Center for families of infants and young children with feeding challenges. This workshop describes feeding challenges in infancy and early childhood illustrated by case vignettes and offers a comprehensive description of an innovative, family-centered program to address this unique population of fragile feeders.

***D. Child-Parent Psychotherapy (CPP) Beyond the Clinic: Integrating Evidenced-Based Trauma Intervention Through Community BHRS Settings***

**Terri Pentz, MS, LPC**

**IMH Competency: II, III, IV**

Complex traumatic experiences are becoming increasingly common in early childhood. The effects of early childhood trauma cause disruptions across the home, school and community settings and effect the social, emotional, developmental and neurobiological development of young children. The need for the infusion of evidenced-based trauma treatment in current service delivery settings is crucial for the success of children and their families. This presentation will discuss how Child-Parent Psychotherapy (CPP) has been utilized across various service delivery models in the Pennsylvania BHRS system (including day programming, mobile therapy, school-based and traditional outpatient) and the impact it has on meeting the needs of children and families.

**Breakout Session 2**

**3:30 –5:00 p.m.**

***A. Implementing the Attachment and Bio-behavioral Catch-up (ABC) program with Latino families in Early Head Start***

**Brenda Jones-Harden, Ph.D.**

**IMH Competency: II, III, IV**

In this session, I will review the theory and principles which are the foundation of the ABC program, created by Mary Dozier of the University of Delaware. I will discuss how this program is implemented, including the training and fidelity supervision that is required. Particular attention will be devoted to the actual delivery of the program in the context of home visits, with brief didactic discussions as well as substantial review of videotapes. This presentation will also entail an exploration of issues specific to the delivery of ABC with Latino families and within the Early Head Start context.

## ***B. Male Involvement in Child Care***

**Beth Huertas**

**IMH Category: I, II**

Male involvement in child care will provide a look into male interaction within the classroom and program. This session will explore the importance of males as role models in early childhood education, parent reactions and how to create positive partnerships with men in a child care setting. This workshop builds on participants' experiences with developing relationships with men within their program.

## ***C. Stable Housing is Essential for Child Development and Healthy Families: An Infant Mental Health Perspective***

**Tracey Duarte & Grace Whitney, PhD, MPA, IMH-E©**

**IMH Competency: I, II, III, IV**

In the US one has a greater likelihood of being in a public shelter as an infant than at any other age and, in fact, children age five and younger are over represented in public shelters and represent half of all children served. This is disturbing since recent advances in our understanding of child development, e.g., ACES, brain imaging and the impact of toxic stress, etc. have highlighted the critical importance of stability and security in the early years. Further, the infant mental health perspective promotes strong, secure attachment relationships as the foundation for health and learning, yet housing insecurity stresses parents, causing depression and inhibiting the ability to be fully available in relationships and even blocks the young child's opportunity to experience and thus internalize an understanding of security and the concept of 'home'. In this session we will discuss the impact of homelessness and housing instability on child development and parenting and on the parent-child relationship and what strategies and resources might be employed to optimize secure attachments and promote healing and growth.

## ***D. Mental Health Screening for Mothers and Fathers of Medically Complex Infants***

**Casey Hoffman, PhD, Chavis Patterson, PhD & Wanjiku Njorge, MD**

**IMH Competency: II, III**

Parents of medically complex infants are at heightened risk for a number of adverse mental health outcomes, including depression, anxiety, and post-traumatic stress. In turn, these symptoms are known to be risk factors for disruption in the parent-infant relationship, and delays infant development. Parents of medically complex infants frequently present to child providers more often than their own adult providers. Therefore, it is imperative for those who work within early childhood to understand the increased risk for these parents, and develop confidence in screening for various types of parental distress. Although screening has most often focused on mothers, a growing body of literature suggests that fathers are at heightened risk as well, which highlights the importance of screening both primary caregivers. This workshop will provide information about tools to screen both mothers and fathers, as well as offer a discussion about the value of a longitudinal approach to screening. Further, we will explore ways to use the screening process as a context for psychoeducation and brief intervention.

# Breakout Session Descriptions:

**Friday, October 20, 2017**

**Breakout Session 3**

**10:30 a.m. – 12:00 p.m.**

***A. The Past Informs the Present: Integrating a Historical Perspective into Our Understanding of How Trauma Affects Children and Families***

**Chandra Ghosh Ippen, Ph.D.**

**IMH Competency: I, II, III, IV**

As we strive to develop trauma-informed systems, how do we integrate a historical perspective into our understanding of how trauma affects children, families and systems? How do we hold the history of diverse cultural groups and explore the ways that the past may shape responses to service providers and intervention?

As the U.S. becomes increasingly culturally diverse, there is an urgent need for practitioners to learn effective ways to work with individuals and families from diverse ethnic and socioeconomic backgrounds. Across numerous service sectors, research has shown that disparities in access to care, service utilization, and attrition are linked to aspects of diversity including race and socioeconomic status. How do we understand these disparities? What can we do to better engage diverse populations? Substantial research also suggests that experiences of racism, and of being treated differently due to one's skin color, ethnic or cultural background, and county or origin, occur frequently and have been linked to negative mental health outcomes. Given the potentially toxic impact of both historical trauma and current experiences of racism and bias, how within trauma-informed systems do we assess for, acknowledge, and, when important to the family, address these experiences? How as professionals, do we become aware of potential biases that are present in society and in ourselves and work to address them?

Through metaphor, rich clinical vignettes, and the presentation of core trauma concepts and core concepts for diversity-informed practice, this presentation provides a framework for exploring responses to these questions and offers pathways to help practitioners hold and acknowledge the impact of historical trauma when working with children and families.

## ***B. Preschoolers and Parental Loss***

**Bonnie McNally-Brown, LPC**

### **IMH Competency: III**

The opioid epidemic is creating a large number of infants and young children who have lost parents to addiction. This presentation will explore the unique needs of young children and their caregivers after parental loss and three treatment modalities to address grief.

## ***C. Children and Families of Adoption: The unique developmental, social, and psychological needs of adopted children and their families...and why those needs matter.***

**Maren Herman, BS, MS, Terri Pentz, MS, LPC, NCC & Patrick Webster, BA, JD**

### **IMH Competency, I, II, III, IV**

This presentation addresses the unique social and developmental elements that impact each child of adoption as an individual, a member of his/her peer group, and a part of an adoptive family. Bringing both professional background and personal experiences, the presenters weave their work with adopted children and research on Attachment Theory, the grieving process and recent neurodevelopmental findings together with personal stories and experiences from their own biological and adoptive relationships. Attendees will discuss the complex issues present for all adopted children and their families, and why these foundational challenges require the attention of professionals whose work influences development, relationships, and self-identify.

Despite the explosion of evidence regarding the importance of early relationships to health development and the growth and wiring of the brain, clinicians, caregivers and others often regarding a child's story of adoption as simply a checkbox on a family history form. In fact, all children of adoption face a lifelong process to cope with the loss of the bond to their biological mother and often, multiple other early caregivers. This process presents special risks to the child and his/her relationships throughout life. The goals if for all children of adoption, regardless of their age at placement, to be supported in their special need 9and opportunity) to develop strong resilience through consideration of their unique family relationships and dynamics. At every stage of care, every person in their life can help by treating the child's adoption as an open, beautiful and challenge fact of their life story.

## ***D. Pregnancy Recover Center: Improving Outcomes form Mom and Baby***

**Stephanie Bobby, BSN, RN & Alison Yarosheski, BSN, RN, CARN**

### **IMH Competency: I, II, III, IV**

Recently recognized by the CDC as a public epidemic, opioid misues and abuse had steadily gained more attention in the U.S. In 2012, drug overdose rates are the number one cause of death (CDC fact sheet). As recognized by SAMHSA, critical life events, such as pregnancy, motivate change and recovery. Magee Women's Hospital (MWH) of UPMC has been treating obstetrical patients suffering from substance abuse disorders (SUD) since 2002. Until recently, the primary medication assisted treatment for women suffering from SUDs was methadone. Magee Womens Hospital created, initiated, and opened the first medical home model approach to treat obstetrical SUD in southwestern PA. Data collected at Magee suggests approximately 60% of newborns delivered by mothers on metha-

~~As we strive to develop trauma-informed systems, how do we integrate a historical perspective into our understanding of how trauma affects children, families and systems? How do we hold the history of diverse cultural groups and explore the ways that the past may shape responses to service providers and intervention?~~

~~done treatment require medication assistance in the treatment of NAS and treatment of NAS and 50% of newborns exposed to buprenorphine. The Pregnancy Recover Center (PRC) opened with objectives of shorter hospital stays for the newborns, less severe NAS symptoms, and less medication needed to treat NAS as published by the MOTHER study (MOTHER) and obtained said objectives. In addition, by using a medical home model, the PRC strived to improve obstetrical compliance and enhance independence in recovering during pregnancy.~~

~~Although our number of births remains low at this time, approximately 30% of neonates born to mothers of the Pregnancy Recover center require medication to treat NAS symptoms. Both length of stay and severity of symptoms remain lower for the PRC compared to our methadone and buprenorphine population. 70% of PRC patients are successful in program.~~

## **Breakout Session 4**

**3:30 a.m. – 5:00 p.m.**

### ***A. Building Healthy Brains: In Early Intervention***

**Sheri L. Hill, PhD, IMH-E® (IV-P), CCC-SLP**

**IMH Competency: II, III, IV**

This breakout session will take a deeper dive into applying the principles outlined in the Building Health Brains Keynote in the context of Part C Early Intervention Services. We will hone in on: the interplay between child skills, parent/caregiver-child attachment systems, and parent-provider relationships; translating the brain science into conversations with parents/caregivers and other providers (including ‘why’ natural environments); and things to keep in mind when working with families or providers who have adverse childhood experiences. This session will specifically address working with the courts and child welfare to meet the needs of children and families struggling with child abuse and neglect.

### ***B. Nurturing and Healing the First Relationship: The Baby Steps Program***

**Dayna Zatina Egan, Psy D, IMH-E© (III) & Diane Squadron, Psy D, IMH-E© (IV)**

**IMH Competency: III, IV**

The Baby Steps Program is a therapy model that supports parents’ capacities to provide a nurturing environment to their young children and respond to their infants’ wonderful capacities to form relationships. For all parents, the arrival of their baby is a catalyst for reawakening past experiences. Both group and dyadic work help to address these experiences in an effort to alter any intergenerational transmission of problems in relationships. The isolation in parenting a young child and the particular isolation associated with living in communities plagued by poverty and intergenerational trauma can be so painful. The sense of community that develops over time during group work responds to the internal sense of chaos that many of the participants feel is the way the world is. The program works

to present a new possibility for connection and caring in relationships—a new possibility that begins to shift parents' relationships with their therapists, with each other and with their infants. Both good and bad experiences are reawakened with a baby's arrival, and those experiences cannot help but color the way in which parents are able to approach their new parenting role. Addressing these experiences early on, can help set the state for healthier parent-child relationships for years to come.

This presentation will provide an understanding of the Baby Steps program and will describe the ways that early parenting relationships can be challenged and derailed. Further, the use of the Keys to Interactive Parenting Scale (KIPS) will be explained and the data will be presented.

### ***C. Building a system for home visiting: Experiences in Allegheny County via Project LAUNCH***

**Kimberly Cauley Eckel, MSc**

**IMH Competency: II, III, IV**

This presentation will provide a theoretical and practical account of the work Allegheny County has undertaken to build a coordinated referral system for home visiting. More specifically, it will provide an account of how we moved from a system of home visiting programs that were highly competitive to one in which we work collaboratively on trainings, outreach, and intake. It will also chronicle some of the steps we have taken to weave home visiting opportunities into the business processes of other systems.

### ***D. Associations between trauma-exposed mothers' secure base scripts, parental reflective functioning, and parent behavior during infancy and toddlerhood***

**Alissa C. Huth-Bocks, PhD, IMH-E© (IV-R/F) & Elizabeth Morgan, MS**

**IMH Competency: III, IV**

The intergenerational transmission of attachment (in)security has been of significant interest to attachment researchers and clinicians for decades. Bowlby (1969, 1980) and Ainsworth et al. (1978) were the first to describe the 'internal working models' construct as one mechanism by which this transmission occurs. Internal working models are believed to be dynamic mental representations of the self and others. Recently, attachment research has focused on better understanding the cognitive underpinnings of internal working models. Drawing upon cognitive psychology and 'script theory', Waters and colleagues (2004) posited that individuals may have 'secure base scripts' that help organize experience in memory and inform individuals' behavior in interpersonal contexts, especially within attachment relationships. These secure base scripts are based on early experiences of secure base support (or lack thereof) with attachment figures. In fact, empirical work suggests that maternal sensitivity in early childhood predicts secure base script 'knowledge' in adulthood (i.e., ages 18-23 years; Waters et al., 2015). Importantly, a growing body of literature has begun to show that mothers' secure base scripts are related to infant attachment (in)security and maternal behavior during parent-child interaction tasks; however, these have primarily been demonstrated in low-risk samples. This presentation will report empirical findings from a longitudinal study following 120 high-risk, trauma-exposed mothers from pregnancy through 3 years after birth; results pertaining to mothers' internalized secure base experiences and reflective functioning in relation to caregiving behavior will be highlighted. Implications for clinical work with parents and their infants will also be illustrated throughout the presentation.

# Conference Presenters

**Bobby, Stephanie, BSN, RN**, Breakout Session 3

**Caputo, Janet**, Facilitator with United Way Neurosequential Model of Therapeutics Cohort (Bruce Perry); Breakout Session 1

**Carpenter, Stacey, Psy.D.**, President of PA-AIMH, Pediatric Psychologist, Health Annex and 11th Street Family Health Services with Family Practice & Counseling Network, PA-AIMH Welcome and Updates

**Cauley Eckel, Kimberly, MSc**, Young Child Wellness Coordinator, PA Project LAUNCH/Allegheny County Department of Human Services; Breakout Session 4

**Costa, Gerry, Ph.D., DIR-C, IMH-E® (IV-CM)**, Director & Senior Lecturer, Center for Autism and Early Childhood Mental Health, College of Education & Human Services, Montclair State University; **Keynote 1 and Breakout Session 1**

**Duarte, Tracey**, Director of PA Head Start Collaboration Office, Breakout Session 2

**Dunn, Dena M., Psy.D.**, Children's Hospital of Philadelphia, Breakout Session 1

**Fox, Brandy, LCSW**, Vice President of PA-AIMH, PA Project LAUNCH Director, ECMH Consultation Project Manager, PA Keys, PA-AIMH Welcome and Update

**Ghosh Ippen, Chandra, Ph.D.**, Associate Director and Director of Dissemination, Child Trauma Research Program; **Keynote 3, Breakout Session 3**

**Herman, Maren, BS, MS**, Family-Based Mental Health Therapist; Breakout Session 3

**Hill, Sheri L., PhD, IMH-E® (IV-P), CCC-SLP**, Early Childhood Policy Specialist; **Keynote 4, Breakout Session 4**

**Hoffman, Casey, PhD**, Clinical Psychologist; Breakout Session 2

**Huertas, Beth**, Trainer- Curriculum Specialist; Breakout Session 2

**Huth-Bocks, Alissa C., PhD, IMH-E® (IV-R/F)**, Professor (Clinical Psychology), Eastern Michigan University; Breakout Session 4

**Jones-Harden, Brenda, Ph.D.**, Associate Professor, Institute for Child Study, University Maryland; **Keynote 2, Breakout Session 2**

**McNally-Brown, Bonnie, LPC**, [add job titled], Western Region Board Member, Breakout Session 3

**Morgan, Elizabeth, MS**, Doctoral Student, Indiana University of Pennsylvania; Breakout Session 4

**Njorge, Wanjiku, MD**, Child Psychiatrist, Children's Hospital of Philadelphia; Breakout Session 2

**O'Connor, Suzanne**, Education Director, United Way; Breakout Session 1



***Patterson, Chavis, PhD***, Clinical Psychologist, Children's Hospital of Philadelphia; Breakout Session 2

***Pentz, Terri, MS, LPC, NCC***, Psych Specialty Counselor Supervisor, UPMC/WPIC Matilda Theiss ECMH & Trauma Treatment Center; Breakout Session 1, Breakout Session 3

***Squadron, Diane, Psy D, IMH-E® (IV)***, Director, YCS Institute for Infant and Preschool Mental Health; Breakout Session 4

***Webster, Patrick, BA, JD***, IMH Learning Collaborative Project Manager, PA Project LAUNCH/UPMC/WPIC Matilda Theiss ECMH; Breakout Session 3

***Whitney, Grace, PhD, MPA, IMH-E®***, Director of Early Childhood Initiatives, SchoolHouse Connection; Breakout Session 2

***Yarosheski, Alison, BSN, RN, CARN***, Breakout Session 3

***Zatina Egan, Dayna, Psy D, IMH-E® (III)***, Parent-Infant Services Coordinator, YCS Institute for Infant and Preschool Mental Health; Breakout Session 4

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