



Breakout Sessions Details and Descriptions

Thursday, October 19, 2017

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

1. *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.

2. *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.

3. ***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.

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

Terri Pentz, MS, LPC & Brittney Mendiola

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.

3:30 –5:00 p.m. Breakout Session 2

1. *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.

2. *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.

3. *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.

4. ***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.

Friday, October 20, 2017

10:30 – 12:00 p.m. Breakout Session 3

1. ***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 socio-economic 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 country of 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.

2. *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.

3. *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-identity.

Despite the explosion of evidence regarding the importance of early relationships to healthy development and the growth and wiring of the brain, clinicians, caregivers and others often regard 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 goal is for all children of adoption, regardless of their age at placement, to be supported in their special need (and opportunity) to develop strong resiliency through consideration of their unique family relationships and dynamics. At every stage of care, every person in their life can help by treating each child's adoption as an open, beautiful and challenging fact of their life story.

4. *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 misuse and abuse has steadily gained more attention in the United States. 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 (SAMHSA). Magee-Womens Hospital (MWH) of UPMC has been treating obstetrical patients suffering from substance use 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 Pennsylvania. Data collected at Magee suggests approximately 60% of newborns delivered by mothers on methadone treatment require medication assistance in the treatment of NAS and 50% of newborns exposed to buprenorphine. The Pregnancy Recovery 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 recovery during pregnancy.

Although our number of births remains low at this time, approximately 30% of neonates born to mothers of the Pregnancy Recovery 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.

3:30 – 5:00 p.m. Breakout Session 4

1. ***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 Healthy 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 had 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.

2. ***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 of 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 stage 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, use of the Keys to Interactive Parenting Scale (KIPS) will be explained and the data will be presented.

3. *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.

4. *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.