

HOME VISITATION LEADERSHIP ADVISORY COALITION

Wednesday, July 20, 2016

10:00 am – Noon

OSDH, Eighth Floor

Room 806

***This meeting available via VideoConference**

See accompanying email for complete VideoConference registration instructions or contact OSDH/FSPS for more information (405) 271-7611.

MUST register in advance to participate!



Agenda

Please bring or forward in advance any related materials, brochures, calendars specific to your program for sharing!

WELCOME

- Introductions and sharing of program information [Roll Call – by County]
- Announcements – upcoming conferences, other community resources, and related discoveries that would benefit other home visitation efforts across the state!

Updates

- Start Right Program Update
- CAP Action Update ~ **ON YOUR MARK / GET SET / GO!**
- HV Safety Manual Revision

Presentation

- **Understanding and Promoting Infant Mental Health through Relationships**

Amy Huffer, LCSW, IMH-E (IV-C)

Early Childhood Consultant/Trainer, ODMHSAS

BUSINESS

- Old
- New
- ➔ Future Agenda Items
- ➔ Brainstorm possible Speakers

NEXT MEETING DATES

- Wed, September 21, 2016 (OSDH – Room 806 – Video Conference available)
- Wed, November 16, 2016 (OSDH – Room 806 – Video Conference *may be available*)*
- Wed, January 18, 2017 (OSDH – Room 806 – Video Conference *may be available*)*
- Wed, March 22, 2017 (OSDH – Room 806 – Video Conference *may be available*)*

ADJOURN

Please note:

Meetings are from 10:00 a.m. until Noon at the Oklahoma State Health Department, room 806 (8th floor) 1000 NE 10th St, Oklahoma, City, OK 73117 (405) 271-7611

**VideoConference equipment may only be reserved three months in advance.*

Home Visitation Leadership Advisory Coalition

July 20, 2016

10:00 a.m. to 12:00 p.m.

ODSH Room 806

Minutes

Central Office Attendance:

Peggy Byerly, OSDH/MCH

Patty DeMoraes, LCDA

Dayen Dooley, MCN Project Launch

LaChez' English, Parent Promise

Suzy Gibson, OSDH/OCAP

Tiffany Holmes, OSDH/FSPS

Denise Howard, OCCHD/Children First

Monica Incarte, Wakefield, LCDA

Tina Johnson, OSDH

Lisa Linke, CCFI

Vicki Land, Smart Start OKC

Yolanda Lucero, OKC PAT

Dwan McDonald, SafeCare

Gina Richardson, OSDH/SoonerStart

Steve Ross, OUHSC

LaKeisha Mathews Tendle, Parent Promise

Sherie Trice, OSDH/FSPS

Mindy Turner, Bethany PAT

VideoConference Attendance:

Carter: Julie Williamson, parentPRO; Brooke Pruitt, Children First

Comanche: Jennifer England, Children First

Kiowa: Emma Shandor, HFA

McCurtain: Marilyn Walden, HFA; Jammie Whaley, McCurtain County

Muskogee: Syreta Mason, parentPRO; Joyce Walker, DNM; Charo Brown, parentPRO

Seminole: Shai Alexander, HFA

Tulsa: Amanda Burgan, parentPRO; Michelle Coonfield, Children First; Sheri Davis, HFA; Donna Holladay, HFA; Dana James, HFA

Woods: Brenda Rose, HFA

Welcome

- Introductions and sharing of program information

Special Update

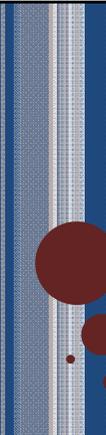
- Start Right Program Update
 - Start Right will transition to utilizing the Parents as Teachers (PAT) Curriculum
 - PAT implementation will begin – October 2016
- CAP Action Update... On Your Mark/Get Set/Go!
 - CAP ACTION KICK OFF: August 12th @ OCCHD Wellness Center, 2600 NE 63rd St, Video Conference available (registration required no later than two days prior to meeting).
 - CAP Day at the Capitol Awards & Ceremony will continue on and are scheduled for Tuesday, April 11, 2017... CAP Day at the Capitol events will have to be held in some creative way next year due to Capitol restorations making it impossible to reserve space on the rotundas and other parts of the structure.
 - Quarterly community projects will be discussed at the first CAP ACTION meeting.
 - If you would like to join the CAP ACTION Committee please email sheriet@health.ok.gov .

- HV Safety Manual Revision
 - Sherie Trice thanked all who had a part in revising the safety manual.
 - The safety manual has been replicated and referenced by other states and has gotten the attention of many other states.
 - An almost final draft of the Safety Manual was shared.

- SPECIAL PRESENTATION
 - **Understanding and Promoting Infant Mental Health through Relationship**
 - Presenter: Amy Huffer, LCSW, IMH-E (IV-C)
Early Childhood Consultant/Trainer,
Oklahoma Department of Mental Health and Substance Abuse Services
[\[PLEASE SEE ATTACHED PRESENTATION\]](#)

[2016 – 2017 Home Visitation Meeting Calendar](#)

Meeting Adjourned at 11:30 am



INFANT AND EARLY CHILDHOOD MENTAL HEALTH

What is it? Why does it matter?

"...mental health is fundamental to overall health and well-being, and that is why we must ensure that our health system responds as readily to the needs of children's mental health as it does to their physical well-being..."

The burden of suffering experienced by children with mental health needs and their families has created a health crisis in this country."

---David Satcher M.D., Ph.D., former Surgeon General of the U.S., 2000



GROWING A HEALTHY CHILD

o Mental Health ← → Physical Health.

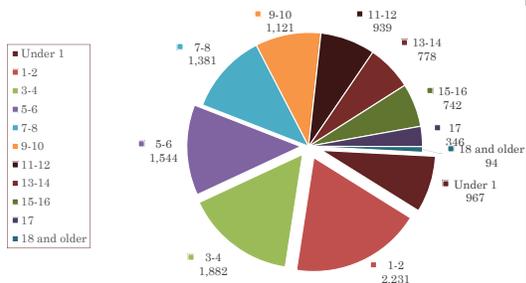


WHAT IS THE PREVALENCE OF INFANT/EARLY CHILDHOOD TRAUMA?

- o National
 - 0-3 is the age group most likely to be maltreated
 - Most of those maltreated are under 1 year of age
 - 1/3 were harmed during their first week of life
 - o (Zero To Three, 2008)
 - 78% of children who were killed were younger than 4 years of age
 - 11.9% of the deaths were age 4-7
 - o (US Dept of Health and Human Services, Children's Bureau, 2006)



OKLAHOMA CHILDREN IN DHS OUT OF HOME CARE BY AGE IN YEARS



Total 12,025 children as of June 2014
 0-6 years includes 56 percent of children
 Source: www.okdhs.org



INFANTS AND YOUNG CHILDREN IN OKLAHOMA

- o Oklahoma ranks 40th among all states for child well-being.
<http://datacenter.kidscount.org>
- o 46% of children in Oklahoma living with their grandparents are under age 6.
www.census.gov
- o 25% of children in Oklahoma age 4 months-5 years are determined to be at moderate or high risk for developmental or behavioral problems.
<http://childhealthdata.org>
- o 65% of infants and toddlers in Oklahoma have at least one risk factor known to increase the chance of poor health, school and developmental outcomes.
www.nccp.org



www.nccp.org

THE ADVERSE CHILDHOOD EXPERIENCES STUDY

- **Joint collaboration**
 - Center's for Disease Control (CDC)
 - Kaiser Permanente (KP)
- **Primary Researchers**
 - Dr. Vincent J. Felitti, MD – Kaiser Permanente
 - R.F. Anda, MD, MS - CDC
- Produced a connection between childhood experiences and adult health



ACE RISK FACTORS

- Emotional Abuse
- Physical Abuse
- Sexual Abuse
- Emotional Neglect
- Physical Neglect
- Mother Treated Violently
- Household Substance Abuse
- Household Mental Illness
- Parental Separation or Divorce
- Incarcerated Household Member



THE ACE SCORE

- Determines the extent of exposure to childhood trauma
- Exposure to one category of ACE, qualifies as one point
- Total points = ACE Score
- Score of 10 = exposure to all categories

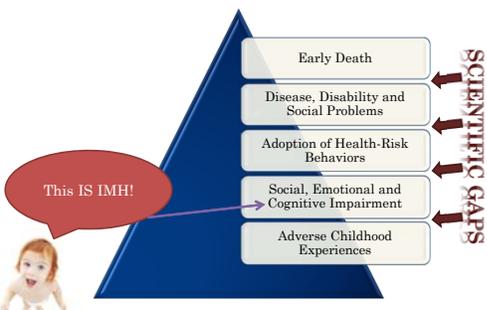


STUDY RESULTS

- o Risk Factors Do Not Occur in Isolation
- o Much More Common than Recognized
- o Connection Between ACE's and Risky Adult Behaviors



THE ACE PYRAMID



ACE Links

- Delinquency
- School Failure
- Interpersonal Violence
- Physical Illness
- Mental Illness
- Substance Abuse
- Premature Parenthood



SOCIAL, EMOTIONAL, AND COGNITIVE IMPAIRMENT

- Disrupted Attachment
- Mistrust
- Self-Worth
- Infant/early childhood depression
- No internal control
- Emotion regulation problems
- Decreased exploration/engagement
- Learning Disabilities



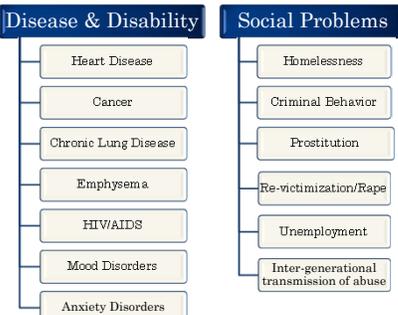
ADOPTION OF HEALTH-RISK BEHAVIORS

Smoking	Overeating	Physical Inactivity
Heavy Alcohol Use	Drug Use	Promiscuity



THE LONG-TERM CONSEQUENCES

Disease & Disability	Social Problems
Heart Disease	Homelessness
Cancer	Criminal Behavior
Chronic Lung Disease	Prostitution
Emphysema	Re-victimization/Rape
HIV/AIDS	Unemployment
Mood Disorders	Inter-generational transmission of abuse
Anxiety Disorders	



INFANT MENTAL HEALTH IS

The developing capacity of the infant and toddler to...

- Form close and secure relationships.
- Experience, regulate, and express emotions.
- Explore the environment and learn.

...all in the context of family, community, and cultural expectations for young children.

(Zero to Three Infant Mental Health Task Force).



"We are mirrors for a baby that tell him who he is.
We are also windows that let him know what he can expect."

--Jeree Pawl, 2001



INFANT MENTAL HEALTH PRACTICE IS NOT:



Problems can be identified early...



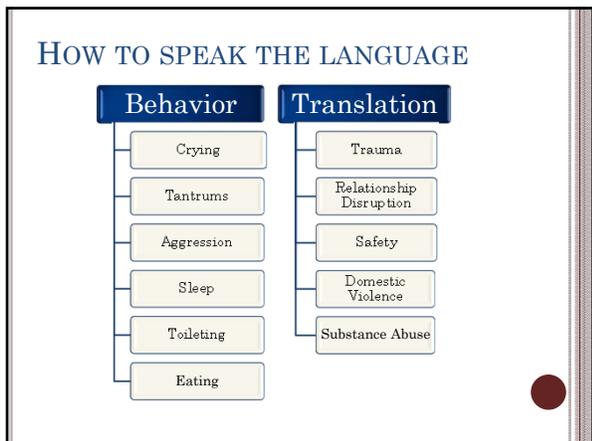
...and babies don't have to use words to communicate that they need help.

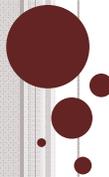


We just have to know how to speak their language.

THIS IS INFANT MENTAL HEALTH PRACTICE







GUIDING PRINCIPLES IN IMH

What are BEST PRACTICES?

GUIDING PRINCIPLES IN IMH

- Brain Growth & Development
- Relationships
- Culture
- Past, Present and Future
- FEELINGS behind the BEHAVIORS
- Social-Emotional Development

The Science of Early Childhood Development

BEST PRACTICES IN INFANT MENTAL HEALTH ARE:

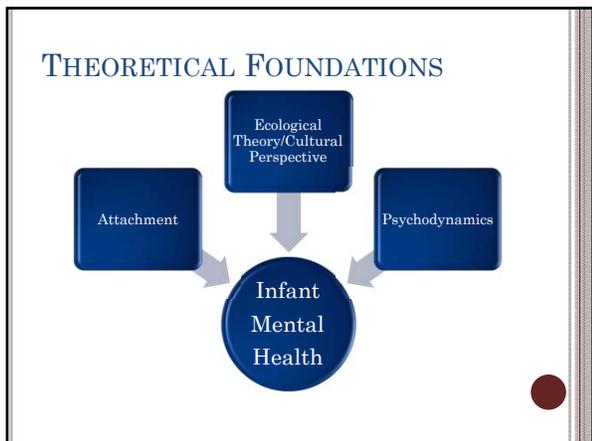


BEST PRACTICES IN INFANT MENTAL HEALTH ARE:





WHERE DID INFANT MENTAL HEALTH COME FROM?
Theoretical Foundations



ATTACHMENT THEORY

- The lasting and deep emotional relationship between child and caregivers
- Begins to develop in infancy
- Focused on sense of security as child begins to explore environment

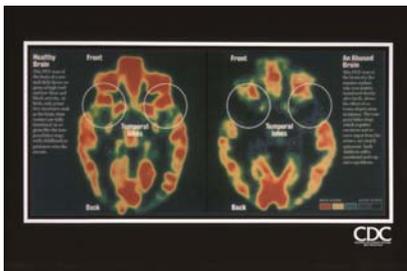


FUNCTIONS OF ATTACHMENT

- o Trust
- o Explore with confidence and security
- o Self-regulation – manage emotions
- o Internal working model
- o Identity / Self Esteem
- o Protective factor against stress and trauma



EFFECTS OF CHRONIC NEGLECT



PSYCHODYNAMIC THEORY

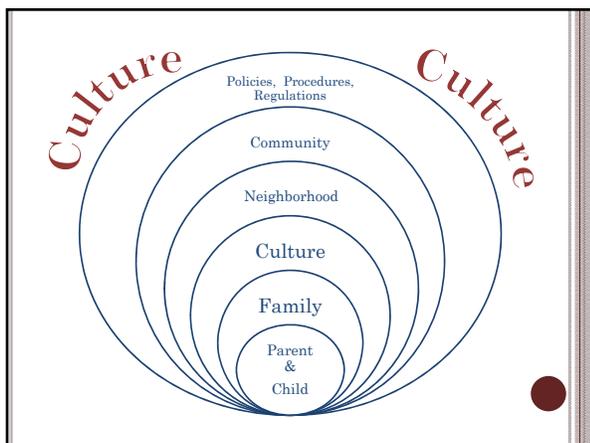
- o “Ghosts in the Nursery”
- o Relationship patterns set in childhood
- o The past is always with us
- o Reconciling past can improve present functioning



ECOLOGICAL THEORY

- There is *CONTEXT* for everything
- Recognizes larger forces at work in influencing behavior
- Different levels of context interact





WHAT CAN WE DO?
Red Flags and Interventions

RED FLAGS FOR IMH SERVICES

- Difficult, unwanted or unplanned pregnancy
- Perinatal depression
- Newborns with feeding, sleeping, regulation problems
- Families who have children with special needs
- Families with few resources or social supports
- Children with possible attachment disorders
- Families with Mental Health, Substance Abuse or Domestic Violence issues



THERAPEUTIC INTERVENTIONS



OBSERVING BEHAVIOR

- Track both caregiver's and child's behavior closely
- Observe their interactions and their impact on one another
- Observe who moves the interaction forward
- Observe who holds the responsibility for recovery from distress in the dyad



TREATMENT PLANNING

- Safety first
 - Physical safety
 - Safe shelter
 - Food
 - Protective orders
 - Psychological safety
 - Are maladaptive behaviors present in the caregiving relationship?
 - Affect regulation
 - Issues of limits and discipline



WORKING WITH THE DYAD

- Infants & young children's behavior has meaning
- Their behavior may not mean what we think it means
 - Fear of loss of parent, loss of parent's love, injury/damage to self
 - Coping with shame/guilt
- Children may express feelings about the past in present situations
- Consider how each party to the dyad will respond to the intervention



FACILITATING DEVELOPMENTAL ATTACHMENT

- Areas to Focus On
 - BUILD ON STRENGTHS!!!!!!
 - View the parent-child relationship as your client
 - Provide assistance with problems of living
 - Help caregiver provide physical and emotional safety
 - "Join, Partner" with the family. Use this language.
 - Help the dyad construct their "story"
 - Provide reflective developmental guidance.
 - Increase parent's insight by speaking for the baby.
 - Anticipate and recognize developmental (cognitive, socio-emotional) delays for the parent. Adjust your approach to meet their needs.
 - Notice what the parent is "bringing" to sessions and follow their lead.
 - Find space for your own reflective process about the work.



STRATEGIES FOR IMH PRACTICE

- o Making anticipatory guidance *specific to the infant*.
- o Alerting the parent to the infant's individual accomplishments and needs.
- o Helping the parent to find pleasure in the relationship with the infant
- o Allowing the parent to take the lead or determine the agenda
- o Watching, Waiting, & Wondering
- o Remaining open, curious, and reflective.

Deborah Weatherston, The Infant Mental Health Specialist, 0-3 Oct/Nov. 2000.



WHAT CAN WE HELP CAREGIVERS DO?

- o Gently hold and cuddle their child
- o Respond to the child's efforts to communicate
- o Enrich daily routines by making eye contact, sharing smiles, conversations, stories and books.
- o Follow the child's lead
- o Gently guide child through social situations
- o Have developmentally appropriate expectations
- o Understand the meaning behind behavior
- o Be mindful of what the child is exposed to. Remember, children are always watching
- o Be mindful of your own self-care. When caregivers are stressed, children are stressed.



LIST OF RESOURCES

- o <http://www.ChildTrauma.org>
 - Dr. Bruce Perry
- o <http://drdansiegel.com/>
 - Mindsight and *The Whole Brain Child*
- o <http://www.ZeroToThree.org>
 - Journal Articles, Parent Handouts
- o <http://developingchild.harvard.edu>
 - Research, Multimedia experiences
- o <http://www.okaimh.org>
 - Local resource for all things infant mental health
 - Learn more about becoming endorsed
 - Become a member and receive a weekly newsletter about infant mental health



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