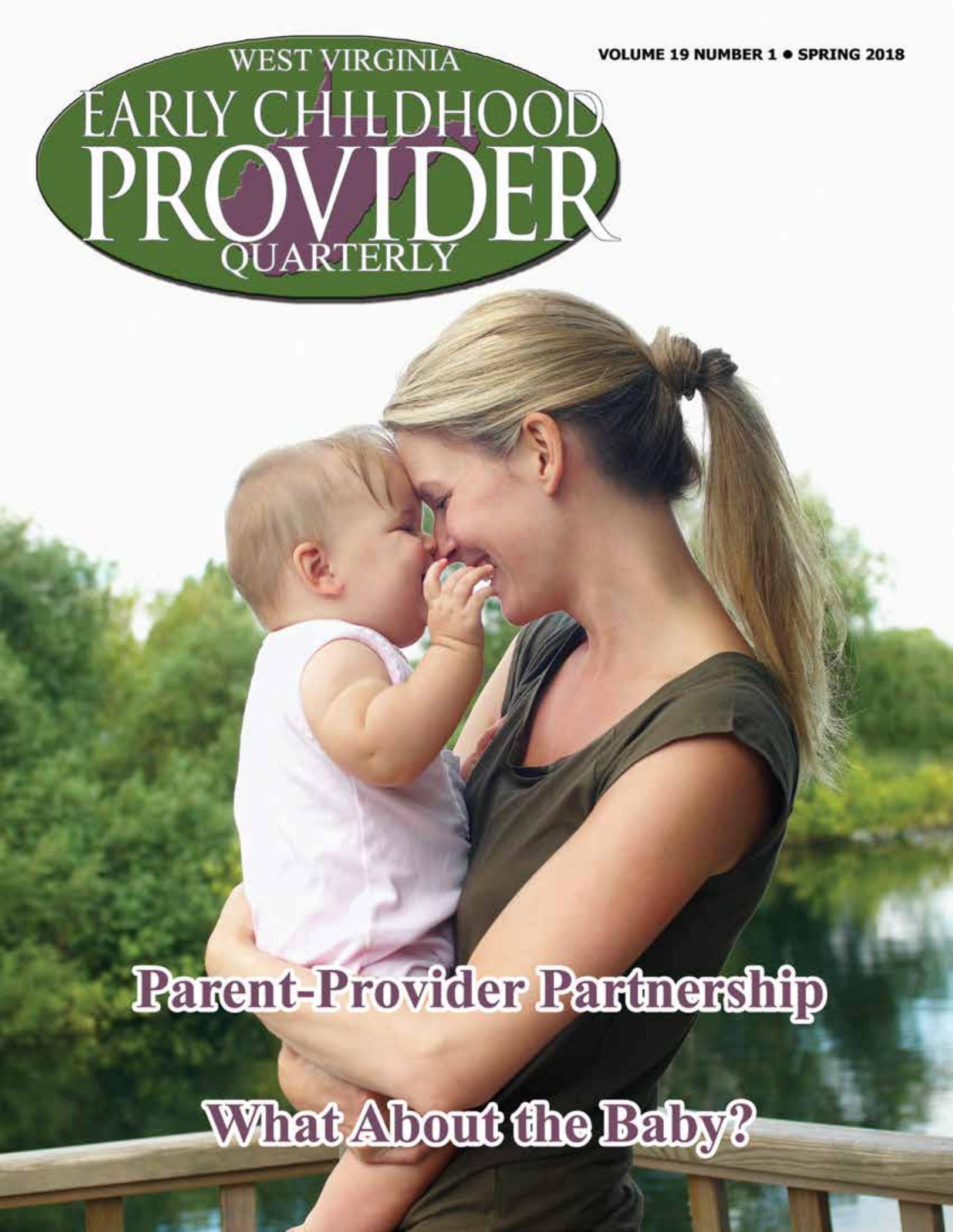


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EARLY CHILDHOOD
PROVIDER
QUARTERLY

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Parent-Provider Partnership

What About the Baby?

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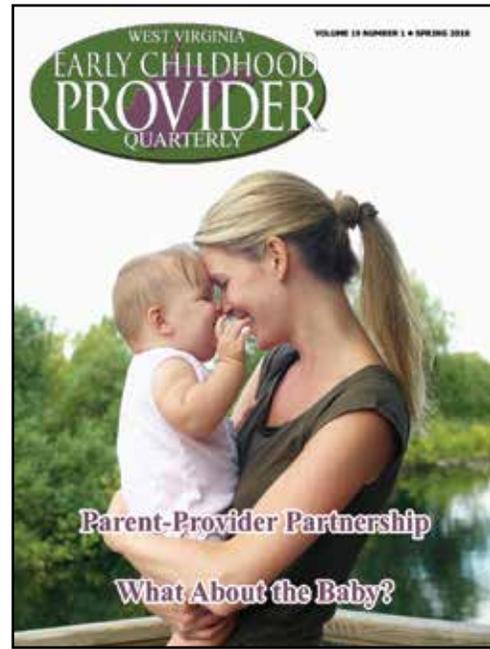
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ACDS..... 3-4

FEATURE ARTICLES

Parent-Provider Partnership: Supports for
Infant Toddler Mental Health..... 6-9

Building Support for Healthy Social
Emotional Development through the West Virginia
Infant/Toddler Mental Health Association..... 11-12

What About the Baby? Infant and Early
Childhood Mental Health Workforce Development
as a Part of the Solution to the Opioid and
Substance Use Disorder Crises..... 14-19

GREAT BEGINNINGS..... 21

INFANT MENTAL HEALTH WEEK..... 22-23

PROJECT LAUNCH..... 24-26

PARENT BLOCKS NEWSLETTER..... 27-30



ACDS

Apprenticeship for Child Development Specialist

You may have heard about ACDS, but do you know about the many different ways that you can become involved in the program? It is true that the ACDS program is an educational opportunity for early childhood professionals throughout WV. However, it is also true that there are many different stakeholders involved in the implementation and continuation of the program. The ACDS program is supported by numerous individuals that serve in a variety of capacities to help sustain the quality of the program. The ACDS program is continually searching for additional support from the early childhood professional community to assist with the growth and preservation of the program. For more information and details on how you can become involved with the ACDS program please contact us. We look forward to having you join our team!

Jennifer Conkle—ACDS Statewide Coordinator

Tara Kitts—ACDS Specialist



Ways to Become Involved in the ACDS Program

- Apprentices—students in ACDS
- Journeypersons—graduates of ACDS
- Supervisors—support apprentices at the work site
- Mentors—support family providers and directors at the work site
- Local council members—local support of class scheduling and implementation
- Local council representatives—attend executive council meetings to represent local needs at the state level
- Instructors—attend instructor academy and teach ACDS curriculum
- Executive council members—state council made up of a variety of vested partners across the state that make decisions regarding ACDS

Our Mission

ACDS promotes highly skilled, confident early childhood employees; quality early childhood classrooms; and informed, supportive early childhood professionals.

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Fax: 304-697-6613
E-mail: wvacds@rvcds.org





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Apprenticeship for Child Development Specialist

ACDS is an apprenticeship program for professionals working a minimum of 20 hours a week in the early childhood field. The program combines 4 semesters of coursework with on the job training. Participants of ACDS include employees of child care, family child care, after school, head start, home visitation, and public pre-k and kindergarten. Classes are offered in counties throughout the state by ACDS certified instructors. Participants that are registered on the WV STARS Career Pathway will receive 45 hours of WV STARS credit upon completion of each semester.

First semester classes begin in both the fall and spring in various locations across the state. To register for first semester ACDS classes please contact the ACDS office for details of locations, dates, and times of classes. We look forward to hearing from you!

Jennifer Conkle— ACDS Statewide Coordinator
Tara Kitts—ACDS Specialist

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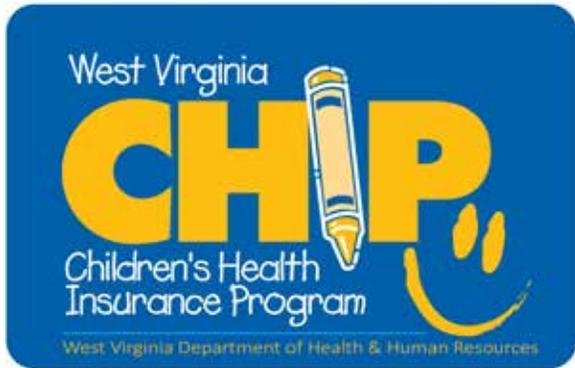


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Parent-Provider Partnership: Supports for Infant Toddler Mental Health

Submitted by Brittany Stratton and Dr. Janet Dozier, Marshall University



In the United States, countless parents place their young children in child care for a range of reasons. For many parents, this can be a difficult time period, as they face the transition of separation from their child for the child to enter care. This can be particularly difficult for parents of infants and toddlers, as this is a crucial time period for the men-

tal health of infants and toddlers (children birth to age three).

Infant Toddler Mental Health (ITMH) is a significant developmental factor which impacts the ability to form secure relationships with others, as well as the emotional development of a child in relation to his feelings towards others and

themselves. This is also related to the ability to control one's self and regulate feelings- indicating the importance of developing this skill. In fact, The Center on the Social and Emotional Foundations for Early Learning (N.D.) emphasize just how important this is, saying "Infant mental health (IMH) is synonymous with healthy social and emotional development", going on to connect the development of ITMH to a range of social-emotional competencies. These competencies include those factors previously mentioned, as well as the role that family and community culture play in appropriate display of social-emotional skills (The Center on the Social and Emotional Foundations for Early Learning, 2009). Given the significance of the development of these skills, it is obviously of paramount importance to both parents and caregivers as children make the transition into care.

To ease these transitions, parents and caregivers can take steps to ensure the experience has a positive impact on the child. For example, the first steps to transition to care actually begin in the home. Parents are the first caregivers, the first teachers, and have to make

many choices which may impact the development of their child long down the road. In fact, in a study from the *Journal of Physiology*, it emphasizes the importance of this pairing, saying “The infant’s ability to relate to and understand the social world develops through close and continuous interactions with [their] parents” (Guedeney, et al., 2011).

This places a lot of importance on the development of synchrony between parent and child, the two forming a dyad who can depend on one another and predict the actions and reactions of both. In one instance a parent may expect that as the child wakes, the child will cry as she looks for her mother. In another instance, a child may drop a toy, looking for the reaction of the parent, knowing that a reaction will come. These are predictable and reliable ways in which parent and child may come to know one another, forming the dyad of child to parent or child to caregiver.

To this end, then, the development of synchrony between child and parent is the first step families can take to build toward positive separation. To develop this synchronization, parents can start by building a routine because children need predictability, and in fact thrive on it. When a child knows what is coming, they develop a sense of security. For example, when newborns are brought

home, the sense of rhythm they have developed in utero may persist. This means the child may have intrinsic knowledge of when mother will wake or have developed a rhythm for when his longest afternoon nap will occur. The child may know when mother will eat or transition into regularly expected diaper changes, residual routines based on the activities of the mother before birth. If this first home was predictable, so too, may life post-birth be.

Of course, this is not always the case, and if parents find themselves holding a child who has no intrinsic sense of rhythm they should not discount themselves as failures. Some children simply take more time or more encouragement. This connectedness will play an

indisputable role in the development of positive mental health.

So what can the parents of these children do? The Iowa Association for Infant and Early Childhood Mental Health offers a number of suggestions including “smile and laugh with young children; create a trusting environment; spend unhurried time together; comfort and reassure children when they are scared, angry, or hurt; model good relationships and healthy ways to manage conflict; recognize early signs of social and emotional distress; understand and respond to children’s cues” (N.D.). These suggestions reflect the emotional need of very young children to have responsive, positive interactions with families. These interactions are the



foundation of building a secure attachment with a child, which facilitates the child's transition into child care.

When a child does transition into child care, it is this secure attachment and the encouragement of it that impacts the physical reaction to a child entering the child care space and the departure of the parent. This reaction can persist throughout the day, impacting the child's attachment to caregivers, transition into meal and rest times, and eventually, parent pick up. For this reason, it is imperative that child care providers be highly qualified and knowledgeable about child development and family collaboration. Effective caregivers know that the youngest children are in a developmental stage where they need the most sensory support. This means that children require soft cuddly spaces, warm hugs, attractive environments, and stimulating play materials. Providing these ensures the child that the space she is in is safe, missing only one feature--the parent. Caregivers, then, have to seek to fill this need by incorporating family into the care environment as well. In doing so, the emotional needs of the child are supported so that the child is reassured that the parent still exists outside the context of the classroom and is coming back for them. The younger a child is, the more important this is. If a child has not yet

gained object permanence, he will, literally, not know his parent exists when they leave. Reassuring a child with images and objects from home and of the parents helps the child when, inevitably, that need for reassurance comes up.

It is also important to remember though, that the slowness of a child to acclimate to a child care setting is not necessarily a failure on the part of a care giver or a parent. Most children are capable of acclimating, but not all. In some cases, children with certain developmental disabilities, or traumatic life events, may not adjust, and the best setting may be the home or a care giver in the child's home. This is another important factor which care givers must be able to collaborate with families about. In these cases, it is especially important that care givers be knowledgeable about child mental health, policy (both agency and regulations), as well as community resources.

These special cases are the ones in which the partnership between parent and caregiver are going to matter the most. Not to diminish the significance of parent-caregiver partnership for all other children, but obviously the children who are the most vulnerable also require the most sensitivity. In fact, collaboration is so important that both the National Association for Educa-

tion of Young Children (NAEYC) and the Council for Exceptional Children (CEC) require it as part of their model. Again, what does this look like? According to Reedy and McGrath (2008), it is a theoretical model with three components. These components are, first, ongoing and continuous communication; second, open, two-way communication; and third, the educational model which provides support to parents, while also educating parents.

This extends into Bronfenbrenner's model of parent collaboration, wherein he emphasized the importance of parent and community striving toward the same goal to better the efficacy of early childhood education. The final outcome, of course, is that parent and care provider work toward what is best for the child, which in the infant/toddler stage relies on the positive support of developing social emotional skills, the foundation for ITMH.

While the actual partnership may vary from triad (parent-child-care provider) to triad, the most important factor is that the two adults are responsive to the individual needs of the child in question. In the context of the culture in which the child lives, the actual plan which is enacted by the adults will be tailored to the needs most imperative at that time. But the most important focus

is that the plan be responsive to the developing sense of self and competency which the child displays. With positive adult support and a focus which places the child at the center, the mental health of all children can be supported to help them reach their best selves.

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FRIDAY, NOVEMBER 9TH, 2018

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Questions: contact Helen Post-Brown, Vice-President WVAYC

sunbeamccc@aol.com

Registration information is available on

our web site.

www.wwayc.net

Do you know a child who is not *moving *hearing *seeing * learning or *talking like others their age?

By 3 months,
Does your baby...

- grasp rattle or finger?
- hold up his/her head well?
- make cooing sounds?
- smile when talked to?

By 6 months,
Does your baby...

- play with own hands/feet?
- roll over?
- turn his/her head towards sound?
- holds head up/looks around without support?

By 9 months,
Does your baby...

- sit alone or with minimal support?
- pick up small objects with thumb and fingers?
- move toy from hand to hand?

By 12 months,
Does your baby...

- wave goodbye?
- play with toys in different ways?
- feed self with finger foods?
- begin to pull up and stand?
- begin to take steps?

By 18 months,
Does your baby...

- cling to caretaker in new situations?
- try to talk and repeat words?
- walk without support?

By 24 months,
Does your baby...

- point to body parts?
- walk, run, climb without help?
- get along with other children?
- use 2 or 3 word sentences?

If you are concerned about your child's development, get help early.

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Or visit www.wvdhhr.org/birth23



WV Birth to Three services and supports are provided under Part C of the Individuals with Disabilities Education Act (IDEA) and administered through the West Virginia Department of Health and Human Resources, Office of Maternal, Child and Family Health.

Building Support for Healthy Social Emotional Development through the West Virginia Infant/Toddler Mental Health Association

Submitted by Michelle Rollyson, Statewide Coordinator, West Virginia Infant/Toddler Mental Health Association

All children reach healthy social and emotional development through secure and healthy relationships. These consistent, nurturing relationships will build the foundation for future academic success and positive social behavior. The West Virginia Infant/Toddler Mental Health Association is working to build and support the development of professionals to meet the needs of all West Virginia children and families.

Often, when early childhood professionals hear the words “infant mental health”, the mind connects this to the work of clinicians. While this work is extremely important, particularly in helping children and families navigate and develop resiliency when exploring trauma or traumatic events, infant mental health includes so much more. Any professional, who has the opportunity to emphasize the importance of healthy social and emotional development when working with infants/young children and families, is impacting infant mental health. That is what makes infant mental health so unique—the work spans across disciplines—from physicians, home visitors, early child care providers, psychiatrists, early intervention specialists, social workers, child welfare workers, and more.

Efforts have been ongoing in West Vir-



ginia to improve infant mental health since at least 1995. In 2000, the Early Childhood Mental Health work group met and developed a Recommended Action work plan that was shared around the state that included ideas to develop a collaborative approach to infant mental health. In 2012, the Early Childhood Advisory Council of West Virginia (ECAC) formed an Ad Hoc Committee of stakeholders to review core competencies and processes from other states to assist in establishing a plan for West Virginia. After many months of careful review, the decision was made to purchase the Endorsement for Culturally Sensitive, Relationship-focused Practice Promoting Infant Mental Health from Michigan, with the

intent of integrating this system into current delivery models. Through this purchase, West Virginia joined 29 states and 2 countries to form the national Alliance for the Advancement of Infant Mental Health.

The West Virginia Infant/Toddler Mental Health Association

There are three components of the West Virginia Infant/Toddler Mental Health Association: the work of the Association, specific infant mental health core competencies that can be integrated into current work, and a voluntary Endorsement system.

The work of the Association is to:

- Promote and support nurturing

relationships for all infants/toddlers

- Provide an interdisciplinary organization that supports, and encourages, cooperation, coordination, and collaboration among those concerned with promoting the optimal development of infants, toddlers, and their families
- Sponsor and promote activities that will enhance the professional capacities of individuals providing relationship-based services to infants and toddlers and their caregivers
- Promote the recognition and better understanding of mental health issues for infants and toddlers through the development and implementation of a voluntary endorsement program

This work is accomplished through statewide members, with the guidance of an Advisory Board. Members connect other every month via conference call and through a membership portal on the Association website (www.nurturingwvbabies.org)

West Virginia Infant/Toddler Mental Health Core Competencies

These specific infant mental health core competencies are rooted in relationship practices and principles. They are designed to assist professionals across all disciplines in developing the knowledge

and skills needed to promote healthy social emotional development. These competencies are for all those who care for or nurture infants and toddlers. There are eight content areas: Theoretical Foundations; Law, Regulation, and Agency Policy; Systems Expertise; Direct Service Skills; Working with Others; Communicating; Thinking; and Reflecting.

Used in combination with West Virginia's Core Knowledge and Competencies for Early Childhood Professionals, those working with young children and families can be confident knowing they are using evidence based practices and strategies for supporting healthy social and emotional development. The "demonstrated as" section will give professionals specific behaviors and skills that can be integrated into work in a variety of settings.

West Virginia Infant Mental Health Endorsement

Through a nationally recognized set of Early Childhood Mental Health Competencies, those working with and for children will use a shared framework,

which focuses on relationship practices and gives a platform to address the social and emotional needs of all children. The Endorsement guides professional growth and recognizes the development of professionals who work with or on behalf of infants, toddlers, and families.

The Endorsement carries an international distinction and:

- Provides recognition for attaining a level of competency in culturally sensitive, relationship-focused practice that promotes infant/toddler mental health
- Validates the work that you have done as a practitioner supporting infants, toddlers, and families
- Links your professional growth to competency-based standards that reflect best practice.

For more information on the Association, competencies, or Endorsement, please visit www.nurturingwvbabies.org or contact michelle@nurturingwvbabies.org.



**West Virginia Infant/Toddler
Mental Health Association**
Supporting the social and emotional well-being of children



Do You Qualify For WVCHIP?

WVCHIP is a low-cost health care plan for children and teenagers of working families. There is no cost to apply. WVCHIP covers services important to growing children, such as check-ups, vision and dental services, immunizations, hospital visits, prescription drugs, and more.

Who Qualifies?

- 😊 Age - Children under 19.
- 😊 Income - Qualifying income is based on your Modified Adjusted Gross Income (MAGI) shown on line #37 on the 1040 Income Tax Form.
- 😊 Co-Payments - WVCHIP Gold and Blue groups do not have co-pays on preventative care, dental, vision, or generic prescriptions.



Family Size	WVCHIP Gold Maximum Yearly Income	WVCHIP Blue Maximum Yearly Income	Premium Plan Maximum Yearly Income
2	\$24,360	\$34,267	\$48,720
3	\$30,630	\$43,087	\$61,260
4	\$36,900	\$51,906	\$73,800
5	\$43,170	\$60,726	\$86,340

Visit www.chip.wv.gov for more information.

**For more information about
WV CHIP, visit
www.chip.wv.gov**

What About the Baby?

Infant and Early Childhood Mental Health Workforce Development as a Part of the Solution to the Opioid and Substance Use Disorder Crises

Submitted by the Alliance for the Advancement of Infant Mental Health

The U.S. opioid epidemic is a multi-generational crisis that has lasting negative impacts on child development and family stability. The Alliance for the Advancement of Infant Mental Health (the Alliance) is a global organization made up of thousands of multidisciplinary professionals across all sectors of the infant and early childhood workforce. These professionals care deeply about infants, young children, and families and represent stakeholders in 29 US states as well as Australia and Ireland. We know that preventive actions, family-focused interventions, and collaborative policies that prioritize early identification and implementation of specialized services to address substance use disorders (SUDs) will be most effective when parent-infant/young child relationships are considered as part of the solution.

In the face of adversity, hope and healing will be found in positive, protective, and supportive relationships. The parent-infant/young child relationship is the vehicle for repair that can break the cycle of substance use-substance abuse-rehabilitation and relapse. Addressing the opioid epidemic using a relational health approach is critical to repairing the disrupted relationship that an infant or toddler has experienced when their parent/caregiver has succumbed to substance use and abuse. This work is the highly specialized service that an infant and early childhood mental health-informed (IECMH) professional provides. IECMH-informed service providers are trauma-informed and demonstrate expertise in keeping the focus on infants and young children, while already overburdened systems address the challenges of SUDs in parents and caregivers. An infant and early childhood mental health approach is especially important during this national crisis involving opioid addiction, overdoses, neonatal abstinence syndrome (NAS), and the resulting effects. Therefore, we must commit to identifying and securing funding for professional development and services that promote a two-generation, relationship-based, IECMH-informed approach.

Good Infant Mental Health Matters as Children's Early Experiences Impact Their Lifelong Outcomes

Each one of us has a shared investment in supporting the brain development of





infants and young children, ensuring a foundation that supports a lifetime of learning and productive participation in society. By tending to the needs of a parent/caregiver with an SUD, the needs of the child, and the relationship between the parent/caregiver and the child, professionals can more effectively respond to the epidemic at hand. Such an approach would reduce harmful learning, behavioral, and health problems later in life. When only the needs of parents/caregivers are addressed, opportunities are missed in meeting the needs of the infants and young children, who are particularly vulnerable as their parents' misuse substances in this devastating epidemic.

There are many ways that IECMH-informed professionals can impact families affected by SUDs. Some examples of comprehensive intervention/treatment approaches that integrate principles of infant and early childhood mental health might include:

- Home visitors who support grandparents grieving the loss of an adult child who has overdosed while also caring for very young grandchildren who have survived this trauma.
- IECMH consultants who help early childhood educators better understand what infants who experienced neonatal abstinence syndrome might need in the child care settings, for example, enhanced soothing strategies.
- Early childhood educators who identify children who are struggling as a result of substance exposure and connect families to community supports without judgment.
- Special education professionals who incorporate relationship-centered strategies through Individualized Education Plans that are implemented in classroom settings.
- Child welfare workers and family court judges who receive support to develop visitation schedules that are sensitive to infants'/young children's developmental stage and capacity, that are safe, and that are responsive to the infants'/young children's relationship needs.
- IECMH practitioners who provide services to parent-child dyads or families where the parent(s) are experiencing guilt and shame from their SUD and the consequent trauma that it caused. These practitioners may provide Infant-Parent Psychotherapy or Child-Parent Psychotherapy (two-generation approaches) that

focuses on the development of secure parent-child attachment and the reduction of the intergenerational transmission of trauma, thereby reducing the risk of parents' relapse and the risk of SUDs for the next generation.

- IECMH practitioners who provide evidence-based, attachment-focused group parenting programs that help parents with SUDs understand how a secure attachment with their children should look and how their own histories of being parented impact their current parenting behaviors. Group participation also builds protective factors by fostering a sense of community, support, and social connectedness.
- Medical and early intervention professionals (such as neonatologists, pediatricians, advanced practice nurses, public health nurses, occupational therapists, speech and language pathologists, and physical therapists) who respond sensitively to the regulatory needs of newborns and young infants as well as support the parents to develop nurturing relationships from the start.
- Addiction treatment specialists who understand attachment and the effects of separation, trauma, grief, and loss on emerging attachment relationships between the parent and the infant/young child to better support treatment success.
- Reflective supervisors who provide a safe space in which practitioners can process their own feelings about harm done to infants or young children as a result of parents' SUDs, thereby preventing those biases or judgments from interfering with the provision of sensitive, compassionate services to families.

Ensuring that Our Workforce Is Infant/Early Childhood Mental Health-Informed

The Alliance firmly believes that professionals from across all service sectors who touch the lives of infants, young children, and families should have knowledge and skills in infant and early childhood mental health (IECMH). IECMH workforce development strategies can prepare professionals to identify and address trauma and Adverse Childhood Experiences (ACEs), which increase for children when their parents have SUDs. System partners and professionals who participate in promotion, prevention, intervention, and leadership are keys to building the capacity of our IECMH workforce because every individual in every system has a role in how IECMH looks within their sphere of influence. Workforce capacity building is recommended to include multi-systemic education about SUDs, including those involving opiates. Such education is critical when it comes to assessing safety plan-



ning and supporting the parent-child relationship across settings.

The Alliance is building and sustaining a reflective, skilled, culturally competent, and relationship-based workforce that supports infants, young children, and families so that all children begin their lives with warm, sensitive, stable, and responsive caregiving relationships. This workforce development is supported through the Endorsement® credential. The Endorsement for Culturally Sensitive, Relationship-focused Practice Promoting Infant and Early Childhood Mental Health® is utilized by 29 state infant mental health (IMH) associations across the U.S., supporting the use of uniform and nationally recognized competencies and standards to ensure that individuals engaged in multidisciplinary fields supporting infants, young children, and families are trained in the current science of child development, infant and early childhood mental health principles, and relationship-based practices. The Competency Guidelines® provide a professional development path for cross-sector professionals who support the health and wellness of infants and young children, including the support of family units where SUDs are present.

Our goal is for all professionals who touch the lives of families with infants and young children to ask, “What about the baby?” With this frame of reference in mind, these professionals will be best prepared to respond in ways that take into consideration the family relationship and mental health needs of infants and young children. Policy makers and community leaders also must ask the question, “What about the baby?” In response, we urge policy makers and community leaders to commit to the following:

- Partner with their respective state’s infant mental health association.
- Sponsor and promote training for the infant-family workforce that broadens the understanding of the effects of SUDs on infants, young children, and families.
- Sponsor and promote training for the medical and addiction treatment workforce to broaden the understanding of an IECMH-informed perspective.
- Sponsor reflective supervision/consultation opportunities for all segments of the workforce that touch the lives of infants, young children, and families.
- Identify and implement funding mechanisms for Medicaid or other funding sources to cover services that are IECMH-informed (e.g., early intervention, IECMH consultation, home visiting programs) and for IECMH treatment/interventions (e.g.,

Infant-Parent Psychotherapy, Child-Parent Psychotherapy, Circle of Security-Parenting).

REFERENCES AND RESOURCES

Infant and Early Childhood Mental Health Competencies

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Concerned about your CHILD'S DEVELOPMENT?

Help Me Grow, a free developmental referral service, provides vital support for children from birth to age five including:

- Information and community resources to aid development
- Free developmental screening questionnaire
- Coordination with your child's doctor

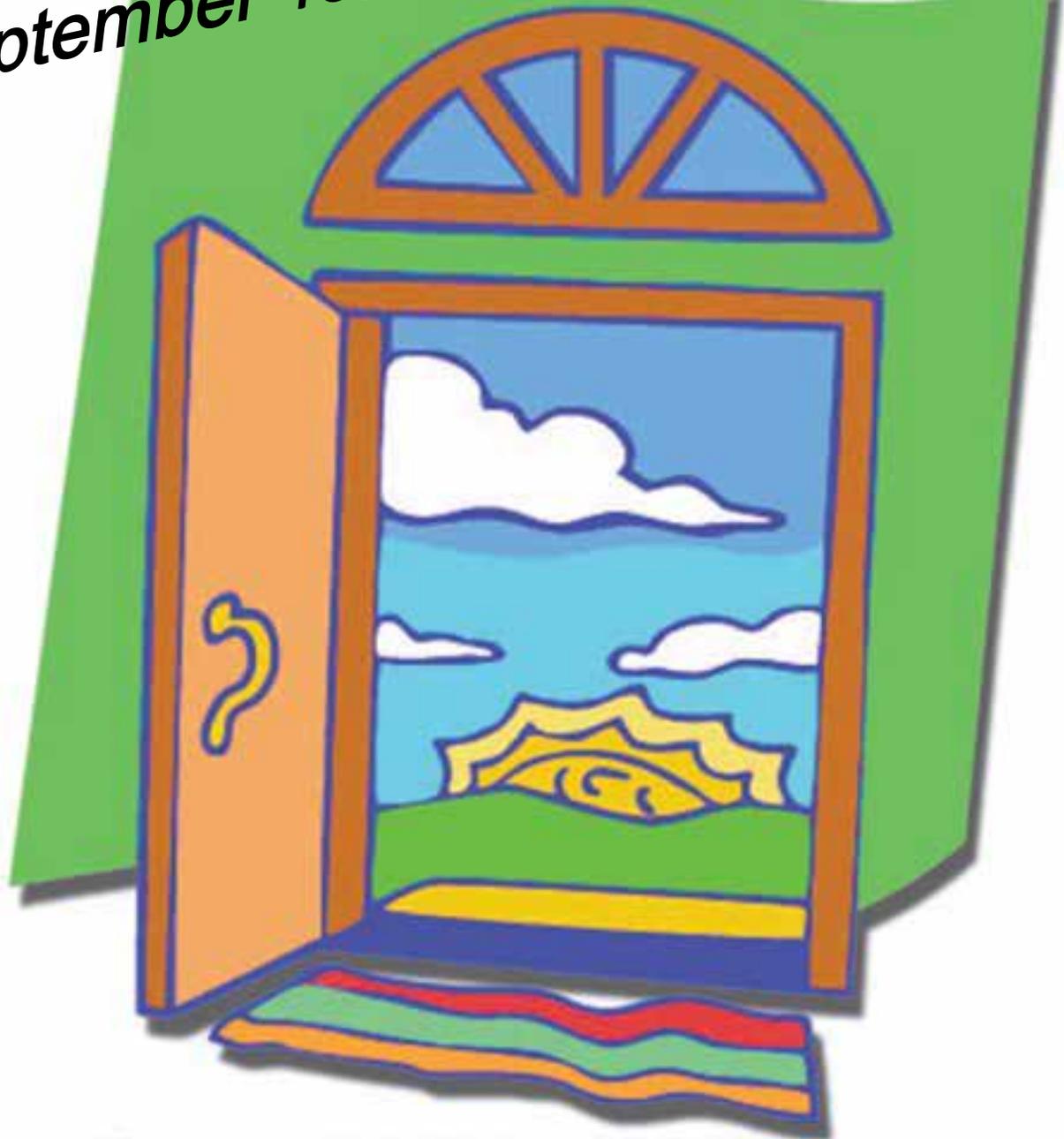
Talk to a care coordinator and schedule a developmental screening for your child today.

Help Me Grow: 1-800-642-8522
www.dhhr.wv.gov/helpmegrow



Help Me Grow
West Virginia

September 13, 14 & 15, 2018



**Great Beginnings
Infant/Toddler
Conference**



Celebrating the Child: Infant Mental Health Week Webinars

Hosted by the West Virginia Infant/Toddler Mental Health Association

**All webinars will be from 12 noon – 1 p.m.
1 Contact Hour of WV STARS available**

Monday, May 14, 2018	<p>Applying Ecological Systems Theory in Infant Mental Health: Understanding Urie Brofenbrenner's Approach to Supporting Young Children's Development</p> <p>The field of infant mental health has made monumental advances since its roots as a traditionally mother-baby field. We now understand that to facilitate the strengthening of families, relationships and young children's development we need to look to the co-parenting unit, broader family system, extended caregiving environment, and neighbor, community, and service systems. Urie Brofenbrenner's Ecological Systems Theory looks at a child's development within the context of the system of relationships that form his or her environment. The interaction between the child's own biological factors and his family, caregiving, and community environment, and the societal landscape fuels and steers his development. Changes or conflict in any one of these systems can ripple throughout other layers and affect the child's development. In order to understand and support a child's development we must understand not only the child's immediate relationships and environment, but also the interaction of the entire nested system of environments surrounding the child.</p> <p><i>Presenter: Lisa Negrini, LCSW, University of South Florida St. Petersburg</i></p>		
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Tuesday, May 15, 2018	<p>Perinatal Mental Health: Support for Dads and Siblings</p> <p>This training will provide an overview of mental health issues in dads and siblings after the birth of a baby. Information about screening and appropriate treatment will be included.</p> <p><i>Presenter: Michelle Comer, IMH-E®, Mountain State Healthy Families, TEAM for West Virginia Children</i></p>		
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Wednesday, May 16, 2018	<p>Seeing the Child Within the Context of the Family</p> <p>Too often as professionals we focus on supporting the needs of the young children we serve, with little attention to the whole family. This session will explore current research around the responsibility of professionals to see the child within the context of the family, including:</p> <ul style="list-style-type: none"> • how the family impacts the child, • how the child impacts the family, and, • how we should change our practice to embrace this perspective <p><i>Presenter: Sheila Zickefoose, IMH-E®, WV Early Childhood Training Connections and Resources</i></p>		
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Celebrating the Child: Infant Mental Health Week Webinars

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<p>Thursday, May 17, 2018</p>	<p>Infant Mental Health and the Parallel Process This session will focus on using the parallel process to build effective relationships with families and other providers. A core understanding in infant mental health is that all relationships are important. The session will explore how the relationship between practitioner and supervisor, practitioner and parent and parent and child impact one another as well as collaboration and parental confidence.</p> <p><i>Presenter: Megan Phillips, IMH-E®, MCP Wellness</i></p>		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> WV STARS participants please visit https://wvregistry.org and search the training calendar for the title of the session. **Also check the Agenda section for additional registration information. </td> <td style="width: 50%; padding: 5px;"> Other participants copy and paste the link below into your internet browser. https://attendee.gototraining.com/r/6489734731476512770 </td> </tr> </table>	WV STARS participants please visit https://wvregistry.org and search the training calendar for the title of the session. **Also check the Agenda section for additional registration information.	Other participants copy and paste the link below into your internet browser. https://attendee.gototraining.com/r/6489734731476512770
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<p>Friday, May 18, 2018</p>	<p>Managing the Impact on Care Providers and Professionals When Working with Children and Families Exposed to Traumatic Events This session will address the impact on care providers and professionals of working with children and families who have experienced traumatic events in their lives. In the course of helping persons who are trauma exposed, and in listening to their stories, providers can be impacted by the power of these stories; these stories can also remind us of events in our own lives. It becomes critical for providers to set aside these impacts when working with children and families, but to ensure that we later recognize and address our own responses to trauma. This has been called secondary traumatization, but it can also be the reawakening of our own trauma histories. The session will cover: (a) the range of impacts, both positive and negative, on our professional and personal lives, (b) how to keep that impact from entering into the therapeutic relationship with clients, and (c) how to engage in self-care and seek assistance for ourselves.</p> <p><i>Presenter: Joseph R. Scotti, PhD, WHOLE Families/WHOLE Veterans, PLLC</i></p>		
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Please download all materials prior to the training.

All session handouts/materials will be available through the GoToTraining webinar platform.

**After registering on the GoToTraining webinar platform,
you will receive a confirmation email containing information about joining the training
and how to access training materials.**

Project LAUNCH Promoting Well-Being

<http://www.westsideproud.com/>

Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) is a "project to promote the wellness of young children ages birth to 8 by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development." Project LAUNCH West Virginia is being piloted on Charleston's West Side and seeks to improve coordination across child-serving systems, build infrastructure, and increase access to high-quality prevention and wellness promotion services for children and their families while utilizing six strategies:

- Increase developmental screenings (Help Me Grow)
- Increase parent education (Triple P and Parents as Teachers)
- Promote infant mental health
- Increase social and emotional learning environments (e.g. Pyramid Model, Positive Behavioral Supports)
- Implement a Strengthening Families framework for early childhood educators, parents, and local community stakeholders
- Use Positive Community Norms (PCN) to promote child awareness

The following initiatives are being used in coordination across systems:

Help Me Grow - Free telephone information referral service that connects children and their families to developmental services to enhance the development, behavior, and learning of children birth through five years. A single point of access to community-based developmental services for young children. <http://www.dhhr.wv.gov/helpmegrow>

Triple P - Positive Parenting Program is one of the more effective parenting programs and gives parents the skills they need to raise confident, healthy children; build strong family relationships; and help manage misbehavior and prevent problems from occurring. <http://www.triplep-parenting.net/glo-en/triple-p/>

Parents as Teachers - An enhanced evidence-based home visitation program that utilizes the four-part intervention model and accompanying curriculum known as Born to Learn to deliver free services through parent educators to all families with children, prenatal through age five.



PAT helps parents understand their role in encouraging their child's development, beginning at birth. <http://www.wvdhhr.org/wvhomevisitation>

West Virginia Pyramid Model - The goal of the WV Pyramid Model Partnership is to enhance the knowledge and skills of the early childhood workforce and families in meeting the social emotional needs of young children. The WV Pyramid Model Partnership offers opportunities for training and coaching to professionals and builds capacity within programs by building infrastructures to implement, scale-up and sustain Pyramid Model practices.

Positive Behavioral Supports - A process for understanding and resolving the problem behavior of children that is based on values and empirical research. It offers an approach for developing an understanding of why the child engages in problem behavior and strategies for preventing the occurrence, while teaching the child new skills. Positive behavior support offers a holistic approach that considers all factors that impact on a child and the child's behavior. It can be used to address behaviors that range from aggression, tantrums, and property destruction to social withdrawal.

Strengthening Families - A research-based, cost-effective strategy to increase family strengths, enhance child development and reduce child abuse and neglect. The initiative focuses on building the following six protective factors within families, which are linked with many positive outcomes including reductions in child abuse and neglect: Parent resilience; Social connections; Knowledge of parenting and child development; Concrete support in times of need; Social and emotional competence in children; and Nurturing and attachment. <http://www.strengtheningfamilieswv.org/>.

For more information on Project LAUNCH West Virginia, please visit <http://www.westsideproud.com/>



Sessions include:

Social Emotional Development,
Impact of Motivational Interviewing,
Cultural Sensitivity with Families,
Resiliency,
Impact of Domestic Violence on Children,
Infant and Maternal Mental Health,
Parent Engagement,
Human Trafficking
and
Anti-Bullying.

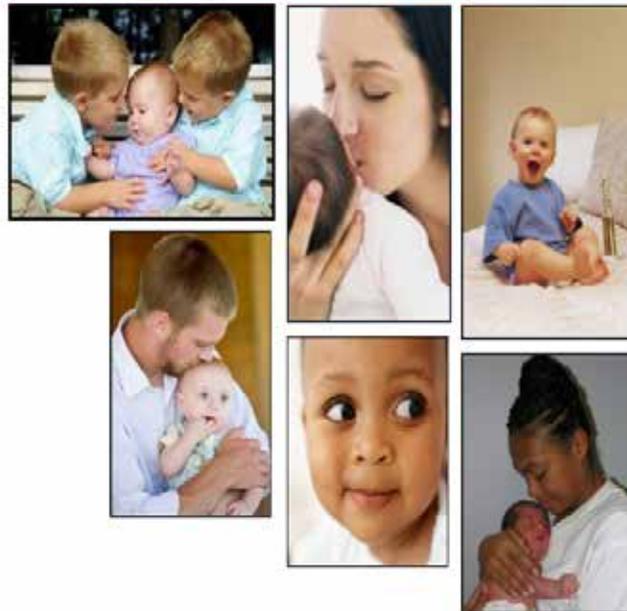
Nursing/CEU's/STARS
credit will be available

CEU's pending approval from the Office of Maternal, Child
and Family Health for Nursing through the WV Board of Ex-
aminers for Registered Nurses, License # WV1999-0297RN,
Social Work through the WV Board of Social Work Examiners,
License # 490089

2018 Social-Emotional Institute

May 21-22, 2018
Running Right Conference Center

Registration will be available through
Eventbrite beginning April 2nd.
\$15 registration fee (lunch and free parking
included with registration fee)



Supporting Families. Strengthening Communities.
West Virginia Department of Health and Human Resources.



**PROJECT
LAUNCH**

Registration is now open!
www.eventbrite.com/e/social-emotional-institute-registration-44219587978

Parent Blocks

NEWSLETTER



“Providing resources to parents throughout West Virginia”

Volume 15, Issue 1, Spring 2018

What is Infant Mental Health?

Have you ever heard the words “infant mental health” and wondered what it is? A widely accepted definition of infant mental health comes from ZERO to THREE. Infant mental health is the developing capacity of a child (from birth to three years of age), to experience, regulate and express

emotions; form close and nurturing relationships with parents/caregivers; and experience and explore the world about him. In a nutshell, infant mental health is the same as social emotional development.

Why is social emotional development

so important for infants and young children? Research shows that babies and young children remember their earliest relationship experiences. These experiences become the prototypes for future relationships, influencing their trust of themselves, others, and the world.

Each child is born ready to form a strong bond with a primary caregiver, usually a parent. For babies, this is a critical element to survival. Most people realize that a baby depends on an adult to help facilitate every basic physical need—eating, sleeping, and staying clean and dry. Babies also depend on their primary caregiver for their emotional needs. By consistently responding to your baby’s cry with a warm, soothing hug, and attention to the child’s need, he or she will learn to trust and regulate emotions, which over time will lead to school readiness, positive social behavior, and lifelong nurturing relationships.

WV Parent Blocks Newsletter is a project of West Virginia Early Childhood Training Connections and Resources, a collaborative project of West Virginia Department of Health and Human Resources/Bureau for Children and Families/Division of Early Care and Education; WV Head Start State Collaboration Office; Office of Maternal, Child and Family Health/West Virginia Birth to Three; West Virginia Department of Education/Office of Special Education; and West Virginia Home Visitation Program and is supported and administered by River Valley Child Development Services.

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LEAVES OF THREE...

DEALING WITH POISON IVY

Submitted by Glenna Bailey, RN, Nurse Health Consultant

The coming of spring means that foliage will begin to come back to life, making our landscape green again. Along with the beautiful flowers and trees, spring also brings plants to avoid.

Poison ivy is one to be on the lookout for. Poison ivy is a vine-like plant that can cause a rash due to an allergic reaction to the oils found on the plant. Most often the rash presents as small, itchy blisters. Contrary to popular belief, the rash is not spread by the drainage from the blisters but from contact with the plant oil called urushiol. Not everyone is affected. Approximately 10 percent of the population is not allergic and have no reaction to exposure.

You can be exposed to urushiol oil through direct contact with the plant or through indirect contact carried by exposed clothing or pets. Most rashes appear one to four days after exposure and usually heal in two to three weeks.

Recognizing and avoiding the plant is the best prevention. Poison ivy grows as a three leaf plant with a red stem at the center.

If your child is exposed and develops a rash, the American Academy of Pediatrics offers these tips for treatment:

- Wash all clothes and shoes in soap and water. Also wash the area of skin that was exposed with soap and water.
- If the rash is mild apply calamine lotion 3-4 times a day.
- Apply topical 1% hydrocortisone cream to decrease inflammation.
- If the rash is severe, on the face or is extensive, the pediatrician may place the child on oral steroids for 6-10 days.



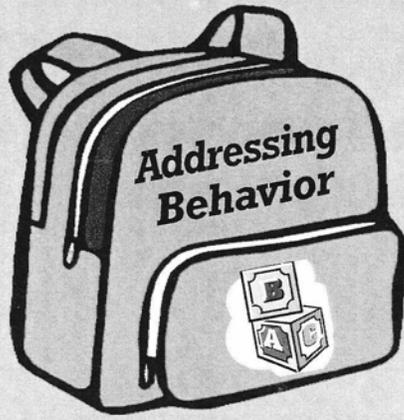
When to call the pediatrician:

- Rash not responsive to home treatments.
- Any evidence of infection.
- Severe rash on the face.
- Fever.

Resources: American Academy of Pediatrics and American Academy of Dermatology

How to Understand the Meaning of Your Child's Challenging Behavior

Alyson Jiron, Brooke Brogle & Jill Giacomini



Backpack Connection Series

About this Series

The *Backpack Connection Series* was created by TACSEI to provide a way for teachers and parents/caregivers to work together to help young children develop social emotional skills and reduce challenging behavior. Teachers may choose to send a handout home in each child's backpack when a new strategy or skill is introduced to the class. Each *Backpack Connection* handout provides information that helps parents stay informed about what their child is learning at school and specific ideas on how to use the strategy or skill at home.

The Pyramid Model



The Pyramid Model is a framework that provides programs with guidance on how to promote social emotional competence in all children and design

effective interventions that support young children who might have persistent challenging behavior. It also provides practices to ensure that children with social emotional delays receive intentional teaching. Programs that implement the Pyramid Model are eager to work together with families to meet every child's individualized learning and support needs. To learn more about the Pyramid Model, please visit challengingbehavior.org.

More Information

For more information about this topic, visit TACSEI's website at www.challengingbehavior.org and type "understand behavior" in the Search Box in the upper-right corner of the screen.



This publication was produced by the Technical Assistance Center on Social Emotional Intervention (TACSEI) for Young Children funded by the Office of Special Education Programs, U.S. Department of Education (H326B070002). The views expressed do not necessarily represent the positions or policies of the Department of Education. July 2013.

As a parent or caregiver, you may see your child behave in a way that doesn't make sense and ask yourself, "Why does she keep doing that?" It can be very frustrating, especially when it seems like it should be easy for your child to figure out on her own a more appropriate way to behave. In moments like this, it is important to remember that children continue to use a behavior because it works! Your child's behavior is a powerful communication tool that she uses to tell you what she needs or wants. Sometimes, when a child does not know the appropriate way (such as words, sign language or pointing to pictures) to express her needs or wants she may use challenging behavior (such as hitting, screaming or spitting) to communicate. Challenging behavior gives children the ability to send a message in a fast and powerful way. Children will use challenging behavior to communicate until they learn new, more appropriate ways to express their wants and needs. To change the behavior, it is important for you to first discover what is causing the behavior. If you know why your child is choosing a behavior, you can then teach her to communicate her wants and needs in a new way that everyone feels good about.

Children use challenging behavior to either:

- 1) get something, such as attention, a toy or a nap, or,
- 2) get out of doing something, such as going to bed, eating a new food or getting buckled in the car seat.

The first step you must take to help your child learn a new behavior is to determine if she wants something or wants to avoid doing something.



Try This at Home

- **Observe.** Pay careful attention to what is happening when your child displays challenging behavior. Keep a chart to see repeated patterns in behavior. What happens before the behavior starts? What happens after?
- **Track.** Keep track of when the behavior occurs. Do you always see the behaviors just before nap time? Perhaps your child is tired and you can change your routine to include errands in the morning and quiet, at-home activities before nap time.
- **List.** Brainstorm ideas about what your child is trying to get, or avoid doing, by using challenging behavior. The more you watch your child, the more you will be able to narrow your list down to a few possible reasons why the behavior is occurring.
- **Teach.** Once you have an understanding of why your child chooses to use a challenging behavior, you can teach him a new way to behave in that situation. Pick a time outside of the situation when you can:

» **Role play:** Use puppets, trains, dolls or other toys to act out the new skill with your child. For example, you can make the doll say, "I really want to play outside. I want to open the door and run, but Mommy says I need to wait for her. I won't scream. I will say 'Hurry up Mommy. I am ready to play.'"



» **Read books:** Children often tell you how they are feeling when they are trying to guess how others are feeling. Ask your child questions about a character in a book as a way to start to talk about your child's own behavior. For example, "That little girl doesn't want to go to bed. I wonder why?"

» **Talk about the situation ahead of time:**

Sometimes, children simply want to know about what is planned ahead of time or to be included in the planning. Parent schedules are busy and you often need to get things done quickly. However, quick transitions can feel overwhelming to young children. If you take a few minutes to include your child in the plan, you will likely see a dramatic decrease in challenging behavior. For example, you could say, "We are going to get in the car and go to the store when you finish this puzzle. Would you like to pick a special toy to bring with you to the grocery store?"



Practice at School

Teachers are detectives too! When a child uses challenging behavior at school, teachers watch to see what caused the behavior and then teach the child a new way to communicate. For example, Ethan is playing with cars alone when Jacob tries to grab a car from him. Ethan hits Jacob and grabs his toy back. Jacob cries. Ethan was frustrated that a friend was taking a toy from him before he was done and used hitting as a way to tell Jacob that he wanted his toy back. The teacher might say to Ethan, "You looked frustrated when Jacob took your toy. Next time, you can use your words and tell him 'It's busy. I'm still using this toy.'" Teachers can also use puppets to reinforce the skill of saying "it's busy" during circle time or during other activities throughout the day.



The Bottom Line

It can be fun and rewarding to figure out what your child is thinking and why! The more familiar you are with how your child reacts to everyday situations, the easier it is for you to teach him appropriate ways to deal with challenges like frustration, stress and fatigue. Children who learn how to manage these situations feel more confident and are less likely to use challenging behavior to communicate their needs.



www.challengingbehavior.org

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3 REASONS

GOOD INFANT MENTAL HEALTH MATTERS



BRAIN
ARCHITECTURE



We have a shared stake **to make sure babies develop sturdy brain architecture**, because this foundation supports a lifetime of learning and productive participation in society. A reliable caregiver who is responsive to a baby's needs is the base for secure attachment, which allows an infant to explore and learn.



BODY
& HEALTH



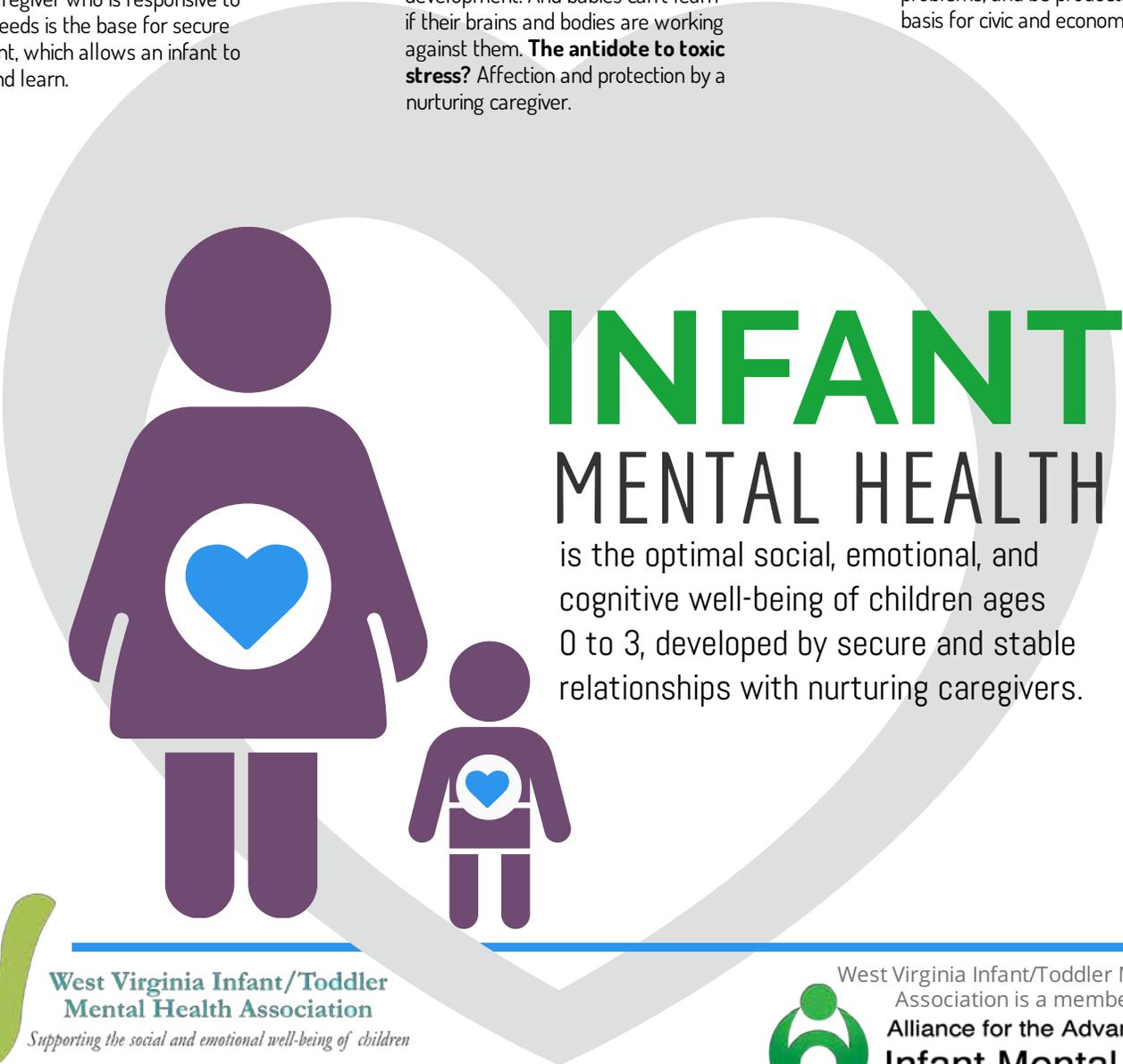
Toxic stress from broken caregiver-infant relationships can push a baby's stress hormones into overdrive. When constantly present, these hormones disrupt brain and physical development. And babies can't learn if their brains and bodies are working against them. **The antidote to toxic stress?** Affection and protection by a nurturing caregiver.



BEHAVIOR
& RELATIONSHIPS



Secure attachment is a fundamental building block of social function. Children need relationships with sensitive caregivers to self-regulate, get along with others, solve problems, and be productive -- the basis for civic and economic prosperity.



INFANT MENTAL HEALTH

is the optimal social, emotional, and cognitive well-being of children ages 0 to 3, developed by secure and stable relationships with nurturing caregivers.



West Virginia Infant/Toddler
Mental Health Association

Supporting the social and emotional well-being of children

304.697.0876 | nurturingwvbabies.org 30



West Virginia Infant/Toddler Mental Health Association is a member of the

**Alliance for the Advancement of
Infant Mental Health**

mi-aimh.org/alliance