



BABY TALK

The Official Newsletter of the Ohio Association for Infant Mental Health

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Welcome Back to Baby Talk *by John Kinsel, Editor*

This month marks the return of OAIMH's long-time newsletter, *Baby Talk* after a several year hiatus. Formerly published first as a paper document and then later as an email distributed attachment, *Baby Talk's* current iteration will appear in this space on the OAIMH website.

Baby Talk will now serve as an introduction to topical postings, a source for updates on OAIMH activities and assorted Infant Mental Health related articles. Anyone can submit a brief article, announcement, story, poem or other entry to be included in future issues of *Baby Talk* by submitting them to the editor at john.kinsel@gmail.org.

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Please contact the Editor at john.kinsel@gmail.com with your comments, suggestions, submissions, etc. Thanks, THE ED.

This issue of *Baby Talk* includes a brief orientation to current OAIMH efforts and a short story. I hope you enjoy this issue and look forward to receiving contributions from many of you in the future. **The Ed.**

OAIMH OPERATIONS

by John Kinsel

The OAIMH Board has been active in planning for the future of the organization by developing ways to serve our members and other persons interested in promoting the Mental Health of Infants and Toddlers.

After several years of exploring options, the Board is near a solution to the desire to create an Infant Mental health certification for practitioners in Ohio. Through a partnership with Dr. Valerie Alloy, Mental Health Administrator in charge of Early Childhood Mental Health at the Ohio Department of Mental Health, the Board is seeking to open up the current Early Childhood Mental Health certification currently only available to state funded Early Childhood Mental Health Consultants to include practitioners from a variety of disciplines that serve very young children. We are currently coordinating with the Ohio Professional Development Network on the details of how to make this happen. Look for updates on this process in future issues of *Baby Talk*.

Recently OAIM partnered with Family and Children First Council of Franklin County and the Ohio Children's Trust Fund to bring Dr. Robert Anda, one of the authors of the Adverse Childhood Experiences (ACES) study and Dr. Bruce Perry of the Child Trauma Academy to Columbus for their April Building Better Lives conference. The Board is also partnering with the Southwest Chapter of OAIMH to

OAIMH OPERATIONS (cont'd)

sponsor an Infant Mental Health conference to be scheduled in the Fall of 2015 featuring Terrie Rose, PhD., Early Childhood Development expert and author of the book Emotional Readiness. Please watch this space for details and schedule as they become available.

The Board continues to brainstorm ways to build our membership, which has fallen sharply over the past number of years. If you are not a member, please consider joining by going to the Membership page of this website. Your dues and support help us to be able to pursue a variety of avenues for supporting Infant Mental Health in Ohio. In addition, membership will make you eligible for discounts on registration fees at OAIMH sponsored events. In the future, membership will also allow you access to special sections of this website. But mostly, membership also entitles you to a sense of professional pride that you are contributing to the growth and advocacy for the field of Infant Mental Health! You know you want that warm glow of satisfaction that comes from OAIMH membership! ☺

STORY TIME**Her Life: A Very Short Story**

by John Kinsel

She was born into a large family. Her mother loved her and tried to take care of her, but that was deemed not enough and she was placed in a foster home. Her foster parents cared for her and made sure her physical needs were met, but they did not love her as an individual. After all, they knew she was with them only temporarily. And they were right.

She was adopted into a home with a mother, a step-father and a young son. The adoptive mother was in love with the idea of rescuing her and of having a companion for her son. But she didn't love her. Her mother tried to take care of her, but nothing seemed satisfactory. She was very active and got into things she shouldn't. She pooped and peed in places that were not intended for that purpose. For these and other perceived offences she was punished with increasing frequency and severity. Her step-father mistreated her badly and a day came when he threatened her very life. She had to go.

This time she was placed in a group home. Here there was good food, quality medical care and other youngsters to play with. But again, there was not love. She felt lonely and afraid. There was no one there she knew and the smells were strange. She sulked and protested and withdrew. Fortunately, she was only there for a little over a week before she was again adopted, this time by an older couple whose children had left the nest. They loved her immediately. Not only did they feed her well and take care of her physical needs, but they delighted in her unique mannerisms and her quirky behavior. And they spent long hours with her, soothing her, stroking her, nurturing her. When she did misbehave, they were firm but gentle with her. They took the time to teach her what they expected her to do. Very quickly she learned to not go in the living areas. She came to delight in pleasing them more than fearing their anger or testing their clear limits.

STORY TIME (cont'd)

Not only did her new family attend to her, they paid attention to her. They watched her closely and learned her cues, so they could anticipate and meet her needs as well as head off conflicts and mistakes. When she did make a mistake, they responded with firmness and fairness, not maliciousness or retribution. They saw her misbehaviors as mistakes, understandable for one so young, for one with such a disrupted early life. It was they who, for the first time, suspected she was hearing impaired and that this differing ability could account for some of what she misunderstood. They had her assessed and learned she was congenitally deaf. So they taught her some simple signs, which she picked up quickly, and communication improved.

She learned to trust them, to feel safe with them, and finally to love them. With anyone else, however, she remained cautious, distrustful and, at times, even aggressive. They took her to play groups, but she tended to stay off by herself, circling the edges of the group, not initiating any interaction with the others. Gradually, she began to get closer to her potential play mates and, if they initiated, would play with them for brief moments. Unfortunately, the first few times she did take the initiative, she miss-read the other's cues (her hearing loss?) and she moved in too quickly and assertively and she was hurt, once badly, by the one she wanted to befriend. After that, she returned to her solitary ways and, despite efforts to support her re-engagement with peers, she never initiated play with them again.

While she loved and trusted her family without question and with great devotion, she always distrusted strangers. If anyone wanted to befriend her, they had to proceed cautiously and earn her trust over time. She eventually made up to a few (mostly extended family members), but most never got inside her zone of protection. She was loyal and protective of her adopted family, to a fault. Everyone she met, saw or thought was getting too close, was seen as a threat. And she met that threat with aggression: an aggressive warning or an actual attack, unless her father stopped her first. She feared children and adults and dogs. Particularly adults and dogs. Nothing seemed to calm this defensive reaction. Years passed. Her family continued to love her in all the usual ways and she loved their routines and rituals and nurturance. But she remained aggressive toward others.

Perhaps if she hadn't been deaf, it would have been different. Or if she had been able to learn more complex signing. Bright as she was in other ways, she never learned more than that first handful of signs that had seemed such a miraculous breakthrough when she had been very young. Signing the word, "No!" wasn't enough to deter her, as she focused so intently in those moments on the one she feared that she ignored the one she loved, the one she thought she was protecting. Finally, out of desperation, her adoptive father began using physical restraint paired with a food reward. As soon as she stopped aggressing due to being held back, he gave her a treat and, when she re-focused on him, he smiled and gave her the sign for "Good!" Gradually, she learned to look to her father first when faced with a perceived threat and when he smiled, calmed herself. And tolerated (but not trusted!) the person or animal that neared.

And so it is today, many years after her adoption. She loves her family, seeks their approval and interaction, and follows the routines like clockwork. When she does break a rule, the behavior is corrected quickly and without protest. But she remains hyper-vigilant. She requires careful

STORY TIME (cont'd)

attention when strangers are around. She continues to use her father to social reference how to behave with them, having never internalized a generalized trust of the world. But, day to day, safe in the cocoon of her family and all with which she is familiar, she lives a happy, if somewhat constricted, life.

Yes, in many ways, her life, my dog's life, has been much like the lives of many of the very young children I have treated as an infant and early childhood mental health therapist. Perhaps better than most.

WHAT'S NEW ON-LINE

In this same section of the website, you will find what has been a regular feature for some time now: an article or Power Point on a topic of interest to those who are involved with very young children. On the site this month is a Power Point provided by Dr. William Mosier, OAIMH Board member and Professor at Wright State University in Dayton.

Dr. Mosier has shared a presentation he has given on the Importance of the Infant/Toddler/Caregiver Relationship. (A subject alluded to in the short story above!) Dr. Mosier highlights key aspects of this primary relationship that promote healthy social and emotional development. He also provides a list of references for you to consider to learn more about infant/toddler development in the context of relationships. Simply follow this link to peruse his presentation: Power Point

Do you have expertise or interest in a topic associated with the Mental Health of very young children? Up to now, the items appearing in this section have been authored by members of the OAIMH Board. However, we have decided to open this opportunity to anyone who wants to share their ideas and information. If you believe you have something of interest to share, whether it be an article you've written, an article you've read and have permission to re-publish, a Power Point or any such material, please know you are encouraged to submit it to John Kinsel at john.kinsel@gmail.com.

Thank you for visiting our website. Thank you for considering joining our organization. Thank you for considering sharing information with us and our readers. And, most of all, thank you for caring for, caring about and serving the youngest citizens of Ohio!

OAIMH works because of people like you! And remember, when it comes to giving the next generation the best start possible, all of us are in this together!

I wish you all well!

The Ed.