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# ILAIMH News

Newsletter of the Illinois Association for Infant Mental Health - Fall 2015



Supporting the healthy social and emotional development of infants, toddlers and their families.

## A Personal Journey in Understanding and Learning to Support Young Children Experiencing Selective Mutism

By Olga Silva-Zletz, PhD., LCPC

with the collaboration of Carmen Tumialan Lynas, PhD

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ILAIMH News is published quarterly by the Illinois Association for Infant Mental Health.

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As a clinician working with young children, this summer I had the unique opportunity of participating in an intensive group-based training for working with children with selective mutism. I participated as a counselor in Adventure Camp, Intensive Treatment for Selective Mutism. The training opportunity was sponsored by Advanced Therapeutic Solutions (ATS) under the leadership of clinical psychologist, Dr. Carmen Tumialan Lynas and her team. I was so moved by the training that I wanted to share my experience with others to spread awareness of selective mutism.

Selective mutism (SM) is an anxiety disorder characterized by a child's consistent failure to speak in specific social situations, in which there is an expectation for speaking despite speaking in other situations (e.g., at school). The failure to speak is not attributable to lack of knowledge of, or comfort with, the spoken language required in the social situation (DSM-5). If the child does not speak to teachers, peers, and even to their parents in the school setting, despite speaking normally at home, and they've been in school for at least 1 month, then assessing for selective mutism is strongly advised.

According to Bergman et al. (2002), SM has a prevalence rate of .71%, affecting about 1 out of every 140 children. It is also reported that SM has a comor-

bidity rate of 97% with social anxiety disorder (Black & Udhe, 1995; Dummit et al., 1997; Yeganeh et al., 2003). Children with selective mutism and/or social anxiety exhibit anxious avoidance; the goal in treatment is to help children approach, rather than avoid, anxiety-provoking situations and learn through experience that they can face their fears successfully.

Intensive group therapy, such as Adventure Camp, is gaining momentum in the SM field. Based on Kurtz's (2012) Brave Buddies protocol first replicated in Chicago (Lynas & Kurtz, 2011; Lynas, Kurtz, & Brandon, 2012), Adventure Camp provides systematic hierarchical exposure therapy for 30 hours (six hours per day for five consecutive days), in which children practice their "brave talking" across people, places, and activities in a school setting, all the while supported by their Adventure Camp counselor (1:1 ratio). The camp takes place during the month of August, so that treatment is timed to occur right before the start of the new school year, facilitating transfer of treatment gains into school.

Children are not expected to start Adventure Camp "cold." If they came to Adventure Camp without any preparation, they would likely engage in their usual anxious-avoidance/mutism pattern. Instead, the focus is to prepare the

child to engage in a new “approach” pattern where, step-by-step and with therapeutic support, they systematically move from speaking to parent to speaking to the therapist. There are lead-in sessions, or preparation sessions, that are meant to warm the child up gradually and systematically to the therapist, counselor 1, counselor 2, and eventually to another camper. Once they complete those successive steps, then they are ready for the intensive five-day treatment of Adventure Camp.

At camp, treatment continues in a school, where opportunities to practice approaching anxiety-provoking tasks continue, ranging from presenting their “Show and Tell” in the classroom, to participating in scavenger hunt field trips, to ordering ice cream in the community. Each task is strategically organized to practice talking across people, places, and activities, all while receiving 1:1 support from their counselor, and of course, having fun. By treating selective mutism across settings, generalization and transfer of treatment gains into the home school setting becomes more likely. By keeping it fun and exciting, new memories are made that associate talking with joy, empowerment, and confidence.

To motivate anyone to face their fears, trust and a strong rapport is crucial. ATS applies strategies from Eyberg’s Parent-Child Interaction Therapy (PCIT, Tempe et al., 2008; PCIT-SM; Kurtz, 2014) to establish this foundation. In PCIT-SM, the key is to foster a trusting relationship through child-led and child-directed interactions (CDI). It is theorized that applying CDI increases the child’s self-confidence and trust in others; with that foundation, the child trusts their environment enough to take risks and engage in verbal-directed interactions (VDI) during a desired activity. Motiva-

tion is further increased with concrete reinforcers (e.g., stickers) to pair verbal responding with the excitement of earning stickers, and at the end of the day, a re-ward from the prize store for “using brave.”

This approach is informed by several theories, including classical conditioning (Pavlov, 1941), operant conditioning (Skinner, 1998), and Bandura’s social learning theory (1978). The role of the nature-nurture duality in human development plays a significant role as well. For example, an inhibited child who displays discomfort when expected to talk or engage may lead the adult to jump in and remove the pressure by talking for them or removing them from the situation. Well-meaning adults are simply reacting to the natural instinct of protecting the child. Unfortunately, for a child with SM, this can inadvertently reinforce avoidance/mutism. The child learns to rely on their environment to read their avoidance cues and react accordingly. Therefore, parent/caregiver and teacher training are also integral parts of Adventure Camp to ensure that despite the child’s natural tendency to avoid, the environment is providing opportunities to approach instead.

From my counselor training experience at ATS and subsequent hands-on delivery of the Adventure Camp intervention, ongoing themes come to mind: it is okay to make mistakes, you can always try again; you are safe, you can take risks, this is the place to practice; pull up the brave, push down the scare; every child is unique and working on something. “Practice, Practice, Practice” and “Use Your Brave” was the consistent motto of the Adventure Camp experience, both for the trained counselors as well as the children participants.

There was safety in numbers, too, where being in a group environment of 22 children and 22 counselors, all

working towards the common goal of using our brave and avoid rescuing children, made it an exciting and enriching learning experience. It was truly amazing to see the amount of growth in these children within such a short period of time. Rarely do we have the opportunity as clinicians to see the outcome of our work in the way I was able to witness through the Adventure Camp experience.

Even though my training ended with Adventure Camp, the children and parents continue their journey as well working with ATS clinicians to transfer treatment gains into the school setting. This takes place through Post-Adventure Camp meetings led by Dr. Lynas in which she prepares the child’s school team with key steps they can take to transfer the verbal relationship from Adventure Camp to school.

I too continue my journey, as I transfer what I’ve learned through the Adventure Camp experience, not only to help the children I treat at the DuPage County Health Department, but also to share my knowledge with colleagues and to remind myself of the power of relationship as a key component to feel safe with challenging ourselves and being able to “pull up the brave and push down the scare” in social situations.

## Q & A

with Dr. Carmen Lynas

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**As part of this introductory article about Selective Mutism, I have invited Dr. Carmen Lynas to share her expertise about the relevance of understanding SM for practitioners in the field of Infant and Early Childhood Mental Health.**

**Q** Based on your expertise with selective mutism, how might SM symptoms be an impairment/ hindrance for a young child developing socially and emotionally to achieve his/her potential?

**A** When a behaviorally inhibited child avoids interactions with others, our usual reaction is to let them warm up at their pace. If a child is merely shy, they will warm up and eventually engage. However, a child with selective mutism does not warm up the way we would expect; rather, a child with SM will continue to avoid, and the environment may try to “rescue” them by answering for them, inadvertently reinforcing the mutism behavior. A young child with SM may not interact with peers as expected for their age and, as a result, they may not develop socially and emotionally at the same pace as their peers. Instead, they may fall behind in social and emotional development, and as they grow older, they may lack the social pragmatics one learns from interacting with others, not to mention confidence to do so. This can certainly have an impact on a child reaching their full potential. Being labeled “the kid who doesn’t talk” is certainly bound to impact a child’s social and emotional development.

**Q** How have you adjusted the Behavioral Therapeutic approach when working with very young children (ages 2 ½ to 5 years old) to respond to their developmental needs, especially cognitive characteristics?

**A** First and foremost, parent training is crucial. Parents and providers are partners in the child’s treatment, and parents are the ones to carry the treatment forward. Secondly, young children are experiential learners. If something feels good to them, they will likely try it again. If the gratification is immediate and consistent, then the behavior will increase. Our approach

uses a lot of contingent reinforcers to shape avoidance behaviors into approach behaviors. For example, if a child nods, I prompt with “you’re nodding” to which the child usually looks at me funny, not sure what to make of it, and they may nod again. I’ll say, “you’re nodding” and the child may then say “yes.” Immediately I would give a sticker on their sticker sheet. The child quickly learns what earns them a sticker, and what behaviors do not. They also learn that they can do it - the gratification is not just from the sticker, but the exhilaration they feel of having done something that is usually feared and avoided. Parents play a key role in treatment as well. We train parents on how to recognize avoidance behaviors, even in themselves, and how to reinforce approach behaviors so that they, too, can feel empowered as agents of change for their children.

**Q** Why it is important to do community awareness campaign regarding selective mutism. Do you think parents, the general public and professionals are aware of these social anxiety avoidance behaviors in young children?

**A** I believe that when people see a child’s social avoidance behaviors, such as hiding behind their parent, burying their head in their parent’s shoulder, whispering in their parent’s ear, they assume that the child is shy and that with time, they will grow out of it. However, I will say again that a shy child warms up, whereas a child with clinical social anxiety and/or selective mutism does not. Rather than growing out of it, a child with SM will just grow even better at avoiding, which is certainly the opposite of what we want. It is important to teach parents, educators, and anyone working with children what red flags to look out for. The younger we can identify these children, the sooner we can help them; early intervention is key.

**Q** Why is Early Intervention important when working with children with selective mutism? What could be the consequences if we do not start early?

**A** Each day a child with SM goes without treatment is another day of reinforced mutism. If mutism becomes the familiar, comfortable pattern for the child, it will become harder to help them out of the avoidance cycle. Young children are not developmentally able to foresee or understand “if - then” conditions. They are not able to understand that if they continue to avoid, it will become much harder for them as they get older. Instead, children see what’s immediately in front of them. As such, if avoidance feels safe, they will avoid. However, eventually avoidance does not work. Eventually, there will be expectations to speak as they get older and less tolerance for not speaking in 1st, 2nd, 3rd grade and so on. What once felt safe when they were younger can instead feel like substantial pressure, and can lead to isolation, depression, frustration, and anger with self and others. It can impact identity and ego development, and there may be an increased risk for alcohol/substance abuse. Childhood is too short to be robbed of any of it. Early intervention can help these children get well in much less time and with much less damage to their childhood. In Oerbeck et al.’s (2014) one-year follow-up study of their SM behavioral intervention, they found that the younger children (ages 3-5) had better treatment outcome than older children (ages 6-9). I see this trend in my practice as well. I have not yet analyzed our data, so I can only report anecdotally that it appears the younger children we treat at ATS tend to be more treatment responsive than older children. It behooves anyone working with children to know that SM can be treated effectively and quickly with early intervention.

**Q How have school personnel, teachers and social workers perceived and addressed the behaviors of students suffering from SM?**

**A** When I go to professional functions where I meet others working in the behavioral health field, and I am asked what population I treat, I usually say, "I treat selective mutism, are you familiar with it?" Most of the time the answer is no, and I proceed to explain what it is. However, when I go to a school function where I meet educators and others working in the school environment, and I say, "I treat selective mutism, are you familiar with it?" the answer is usually, "Yes!" And they proceed to tell me, with much excitement, about a student they had and how they tried to help. I find it fascinating that those in the behavioral health field may

not have heard of SM, whereas those working in schools have. I also admire how many educators, school social workers, school resource teachers, etc. go out of their way to learn more about SM, so they can help their students. I definitely see many dedicated professionals going over and beyond to help their student. However, I am also aware that their good intentions can sometimes be mis-guided and result in inadvertently reinforcing mutism behaviors. For example, having a child point at pictures or words can help with communication, yes, but it does not address the avoidance and, in fact, only makes it easier to avoid. Parents/teachers/professionals then don't know how to fade out these picture aides to move from nonverbal to verbal communication. Misperceptions

still exist as well, which can influence how mutism behaviors are addressed. For example, if the child's mutism is misperceived as recalcitrant or manipulative behavior, then a power struggle with the child can result. But I think the most common misconception of all in schools is the belief that the child will grow out of it, and all we can do is wait. I hope that by talking to you, and training others like you, that this misconception will be addressed. I hope that more districts provide training about SM for educators, and that educators collaborate with providers to help these children, so they have the opportunity to develop a healthy relationship with anxiety, experience trust in themselves and in others, learn to face their fears, and live a beautiful life.

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## ILAIMH Reflective Practice Groups: Developing Group Relationships

*Tina K. Dorow, MS, LCSW, I/ECMH-C*

Over the last several years, ILAIMH leadership has heard from members and others in the field about the need for reflective practice opportunities throughout Illinois. A reflective practice (RP) committee was convened in 2014 to respond to this need and obtain funding. ILAIMH is fortunate to be the recipient of a generous two-year grant from the Irving Harris Foundation, enabling us to develop and implement RP groups in areas of the state with fewer reflective practice resources. In early 2015, the real planning began, and ILAIMH's first two RP groups got under way in May of this year.

Per plan, ILAIMH launched RP groups in target areas – one in Central IL, meeting in Champaign; one in the Kane/DuPage county area, meeting in Bensenville. As of September 30, 2015, each group has met five times and is halfway through the 10-meeting series. Group participants come from a variety of backgrounds (e.g. private practice, consultation, early childhood education, and early intervention) and experience levels. Group participants seem to value the time to be together and connect with other professionals, share their work successes and challenges, and take advantage of a reflective environment to slow down and think more about their work.

Starting in 2016, two new RP groups will be developed – one in Southern IL and one in north/northwestern IL to serve the Lake, McHenry, Boone and Winnebago county area. These new groups will also meet for 10 sessions and participants will be able to acquire up to 12 hours of reflective supervision hours that they can apply to the I/ECMH credential. Look for details about RP groups on the ILAIMH website [www.iamh.org](http://www.iamh.org) and in future newsletters – more information will also be available at our annual conference. Feel free to contact Tina Dorow at 773-842-2552 or [ilaimhrpgroups@yahoo.com](mailto:ilaimhrpgroups@yahoo.com) with further questions about the groups.

# President's Note

Dear ILAIMH Members,

I am writing this letter on Labor Day, a day that recognizes the important contributions of the work force of our country. For many of us, it also symbolizes the end of summer and the beginning of fall. I love fall, the beautiful colors as the trees turn, the crisp sweater weather, a new school year, new school supplies, and one of my favorite fall activities; the Illinois Association for Infant Mental Health annual conference. I look forward to the conference both for the excellent professional development opportunities it offers and for the networking and reconnecting with colleagues I don't get to see very often. I hope you will join us for this year's conference. We are very excited to feature Oscar Barbarin, PhD of University of Maryland, College Park. Dr. Barbarin will be speaking to us on the important topic of supporting the development of young boys of color. There is a link to an article written by Dr. Barbarin on our website at [www.ILAIMH.org](http://www.ILAIMH.org).

Speaking of our website, we are so pleased to have a new, updated, and much more user friendly website. You can find a link on the site to register for the conference along with lots of helpful content related to the association and our work, and links to other organizations that promote infant mental health locally, nationally, and internationally. The new site also features information on how you can

join the association and become more involved in the work of the association through joining one of our committees. We encourage our members to connect to the work of the association and become a part of a committee. Joining a committee is a great way not only to serve your community, but also provides great networking opportunities.

By the time you are reading this, our third cohort of participants in our credential process will have just completed their final case study and panel review process. That means we will have 37 credentialed Infant Mental Health practitioners in the state of Illinois. This credential is geared toward mid-career professionals with a master's degree or higher and at least five years of professional experience post master's degree.

We, as an association have been aware that there are many people working with infants and young children who would like additional training and the opportunity to focus on Infant Mental Health in their practice who do not meet the stringent criteria for the Infant and Early Childhood Mental Health Credential the ILAIMH administers. I am thrilled to announce that we have just signed a contract with the state of Illinois to begin work on a credential for practitioners with a bachelor's degree who work with infants, toddlers, and their families.

We are in the very early development stages of this process, but the work we already have in place with the existing credential will inform our efforts and provide a foundation for this new endeavor. Stay tuned for more information and updates!

I cannot mention our state without addressing the thing that has all of us who work with children and families so very concerned. As I write this article, our state remains without a budget in place for FY16. This is leaving many of our most vulnerable citizens in a very precarious position. Services that are vital to families like child care assistance, Early Intervention, and home visiting programs are feeling the effects of not receiving the funding they rely on to be able to serve families. Please let your voice be heard. I urge you to reach out to your legislators and let them know where you stand on this very important issue of getting a budget in place for our state. You can find the contact information for your senator, representative, and the governor by typing your address into the link below. <http://www.elections.state.il.us/districtlocator/districtofficialsearchbyaddress.aspx>

I look forward to seeing you at the conference.

Sarah Martinez, MA, M.Ed., LCPC, I/  
ECHM-C

President ILAIMH

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**Need to spread the word about a training, position opening, seminar or new program?**

**Advertise in ILAIMH News.**

For rates and deadlines, contact Jim at [treasurer@ilaimh.org](mailto:treasurer@ilaimh.org).

## Promoting Healthy Development in Boys of Color: What Families, Schools and Communities Can Do



### Oscar Barbarin, III, PhD

*Elkins Professor and Chair of African American Studies and Professor of Psychology at the University of Maryland, College Park*

Dr. Barbarin will discuss research that helps us better understand the impacts of such factors as gender-specific attributes, racism, socio-economic inequalities, and academic inequities from the beginning of a boy of color's life. Professionals will gain a better understanding of how we can make an earlier difference in their lives.

#### Conference Participants will be able to:

- Summarize developmental and parenting differences in boys of color ages 0-8
- Identify what parents/families can do to help boys of color ages 0-8
- List what preschools, schools, and communities can do to improve outcomes for boys of color
- Apply this knowledge to interventions with families, schools, and communities
- Assess individual and institutional bias that may affect working with young boys of color and their families
- Utilize the Infant Mental Health Diversity Informed Tenets to guide their work with diverse individuals, families, and communities

**October 23, 2015**

9:00 a.m. –3:30 p.m.

#### CEUs

- Social Workers and Counselors: 5.5 CEUs. This workshop fulfills the cultural competency requirements for Social Work licensure renewal.
- Early Intervention professionals: 4.75 hours of credit (1.75 – Intervention; 0.5 – Typical Development 2.5 – Working with Families)

In partnership with the UIC Child & Family Development Center.

The UIC Forum  
725 W. Roosevelt Rd.  
Chicago, IL 60608

Register online at:  
[ilaimh.org](http://ilaimh.org)

## ILAIMH Chapter Report

### CENTRAL IL CHAPTER

"I saw old Autumn in the misty morn stand shadowless like silence, listening to silence."

~Thomas Hood

The Illinois Association for Infant Mental Health central chapter has a full autumn, winter and spring planned. For the October meeting, the chapter had the pleasure of connecting with Alli Lowe-Fotos, ILAIMH board member and policy committee chairperson. Through the technology of Skype, Alli incorporated policy

and advocacy information into the meeting. This provided a way for the central chapter to connect with the statewide association and add a different dimension of information to the chapter meetings. At the October meeting, we also experienced a taste of Dr. Oscar Barbarin's research to whet our appetites for the statewide conference and his presentation.

Our spring seminar will be held on Tuesday, April 5th from 10 a.m. - 12 p.m. in Champaign. We are planning for an exciting presentation held in a panel-style to make the seminar fresh,

informative and reflective.

As always, I feel incredibly fortunate to be a part of the central chapter "family" where we are given the space to hold each other in our work, listen to each other with intent and reflection, and richly think about young children and their families.

"Every leaf speaks bliss to me, fluttering from the autumn tree."

~ Emily Bronte

Delreen Schmidt-Lenz, LCSW, I/  
ECMH-C  
ILAIMH Board Member

## ...Report from the Education & Professional Development Committee

In just a few short weeks, on Friday, October 23rd, the ILAIMH 34<sup>th</sup> Annual Conference will be upon us. After a busy year of planning, it is always exciting for the big day to finally arrive. So with great anticipation we look forward to being joined by Oscar Barbarin, PhD, the Elkins Professor and Chair of African American Studies and Professor of Psychology at the University of Maryland, College Park. His topic will be *"Promoting Healthy Development in Boys of Color: What Families, Schools and Communities Can Do."*

UIC's Child and Family Development Center, Department of Disability and Human Development is partnering with us to hold our conference at the UIC Forum once again this year. As always, the fall conference is a wonderful opportunity to connect with colleagues. It will also be an opportunity to enrich your professional development by

coming to hear a nationally renowned speaker.

But the committee's work doesn't stop there. The Seminar Series Committee of Education and Professional Development is also busy organizing our Bridges for Communication Spring Seminar Series for 2016. The upcoming seminar series will pick up on some of the themes generated by this year's fall conference.

Tapping into the expertise of local infant mental health professionals, these seminars will be held at various locations around the state. We are pleased to announce that the series will be under the skillful leadership of Jenna Kelly, Michelle Lee Murrah, and Sinane Goulet. Speakers, topics, locations and dates are already being identified, and we are hoping to have some of that information available to you at the conference. If you have heard someone speak and would like to

recommend that person as a speaker for the seminar series, contact Norma Irie at [nirie@juvenile.org](mailto:nirie@juvenile.org)

The series will once again be co-sponsored by Center for Practice Excellence of Jewish Child and Family Services. We are very grateful for their partnership. Please look for further information about the seminar series in future issues of the newsletter, on our website, and in the brochures which will be arriving in your mailboxes in January.

If you have any questions about the conference, please contact us. We can be reached by telephone or email.

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## ILAIMH Chapter Report

### SOUTHERN IL CHAPTER

Members of the Southern chapter continue to meet monthly to share, learn, and offer support to one another. This has been especially vital during the time of economic woes in our state. Many of us feel an array of emotions for ourselves, our colleagues, and most importantly, the

young children and families impacted by the financial stress felt throughout the state. Members of the southern chapter remark about the warm embrace that comes with feelings held and feelings shared with one another. Join us if you need some of that.

It seems like we have had an increase in folks attending over the past

few months. I believe that the "dedicated" topic at each meeting has brought people in and the rich discussions have kept them coming. Some of our recent meetings have included training and discussion on prenatal bonding and a discussion about the importance of father involvement.

*Jake Jacob, LCPC, I/EMCH-C*

## ILAIMH I/ECMH Credential Project

We are happy to announce that Cohort III recently completed their panel reviews and now join the 29 holders of the I/ECMH Credential. The newly credentialed practitioners include:

<b>Jon Ashworth</b>	<b>Peggy Keifer</b>
<b>Jade Bumgarner</b>	<b>John Roope</b>
<b>Elizabeth Frisbie</b>	<b>Lora Salley</b>
<b>Laurie Kabb</b>	<b>Cris Stanek</b>

These individuals work across the state in public health, child care, home visiting, pre-k, and professional development. They are consultants, supervisors and trainers. Congratulations to all!

Just a week following the panel reviews, we launched Cohort IV. Members include:

<b>Barbara Abel</b>	<b>Laura Kahan</b>
<b>Tawnya Blanford</b>	<b>Anne Dempster</b>
<b>Lysa Farrell</b>	<b>Konen</b>
<b>Melissa Grosvenor</b>	<b>Olga Silva-Zletz</b>

We are excited to be starting a new group and look forward to a rich process.

Just a reminder that recruitment will open in early January and we will utilize a rolling enrollment. This means that applications will be reviewed as they are completed and applicants will be notified. Cohort V will start in September 2016. The process

is described below. We are always interested in recruiting new Credential Committee members. For questions/further information please contact, Credential Director: Lynn R. Liston at [credential@ilaimh.org](mailto:credential@ilaimh.org) or 815-520-2790.

The Illinois Credentialing model is unique among states that have developed credentialing/endorsement systems. This is a professional development activity that provides mid-level career practitioners from multiple disciplines the opportunity to deepen their understanding of infant development within the context of relationships and develop an infant mental health perspective. The model involves three components:

**ADMISSION:** the applicant gathers and submits evidence of education, experience, reflective supervision (including writing a reflective essay discussing that supervision), and completes a self-assessment tool based on the competencies. The applicant then participates in an interview with a credentialed I/ECMH practitioner and a panel of credentialed practitioners including the interviewer reviews the application materials.

**REFLECTIVE PRACTICES:** When the admission process is completed, candidates are placed in regional

groups of 4-5. Credentialed facilitators lead the 10-month reflective practices groups. Each 3-hour meeting is centered around the competencies and candidates come to the meeting prepared to discuss their work as it demonstrates their knowledge, skill, and capacity for reflection in relation to the competencies. The candidates submit an essay to the facilitator following each meeting. The facilitator meets individually with candidates for 5 hours of individual reflective supervision during the 10-month period. At the end of the reflective practices component the candidate will prepare a comprehensive case study and complete the self-assessment tool again. The case study, final self-assessment tool, reflective essays from the monthly meetings, and the facilitator evaluation complete the portfolio that will be used during the Panel Review component.

**PANEL REVIEW:** The candidate will present their case study to a panel of three credentialed specialists including the candidate's facilitator following the reflective practices component. The panel will discuss the contents of the portfolio as well as the case study.

*Lynn R. Liston, MS, Ed, I/ECMC-C  
Credential Director*



## Policy & Advocacy Committee Update

Illinois is now entering its fourth month without a budget and the impasse between legislators and the Governor continues. On a positive note, there are some payments being made and programs funded, such as WIC, TANF, and some home visiting programs; however, they are only those covered by federal dollars or that are court mandated.

While child care providers are being paid under the Child Care Assistance Program (CCAP), the program is still operating under the emergency, restricted eligibility guidelines, which allow only families with children to be eligible if they are within one of four priority categories:

- Receive TANF assistance
- Have a child with special needs
- Earn 50% of the federal poverty level
- Are teen parents

There are two upcoming legislative hearings on the proposed CCAP rule changes, where families and providers will be giving testimony about the devastating impact these rule changes have on their services and well-being. The hearings will be Tuesday, October 6th from 10am-12pm in Springfield at the Michael J. Howlett Building Auditorium (Second and Edwards Streets) and Wednesday, October 7th from 1:30-3:30 pm in Chicago at the Michael A Bilandic Building (Room C-500, 5th floor, 160 N La Salle). These hearings are open to the public and you may attend if interested. Having a large show of

support in the audience would send an important message to lawmakers.

Many of you have also expressed concern about the impact of the budget impasse on the Early Intervention (EI) system, where, by mid-September, we had seen hundreds of families receive notice that their therapy services would be ending soon. We wanted to be sure you'd heard the good news that payments to providers in the Early Intervention system will begin soon:

<http://illinoiscomptroller.gov/news-portal/munger-state-to-begin-making-early-intervention-payments/>

While a few details remain unclear, we know that this includes FY16 funding, as well as any missing FY15 payments providers may have been waiting for. IDHS has confirmed that they are working with the comptroller's office to issue payments. While this is a great win for the children and families in EI, we will need to be vigilant about making sure that the payments are made and will continue to monitor this closely.

Select home visiting programs are also receiving a portion of their funding, if they are a part of the federally-funded Maternal Infant Early Childhood Visiting (MIECHV) programs.

In all of our efforts, we need to ensure that we advocate for a fair, fully-funded budget for FY16, not only to be sure that we have the funds to honor any legal commit-

ments, but also to ensure that we are fully funding the entire early learning system – home visiting, Early Intervention, child care and preschool – so that children have the chance for the best start.

You can visit The Ounce of Prevention's Advocacy Action Center at <http://www.theounce.org/what-we-do/policy/action-center> where you can:

- Find our Budget Action Guide with the latest updates, sample parent and provider letters, shareable graphics, and links to media and news outlets
- Find our Advocacy Toolkit
- Sign up for our Action Alerts
- Look up your legislators

The Ounce is also collecting stories from providers to learn about the impact of the budget impasse and to share in our advocacy efforts with legislators. We have created surveys (one specific to home visiting programs and a general one about the budget impasse) and you may fill them out at:

- <https://www.surveymonkey.com/r/2PBSKSY>
- <https://www.surveymonkey.com/r/BudgetCrisis2015>

It is important to ensure that lawmakers and the general public are aware of what is happening, so please contact your legislators and use social media to publicize your concerns!

*Allison Lowe-Fotos, MSW, LCSW  
Policy and Advocacy Committee*



# ILAIMH Member Profile

Our work as infant mental health professionals is based in relationships... so, to that end, we're continuing to use the newsletter to give members the opportunity to get to know one another better. Be sure you keep your membership current so that we can feature YOU in future newsletters. We randomly selected an ILAIMH member and asked her to tell us a little more about herself, including her background in infant mental health work and reasons for staying connected to ILAIMH. Please meet Michelle Lee-Murrah.

## Michelle Lee-Murrah, M.Ed., LCPC, I/ECMH-C



Michelle received her B.A. in History and certificate in Elementary Education from Duke University. She began teaching kindergarten in

Flossmoor School District 161. During her five years as a teacher, she received her M.Ed. in Counseling, with a specialization in working with young children and families at DePaul University. It was at DePaul that Michelle first learned about Infant Mental Health and her passion and interests were sparked.

After graduating, she decided to look for a job in the infant mental health field. She found the Fussy Baby Network, where she has worked for the past 11 years. Michelle has held a variety of roles, including outreach specialist, home visitor, trainer,

and administrator.

Currently, Michelle is serving as the director of Chicago Public Schools/Fussy Baby Network collaboration. In this position, she conducts groups with young parents of children ages birth to age 3. In addition, she provides training to home visitors and center-based childcare staff using the Fussy Baby Network FAN (Facilitating Attuned Interactions) model. Lastly, she provides direct services to families who have infants with feeding, sleeping, and crying concerns. Infant Mental Health forms the foundation of the FAN approach that Fussy Baby Network uses with families and professionals.

Michelle tells us, "I have been a member of the ILAIMH for 11 years now, since beginning my work as an infant mental health specialist. Membership with the Association has allowed me to network and meet numerous professionals in the field. My favorite part of belonging has been exposure to the conference and seminar series where I learned new things about the field and the work I do with families. I'll never forget the first conference I attended. The speaker was Alicia Lieberman and I was completely in awe to be in the same room with her, and actually hear the words of her books and work come to life."

Michelle lives and breathes infant mental health in her personal life too—she is the mom of two fun, fast-paced four-year-old twins, Cameron and Madeline.

## Membership Committee REPORT

By now, you should have received an email from us with the exciting news that your ILAIMH membership now includes online access to the *Zero to Three Journal*. The *Zero to Three Journal* is a bi-monthly publication (six issues per year) that delivers "cutting-edge research, practice and policy information for people who work with and care about very young children."

ILAIMH members can access the most current edition of *Zero to Three*, as well as the growing collection of archives. Each issue promises to help our members:

- Stay current on best practices and the latest knowledge about early childhood development
- Gain access to practical advice and professional development tools
- Find balanced information about practice, policy and theory impacting infant mental health work.

ILAIMH members, we know you understand that your membership is, in many ways, priceless! But, if we had to put numbers to it... an individual membership to the Association costs you only \$40 per year, and just \$25 per year for full-time students. When we add up all the tangible benefits that come with membership, we think you'll agree that ILAIMH is a great value.

- Discounted Fall Conference registration: \$25 savings for members
- Discounted Spring Seminar registration: \$4 savings for members per seminar (in 2015, we offered 6 seminars, so \$24 savings for members)
- Access to the Zero to Three journals online: \$59 (the cost of an individual annual subscription)

You can see that your \$40 is already getting you \$108 worth of goodies.

Your membership dues also support the many amazing, more intangible, initiatives described in this newsletter, including credentialing, professional development opportunities like the Annual Fall Conference, the work of the statewide chapters, reflective practice groups, promoting infant mental health research, and more.

As always, we are grateful for your membership, your continued support, and the wonderful work you do on behalf of young children and their families in Illinois and beyond.

Mary Reynolds, M.A., LCPC, I/ECMH-C, ICVDP  
Membership Committee Chair

## Integrated Early Childhood Mental Health Consultation Model and Capacity Building Project

Allison Lowe-Fotos, MSW, LCSW

The Illinois Children's Mental Health Partnership (ICMHP) is working closely with the Irving Harris Foundation and the Ounce of Prevention Fund to design a multi-year expansion project that advances the goal of a universal, effective, and sustainable early childhood mental health consultation model in Illinois, with an expanded qualified workforce. As a result, this project will strengthen the capacity of early childhood professionals, families, programs and systems to prevent, identify, treat and reduce the impact of mental health problems among infants and young children.

We understand the importance and value of early childhood mental health consultation to increase program staff's ability to effectively support the mental health needs of children and families. There has been strong consensus among stakeholders that early childhood mental health consultation (ECMHC) is an effective and necessary strategy to improve mental health outcomes for young children and families.

Currently in IL, ECMHC is used and implemented in a variety of ways, across multiple systems, with various levels of training for consultants, with different sources of funding, and evaluated with different outcome measures.

The long term goals of the project are to identify the core components and competencies required for a comprehensive ECMHC model; create a workforce development plan that includes expansion of Reflective Learning Groups, Coaching/Mentoring support for new consultants, and increased support for consultant credentialing and certification; establish pilot site(s) across the state to test a new ECMHC model in select regions or communities; and to establish plans for statewide implementation.

As we begin this project, we are seeking information from the existing workforce of mental health consultants to better understand current consultation practices, pathways to becoming a mental health consultant, and professional development needs, as well as programmatic, organizational and systemic considerations. We have created and are distributing an online survey to examine the backgrounds of consultants, their experience in various early childhood settings, and the training needs and challenges encountered in the field. Information collected through the survey will help establish

a statewide database of current early childhood mental health consultants.

Your input is invaluable and your help is needed in completing the survey. We are trying to reach every ECMH consultant in the state. If you provide consultation to any early childhood education program (Early Head Start/Head Start, home visiting, Early Intervention, etc.) in any capacity, please fill out the survey. The survey will be distributed at the ICMHP annual retreat on 9/29/15, the Illinois Association of Infant Mental Health conference on 10/23/15, as well as through various listservs.

You may receive the survey more than once as you may be a member of multiple listservs; however, we ask that you only fill it out once. We also ask that you forward the survey to as many consultants in your network as possible to ensure that we reach the most people. The survey takes approximately 15-20 minutes to complete and responses will remain anonymous. We greatly appreciate your participation and your contribution to the field of ECMHC.

If you have any questions, please contact: Alli Schuck, Program Associate, ICMHP at [aschuck@voices4kids.org](mailto:aschuck@voices4kids.org), (312) 516-5567, or Alli Lowe-Fotos, Policy Specialist, Ounce of Prevention at [alowefotos@ounceofprevention.org](mailto:alowefotos@ounceofprevention.org), (312) 453-1837.



**MEMBERSHIP FORM**  
**Rolling Membership Year**

Please join or renew online at [www.ilaimh.org](http://www.ilaimh.org). Or, you may join or renew by returning this form, along with a check made payable to Illinois Association for Infant Mental Health to:

**ILAIMH Membership**  
c/o Erikson Institute  
451 N. LaSalle Street  
Chicago, Illinois 60654

For questions about membership:  
[membership@ilaimh.org](mailto:membership@ilaimh.org)

Thank you for your continued support!

**Name:** \_\_\_\_\_

**Degree(s):** \_\_\_\_\_ **Profession:** \_\_\_\_\_

**Email Address\* (required):** \_\_\_\_\_

**Preferred Mailing Address:**  
Organization Name (if applicable): \_\_\_\_\_

Street address, including apartment/unit number  
\_\_\_\_\_

City, state and zip code  
\_\_\_\_\_

**Work Telephone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

\* Would you like to join the ILAIMH Listserv?  
\_\_\_\_\_ No, thanks; I'm already on the Listserv. \_\_\_\_\_ Yes, please!

**Please check the appropriate ILAIMH membership category:**

- \$25.00 – ILAIMH Student Membership (please include copy of student ID to verify full-time status)
- \$40.00 – ILAIMH Individual Membership

ILAIMH Group Membership (please include a copy of this form for all members to be included in the group)

- \$180.00 – Group of up to 5 people
- \_\_\_\_\_ x \$35.00 for each additional member, 6-9 people
- \_\_\_\_\_ x \$30.00 for each additional member, 10-14 people
- \_\_\_\_\_ x \$25.00 for each additional member, 15-19 people

\$ \_\_\_\_\_ Group Total

We encourage you to play an active role in our organization! Please indicate below the opportunities about which you would like to learn more. For more information, visit [www.ilaimh.org](http://www.ilaimh.org).

\_\_\_\_\_ Policy & Advocacy \_\_\_\_\_ Communications/Newsletter \_\_\_\_\_ Research \_\_\_\_\_ Membership & Outreach

\_\_\_\_\_ Credential \_\_\_\_\_ Education: \_\_\_\_\_ Annual Conference Planning \_\_\_\_\_ Spring Seminar Series

Please check here if you are a member of the World Association for Infant Mental Health (WAIMH)   
Learn more, and consider joining WAIMH, at [www.waimh.org](http://www.waimh.org).