



Fiscal Year End Report IMH Mentee Program ZFive Initiative June 2010

**G. Laverne Fesperman, MSW, LCSW
Infant Mental Health Mentor**

Mentoring:

The ZFive Infant Mental Health Mentee Program continued this year with the initial group of Mentees completing their mentorships in August 2010. Of the five mental health professionals that began the six month mentoring program, all five completed the course. By August 2009, four out of the five initial Mentees had had first-hand experience in providing therapeutic intervention services to children in the birth to five age range but one mentee was never able to receive a referral for a child of the appropriate age. This particular Mentee provided specialized therapeutic services to children with hearing impairments as well as hearing impaired parents with hearing children. Additionally, the Mentee himself was hearing impaired. Therefore locating referrals for this Mentee was a challenge that was not overcome in the six months he was in the program. However, over the course of this mentee's mentorship, the IMH Mentor used the children (ages 6-17) for whom this Mentee did provide services, to illustrate how the child's early childhood family relationships, traumas, etc. may have lead to the current problems the child and family were now experiencing. At the conclusion of this groups mentoring program, one mentee volunteered to join the ZFive working group and now attends monthly meetings. Two out of the five Mentees from this first group maintain regular contact with the IMH Mentor via emails, phone calls, and an occasional in-person meeting. Additionally, two more of the first five Mentees maintains a more sporadic contact with the IMH Mentor. Over the course of the past 10 months since the culmination of the training and mentoring of the first group, the IMH Mentor has been able to send referrals for treatment of children aged birth to five to three out of the five initial Mentees and they were able to accept these children for therapeutic intervention.

As the first Mentee group was completing their mentorships, the search for the next class of mentees began via recruitment notices sent to mental health agencies and child service agencies both private and public. In September 2009, Kristen Tenny-Blackwell, the IMH Specialist and the IMH Mentor interviewed six applicants and subsequently selected four

licensed mental health professionals who were suitable for the second group of ZFive IMH Mentees. The initial one day training for the four mentees chosen for the second group was conducted on September 25, 2009. Monthly meetings for this group were held at the Children's Developmental Services Agency offices at the Carlton G. Watkins Center on 10/23/09, 11/13/09, 12/11/09, 01/22/10, 02/19/10 and 03/19/10. The IMH Mentor held weekly individual phone mentoring sessions with each Mentee from October 6, 2009 – March 16, 2010. Of the four Mentees who began the program in September 2009, three completed their mentorship. In December 2010, one of the Mentees dropped out of the mentoring program due to personal reasons including time and family issues. Of the three Mentees in the second group who remained in the program, all three had at least one family with a child under age five with whom to provide therapeutic interventions. However, one of the Mentee's experiences intervening therapeutically with a child in the appropriate age range was quite short as following the initial referral, she was not allowed to receive further referrals involving children in the birth to five age range by her clinical supervisor. For this Mentee, a conflict arose at her agency of employment where her clinical supervisor felt that the Mentee did not have enough clinical experience to provide therapy services for children this young and their families. The IMH Mentor talked with the Mentee's supervisor by phone in order to try and alleviate this problem by informing her about the details of the Mentoring Program. The clinical supervisor stressed to the IMH Mentor that the Mentee had communicated to their agency that her professional goals were to focus on providing therapy for married couples. The Mentee later confirmed this career goal to the IMH Mentor, but indicated that she also wanted to gain knowledge and therapeutic skills with young children as many couples for whom she would provide marriage counseling would in fact have children in the birth to five age range. However, this Mentee did not feel comfortable challenging her agency and clinical supervisor any further on this issue, even though this supervisor had initially assigned the Mentee a four year old child client for therapy at the beginning of her mentorship. Of the other two Mentees in the second group, one had no problems getting referrals for therapeutic intervention with children in the appropriate age range via her agency of employment. The other Mentee received several referrals from the Charlotte Mecklenburg Schools, More at Four Program. All monthly meetings for the second group of Mentees were open to the former mentees from the first group and in February 2010 and March 2010; one mentee from the first group was able to join the second group at the monthly meeting. This clearly enriched the experience of the second group of Mentees. The second group of three Mentees concluded in March 2010.

By winter and spring of 2010, it was apparent that the funding source for the ZFive Mentoring Program would be funneled through another agency for the coming fiscal year. Alexander Youth Network (AYN) applied to Smart Start for a grant and as part of their proposal requested that they be provided financial support to continue the mentoring program. During the same time period, both AYN and Thompsons Child and Family Focus (TCFF) began preparing to expand their provision of Intensive In-Home Services to younger children which included kids in the three to five year old age range. Consequently, the IMH Mentor met with TCFF in February 2010 and AYN (along with John Ellis) in April 2010 to provide them with information about the ZFive Mentoring Program and enlist their support in providing clinicians from their respective agencies to

participate in the third class of Mentees. A Mentoring Program Proposal (see attachment) as well as a Proposed Timeline (see attachment) for mentoring AYN and TCFF clinicians was sent to both agencies. In May 2010, AYN identified one provisionally licensed clinician and two fully licensed mental health clinicians and TCFF named one licensed clinician and one provisionally licensed clinician to be part of the third class of Zfive Mentees. Initial training of the third Mentee class was held all day on May 11th and for half a day on May 13th at AYN. **The initial training of Mentees was expanded from 1 full day to 1 ½ days due to increases in the training material (See below). Another change for this Mentee class included the revision of weekly individual mentoring sessions from over the phone to in person.** Weekly individual mentoring sessions for the third group began the first week of June 2010 and the first monthly group mentoring meeting was held on June 17, 2010 at TCFF.

Monthly group mentoring meetings continue to include ongoing training, sharing of experiences by Mentees, staffing of cases by group, review of upcoming training opportunities, news, journal articles, and newly published books in the area of infant and young child mental health provision.

Weekly mentoring sessions include the Mentor meeting individually with the Mentee at their place of employment for staffing of cases, and discussions of questions, issues, and other situations that arise in the provision of Infant and Young Child Mental Health therapeutic assessments and treatment interventions.

Training:

The training agenda for ZFive Mentees has been revised several times over the past year with new readings, an additional book, new DVD's, and other materials added to the Mentee's training notebooks and the curriculum. For the third group of Mentees, particular emphasis was placed on children aged three to five years as AYN and TCFF do not currently serve children aged birth to three. However the current therapeutic child population of both AYN's and TCFF's Intensive In Home teams and Outpatient Services Departments often have siblings in this age range. The training topics for the Mentees now include:

- The Basics: How Infant and Young Child Specialists Differ from other Mental Health therapists
- Understanding the Importance of Early Attachments
- Early Brain Development and Sensory Integration
- The Effects of Early Childhood Trauma and Stress: What Does it Look Like, How Is It Treated?
- Resiliency and Factors that provide Resiliency
- Typical Child Development (Ages Birth through Five)
- Child and Parent-Child Interaction Assessments
- Introduction to Treatment Modalities:

- Goals and Intervention Techniques to Mediate Successful Parenting In High Risk Families
- Child-Parent Psychotherapy
- Theraplay
- DIR/Floortime
- Parent-Child Interaction Therapy (PCIT)
- Filial Play Therapy
- Dyadic Developmental Psychotherapy
- Watch, Wait and Wonder
- Infant Massage
- Ethics

Articles for reading which were included in the Mentees Training Notebook included:

- Joan J. Shirilla & Deborah J. Weatherston, *Case Studies in Infant Mental Health*, (Washington, DC: Zero to Three), “Table 1: Infant Mental Health Services.”
- Fraiberg, S., Adelson, E., Shapiro, V., “Ghosts in the Nursery: A Psychoanalytic Approach to the Problems of Impaired Infant-Mother Relationships” *Journal of the American Academy of Child Psychiatry.*”
- Weatherston, Deborah, M. A. “She Needed to Talk and I Needed to Listen: An Infant Mental Health Intervention” *Zero to Three*, December 1997/January 1998.
- Fahlberg, Vera, *A Child’s Journey Through Placement*, “Symptoms that are Commonly Seen in Children with Attachment Problems.”
- Norris-Shortle, Carole, “Infant Mental Health, Normal Development and Trouble Signs,” Reginald Lourie Center.
- Perry, Bruce, M.D., Ph.D., “Bonding and Attachment in Maltreated Children: Consequences of Emotional Neglect in Childhood,” The Child Trauma Academy.
- Becker-Weidman, Arthur, PhD., Attachment Disorder’s Checklist
- Zeanah, Charles, M. D., and Smyke, Anna, M. S., “Disturbances of Attachment Interview” protocol.
- Potter, Donna, LCSW; Chevy, Cherry, MD; Amaya-Jackson, Lisa, MD, MPH; O’Donnell, Karen, PhD; Murphy, Robert, PhD, “Clinical Guidelines Series 2009, Reactive Attachment Disorder (RAD): Appropriate and In appropriate Application of the Reactive Attachment Disorder Diagnosis on an Age Continuum from Birth through Age 18”, March 16, 2009.
- Mann, Janet and Kretchmar, Molly, “A Disorganized Toddler in Foster Care: Healing and Change From an Attachment Theory Perspective”, *Zero to Three*, May 2006.
- Grayson, Joann, PhD Editor, “Maltreatment and Its Effects on Early Brain Development”, *Virginia Child Protection Newsletter*, Summer 2006, Volume 77.
- Perry, Bruce, MD, PhD, “Applying Principles of Neurodevelopment to Clinical Work with Maltreated and Traumatized Children: The Neurosequential Model of Therapeutics”, *Chapter 3: In Working with Traumatized Youth in Child Welfare*, Editor, Nancy Boyd, The Guildford Press, NY pp. 27-52, 2006.
- Perry, Bruce, MD, PhD, “The Neurodevelopmental Impact of Violence in Childhood,” *Chapter 18: In Textbook of Child and Adolescent Forensics*

- Psychiatry*, Editors, D. Schetky and E.P. Benedek, American Psychiatric Press, Inc. Washington, DC, pp. 221-238, 2001.
- In Brief: The Impact of Early Adversity on Children's Development and In Brief: The Science of Early Childhood Development, The In Brief Series, Center on the Developing Child, Harvard University, www.developingchild.harvard.edu.
 - Kranowitz, Carol, MA, "Understanding Sensory Integration-An What Can Go Wrong," *Chapter Two: In The Out-of-Sync Child*, Carol Kranowitz, Berkley Publishing Book, NY, pp.38-61, 1998.
 - DeGangi, Georgia, PhD, OTR and Poisson, Susan, MA, "Emotional and Sensorimotor Functioning," *Chapter 1 In Emotional and Sensory Processing Problems: Assessment and Treatment Approaches For Young Children and Their Families*, Georgia DeGangi PhD, OTR and Susan Poisson, MA, Reginald S. Lourie Center for Infants and Young Children, Rockville, MD, pp. 3-16, 1991.
 - Greenspan, Stanley, Wieder, Serena, "Regulatory Disorders," Chapter 18 In *Handbook of Infant Mental Health*, Editor Charles H. Zeanah, The Guilford Press, NY, pp. 280-290, 1993.
 - Biel, Lindsey, MA OTR/L and Peske, Nancy, "Your Child's Sensory Portrait: A Checklist" In *Raising A Sensory Smart Child*, Lindsey Biel and Nancy Peske, Penguin Group, (USA) Inc, NY, 2005.
 - LeTourneau, Nicole, "Fostering Resiliency in Infants and Young Children through Parent-Infant Interaction," *Journal of Infants and Young Children*, 9, (1997) pgs. 36-43.
 - Vance, Eric, MD and Sanchez, Horacio, "Creating a Service System that Build Resiliency."
 - Davis Rachel, MSW; Nageer, Sherlina, MPH; Cohen, Larry, MSW; Tepperman, Jean; Biderman, Fran, MSW; Henkle, Gretchen, MPP, MSW, *First Steps: Taking Action Early to Prevent Violence*, Prevention Institute, Action Alliance for Children, June 2002.
 - "A Primer on Premies," www.kidshealth.org.
 - Putnam, Frank, MD, "The Impact of Trauma on Child Development," *Juvenile and Family Court Journal*, Winter 2006.
 - "Persistent Fear and Anxiety Can Affect Young Children's Learning and Development," Working Paper 9, National Scientific Council on the Developing Child, Center of the Developing Child, Harvard University, www.developingchild.net.
 - "Maternal Depression Can Undermine the Development of Young Children," Working Paper 8, Working Paper 9, National Scientific Council on the Developing Child, Center of the Developing Child, Harvard University, www.developingchild.net.
 - "Relationship Problems Checklist," *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, Revised, Zero To Three*, 2005.
 - "Assessing the Parent/Child Relationship: Red Flags for Parent and Signs of Strengths for Parent," Reginald Lourie Center/Child Welfare Services, December, 1995.

- Strayhorn, Joseph, and Weidman, Carla “Strayhorn Parent Practices Questionnaire” and “A Parent Practice Scale and Its Relation to Parent and Child Mental Health,” *The American Academy of Child and Adolescent Psychiatry*, 1988.
- “Revised Dimensions of the Marschak Interaction Method (MIM),” The Theraplay Institute, Wilmette, IL., 1994.
- “Checklist for Observation of the Marschak Interaction Method,” The Theraplay Institute, Wilmette, IL., 1994.
- Greenspan, Stanley and Wieder, Serena, *Floor Time DVD Training Guide, The Basics Relating and Communicating*, “Observe Your Child Checklist” pgs. 45-48.
- “The Nation Early Childhood Technical Assistance Center: Developmental Screening and Assessment Instrument list with an Emphasis on Social and Emotional Development of Young Children Ages Birth through Five”, Compiled By Sharon Ringwalt, May 2008
- “Goals and Intervention Techniques to Mediate Successful Parenting in High-Risk Families,” The Reginald Lourie Center for Infants and Young Children, Parent-Child Psychotherapy Program, 05/27/94
- Nathanson, Barbara, MSW, LCSW; Craft, Polly MD; Williams, Delise, MSW, LCSW; Castellan, Joan, MS, PNP, RN; West, Arleathia, MSW, LCSW, “Parent-child Psychotherapy Program: A Model for Working with Multi-Risk Families,” *Chapter 4 In Emotional and Sensory Processing Problems: Assessment and Treatment Approaches For Young Children and Their Families*, Georgia DeGangi PhD, OTR and Susan Poisson, MA, Reginald S. Lourie Center for Infants and Young Children, Rockville, MD, pp. 3-16, 1991.
- VanFleet, Rise, *A Parents Handbook of Filial Play Therapy*, (Boiling Springs, Penn.: Play Therapy Press) pgs.10-36.
- Herschell, Amy, Calzada, Esther, Eyberg, Sheila, and Mc Neil, Cheryl, “Parent-Child Interaction Therapy: New Directions in Research,” *Cognitive and Behavioral Practice 9*, (2002) 9-16.
- Neary, Erin, BS, and Eyberg, Sheila PhD, ABPP, “Management of Disruptive Behavior in Young Children,” *Infants and Young Children*, 2002.
- Jernberg, A., Booth, P. *Theraplay, Helping Parents and Children Build Better Relationships Through Attachment-Based Play, Second Edition* (San Francisco, California: Josey-Bass Inc. Publishers) “Learning the Basics of the Theraplay Method,” pgs. 3-38.
- Jernberg, A., Booth, P. *Theraplay, Helping Parents and Children Build Better Relationships Through Attachment-Based Play, Second Edition* (San Francisco, California: Josey-Bass Inc. Publishers) “Theraplay Activities By Dimension,” pgs. 393-405.
- Winstead, Marlo, MSE, LCSW, RPT, “Theraplay with Children in Foster Care: A Case Study.
- “DIR/Floor Time Model”, available from International Council on Developmental Learning Disorders website at <http://www.icdl.com/> accessed 12/13/2008.
- “First Steps: Getting Started with Floor Time” by Lisa DeFari, LCSW, available from International Council on Developmental Learning Disorders website at <http://www.icdl.com/> accessed 12/13/2008.

- Greenspan, Stanley and Wieder, Serena, *The Child with Special Needs*, (New York: Perseus Books) “The Floor-Time Approach,” pgs. 121-159.
- Becker-Weidman, Arthur, “Treatment for Children with Trauma-Attachment Disorders: Dyadic Developmental Psychotherapy,” *Child and Adolescent Social Work Journal*, Vol. 23, No. 2, April 2006.
- Muir, Elisabeth, CM Hincks Center for Children’s Mental Health, “A Description of Watch, Wait and Wonder (WWW) Technique,” 1994.
- Hepworth, Dean and Larson, Joann, *Direct Social Work Practice: Theory and Skills, Second Edition*, (Kentucky, Wadsworth Publishing) “Manifestations of Transference and Countertransference and Managing Transference and Countertransference Reactions”
- Seligman, Stephen, “Why How You Feel Matters: Countertransference Reactions in Intervention Relationships,” *The World Association of Mental Health News*, Vol. 1, No. 2, June 1993
- Souders, MSW, JD; Strom-Gottfried, PhD, LISW; DeVito, David, MSW; “FAQ on Services to Minors of Divorced Parents,” *Theimann Advisory*, School of Social Work, University of North Carolina at Chapel Hill, June 2009.

DVD’s that were used in training included:

- “Learning Through Observation: Five Vignettes to Spark Reflections and Discussion” Zero To Three
- “Floor Time DVD Training Series, Number 1, The Basics: Relating and Communicating”
- “Theraplay with an Angry Controlling Child”: The Theraplay Institute
- “Relational Poverty and the Modern World: The Importance of Early Childhood Relationships for Child, Community and Culture” by Dr. Bruce Perry
- “The Out-of-Sync Child, Recognizing and Coping with Sensory Processing Disorder,” Carol Kranowitz, MA
- “Building the Bonds of Attachment”, Daniel Hughes, Ph.D
- “The Awakening and Growth of the Human: Unit III: Conducting an Infant Mental Health Family Assessment and Unit VI: Infant Mental Health: A Psychotherapeutic Model of Intervention.” Michael Trout
- “Introduction to Filial Play Therapy” Risa Van Fleet
- “Child Development Community Policing, Connecting Cops and Clinicians”

Books provided for each Mentee:

- *Psychotherapy for Infants and Young Children*, Lieberman, Alicia, and Van Horn, Patricia
- *Don’t Hit My Mommy, A Manual for Child-Parent Psychotherapy*, Lieberman, Alicia, Van Horn, Patricia.

Written case vignettes for discussions were obtained from the book:

- Case Studies in Infant Mental Health, Risk Resiliency and Relationships, Editors, Joan J. Shirilla and Deborah J. Weatherston.

Finally, the Zfive Infant and Young Children Mentee Training Curriculum has a 158 slide Power Point Presentation used to train the Mentees.

Other:

One other duty carried out by the Zfive IMH Mentor was participation in two of the Meet and Greet Meetings planned for Mecklenburg Co. DSS/YFS social workers, community mental health providers, and community child care providers by the IMH Specialist, Kristen Tenny-Blackwell. At the first meeting on November 3, 2009, the IMH Mentor participated in a panel discussion. At the second meeting on April 23rd, the IMH Mentor presented a case scenario to the group which was used in small group discussions toward generating a treatment plan for the young child in the scenario. The group reconvened as a whole and the IMH Mentor joined with the IMH Specialist in discussing treatment planning for the young child based on the input produced in the small group discussions of participants.

Coming Up:

- Continued mentoring of the third class of Mentees at AYN and TCFE via weekly face to face, individual, hourly mentoring sessions and monthly two hour group mentoring sessions.
- Recruitment of a fourth class of Mentees
- Working with AYN to increase the knowledge of their foster parents regarding the mental health and emotional needs of children aged birth to five.

Successes:

- Two groups of Mentees, a total of eight licensed mental health clinicians have completed the mentoring program.
- Of the eight that have completed the program **three** are in private practice and are seeing children in the birth to age 5 range and their families. **Two** of the eight are working for agencies that provide therapeutic intervention to children ages 5 and up and these clinicians are encouraging their agency administrators to serve children younger than age five. **One** other clinician is employed by an agency that provides therapeutic services to children of all ages where a hearing impairment is present in at least one family member and this clinician continues to seek a family with a young child with which to serve. Another **one** of the eight clinicians is now working for a child advocacy center and is using her knowledge from being a Mentee to refer infants, toddlers, and young children who need therapeutic services to mental clinician's in the community who have expertise and experience in infant and young child mental health. **One** final clinician is not serving children in the Zfive population.
- Three of the previous Mentees are keeping in close touch with the Mentor and two have sought out further mentoring.
- 33 hours were spent mentoring via group meetings and group training during fiscal year.

- 92 hours of individual mentoring was completed via the phone during fiscal year.
- 7 hours of individual mentoring via observation of mentee in the provision of therapy with child and family was complete during fiscal year.
- 11 hours of individual mentoring was completed via in person mentoring in fiscal year.
- 5 hours spent participating in Meet and Greet increasing awareness of professional community regarding Zfive Initiative and the importance of emotional and mental health of infants and young children.

Challenges:

- Locating licensed mental health professionals in the community that are interested in being future Mentees or agencies that want to begin to provide mental health services to the birth to five population and that are willing to have their clinician's be a part of the mentoring program.
- Finding a way to measure increases in the level of knowledge and experience gained by Mentees following their mentorship.
- Occasionally there is still a need for referrals of children aged birth to five and their families for Mentees to provide therapeutic intervention.
- Finding a better way to screen the prospective Mentees during the interview process to help exclude those professionals who apply to be Mentees that may not complete the program as well as those who agencies may not ultimately support the Mentees participation in the Mentoring Program.

Recommendations:

- ZFive members and the organizations they represent, as well as past and current Mentees, should continue to be a source for recommendations for participants in future mentoring groups.
- Content in the curriculum for the Mentee training should be updated with relevant new therapeutic intervention methods, journal articles, and books as they become available and also at the recommendation of the ZFive committee members as well as at the request of the Mentees based on their needs.
- ZFive members and the organizations they represent should continue to be a source for referrals to ZFive Mentees.