Welcome to the Infant/Toddler Mental Health Graduate Certificate Program at Portland State University
We are Voices for Babies!

We are dedicated to

- increasing the capacity of professionals in different fields
- effectively support the emotional health and well being of infants, toddlers and their families in diverse settings
- in communities across a large geographic area
What is Infant Mental Health?

“...the developing capacity of the child from birth to 3 to:

- experience, regulate, and express emotions
- form close and secure interpersonal relationships
- and explore the environment and learn

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

- Zero to Three Infant Mental Health Task Force
Looking at some key assumptions
A baby’s sense of

- Well-being
- Comfort
- Security
- Competence
- And Connection

Is experienced in the midst of - and through positive, loving relationships.
A nurturing parent-child relationship is the main protective factor for children living in environmental risk or with developmental disabilities. - Bernstein

Consistently experiencing positive social relationships over time – promotes optimal human development.

Engaging a parent through the child (e.g. observation, p/c interaction, developmental guidance) often helps establish a purposeful and long-lasting relationship.
From the national Infant Mental Health Forum, Oct. 2000…

“Our country must support young children’s emotional health through a continuum of comprehensive, individualized, culturally competent services that focus on promotion, prevention, and intervention.”
Infants, toddlers, and the adults who care for them need relationships that are…

- Individualized
- Strengths-based
- Continuous and stable
- Accessible
Systems that support early relationships are:

- Child-focused and family-centered
- Culturally responsive
- Community based
- Comprehensive, coordinated and integrated
- Committed to continuous improvement and reflective supervision

From “A commitment to Supporting the Mental Health of Our Youngest Children” by Rachel Chazan-Cohen, Judith Jerald, and Deborah Stark, Aug./Sept. 2001 Zero To Three
Three levels of support, each is essential ...

- **Promotion** – encouraging positive mental health and social-emotional wellness.

- **Prevention** – preventing the occurrence or escalation of mental health problems and minimizing social-emotional developmental risk. (usually family-centered)

- **Intervention** – providing intensive services and supports to child and family.
Values-base of the Mental Health Perspective - *Early Childhood Mental Health Consultation, 2000*

- All children deserve a safe, stable, caring, nurturing environment.
- Consider the young child and his or her parents and caregivers as individuals, and also consider the quality of the child’s many relationships.
- Families are full participants in all aspects of the design, implementation and evaluation of programs and services for their young children.
- Services are responsive to the cultural, racial, and ethnic differences of the populations they serve.
- Practices build upon and enhance child, family and staff strengths.
The field of Infant Mental Health may be defined as...

“multi-disciplinary approaches to enhancing the social and emotional competence of infants in their biological, relationship, and cultural contexts.”

- Charles Zeanah and Paula Zeanah, Aug./Sept. 2001
  Zero to Three
Who are We?
As a group, as a “field”, as a professional “arena”?

- Early Intervention
- Child Welfare
- Healthy Start/Head Start/Early Head Start
- Mental Health
- Social Services and Family Support
- Early Childhood Care and Education
- Health care
- Others?
“First in the heart is the dream
Then the mind starts seeking a way.”

- Langston Hughes
How The Program Came to Be

A collaboration of professionals from many fields, representing educational, training, research, and practice entities, came together with a desire to:

- build infant/toddler mental health capacity across various systems of care
- expand awareness and capacity outside the metropolitan area— to make training available and accessible to rural areas
Features of the Program

- Twenty graduate credits, over four quarters.
- Importance of our learning community.
- Instruction is web-based and interactive.
- A multi-professional team of faculty plan and teach the curriculum content and provide mentoring support during the program.
- An individually-tailored culminating project is part of the program.
- Cultural competence and reflection is woven into everything we do.
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<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
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<tbody>
<tr>
<td>CI 592</td>
<td>Dynamic Models of Infant/Toddler Development</td>
<td>(3 credits)</td>
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<tr>
<td>Coun 597</td>
<td>Strengths, Risk Factors, and Disturbance in Infants Toddlers and Their Families</td>
<td>(3 credits)</td>
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<td>SpEd 594</td>
<td>Assessment Methods and Classification in Infant Mental Health</td>
<td>(3 credits)</td>
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<tr>
<td>SpEd 595</td>
<td>Prevention and Intervention in Infant Mental Health</td>
<td>(3 credits)</td>
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<tr>
<td>Coun 520</td>
<td>Collaborative Partnerships to Support Infants, Toddlers, and their Families</td>
<td>(3 credits, 1+2 credits – Fall and Spring)</td>
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<tr>
<td>Coun 507</td>
<td>Professional Development in Infant Mental Health</td>
<td>(Over 3 terms – total 5 credits)</td>
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“Consistent, positive social relationships over time promote optimal human development.”

-Brenda Jones Harden
You may be wondering...

How do you provide a “relationship-based” approach in an on-line environment?
Professional Development Seminar

- Spans the length of the program - relationships build over time
- Focuses on roles and challenges of being an infant/toddler mental health practitioner
- Supports the examination of ethical and boundary issues
- Promotes observation, inquiry and self-reflection
- Offers a learning community – discussion groups, structured differently each term – based on focus of content, promote peer dialogue and shared learning
- Two faculty – model collaboration and provide continuity throughout the program
Big Ideas of the ITMH Program

- It’s all about relationships!
- Respect diversity in colleagues, families, infants and toddlers.
- We all have something to offer, we all have something to learn.
- Reflect, cultivate self-awareness, work to understand your limits.
- Collaborate.
- Become more culturally aware, sensitive, and responsive.
- Learn, gain knowledge and insight.
Challenges / Lessons Learning

- Diverse professional backgrounds of curriculum committee and faculty led to *lively discussions* during the development phase. Some questions discussed:
  - “What is infant/toddler mental health?”
  - “Where does helping happen? And what does it look like?”
  - “What role do non-clinical workers play?”
  - etc…
Challenges/Lessons Learning

- Diversity of students’ professional backgrounds and experiences
  - makes it challenging to target the content and assignments
  - creates a healthy opportunity for dialogue
  - generates a deeper and broader multi-professional perspective.
For more information...

- To learn more about the program - go to [www.ceed.pdx.edu/itmh](http://www.ceed.pdx.edu/itmh).

- For questions, email Marion Sharp at [sharpml@pdx.edu](mailto:sharpml@pdx.edu)

- If you would like to be informed of program revisions and future infant mental health programming - leave your email address on the [contacts page](http://www.ceed.pdx.edu/itmh) at that site.