



## Case Statement for CIMHD

### Overview

For an infant, the environment is all about relationships. Babies need a secure, loving attachment relationship with at least one adult to grow into healthy, well-adjusted children and adolescents. Healthy relationships with adults who are important in a child's daily life provide the loving and consistent environment in which babies thrive. When such relationships are poorly attuned, disrupted, or not available, the baby suffers and other problems can develop.

There are currently thousands of children in the state of Washington who are at risk for behavioral and emotional difficulties because of early relationship disturbances. A cause may be the biological traits that the infant brings to the relationship, the emotional unavailability of stressed or ill parents, or both. Many factors can put an infant's relationships at risk. Experts estimate that 25% of all mothers of newborns have experienced trauma and loss, which makes the emotional connection with their infants difficult. When parenting is compromised by the parents' own early experiences, parent-child relationships can be distorted so much that babies become unsure and anxious about parental responsiveness and availability, making them distrustful of adults and putting them at risk for serious emotional impairment and maladaptive behavior patterns. In a tragic, self-repeating cycle, they often grow up and pass these same relationship patterns on to their own children. Other factors that contribute to poor early relationships include:

- The stress of poverty – 40% of infants live at or below the poverty level (\$18,400/year for a family of four).
- Parental substance abuse, chronic stress or other unresolved mental health problems
- Exposure to violence or trauma – A child's exposure to spousal abuse is the strongest risk factor for transmitting violent behavior from one generation to the next
- Parental absence, or forced separation from the parent – Infants are the largest and fastest-growing cohort of children in foster care today.
- Prematurity or low birth weight – The rate of infants born preterm in Washington State – currently 6.5% - increased 16% from 1992 to 2002.
- Prenatal health of the mother - At birth, many infants have been already been affected by toxic factors from such adverse maternal behaviors as smoking, alcohol consumption or chronic stress. Exposure to toxins may subtly affect the ability of infants to regulate negative states, resulting in special challenges to their caregivers.

The possible consequences of troubled early nurturing relationships for behavioral and emotional difficulties can be serious and life-long – including compromised social competence, learning and language problems, lower school readiness, lowered cognitive competence, less empathy for others, and a tendency to be overly withdrawn or overly aggressive. Even infants can exhibit signs of depression, and suicidal thoughts

have been detected in very young children. As children with poor social emotional health progress into adolescence and adulthood, they are at increased risk for school failure, chronic unemployment, alcoholism, and violent crime.

It is now estimated that from seven to 24 percent of children have emotional and behavioral problems that impair their functioning. In fact, recent research indicates that up to nine percent of young children have mental health problems so severe that, without early mental health support, they would require urgent psychiatric attention in a crisis setting. Needless to say, the ramifications of poor infant mental health are serious for individual children. But the damage from relationship disturbances in the early years can also have a profound effect on our families and communities.

### ***Helping infants and families in Washington State and beyond***

There are many grim statistics to support the need for therapeutic interventions to foster better infant-caregiver relationships. Unfortunately, most mental health professionals are not trained for specialized work that focuses the psychotherapeutic intervention on the dyad, or the parent-child relationship. Current educational models prepare professionals to treat only adults or only children, not parents and young children together, and especially not parents together with their infants. This is true despite extensive research that confirms that the early years present unparalleled opportunities to help high risk-children and their families. Relationship-based intervention approaches have been shown to be a very effective strategy for helping at-risk infants and their caregivers, but using this therapeutic model requires unique knowledge and skills, and ongoing opportunities to reflect with other professionals working in the field of infant mental health.

Fortunately, Washington State now has the leadership capacity to develop the kind of therapeutic help that is so needed by infants and their families. The Center on Infant Mental Health and Development (CIMHD) offers research-based resources that can dramatically improve the social fabric of our state and make us a national model for effective prevention and treatment approaches promoting infant mental health. CIMHD is dedicated to assuring that every child in Washington has the nurturing, early relationships necessary for healthy development across the lifetime. Unfortunately, limited financial resources stand in the way of this goal.

### ***Where we've been***

CIMHD realizes the vision of nurse scientist Kathryn E. Barnard, a national pioneer in the field of infant mental health. In collaboration with both the top-ranked School of Nursing, which provides research knowledge and teaching faculty, and the Center on Human Development and Disability, which provides housing and administrative support, Dr. Barnard founded a multi-disciplinary resource for research, education and public policy.

When the Center opened its doors in 2001, a five-year plan laid out a blueprint for increasing the numbers of professionals trained to provide therapeutic support for parents and infants in Washington State. The Graduate Certificate Program in Infant Mental Health, which graduated its last cohort of students in June 2006, filled a critical statewide need for individuals trained in the diagnosis and treatment of problems associated with social and emotional development in infants. Graduates from such diverse fields as nursing, social work, psychology and education are now using their new knowledge and skills to better serve families and infants throughout Washington, and to

mentor other professionals, organizations and state agencies about the role of infant mental health in decisions about infant care. Between 2006 and 2009 the Center offered several graduate classes in infant mental health and redesigned the Graduate Certificate Program in Infant Mental Health. A new cohort will begin the seven-quarter program in fall of 2009.

Financial support for these initiatives was obtained from private benefactors or from grants or endowments. The Center is currently working with public policy makers and state agencies to find on-going public funding for many of its initiatives. We have been successful so far in obtaining state funding for one of the Certificate Program's core courses.

### ***How we work***

A strong infrastructure supports the CIMHD mission. The Center consists of an interdisciplinary team of faculty, research scientists, and clinicians. Administrative leadership is provided by the director and co-director, who have oversight of the Center's core functions in clinical research and services, policy leadership, and education/training. The directors are supported by staff scientists and clinicians. . The Center also desires to attract promising graduate students and postdoctoral scholars and clinicians with expertise in infant mental health and services and policy research, in order to carry the Center's mission into the future. State funds support less than 15 percent of the total University of Washington budget. Thus, funding for current and future faculty positions within the Center is dependent upon external resources.

### ***What is needed to meet these goals***

The Center's most ambitious development goal is the establishment of a permanent base of unrestricted endowed support to ensure its operation for all time. This unrestricted endowment would support new initiatives, partially fund additional faculty or graduate students, and protect the Center against unanticipated changes in funding. Until this endowment is in place, the Center needs core administrative funding to keep it operational. This funding (\$175,000) will be required each year and is the Center's most urgent priority. The Center welcomes donations in any amount to support its core funding.

The second priority for the Center is funding for two new positions (\$100,000 per year each). One is for a doctorally-prepared clinician to work closely with the directors of CIMHD to develop training for parent-infant psychotherapists for dyadic intervention with the highest-need families. The training plans will encompass professionals in the field as well as graduate and postdoctoral students enrolled in the University of Washington in a variety of disciplines. The second doctorally-prepared scientist would play a crucial role in planning and implementing the advocacy, policy and associated research initiatives of the CIMHD, guiding CIMHD's efforts to partner with local, state, and national organizations that are working in the area of infant mental health.

In addition, the Center aspires to create an endowed chair to ensure the excellence of its director, and three endowed professorships to support outstanding faculty with diverse research interests. Graduate fellowships and funding for needed equipment are also critical to the Center's future.

### ***Unrestricted Endowment: \$5,000,000 Goal***

An unrestricted endowment of \$5,000,000 would create a permanent base of support and protect the Center against the uncertainties of state, federal or private monies. It would remove the need for on-going fundraising that absorbs so much administrative time and effort, so that full attention could be directed to meeting Center goals on behalf of young children and their families.

With a \$5,000,000 endowment, revenue estimated at \$200,000 annually would support all fundamental costs associated with operating the Center. Income from this revenue would be allocated to support research, education and community outreach and service. It would also provide the stability needed to attract and retain faculty experts who hold leadership roles in research, policy, clinical training, and service.

An unrestricted endowment also offers donors the opportunity to leave a permanent legacy, ensuring that the Center's future is every bit as distinguished as its past. Donations toward this unrestricted endowment, as well as other giving opportunities described below, can be created through gifts of cash, stock or other appreciated property. Donors may also make a pledge to be fulfilled over the course of several years.

### ***Endowed Chair in Infant Mental Health: \$1,000,000 Goal***

An Endowed Chair in Infant Mental Health provides recognition and support for the strongest possible faculty members in the field of infant mental health. It is critical to the recruitment and retention of these true leaders, for several reasons:

- **Prestige and national visibility:** An endowed position carries recognition among colleagues within academia and beyond. This type of recognition is an important retention tool for exemplary faculty, encouraging them to continue their important work at the Center.
- **Opportunity for unfettered creativity:** An endowed position provides discretionary funds that may be used for any scholarly purpose. The flexibility afforded by this is invaluable because most government grants provide restricted funds for a specific activity. While funds from grants for established research directions are critical, discretionary funds support creativity and entrepreneurial ideas.
- **Attracting the brightest and the best:** An Endowed Chair in Infant Mental Health creates tremendous leverage in the hiring of key faculty positions at the Center on Infant Mental Health in the future. An endowed chair makes a powerful statement that a faculty member is highly valued, widely respected, and acknowledged as a leader in their field. It can also help to close the salary gap with competing universities.

### ***Two Endowed Professorships in Infant Mental Health: \$500,000 Goal***

Faculty drive the process of expanding knowledge, not only through their own discoveries but by providing a learning environment that inspires the next generation of leaders and innovators. Endowed Professorships give the faculty who receive them greater flexibility and can allow them to hire research assistants, purchase needed equipment, or provide needed collateral for new initiatives. They can also support pilot studies, improve educational offerings and expand community outreach.

Two endowed professorships are needed to help advance important future research, education and practice in the field of infant mental health. These professorships would focus on defined areas of research and scholarship. They are

Biobehavioral, focusing on how maternal depression affects fetal and infant neurophysiologic development; and

Community-based research, generating specific prevention, intervention, and treatment partnerships in our state

A third Endowed Professorship, focusing on how the infant's earliest relationships affect lifelong adaptability, mental wellness, and the ability to engage in loving relationships, was endowed in April 2005.

All of these endowments have the ability to provide benefits to both faculty and students year after year, generation after generation. Endowments can be created in the name of the donor or someone the donor wishes to honor, such as a relative, friend or faculty member. To explore the availability of matching funds for endowments, please contact the [School of Nursing Development Office](#).

### ***Three Graduate Fellowships in Infant Mental Health: \$378,000 Goal***

Graduate students are critical participants in the Center's research and educational missions. They also help recruit outstanding faculty, since the most promising scholars are attracted to universities that provide access to top-quality graduate students.

Three two-year graduate fellowships are needed to advance a research program focused on community partnerships. Top students have their pick of many prestigious institutions, and fellowship support is often a deciding factor in deciding where they will pursue their graduate studies.

Funding for each of these fellowships is \$126,000. One fellowship will support research, and two will support initiatives to develop improved clinical services for our local communities. All of them would generate specific prevention, intervention and treatment partnerships in our state. Fellowships can be created in the name of the donor or of another person to be honored, such as a relative, friend or faculty member. Babies can't wait for state budgets to catch up to societal need. We hope that you will be motivated to answer our call to action on behalf of infants and young children in Washington State and beyond.

**“The Center on Infant Mental Health & Development is an important resource for Washington families. Studies of the social-emotional development of young children are important to further our knowledge of the early years and to help families provide the emotional support that children need.” – Mona Locke, wife of former Governor Gary Locke and president of the Early Learning Foundation**