CONNECTICUT
BIRTH TO THREE SYSTEM
PRESCHOOL SPECIAL
EDUCATION

BIRTH through 5 news

• *Working together for children with disabilities* • **INFORMATION FOR FAMILIES AND PROFESSIONALS**

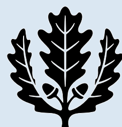
SPRING, VOL.11, NO. 1

Infant/Early Childhood Mental Health – What Is It?

By Margaret C. Holmberg, President, CT Association for Infant Mental Health

This article is translated into Spanish on page 2. Ver la versión española de este artículo en la página 2.

Produced by the
State Department of Education
Early Childhood Special
Education Program and the
Connecticut Birth to Three System
in collaboration with the



University of Connecticut

COOPERATIVE EXTENSION SYSTEM
College of Agriculture & Natural Resources

All young children need good health, safety, and warm, loving relationships with their parents and caregivers. The evidence is growing about the importance of those loving, dependable relationships and how they have a positive influence on later learning. Furthermore, because of medical technology, we now know the damage that can occur to young brains when those loving relationships are absent. Responsive, nurturing relationships protect the brain from toxic levels of stress that can damage a young brain.

Our most important "job" with our youngest children is to hold them, teach them to trust by feeding them when they are hungry, comforting them when they are crying and supporting them when they fall apart emotionally. We call this promoting infant/early childhood mental health.

Why do we call these "early relationships" and "emotional expression" a young child's *mental health*, particularly when too often we think of mental health as an illness? How children feel about their time with others, how they express or interpret their feelings and the actions of others, comes from their mind, their mental work. Good relationships plus good feelings equals good mental health. When we talk about social interactions and relationships, emotional expressions and regulation of those expressions, we are talking about infant/early childhood mental health. Mental health for young children refers to "the mental wellness of the actual caregiving relationship between caregiver and child." (Onunaku, 2005).

One way of understanding approaches to infant/early childhood mental health for families and their children is to consider a pyramid. The large base of the pyramid includes most infants and young children. These children will thrive on close, warm, responsive interactions with caregivers who are sensitive to their experiences and feelings. As caregivers and providers, we look for ways to **promote** infant/early childhood mental health for all children. "You're sad today because Daddy had to leave on the boat. I'm sad, too. Let's sit here together and look at Daddy's picture. That will help keep him close to us." Acknowledging feelings will help to equip young children to handle the stress that comes their way. Families are in the best position to promote infant/early childhood mental health.

For other children **prevention and or early intervention** may be necessary. These are the children in the middle of the pyramid and they may have experienced some kind of unusual stress or trauma. Intervention is critical for these children and their families to prevent future and long term mental health issues. Home visitors can support families by offering screening or assessments to help families identify the issues needing help. Families should always be a part of these screens or assessments. An increasing number of child care centers have access to Early Childhood Mental Health Consultants who can work with caregivers and children to intervene and keep problems from worsening.

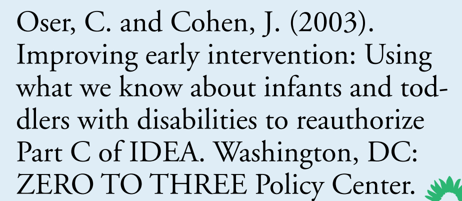
Finally, a relatively few but significant number of other children who are at the top of the pyramid may have social/emotional behaviors that can be diagnosed and for whom skilled, therapeutic intervention **treatments** are necessary. Connecticut has a growing number of clinicians knowledgeable in infant/early childhood mental health. Two systems of care for families of young children with mental health issues are available in the southeast and southwest parts of Connecticut: Child First in the Bridgeport area and Building Blocks in Southeastern CT.

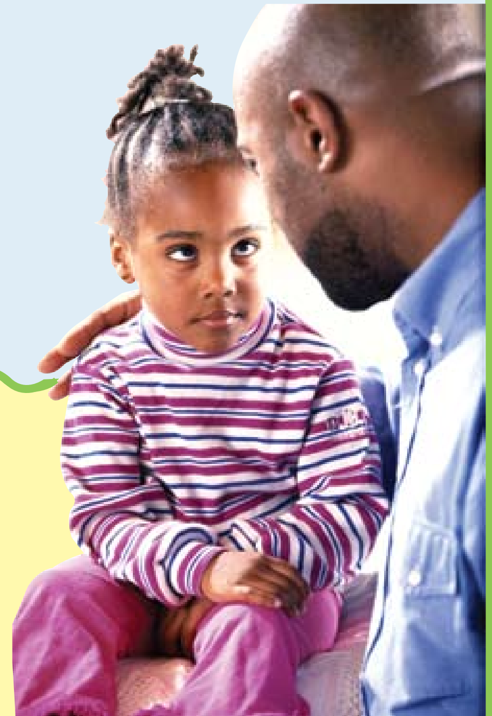
Children with disabilities are more likely than other children to develop social, emotional and behavioral difficulties. Perhaps, even more than other children, they need interactions with caregivers to shape their ability to learn, give and accept love, feel confident and secure, and demonstrate both empathy and curiosity. It is these attributes that are most closely associated with success in school (Oser and Cohen, 2003).

How do infants and young children tell us their mental health is pretty good? Infants are alert and respond to the people around them, they smile and babble with their caregivers and move fairly smoothly from sleep, awake, and fussy times.Toddlers explore their surroundings, keep trying to master challenging tasks, learn to respond to limits, and look to caregivers for comfort. Preschoolers seek adults for help, agree to rules, cooperate with peers, and enjoy learning new things.

Onunaku, N. (2005). *Improving Maternal and Infant Mental Health: Focus on Maternal Depression.* National Center for Infant and Early Childhood Health Policy at UCLA, Los Angeles, CA. Available at *www.zerotothree.org/site/DocServer/maternaldep.pdf?docID=622.*

Oser, C. and Cohen, J. (2003). Improving early intervention: Using what we know about infants and toddlers with disabilities to reauthorize Part C of IDEA. Washington, DC: ZERO TO THREE Policy Center.





La Sanidad Mental en la Tierna Infancia - ¿Qué es?

Por Margaret C. Holmbert, President, CT Association for Infant Mental Health

Todos los niños necesitan buena salud, seguridad y relación afectiva con sus padres y cuidadores. Es crecientemente manifiesta la importancia de esas relaciones amorosas y de su positiva influencia en la futura capacidad de aprendizaje de los niños. Es más, la tecnología médica actual nos ha permitido comprobar el daño que puede ocasionar en los cerebros tiernos la deficiencia de esas relaciones. Las relaciones afectivas son nutrición que protege el cerebro joven de niveles tóxicos de estrés que pueden hacerle daño.

El "trabajo" más importante que tenemos con nuestros niños más pequeños es cargarlos, enseñarles a confiar en nosotros alimentándolos cuando tienen hambre, confortándolos cuando lloran y apoyándolos cuando se descomponen emocionalmente. A todo esto le llamamos promover la salud mental en la tierna infancia.

¿Por qué llamamos a estas relaciones y expresiones emocionales *sanidad mental*, expresión que solemos asociar con enfermedades? La forma en que los niños se sienten cuando están con quienes los rodean y cómo expresan o interpretan sus sentimientos y las acciones de otros se origina en su propia mente, resulta de su propio trabajo mental. El resultado de relaciones buenas más sentimientos buenos es buena salud mental. Cuando hablamos de interacciones y relaciones sociales, de expresiones emotivas y de reglamentación de esas expresiones estamos hablando de sanidad mental en la tierna infancia. La salud mental de los niños menores se refiere al "bienestar mental de las relaciones entre los niños y quienes los cuidan" (Onunaku, 2005).

Una forma de comprender los enfoques de la salud mental en la infancia para la familia y los niños es pensar en una pirámide. La base de la pirámide incluye a la mayoría de los infantes y niños menores. Estos niños prosperan en interacciones estrechas, amorosas, sensibles, con sus cuidadores que comprenden sus experiencias y sentimientos. Como cuidadores y proveedores, buscamos formas de **promover** la salud mental de los niños en todos los casos. "Estás triste hoy porque Papá tuvo que salir en la lancha. También yo lo estoy. Sentémonos juntos y miremos el retrato de Papá. Así nos sentiremos más cerca de él". Reconocer sus sentimientos ayuda a equipar

(*Continued on next page...*)

a los niños tiernos para manejar su estrés. Las familias están en la mejor posición para promover la salud mental en los niños menores.

En otros casos puede ser necesaria la prevención o intervención temprana. Estos son los niños en la mitad de la pirámide, que pueden haber experimentado alguna clase de estrés o trauma inusual. La intervención es crítica para estos niños y sus familias para evitar problemas mentales. Los visitadores de hogares pueden dar apoyo a estas familias ofreciéndoles pruebas, ensayos y evaluaciones para ayudarlas a identificar qué ayuda necesitan. Las familias deben ser siempre parte en estas pruebas y evaluaciones. Un número creciente de centros de guardería tienen acceso a consultores de Early Childhood Mental Health que pueden trabajar con cuidadores y niños para intervenir y evitar que se agraven los problemas.

Finalmente, un número pequeño pero significativo de otros niños que están en la cúspide de la pirámide pueden tener conductas socio/emocionales que puedan diagnosticarse y precisar **tratamiento** terapéutico. Connecticut cuenta con un número creciente de especialistas en salud mental de niños menores. Dos sistemas de atención para familias de niños menores con desarreglos mentales están disponibles en el sureste y suroeste del Estado: Child First en el área de Bridgeport, y Building Blocks en el sureste de Connecticut.

Los niños con alguna incapacidad son más propensos a desarrollar trastornos sociales, emocionales y de conducta. Tal vez aún más que otros niños necesitan interacción con sus cuidadores para formar su aptitud para aprender, dar y aceptar cariño, sentirse confiados y seguros y demostrar tanto empatía como curiosidad. Son estos atributos los más estrechamente asociados con su aprovechamiento escolar. (Oser y Cohen, 2003).

¿Cómo nos dicen infantes y niños menores que su salud mental es bien buena? Esos niños son alertas y responden a quienes los rodean, sonríen y balbucean con sus cuidadores y pasan suavemente de soñar a despertar y a alguna alteración del ánimo. Ya algo mayores exploran sus alrededores, tratan tareas más difíciles, aprenden a responder a limites, y buscan confort en sus cuidadores. Los preescolares acuden a los adultos confiados buscando ayuda, aceptan reglas, cooperan con sus compañeros y disfrutan las novedades.

Onunaku, N. (2005). *Improving Maternal and Infant Mental Health: Focus on Maternal Depresión. (Como mejorar la salud mental de la madre y el infante: Énfasis en la depresión de la madre).* National Center for Infant and Early Childhood Health Policy at UCLA, Los Angeles, CA. Acsesible en *www.zerotothree.org/site/DocServer/maternaldep.pd?doclD=622.*

Oser, C. and Cohen, J. (2003). Improving early intervention: Using what we know about infants and toddlers with disabilities to reauthorize Part C of IDEA. (Como mejorar la intervención temprana. La aplicación de lo que sabemos de infantes y niños menores para reautorizar la parte C de la IDEA). Washington, DC: ZERO TO THREE Policy Center.

ICC Update

By Mark A. Greenstein, MD
ICC Chairperson

I have lots of links for you today. I am just back from a trip to Washington, DC in my role as the new Chair of our State ICC. This was for the annual meeting hosted by OSEP, the Office of Special Education Programs and the "parent" organization for NECTAC, the National Early Childhood Technical Assistance Center. Their respective websites are *www.ed.gov/about/offices/list/osers/osep/index.html* and *www.nectac.org,* both useful sites. I do want to say that a bit like Dorothy, I found out that there is sometimes "no place like home." Our lead agency staff were all over the conference, well known, well liked and involved. While we always strive to grow, it was nice to see how far ahead we in Connecticut are on many of the curves. I am writing this in mid-December. Let's hope that by the time you read this, it is still so!

It was an exciting time, despite all the worries that we all have about what the future holds. By the time you read this, President Obama will have taken office. Numerous people recounted stories of the dedication that his transition team has for early childhood programming and intervention. The issues infants and toddlers with developmental needs and their families face are clearly on the front page of the new administration's agenda. We also heard from Dr. Pat Levitt about the ongoing evidence regarding the importance and long term benefits of early intervention in providing protection and benefit to the developing brain's architecture and structure. Dr. Levitt is actually going to be in our state teaching our Family Court judges about what the science says about helping and supporting young children and the long-term benefits of this approach.

The 16th annual Together We Will conference focused on helping Children with Special Health Care Needs (CSHCN). These children are identified by the Maternal and Child Health Bureau (MCHB) and the American Academy of Pediatrics as:

(*Continued on next page...*)

"Those who have or are at increased risk for a chronic physical, development, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally." *McPherson M, Arango P, Fox HB, A New Definition of Children with Special Health Care Needs. Pediatrics 1998; 102:137-140*

Certainly this group of children can only benefit from increased knowledge and our growing understanding of how central families are to the entire process of support, including educational, medical and social. As we head into summer, please join me in working together to help families help their children to flourish.

Early Childhood Special Education Update

By Maria Synodi, Coordinator

Early Childhood Special Education

Summertime … a time for joy or a time for fear? Many of us look forward to the summer months. We take advantage of the time that is available when school is not in session. We plan our vacations, outings, and time with family and friends. Our kids go to camp and enjoy outdoor activities with their friends. However, for some parents, summer instills in them a fear about the absence of school and school services for their child. No teacher, no speech therapist, no physical therapist. What's a family to do?

Extended school year (ESY) services are often the first thing that comes to mind in the special education world. Parents should be advised of the availability of ESY for all children receiving special education. However, the provision of ESY services for an individual child is often the exception and not the rule. The discussion and decision about whether a child will be eligible for ESY generally takes place at a child's annual review meeting. Factors that must be taken into consideration in determining whether a child is eligible for ESY includes: the nature and severity of the child's disability; whether the child will lose critical skills learned and/or fail to relearn those skills in a reasonable time; the child's progress in areas leading to self-sufficiency and independence; consideration of behavioral issues which prevented the child from learning when they were in school or other special circumstances identified by the child's planning and placement team.

ESY is not always the magic bullet or the only option or opportunity for a child during the summer months. Parents of young children with disabilities are encouraged to consider the activities, opportunities and options that are available for all children in their community. Your public library, parks and rec program, area YMCA, and other community agencies that provide programs, services or activities for young children are always important options to consider and pursue.

There are a few statewide resources as well that include:

- The Connecticut Parent Advocacy Center (CPAC). CPAC is a parent information and resource center operated by parents of children with disabilities for families. The web site is *www.cpacinc.org* and the telephone is 1-800-445-CPAC.
- The State Education Resource Center (SERC). SERC has a number of publications and information that may be of assistance including *Parent Resources in Connecticut and Resource Directory of Summer Programs.* The web site is *www.ctserc.org* and the telephone is 1-860-632-1485.
- Lastly, in Connecticut there is a statewide toll free information line. Parents just need to dial 211 on their telephone. By dialing 211, individuals can connect with Child Development Infoline and which may have information on available opportunities in your area.

Enjoy the summer!

Birth to Three Update

By Linda Goodman, Director
Birth to Three System

The precipitous decrease in revenue to the state this year has left all state programs in difficulty. But the Birth to Three System has received considerable support from both the Governor's Office and the Legislature. The final budget for 2010/2011 has yet to be passed (and it will most likely still be in question during the summer) but I am very encouraged. The System has grown in numbers over the past two years. In addition to serving more children, we are also serving more children who have autism spectrum disorders and who require intensive, and therefore expensive, services. We far exceeded our original budget for the current fiscal year, but we were very lucky that the Department of Developmental Services was able to help us out by transferring money from other accounts. And although we may still need to "borrow" from the department next year, the amount will be far less. One other bright spot is that the federal government, after many years of flat funding for early intervention services, included it in the American Recovery and Reinvestment Act. Connecticut is receiving an additional $4 million over the next two years which will certainly help if we again exceed the amount of state funding that was spent this year. (The state needs to show that it spends as much in one fiscal year as it did in the previous year. That is called "maintenance of effort.")

Since this is an issue focusing on early childhood mental health, it seems appropriate to clarify the role of the Birth to Three System with infants and toddlers for whom this is a concern. Supporting the healthy emotional and social development of young children and their families is an important part of every Birth to Three program. That support begins by establishing a caring, trusting relationship with the family. Birth to Three takes a holistic and comprehensive approach to development, addressing all areas including cognitive, physical, communication social and emotional and adaptive skills. The choice of approach may be one of the three infant mental health approaches described in Margaret Holmberg's excellent lead article:

- Promoting healthy social and emotional development through a variety of activities with parents, health care providers, child care providers, and others who make up the constellation of a child's world;
- Supporting healthy parent/caregiver-child relationships through the evaluation and service process, helping parents to build resilience in their children;
- And, for the very small percentage of eligible children with diagnosable mental health conditions, designing a program to alleviate the symptoms and support the return to healthy development and behavior by working collaboratively with behavioral and infant mental health specialists.

Providers' Perspective

Reflective Practice in Infant/Early Childhood Mental Health

By Melissa Mendez-Begnal, L.C.S.W.,
Early Childhood Consultant
Wheeler Clinic

Providing mental health services for young children and their families is a rewarding and multi-layered process for practitioners. The first step in working with families with young children is to build a trusting relationship that will provide a basis for intervention. We know the most potent predictor of success for early intervention lies in the quality of the relationship between the provider and the family.[1] Without this element of trust in place, it is less likely that the intervention will have the desired impact.

Using the reflective practice model can help the practitioner enhance working relationships with families. Reflective practice is having the ability to examine one's own thoughts and feelings related to professional and personal responses within the infant and family field.[2] Within a reflective practice model, the practioner should ask:

- How are my personal experiences similar to and/or different from this child and family?
- How do those personal experiences, with their similarities and differences, impact my working relationship with this child and family?

Employing reflective practice requires engagement with peers and supervisors in a way that allows for discussion of these questions. Therefore, reflective practice in the infant/family field requires a commitment from providers on all levels; direct service staff as well as supervisory staff. This commitment includes providing regular opportunities for practioners to listen, learn, and reflect on the work they are doing with young children and their families.

Maintaining a reflective framework while working with young children and their families is not an easy task. It often means stepping away from programmatically prescribed goals and expectations for a particular child and/or family, listening to that family's hopes and dreams, and negotiating the two. A reflective practice model provides a supportive process that can enhance our ability to work effectively with children and families.

[1] Kelly, J. & Barnard, K. Parent education within a relationship-focused model. Topics in Early Childhood Special Education. Vol. 19, 1999.

[2] as defined by Michigan Association for Infant Mental Health

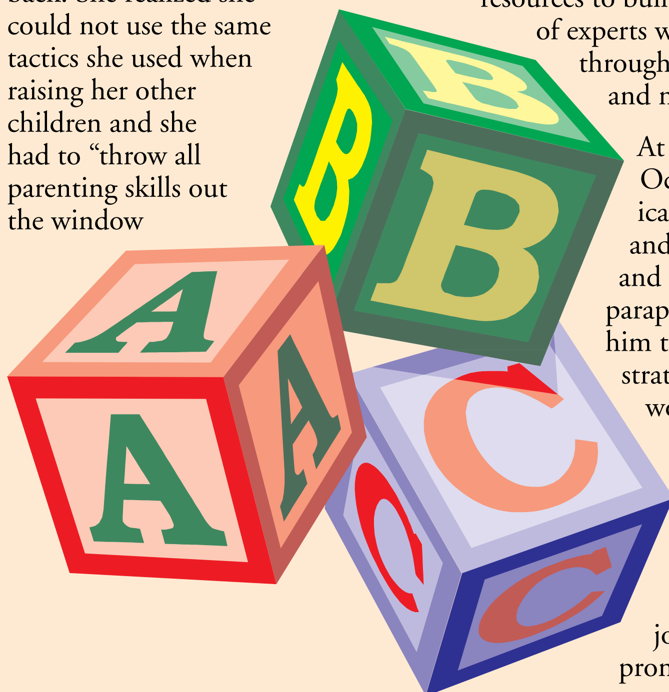
Parents' Perspective

Building Blocks to Success

By Jill Long, Jackson's Mom

Jill Long adopted Jackson when he was just four months old. Mom knew he had neurological issues and impulse and behavior problems. As an infant, she noticed he exhibited some behavioral concerns. "He required intensive motion, being carried in a car, had disturbed sleeping patterns, and was a lot more active than a regular infant." It was when he was a toddler that things became more visible. He had more public tantrums making it hard for her as a mother. She was told by many how her son "needed a spanking" or how she should be "ashamed of herself" for his behavioral outbursts. However she never let this bother her because she knew her son had extensive needs and she was committed to help him.

Keeping a journal helped Jill to look back. She realized she could not use the same tactics she used when raising her other children and she had to "throw all parenting skills out the window and be more attentive to his needs regardless of what people said." She was willing to try anything and to learn about his condition. The hardest thing was to "to see him not able to have fun in certain instances because of over stimulation that produced distress." She found support through CAFAP (Connecticut Association of Foster and Adoptive Parents) and she attended support groups and was able to connect with other families in similar situations to share ideas and resources to build an effective team of experts who evaluated Jackson through neuropsychological and neurological testing.



At school he receives Occupational and Physical Therapy, Speech and Language services and has a one to one paraprofessional to help him through the day. The strategies that seem to work with him both in school and at home are heavy work (specific tasks that involve pressured resistance and input to the muscles and joints) activities that promote sensory regulation and a structured environment where expectations and sequential activities are clear. Family dynamics are also very important. Jill proudly noted how his siblings are cooperative and attentive to Jackson needs. "They cooperate with heavy work when he needs it." She has also turned for help to other programs in the community such as *Building Blocks* who have provided a family support advocate that "helps keep the family healthy" and a clinical advocate that works one to one with Jackson and helps implement in-home strategies such as *Picture Program* to assist Jackson with daily routine activities. Changes have been positive; he is more engaged in his success and he feels more responsible for his activities.

Mom's ultimate goal for Jackson is for him to be functionally successful at whatever level he is capable of. She wants him to be able to get a job and be responsible. And most importantly, she wants him to be happy. Mom's word of advice to other families that are going through similar situations is, "Get as much help as you can. I never go to a support group where I do not learn something. You need to depend on others and open yourself up—it can only help."

BIRTH through 5 news

Information for Families and Professionals is published periodically by the University of Connecticut Cooperative Extension System in collaboration with the Connecticut Birth to Three System, the Connecticut State Department of Education and the Newsletter Advisory Board. We welcome readers' comments and contributions related to the special needs of infants, toddlers, preschoolers and their families. Please mail correspondence to the editor at 67 Stony Hill Road, Bethel, CT 06801.

2009 ADVISORY BOARD

Cathy Malley, Editor
UConn Cooperative Extension System
Claudia Anderson, Danbury Public Schools
Jane Bisantz, Jane Bisantz & Associates, LLC
Marlene Cavagnuolo, Fairfield Public Schools
Linda Goodman, CT Birth to Three System
Aileen McKenna, CT Birth to Three System
Nancy Prescott, CT Parent Advocacy Center
Maria Synodi, State Department of Education

You are encouraged to reproduce articles or excerpts from Birth through 5 News. Please give appropriate credit to this newsletter and authors.Birth through 5 News is distributed free of charge to those interested in issues related to children, ages birth through five, with special needs. The mailing list includes families and providers active in the Birth to Three System, directors and providers of preschool special education services, special education directors, families in various preschool special education programs, local ICCs and others upon request. To add or delete your name from the mailing list, or to notify us of a change of address, please send your name, address and phone number to Birth through 5 News, CT Birth to Three System, 460 Capitol Ave., Hartford, CT 06106.

Produced in Communication and Information Technology, College of Agriculture and Natural Resources, University of Connecticut. Graphic Design by Dean Batteson.

The University of Connecticut Cooperative Extension System is an equal opportunity program provider and employer. To file a complaint of discrimination, write USDA, Director; Office of Civil Rights, Room 326-W; Whitten Building, Stop Code 9410; 1400 Independence Avenue, SW; Washington, DC 20250-9410, or call (202) 720-5964.

Resources Websites

The Center on the Social and Emotional Foundations for Early Learning (CSEFEL)

http://www.vanderbilt.edu/csefel/ Designed to promote social emotional outcomes and enhance school readiness of low-income children birth to age five, and to serve as a national resource center for disseminating research and evidence-based practices to Head Start and Child Care programs across the country.

The Technical Assistance Center on Social Emotional Intervention for Young Children (TACSEI)

http://www.challengingbehavior.org/. TACSEI takes the research that shows which practices improve the social-emotional outcomes for young children with, or at risk for, delays or disabilities and creates free products and resources to help decision makers, caregivers, and service providers apply these best practices in the work they do every day.

The Center for Evidence-Based Practice: Young Children with Challenging Behavior

http://www.php.com/center-evidence-based-practice-young-children-challenging-behavior.

The Center for Evidence-Based Practice: Young Children with Challenging Behavior is a national research and training center designed to determine effective polices and practices for preventing and/or addressing challenging behavior in young children birth through five years, and to develop materials and training opportunities regarding those practices.

The PACER Center,

www.pacer.org/parent/php/PHP-c106.pdf a national parent information and resource center, has a one-page fact sheet on early childhood behavior outlining age expectations, atypical behaviors and suggestions.

National Technical Assistance Center for Children's Mental Health—***http://gucchd.georgetown.edu/programs/ta_center/***.

Information on policy, research, and clinical practice to improve the lives of families and their children with special needs including developmental disabilities and special health care needs, mental health needs, young children and those in the child welfare system.

The National Early Childhood Technical Assistance Center

http://www.nectac.org/topics/menhealth/menhealth.asp. Provides extensive information on early childhood mental health and social emotional development and challenging behaviors.

Bazelon Center for Mental Health Law

http://www.bazelon.org/. Information and resources on legal issues and advocacy for children and adults with mental/behavioral health needs.

Child & Adolescent Bipolar Foundation

http://www.bpkids.org/site/PageServer. Extensive information on pediatric bipolar disorder and resources.

Portland State University Research and Training Center: Family Support & Children's Mental Health

http://www.rtc.pdx.edu/. Information on research, training, access to resources and publications on effective community-based, culturally competent, family centered services for families and their children who are, or may be affected by mental, emotional, or behavioral disorders.

(*Continued on back page...*)

University of Connecticut
Cooperative Extension System
1376 Storrs Road, Unit 4036
Storrs, CT 06269-4036

NONPROFIT ORG.
U.S. POSTAGE
PAID
STORRS, CT
PERMIT NO.3

This newsletter is available in English and Spanish. Visit the Birth to Three website at *www.birth23.org* and click on Publications, or the Department of Education website at *www.sde.ct.gov*, then click on the Early Childhood link.

Este boletín está disponible en inglés y en español. Visite el sitio del Sistema para Infantes a Tres Años en *www.birth23.org* y pulse a Publicaciones o el del Departamento de Educación en *www.sde.ct.gov*. Pulse entonces el enlace 'Early Childhood' (primera infancia).

Positive Behavioral Intervention & Supports

http://www.pbis.org/schoolwide.htm#Components. OSEP funded National Technical Assistance Center on Positive Behavior and Intervention to address the behavioral systems needed for successful learning and social development of children.

Skillstreaming

http://www.skillstreaming.com/. Instructional materials designed to show how to teach prosocial skills to preschool and kindergarten children.

Tourette Syndrome "Plus"

http://www.tourettesyndrome.net/index.htm. Extensive collection of articles, materials, and practical resources for parents and professionals pertaining to a variety of behavioral/mental health disorders.

CT Department of Children & Families

http://www.ct.gov/dcf/site/default.asp. Lead agency for children's mental health with information on services available for families and their children with behavioral and mental health needs. (Systems of Care).

Young Children with Challenging Behavior

http://challengingbehavior.fmhi.usf.edu/tools.html. Provides extensive research, resources, practical materials, training opportunities and publications to promote the use of evidence-based practice to meet the needs of young children who have, or are at risk for, problem behavior.

Early Childhood Behavior Project

http://cehd.umn.edu/ceed/projects/preschoolbehavior/. Provides strategies, useful materials and interventions, case studies, presentations, and publications promoting positive behavioral supports for young children who engage in challenging behaviors. Designed to help services providers and families.

PBS Parents

http://www.pbs.org/parents/inclusivecommunities/. Information to help parents and caregivers of children with disabilities improve the overall quality of life for their children and family. Includes section on challenging behaviors.

The Mental Health Family Tree Program

http://www.familyaware.org/familytree/. Designed for families who may have concerns about the existence of mental health disorders in their family; provides an online tool to assist families in learning about their family's mental health history.

Building Blocks

www.buildingblocksct.org. A system of care for children 0-5 in southeastern Connecticut, serving New London County. (376-2329)

Connecticut Parent Advocacy Center, Inc

www.cpacinc.org A statewide organization that offers information and support to families of children with any disability or chronic illness ages birth through 26. They specialize in the area of public education.

1-800-455-CPAC

Connecticut Lifespan Respite Coalition

www.CTRESPITE.org Assistance in locating respite resources.