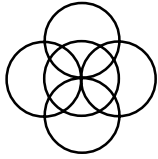


Birth to 6 EVENTS



A BULLETIN FOR THOSE WHO WANT TO LEARN MORE ABOUT EARLY INTERVENTION FOR YOUNG CHILDREN WITH SPECIAL NEEDS AND THEIR FAMILIES

Issue XLVI—June-August 2004

Essential Question for this Issue of Birth to 6 Events

In the last issue I introduced the concept of the essential question and how it is used to guide the framework for putting together this newsletter. The question grounds the content and organization so that what is included has focus and purpose. Again, I hope you find this approach helpful.

For this issue the questions are:

How do we define social emotional development and mental health for young children? What are effective approaches, strategies and resources we can utilize to enhance the lives of young children and their families struggling with mental health issues?

We will explore various concepts, strategies and resources for supporting and working with young children and families facing mental health issues. The challenges of addressing social emotional development and mental health are wide; therefore, we hope that solid connections and partnerships are being built in our communities as none of us have the capacity to do it all alone. So as you read this newsletter celebrate your current efforts, for any effort is admirable. As you process the contents of this issue, we hope to challenge you to think about additional ways to support the emotional and mental health needs of those you serve.



Appreciative Inquiry - Part 2

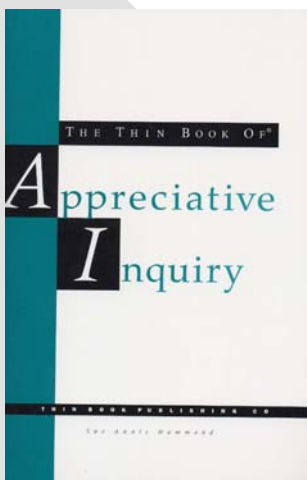
I began the New Year by sharing two tenets of *Appreciative Inquiry* that I felt were indicative of a new year message. This issue I want to share two more tenets that have kept me grounded as the year has

progressed and work and life evolve. These tenets of Appreciative Inquiry were derived from ***The Thin Book of Appreciative Inquiry*** by Sue Annis Hammond (Thin Book Publishing 1996).

I learned of them through David Nelson who is a fine professional in the field of consulting, mentoring and coaching others.

The first is "What we focus on becomes our reality." The second is "Reality is created in the moment, and there are multiple realities." When we think about things from that angle we cannot be surprised by all that consumes us some days. For either good or bad, reality is relative to what we emphasize and what we

emphasize in a given day can be enormous. Therefore, as you think about our topic, focus in this issue be good to yourself and use that to take care of yourself and others as we all strive to do our very best in work and in life.



Included in this issue of **EVENTS:**

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A View of Infant Mental Health

By Karen Wollenberg and Annette Copa

Infants and toddlers have the remarkable capacity to experience a wide range of human emotions. They depend on adults in their lives to help regulate their attention, behaviors and interactions, while experiencing emotions and exploring their world. Consistent relationships with available and responsive adults help children navigate developmental tasks, and promote optimal social and emotional outcomes.

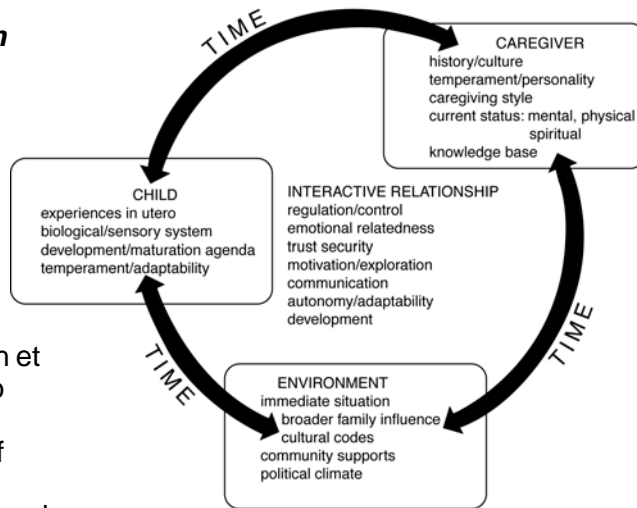
Infant mental health refers to the state of emotional and social competence of infants and young children, as they develop within multiple interrelated contexts to include biology, culture and relationships (Zeanah et al, 2001). It takes into account issues of regulation, feelings of trust and security, expression of needs and feelings, motivation, and attention.

Family based early learning settings such as Birth to 3 services for children with disabilities, have the potential to support primary caregivers in promoting optimal social emotional outcomes for infants and young children. Programs that view the family as the central organizing force for infants and young children focus their efforts on supporting the relationship between primary adults and their young children. They recognize that the **"action is in the interaction"**.

Relationship based programs take into account the mental

health of family members, intergenerational cultural ways, and the access to community resources that may be needed to mitigate harm in the presence of multiple risk factors (violence, poverty, disability, mental illness). In relationship based family work, discrete attention is paid to the parent child relationship within the context of the family and community systems.

Relationship Based Intervention



Portage Project 1996
Based on work of Stanley Greenspan.

Weaving an infant mental health perspective into family based work includes supporting mutually enjoyable interactions between children and their care givers in order to promote trust, confidence and motivation. Taking this perspective involves a conscious effort to help parents and caregivers to:

- Develop confidence in their parenting role
- Understand their child's cues
- Learn to view their child as competent and loveable

- Explore new and complex ways to engage their baby/young child
- Encourage self-expression through shared attention.

This supports babies to:

- Form relationships with important people in their lives
- Explore and engage with the world
- Exert control over the environment
- Regulate their bodies, attention and emotions

Early care and intervention professionals can assist the healthy social emotional development of children by:

- Recognizing and building upon the existing strengths of families and children.
- Assisting communities to reduce family isolation and increase access to formal and informal supports for children and families
- Helping families identify and achieve the outcomes they define as most important for their family
- Supporting the development of strong communities dedicated to the care and nurturance of all families.

References

Charles H. Zeanah Jr., MD & Paula Doyle Zeanah, PhD., "Towards a Definition of Infant Mental Health", *Zero to Three*, August/September 2001

Why is it Necessary for Us to Address Social Emotional Development and Mental Health in the Children We Serve?

These excerpts paint a picture that emphasizes the importance of nurturing early social emotional development.

Did You Know?

- One in five young people have at least one diagnosable mental or addictive disorder, according to the U.S. Surgeon General. (U.S. Dept. of Health and Human Services, 2001)
- 76, 562 Wisconsin children ages 9-17 suffer from a major mental illness that results in significant impairments at home, at school, and with peers. (estimated prevalence in U.S. Surgeon General's Report, 1999)
- Only about 20% of children with mental illness receive needed treatment in any given year. Unmet need for services remains as high now as it was nearly 20 years ago. (U.S. Surgeon General's Conference on Children's Mental Health, 2000)
- Among 6-17 year olds in foster care, about 40% meet the criteria for a mental illness diagnosis with moderate impairment. (U.S. Surgeon General's Conference on Children's Mental Health, 2000)
- In a recent Child and Family Services Review, Wisconsin failed to meet the benchmark for " children receiving adequate services to meet their physical and mental health needs." The report observes, " there is a problem accessing mental health services for children...because their families usually do not have medical insurance that will cover mental health services." (U.S. Dept of Health and Human Services, Wisconsin Child and Family Services Review, 2004)
- Child mental disorders persist into adulthood: 74% of 21 year olds with mental disorders had prior problems. (U.S. Surgeon General's Conference on Children's Mental Health, 2000)

When we think about statistics like these, we cannot help but be reminded of the importance of early identification and our professional responsibilities. While early identification of mental health disorders may be more challenging at young ages, we cannot overlook the important role we have as interventionists in the social and emotional development of young children. There is greater potential for earlier identification when we attend closely to each child's social emotional development, understand the early warning signs of mental health related disorders and have solid practices in place that reach out to and include mental health professionals in our work.

Reprinted from Wisconsin Family Ties, an organization that works to support families with children who have emotional, behavior and mental disorders across the State of Wisconsin.

For more information about WI Family Ties and on the statistics identified here please contact: www.wifamilyties.org

What is Infant Mental Health and Social Emotional Development in Young Children?

The Wisconsin Initiative for Infant Mental Health (WIIMH) has defined Infant Mental Health as the social emotional development of young children involving skills such as self confidence, curiosity, motivation, persistence, self control and trust, all of which affects future learning, growth and success. The development of all of these traits begins in infancy and within the context of relationships. Emotional and social milestones include a child's ability to experience, regulate and express emotions and form close and secure interpersonal relationships, skills that begin in early childhood and support later learning.



What is Happening in Wisconsin to Address this Issue?

Wisconsin Initiative for Infant Mental Health (WIIMH) is a group of professionals focused on promoting healthy social and emotional development of all Wisconsin children birth to age five.

One of the goals of WIIMH is to provide parents and people working with young children and their families, such as child care workers, home visitors and pediatricians, the knowledge, skills and practices that support healthy social and emotional development. All people working with young children need to know early warning signs and how to use screening tools. Referral processes need to be developed and streamlined. Finally, the mental health services for young children and their families must be accessible, affordable and based on models that result in positive outcomes.

WIIMH also publishes a monthly newsletter that includes a variety of information for everyone from parents to teachers to professionals in the field. Each issue includes articles, upcoming events, resources, and current activities of WIIMH. Anyone can subscribe, so feel free to share this with coworkers, friends and family.

For more information on how to get involved with WIIMH or to receive the monthly e-mail newsletter contact Julie Bark at 608-442-0360 or julie.infantmh@tds.net

Dr. David Elkind in Wisconsin

A report by Gayle Tylka CESA #4



We were fortunate in Wisconsin to have had this distinguished professor from Tufts University Department of Child Development here to address Early Childhood

professionals from around the state reminding us of the importance of our featured topic.

Gayle Tylka from CESA #4 and WDEC President-Elect and Professional Development Co-Chair had this to say about the enriching event:

In this era of No Child Left Behind, with emphasis on academic learning for young children, WDEC felt it was important to bring in a respected authority who could remind us all of what young children need to have—happy, healthy childhoods. Dr. David Elkind did just that. His message was simple: Be developmentally appropriate. Don't bend to the pressures to put academic learning ahead of all else. Foster healthy social/emotional development. Allow children to PLAY. Play is the child's natural avenue to learning; but it is also the "safety valve" children use to reduce stress in their lives. We must be vigilant when it comes to supporting and protecting children's mental health - trust play, and acknowledge the role it has in the healthy development of children.

For more information about this event you can contact Gayle Tylka at gtylka@cesa4.k12.wi.us

Mental Health and Wellness

By Jane Spencer, United Migrant Opportunity Services (UMOS)

Because of the negative connotation that Mental Health has in the Spanish language, UMOS Migrant Child Development Programs began using the term Wellness. Wellness is also the attitude and approach used to address the issues that children and families often face in the migrant lifestyle. Parent group's "platicas" (conversations) are held with a Wellness Consultant to discuss family issues and child behavior. The hope is to draw parents in, not turn them away, by approaching sensitive topics in a more positive manner. Children in the Migrant Head Start Program also have the opportunity to get involved in Friendship and Feelings Groups to learn more about themselves and positive ways to express themselves.

UMOS has taken the Wellness approach one step further to include staff. "Las Platicas" with staff are held in each of the 8 UMOS centers. In addition, a referral process has been implemented so that staff have individual access to the Wellness consultant as necessary.

It is important to UMOS that children and families have access to wellness services without any stigma attached. It is also important that the people working with the children everyday have that same access. Positive benefits of this approach include: having the Wellness Consultant accepted and welcomed in each center, children and families learning more about their social-emotional development, and staff that are feeling better about themselves and passing that on to the children they serve.

For more information you can contact Jane Spencer at jane.spencer@umos.org

A STATEWIDE VIEW

Growing Passion

I had the pleasure of E-Interviewing Diane Fett, the Birth to 3 Program Coordinator for Fond du Lac County and current Interagency Coordinating Council member, about an opportunity she had to participate in a national conference on this topic of mental health. Below are excerpts from that interview about her learning experience and her future hopes for Wisconsin.

- Please tell us a little bit about the conference you attended?

As a member of the State of Wisconsin's Interagency Coordinating Council, I was given the opportunity to attend the National Training Institute on Effective Practices Supporting Young Children's Social/Emotional Development in Clearwater Beach, Florida. The conference brought together over 400 professionals, literally from around the world, to learn about current research supporting promotion, prevention and intervention efforts related to the social and emotional development of young children. I was impressed with the diversity of professionals, from front line staff to administrators and policy makers, including Higher Education, Early Intervention, Head Start, Early Childhood, Child Care, and others. The conference was presented by the nation's most informed and renowned specialists, including Juliann Woods, Matthew Timm, Lisa Fox, Mary Louise Hemmeter and Barbara Smith to name a few.

- Why did you become involved in the topic of Mental Health and how did you gain the opportunity to attend the conference?

I think, like most in the field of early intervention, I was first drawn to learning about the Social and Emotional aspects of development out of frustration by my own lack of knowledge and understanding. We often come across children who we instinctively know something is amiss but struggle to truly know how to measure this area of development and intervene. I really believe that we are just now beginning to appreciate the impact



of social and emotional development on all areas of development and the complexities of genetics, experiences, and the environment on mental health. The Interagency Coordinating Council is extremely interested in this timely topic and committed to

strengthening our understanding of social and emotional development. I was asked to attend on the Council's behalf and to bring information back to the State of Wisconsin.

- What was most striking to you about the conference and the content shared?

Overall, what struck me most about the conference was the intense desire of professionals to learn about "evidence based practice." Wisconsin is not alone in its search for information and direction.

- How has the conference impacted your work with children and families on the topic of Mental Health?

The conference enhanced my capacity as a professional to respond appropriately to families who struggle to support their children's social and emotional growth. I especially benefited from training in developing Positive Behavior Support Plans, Functional Assessments, and understanding the functions of behavior and how social and emotional development reveals itself through the behaviors of children.

- What do you hope for the future in the area of child and family mental health?

It is my passionate hope, for the sake of children and families, that we as a state can develop the resources and knowledge necessary in order to identify and intervene when social and emotional concerns become apparent. And, that we can work together to assure the very

best potential in children. I am looking forward to the journey.

For more information about the conference you can contact Diane Fett at diane.fett@co.fond-du-lac.wi.us

Interview by Melissa Velez

What is the Experience of Parents Dealing with the Social Emotional and Mental Health Needs of their Children?

Interview by Melissa Velez with Bobbi Jo Holtet, Parent of Dina

I had the opportunity to speak to Ms. Bobbi Jo Holtet about her daughter Dina and some of the issues she has faced in raising a child with significant social emotional and mental health challenges. The intent of the interview was to gain a perspective on the experiences of families and how they have dealt with the issues they have faced in assuring positive mental health outcomes for their children.

Dina was a child with special needs who was adopted in 2001 by Ms. Holtet and her husband when Dina was 3 years old. Bobbi was informed that the potential existed for conditions such as Fetal Alcohol syndrome and/or Attachment disorder. One year into the adoption Dina began showing signs of what Bobbi thought was Attention Deficit Hyperactive Disorder (ADHD). Some of the behavioral symptoms noticed were aggression towards other children causing them to bleed, an inability to sit for any length of time, difficulty potty training, difficulty eating, aggression towards her mother, and the early childhood program that Dina was enrolled in was experiencing similar challenges. Bobbi looked to physicians for assistance, but she felt as though none of them would listen to her or pay attention to what was happening. Bobbi described an atmosphere that blamed her as the parent and pointed toward poor parenting skills as the problem. It wasn't until Dina began making negative statements that Bobbi and her husband were reported for suspected abuse and an investigation was conducted. It was then that professionals began paying attention to the challenges that the Holtet's were

facing. As the family engaged professionals for treatment and support, Bobbi began feeling frustrated with the inability of these professional to address Dina's behaviors. She was often told that Dina was too young to be treated or too young to be diagnosed with a mental health disorder. Dina was placed on medications to address the ADHD but the behaviors continued. As Dina got a little older diagnoses such as bipolar disorder, attachment disorder, obsessive defiant disorder, ADHD, and autism were explored. However, her young age impacted the physicians' ability to treat some of these disorders directly. Further testing revealed that Dina did not have Asperger's autism disorder.

Upon moving to another area of the state, the Holtet's were fortunate to find one doctor who helped them determine a diagnosis of reactive attachment disorder, anxiety disorder and post traumatic stress disorder. Prior to adoption, Bobbi was Dina's 9th mother, therefore contributing to some of the negative attachment behaviors that Dina was displaying. Dina was placed on 8 different medications so that she could attend school. Following the positive connection to a helpful professional the doctor left the area and again the family was referred to other professionals who were unable to treat Dina due to the severity of her behaviors. The family did find help but Bobbi felt they were at the mercy of the providers, as they demanded that the family do what they were told without question.

The family has now settled in a new area where treatment for Dina continues. Some of Dina's behaviors have improved while others have increased. At age six,

Dina is now at an emotional age of about 3-4 years old. Her medications are stable and as anything else, they have ups and downs and progress moves forward and backward. Dina now has her first friend and will soon attend her very first birthday party. Bobbi felt that it was important for her to share the lessons she learned along the way that made it possible for their family to thrive. Bobbi felt that building her personal knowledge base was critical to her daughters' treatment. Bobbi has read many books on the diagnoses' given to Dina and she has used the Internet as a source of learning and support. Bobbi has used that knowledge to talk to several doctors from around the country and to ask questions when she visits her current doctor's. Bobbi has also had meetings with other doctors not specifically treating Dina to gather more intervention strategies. Bobbi stated that it is important for parents to know what is happening with their children and to demand honesty from their medical providers. She felt that sometimes she had to push hard, but she believes that the parents know their child best and know what the needs are. Parents have to speak out to advocate for themselves. Bobbi is a graduate of the Parents as Leaders Program sponsored by Birth to 3 and the Waisman Center and credits that program with helping her become an advocate for Dina.

If you would like to learn more about the Holtet's experience you can contact Bobbi at holtet@webtv.net

Assessing Social Emotional Development and Mental Health

Mental health assessment for young children is difficult and sometimes untrustworthy because of many factors - temperament, developmental stages, the close tie between parent and child, and the impact of a particular day and its events. There are social/emotional components in most of the screening and assessment tools you may be using. However, still missing at this time are social-emotional instruments that cover birth (or even better, prenatal) to five in an intensive way around social-emotional issues. In order to assess young children's social emotional development and mental health you need to know how and when to:

- assess the child
- assess the parent/caregiver (because of the powerful impact on the child)
- assess the relationship
- refer to a mental health professional and/or early intervention Birth to 3 Program

Below are some resources to assist you in furthering your assessment capacity :

A task force at Zero to Three formed a Diagnostic Classification Task Force in the late 80's to develop a tool specifically for infants and toddlers requiring diagnosis and intervention. Go to www.Zerothreeto.org and look in their Infant Mental Health Resource Center for information about Diagnostic Classification: 0-3.

New Visions for the Developmental Assessment of Infants and Young Children, edited by Samuel J. Meisels and Emily Fenichel, is the most comprehensive book on the subject and may guide you in establishing your assessment protocol. You may order it from Zero to Three.

This brief was written by Alice Eberhart-Wright an Infant Mental Health professional in association with the University of Kansas. For more information you can contact Alice at AliceEW@aol.com

Intervention Strategies to Support Children's Social Emotional Development and Mental Health

- Gather history so that you understand family patterns, relationships, and events that have had an emotional impact.
- Pay attention to biological phenomena- family history, prenatal condition and any medical concerns at birth. Refer the family back to their medical home with specific questions.
- Observe the interactions between parent and child.
- Help the parent become involved in a positive way in all situations with the child. Brainstorm with the parent about the difficult times and things to try. If possible, be available at some of those times; i.e., bath time, feeding time, bedtime. Acquire reading materials and/or videotapes that you can share with the parent. Your intervention should encourage the parent to do his or her own thinking, observations, and goal setting. Involve other friends and family members in the visit so that a supportive network for the child and family is nurtured.
- Help the parent find a therapist for their intense psychological issues that may be blocking their energy and effectiveness with their child.
- Collaborate closely with other agencies the parents are involved with when screenings identify concerns; partnering with them regularly for evaluations, IFSP's, and ongoing intervention.
- If support systems are lacking, attend to that and work with the parent to access someone who can help them build some, finding extended family, neighbors, support groups, friends, helping agencies and services.
- Help the parent understand the importance of attachment and consistency so that multiple caregivers are avoided and a safe, predictable, loving environment becomes a priority.
- Always take into account parents' capabilities and needs in terms of level of reading material, ability to understand, language requirements, and cultural values. Adjust accordingly.
- Build your own knowledge base constantly through attending workshops, reading books, forming reading groups, and accessing the Internet.
- Use supervision and consultation to help you deal with difficult issues. Regularly evaluate each family's relationship to you and strive for a positive working partnership. Be careful of boundary issues so that you don't sacrifice your own life as well as defeat the goal of empowering families.

To learn more about these intervention strategies you can contact Alice Eberhart-Wright at AliceEW@aol.com.

Additional Assessment Resources

For information on the Ages and Stages Social Emotional Questionnaire please go to the following website for a power point description and ordering information. The tool is published by Brooks Publishing. <http://gucchd.georgetown.edu/documents/asqsejs.ppt>

For information on the Devereux Early Childhood Assessment that assesses areas of initiation, attachment and self control in ages 2-5 please go to www.devereuxearlychildhood.org

ANNOUNCEMENTS/UPDATES

Taking Learning to Task

The Wisconsin Personnel Development Project, RESource, and the Department of Health and Family Services Birth to 3 staff announce an addition to the WI Birth to 3 Training and Technical Assistance web site.

Beyond Basics: Application Station

<http://www.waisman.wisc.edu/birthto3/INTERACTIVELEARN.HTML>

Waisman Center
Wisconsin
Birth to 3 Training and Technical Assistance

Description • Staff • Contact Us • Links

HOME

•What's New

•Using This Site

Professional Development/
•Training

Birth to 3
•Basics

**Beyond Basics:
Application
•Station**

•Video Library

•For Families

For Health Care
•Providers

Beyond Basics: Application Station

Welcome!

Parents, providers, and all others working within Wisconsin's Birth to 3 Program are invited to explore the web pages within **Beyond Basics: Application Station**. Applying the guiding principles of Wisconsin's Birth to 3 Program, within the framework of HFS 90, in your daily life is often a result of reflection and hard work. These web pages are designed to assist you. Resources, information, and activities are provided that will allow you to take a deeper look at various concepts and organize your use of the Wisconsin Birth to 3 Training and Technical Assistance web site. The **Articles for Reading and Reflection** section will highlight research studies pertinent to early intervention. You will also have access to activities that will help you take a critical look at the concepts described in the studies. The **Learning Modules** section will tackle large areas, such as how to best perform various jobs, and the **Hot Topics: Resources and Discussion** section will focus on areas of concern to providers and families. Please be sure to visit often.

Articles for Reading and Reflection
[Effects of a Functional Therapy Program on Motor Abilities of Children with Cerebral Palsy](#)

Learning Modules
Fundamentals of services coordination. (Coming Soon)

Hot Topics: Resources and Discussion
[English Language Learners](#)

This new on-line learning opportunity will assist providers, parents, and others to apply the guiding principles of Wisconsin's Birth to 3 Program, within the framework of HFS 90. Look for information within the following three areas:

Articles for Reading and Reflection

Learning Modules

Hot Topics: Resources and Discussion

Information already on line includes:

Article: "Effects of a functional therapy program on motor abilities of children with cerebral palsy"

English Language Learners' resources and web discussion

Please note: Due to copyright requirements, access to all full text articles and discussion formats are limited to WI residents. When asked for a password, please enter the following:

Username: guest

Password: birth23

2004 Birth to 3 Leadership Event

Calling all people in Birth to 3 Leadership Positions (program administrators, coordinators and managers, staff supervisors and/or those with contract responsibilities)!

We are pleased to announce the 3rd Annual Birth to 3 Leadership Conference:

"Rethinking the Village" Diversifying Resources and Opportunities

Mark your calendars for this year's one day conference: **Tuesday, September 14th** at the Hotel Mead in Wisconsin Rapids.

Keynote speakers and sessions will feature:

- Building on community partnerships to expand the import of B-3 resources
- Using our resources more efficiently
- Seeking augmentative funding resources
- Growing and maintaining our workforce

Monday evening September 13 at the Hotel Mead there will be a social networking opportunity for Birth to 3, early childhood special education and parent leaders from across the State.

More information will be available at : <http://www.waisman.wisc.edu/birthto3/EVENTS.HTML>

Birth to 3 ICC

We are pleased to announce several new members of Wisconsin's Birth to 3 Interagency Coordinating Council (ICC). Welcome to Cindy Flauger – private provider, Program Director, Early Intervention Services, Winnebago County; Samantha Platkowski – parent representative, Brown County; Laura Saterfield – representative for WI Department of Workforce Development, Office of Child Care; Terri Vincent – parent representative, Rock County; Norma Vrieze – public provider, St. Croix County Birth to 3 Program; Penny Nangel - parent representative, Dane County; Andy Paulson – private provider, Integrated Developmental Services, Madison; Nicole Bowman-Farrell – Governor appointee, Shawano; Annetta Wright - parent representative, Dane County.

We extend a special thanks to former members Dale Schleeter – parent representative, Sawyer County, Jessie Raymaker (term ends July 2004) – Wisconsin Council of Developmental Disabilities representative, Green Bay, and Julia Herwig – Head Start for their years of commitment and service to Wisconsin's ICC.

These positions remain open: Representative of the State Legislature, Representative from Head Start, and additional parents and providers. If you have suggestions or are interested, contact David Sorenson at the Birth to 3 Program, sorendm@dhfs.state.wi.us.

For a complete listing of members and other information about the ICC, including meeting minutes and activities, check the new ICC website - <http://b3icc.state.wi.us/>.

The ICC last met on April 30 at the *Circles of Life Conference*. The next meeting will be a planning retreat in August to orient new members and conduct future planning. The next open meeting will be in November.

Early Childhood Special Education Faculty Offer Online Learning Options

As part of the Wisconsin Department of Public Instruction's State Improvement Grant (SIG), early childhood special education faculty have been working together to develop collaborative, statewide options to enhance Master's level and credit-based professional development course offerings. The first step is to announce to you, our EVENTS readers, these two online courses scheduled for Fall 2004.

UW-Milwaukee

Developmental Evaluations of Young Children with Disabilities, Exceptional Education -652 (3 credits). For more information contact, Mary McLean, Ph.D., instructor, mmclean@uwm.edu or visit http://www.soe.uwm.edu/pages/welcome/Departments/Exceptional_Education

UW-Stevens Point

Alternative Assessment Education, Education 790 (3 credits). For more information contact, Patty Caro, Ph.D., instructor, pcaro@uwsp.edu or visit www.uwsp.edu/cps/network

Watch for more information about other offerings in the Fall 2004 EVENTS.

Wisconsin Birth to 3 Work Force Survey

WE NEED YOUR PARTICIPATION!

- * Do you want to contribute to a greater understanding about the strengths and challenges of working in early intervention?
- * Have you wondered about why people choose to work in early intervention and what keeps them employed?
- * Do you wonder about the background and training needs of other people who work in early intervention?

The Professional Development Work Group of the Birth to 3 ICC Coordinating Council (<http://b3icc.state.wi.us/groups/persdev.htm>) invites all people who work in Wisconsin's Birth to 3 Program to complete the Wisconsin Birth to 3 Work Force Survey. We need 15-20 minutes of your time to tell us about your perceptions and experiences as an early intervention provider in Wisconsin's Birth to 3 Program.

For additional information and to complete this survey on-line go to the following address :

<http://www.waisman.wisc.edu/birthto3/work-force-survey/>

Note: If you print a copy of the online survey, you will miss a number of questions unless you select landscape, not portrait when you print.

For a hard copy, contact: Mary Shaw shaw@waisman.wisc.edu or 608-265-9852

Please complete this survey by **August 1, 2004**

Events Calendar

JUNE

- **Approaches to Working with Children with Multiple Disabilities**

When: 6/1/04

Sponsorship: Outreach Programs of the Wisconsin Center for Blind & Visually Impaired Children and WI Educational Services Program for the Deaf and Hard of Hearing

Location: Best Western Riverfront, Marinette

Contact Information: Heidi Sanftleben, heidi.sanftleben@wesp-dhh.wi.gov, 608-261-6326

- **Managing Threatening Confrontations**

When: 6/4/04

Sponsorship: Waisman Community Training and Consultation

Location: 122 E. Olin Avenue, Suite 100, Madison, WI

Contact Information: Community Training and Consultation, comm.training@waisman.wisc.edu, 608-265-9440

- **Birth to 3 Wisline Training**

When: 6/10/04

Sponsorship: Wisconsin Personnel Development Project and Wisconsin Department of Health & Family Services

Location: Local Wisline Sites in each county

Contact Information: Lynn Havemann,

havemann@waisman.wisc.edu, 608-263-5947, www.dhfs.state.wi.us/bdds/b3etn/index.htm

- **Wisconsin Statewide Autism Training**

When: 6/15/04 - 6/16/04

Sponsorship: DPI/CESA #7

Location: Green Bay, WI

Contact Information: Darlene Verhaagh, 920-492-5960 x626

- **Diversity Deafness: CATE-D/ HH Summer Institute 04**

When: 6/19/04

Sponsorship: University of Wisconsin-Milwaukee School of Exceptional Education

Location: UW-Milwaukee Hefter Center, 3271 N Lake Dr

Contact Information: Mary E. Pham, mepham@uwm.edu, 414-229-2955

- **NAEYC 13th National Institute for Early Childhood Professional Development**

When: 6/20/04 - 6/23/04

Sponsorship: NAEYC

Location: Baltimore, Maryland

Contact Information: www.naeyc.org

- **Wisconsin Statewide Autism Training**

When: 6/21/04 - 6/24/04

Sponsorship: DPI/CESA #7

Location: Middleton/Madison, WI

Contact Information: Darlene Verhaagh, CESA #7, 920-492-5960 x626

- **WATI Summer Training Institute**

When: 6/21/04 - 6/25/04

Sponsorship: Wisconsin Assistive Technology Initiative

Location: Amherst High School, Amherst

Contact Information: WATI, 800-991-5576, www.wati.org

- **Summer DD Network**

When: 6/24/04 - 6/25/04

Sponsorship: DD Network

Location: Sheraton Hotel, Madison

Contact Information: comm.training@waisman.wisc.edu, 608-265-9440

- **WATI Summer Training Institute**

When: 6/28/04 - 6/30/04

Sponsorship: Wisconsin

Assistive Technology Initiative

Locations: Chippewa Falls, Fennimore, Gillett, Green Bay, Kenosha, Milwaukee

Contact Information: WATI, 800-991-5576, www.wati.org

JULY

- **Community Access to Child Health (CATCH) and Medical Home National Conference**

When: 7/15/04 - 7/17/04

Sponsorship: American Academy of Pediatrics

Location: Chicago, Illinois

Contact Information: Jill Ackermann, jackermann@aap.org, 847-434-4917, www.aap.org/catch/nationalconf.html

AUGUST

- **Teaching Children to Hear, to Listen, and to Speak: A Workshop on the Auditory-Verbal Approach**

When: 8/16/04 - 8/18/04

Sponsorship: School District of Waukesha

Location: Lindholm Administration Building, Waukesha

Contact Information: Debbie Schrader, dschrade@waukesha.k12.wi.us, 262-970-1968

SEPTEMBER

- **Assessment For Student Success and Evidence-Based Training**

When: 9/1/04

Sponsorship: CESA 12

Location: CESA 12, 618 Beaser Ave., Ashland, WI

Contact Information: Joan Kiewit, joank@cesa12.k12.wi.us, 715-682-2363 ext. 117

Events Calendar

- **Third Annual Birth to 3 Leadership Event: Rethinking the Village, Diversifying Resources and Opportunities**
When: 9/13/04 - 9/14/04
Sponsorship: Wisconsin Personnel Development Project, Wisconsin RESource, and Wisconsin Department of Health & Family Services, Birth to 3 Program
Location: Hotel Mead, Wisconsin Rapids, WI
Contact Information: Lynn Sankey, WPDP, 608-263-5022, sankey@waisman.wisc.edu, www.waisman.wisc.edu/birthto3/bto3leadership.html

- **Certificate Program in Deafness Rehabilitation Service**
When: 9/13/04 - 10/1/04
Contact Information: Sue Ouellette, Project Director, jgregory@niu.edu, 815-753-9125

OCTOBER

- **Children Connect Us**
When: 10/14/04 - 10/16/04
Sponsorship: WECA, WDEC
Location: The LaCrosse Center, LaCrosse
Contact Information: Conference Manager, WECA, conferencemanager@wecanaeyc.org, 608-240-9880, www.wecanaeyc.org
- **Orientation to Best Practices in Birth to 3**
When: 10/14/04
Sponsorship: Wisconsin Personnel Development Project
Location: The LaCrosse Center, LaCrosse
Contact Information: Lynn Sankey, WPDP, 608-263-5022, sankey@waisman.wisc.edu, www.waisman.wisc.edu/birthto3/orientation.html

- **Child Sexual Abuse**
When: 10/18/04 - 10/21/04
Sponsorship: UW-Madison Dept of Professional Development & Applied Studies and Family Sexual Abuse Treatment, Inc.
Location: Marriott-Madison West, Middleton
Contact Information: midwest@dcs.wisc.edu, 608-263-5130 or 800-442-7107

FALL/WINTER

- **Orientation to Mentoring for Early Childhood Education and Care Professionals**
When: Fall 2004 and Spring 2005
Sponsorship: CESA #8 (WI DPI Preschool Discretionary Grant)
Location: Computer Online Training/Course
Contact Information: Jayne Baumgart, jbaumgart@new.rr.com, 920-434-9162, www.cesa8.k12.wi.us

- **Zero to Three 19th National Training Institute**
When: 12/3/04 - 12/5/04
Sponsorship: Zero to Three
Location: Sacramento Convention Center, Sacramento, CA
Contact Information: www.zerotothree.org

- **Division for Early Childhood 2004 - 20th Annual International Conference**
When: 12/5/04 - 12/8/04
Sponsorship: DEC
Location: Sheraton Hotel & Towers, Chicago
Contact Information: DEC, dec@dec-sped.org, 406-243-4730, www.dec-sped.org/annualconference

Job Postings Speech Language Pathologist

Lutheran Social Services
W226N555A Eastmound Dr.
Waukesha, WI 53186

Are you a certified SLP seeking meaningful work with young children and their families? Flexible scheduling? Possible alternative hours? Setting your own schedule? Multiple opportunities available. Please call, FAX or send your resume to Lutheran Social Services Birth to 3 attn. Missy Kueht-Becker

For Questions please call
262-896-3446/cell 262-424-9847
Fax 262-896-3450

Equal Opportunity Employer

Speech Language Pathologist Consultant

UMOS Migrant Child Development Programs

SLP needed to carry out Special Services program for Migrant Head Start speech referrals including evaluations and IEP development, parent and staff education, and classroom observations. Position is located in Rice Lake, WI and is contractual, Part Time, June through October.

For more information please call
UMOS at (920) 232-9611

Speech Language Pathologist

Outagamie County Early Intervention
3375 Brewster Street
Appleton, WI 54914

SLP needed to serve children in the Birth to 3 program in Outagamie county. Pediatric Experience is preferred.

For more information please call
Wendi Schreiter at (920) 749-5870
or email Wendi at
wschreiter@vpind.com

BIRTH TO 6 EVENTS
WAISMAN CENTER—ROOM A103
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MADISON, WI 53705-2280
PHONE: 608-263-5022

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Birth *to* **6** EVENTS

Wisconsin Personnel Development Project

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For additional information, call 608-263-5022, 1-800-532-3321, or email sankey@waisman.wisc.edu
Deadline for submissions to next EVENTS: August 1, 2004.

WPDP website: www.waisman.wisc.edu/birthto3/