

INTRODUCTIONS

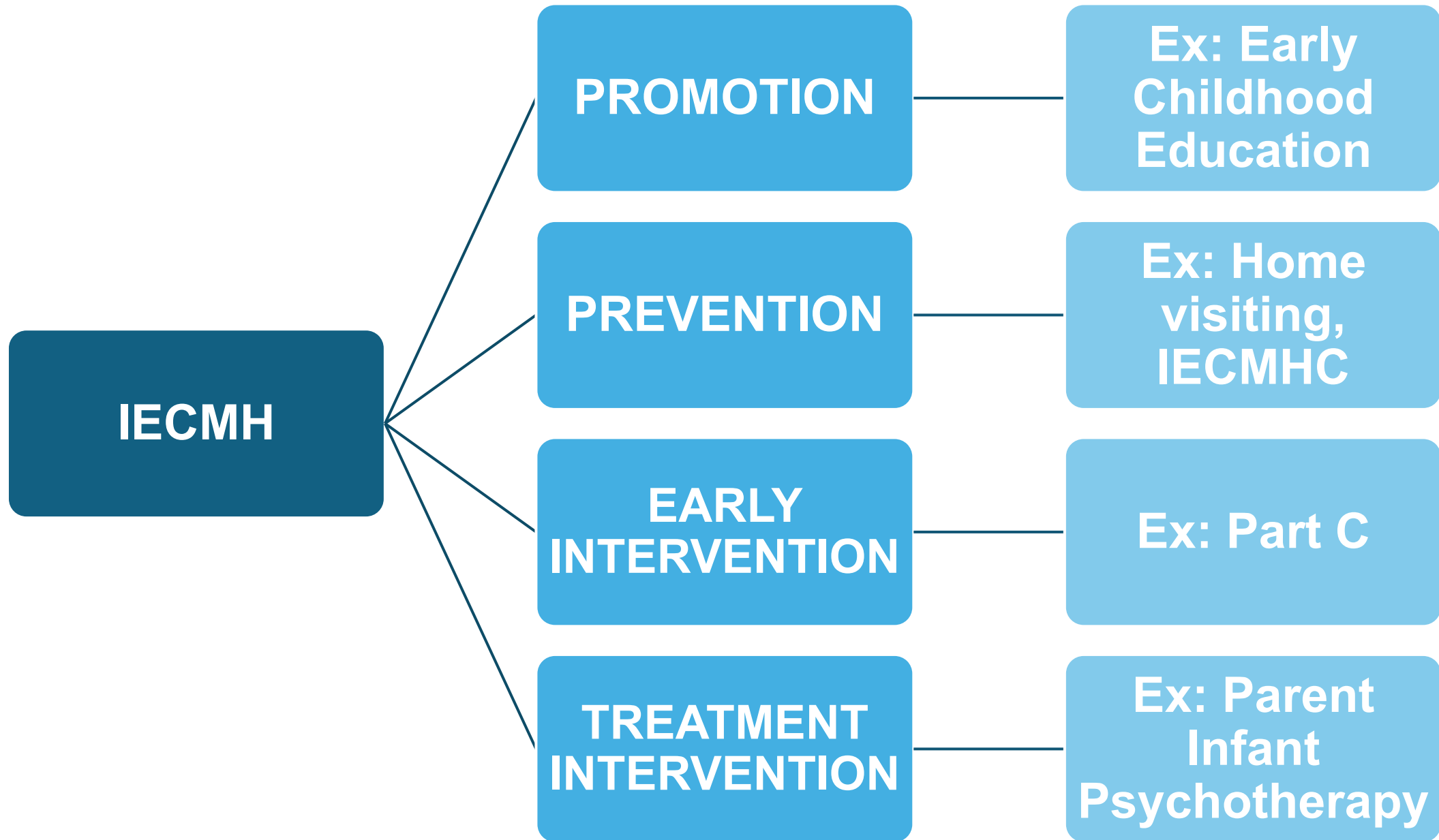
Tell us:

1. Your name & organization
2. What do you most hope to learn today?
3. Which fictional character would you most like to be friends with?

Infant & Early Childhood Mental Health



IECMH ≠ IECMHC





Infant and Early Childhood Mental Health:

- The mental well-being of babies and young children, in the context of their relationship with their parents/caregivers
- An interdisciplinary field of research
- **Principles that inform cross-sector practice with infants, young children, caregivers and families**

IECMH Definitions

From ZERO TO THREE

The developing capacity of the infant/young child to form close and secure relationships; experience, manage, and express a full range of emotions; and explore the environment and learn—all in the context of family, community, and culture.



ZERO TO THREE

Early connections last a lifetime

From Dr. Barbara Stroud

Family culture is present in all caregiving interactions. It is within culturally informed relationships that all development unfolds. Children learn to experience, regulate, and express emotions as defined by their cultural communities. Children form protective relationships with caregivers that can ensure their safety within inequitable and racist environments. **Children bring their cultural self to learning environments using explorations, yet some are encouraged while others are punished**



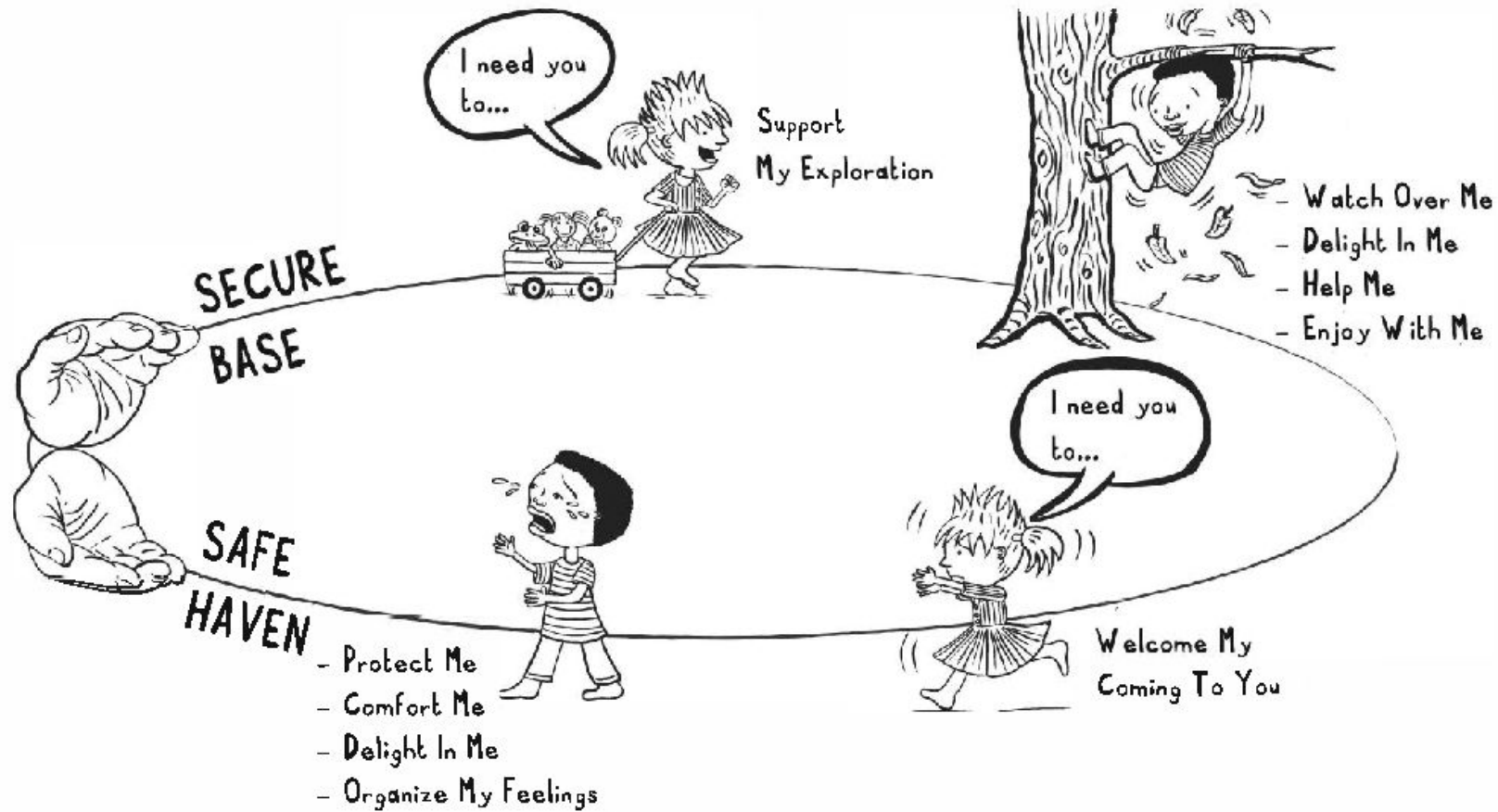
Center on the Developing Child at Harvard

“As early experiences shape the [architecture of the developing brain](#), they also lay the foundations of sound mental health. Disruptions to this developmental process can impair a child’s capacities for learning and relating to others — with lifelong implications. By improving children’s environments of relationships and experiences early in life, society can address many costly problems, including incarceration, homelessness, and the failure to complete high school.”

And we can improve the quality of their lives now. So that they experience more:

- Joy
- Contentment
- Connection
- Belonging: To know they are cherished by at least one adult

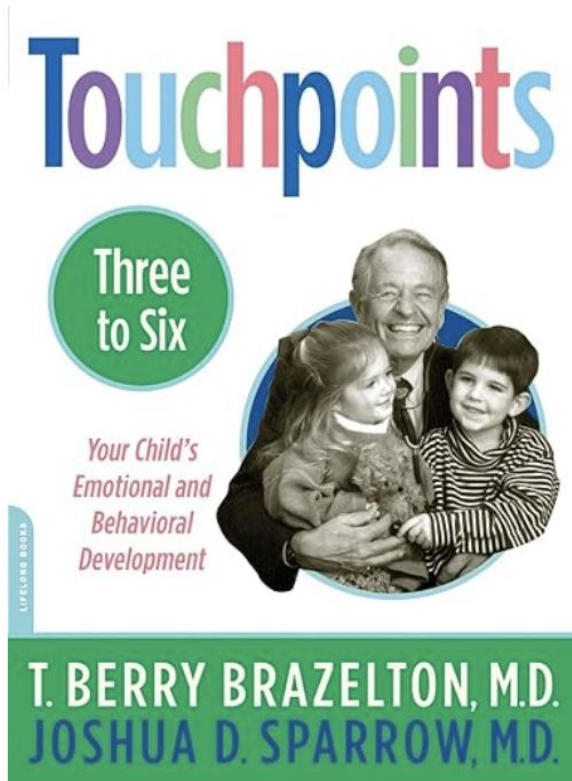




Behavior as Communication

From T. Berry Brazelton's Touchpoints: 3-6:

*“Parents become locked in battle with their children not because they don’t care, but because they care so much. As children explore the reactions of adults and struggle towards autonomy, they are bound to hit upon areas that are difficult for parents. When parents find themselves overreacting, the time has come to pull back and to reconsider the reason for the tension association with the child’s behavior: Is it appropriate for the child’s developmental stage? **What is the hidden message behind the behavior?** Does the behavior represent the child’s struggle with an emerging developmental competence? In other words, a parent’s first job is to understand the child: then, parents can reevaluate their own reactions.”*



The Meaning of Behavior



"My child is not giving me a hard time, my child is having a hard time."

Dr. Barbara Stroud proposes switching from “challenging behaviors” to “**necessary engagement strategies.**”

IECMH principles encourage us to slow down and observe closely. The principles encourage us to view the situation from their perspective and - often through trial & error - understand what the child needs from their parent/caregiver.

Nature or Nurture? Yes.



“The interaction of genes and experience affects childhood mental health. Genes are not destiny. Our genes contain instructions that tell our bodies how to work, but the chemical 'signature' of our environment can authorize or prevent those instructions from being carried out. The interaction between genetic predispositions and sustained, stress-inducing experiences early in life can lay an unstable foundation for mental health that endures well into the adult years.”

How do you talk about IECMH?

- SMALL GROUP ACTIVITY (15 minutes)
- Break into groups of 4-5
- Develop your own verbal description of IECMH
- No more than 30 seconds (Elevator Pitch length)
- Imagine explaining it to your uncle or anyone who is not a part of an early childhood field



Trauma in the early years



Toxic Stress

“Toxic stress can damage brain architecture and **increase the likelihood that significant mental health problems will emerge either quickly or years later**. Because of its enduring effects on brain development and other organ systems, toxic stress can impair school readiness, academic achievement, and both physical and mental health throughout the lifespan. Circumstances associated with family stress, such as persistent poverty, may elevate the risk of serious mental health problems. Young children who experience recurrent abuse or chronic neglect, domestic violence, or parental mental health or substance abuse problems are particularly vulnerable.”

Antidote to Toxic Stress = Relationships

Safe & supportive relationships are critical for infants and young children who have experienced trauma. Offering supportive relationships, with cultural humility, to parents/caregivers is an effective strategy that helps the parents/caregivers offer safe & supportive relationships to the little ones in their care.



IECMH informs work across the sectors

PROMOTION

- Early childhood educators and childcare providers, doulas, parent educators, etc.

PREVENTION

- Healthy Families America, Nurse Family Partnership, Parents as Teachers, Pyramid coaches, IECMH consultants, etc.

EARLY INTERVENTION

- Part C family service coordinators, SLPs, OTs, PTs, etc.

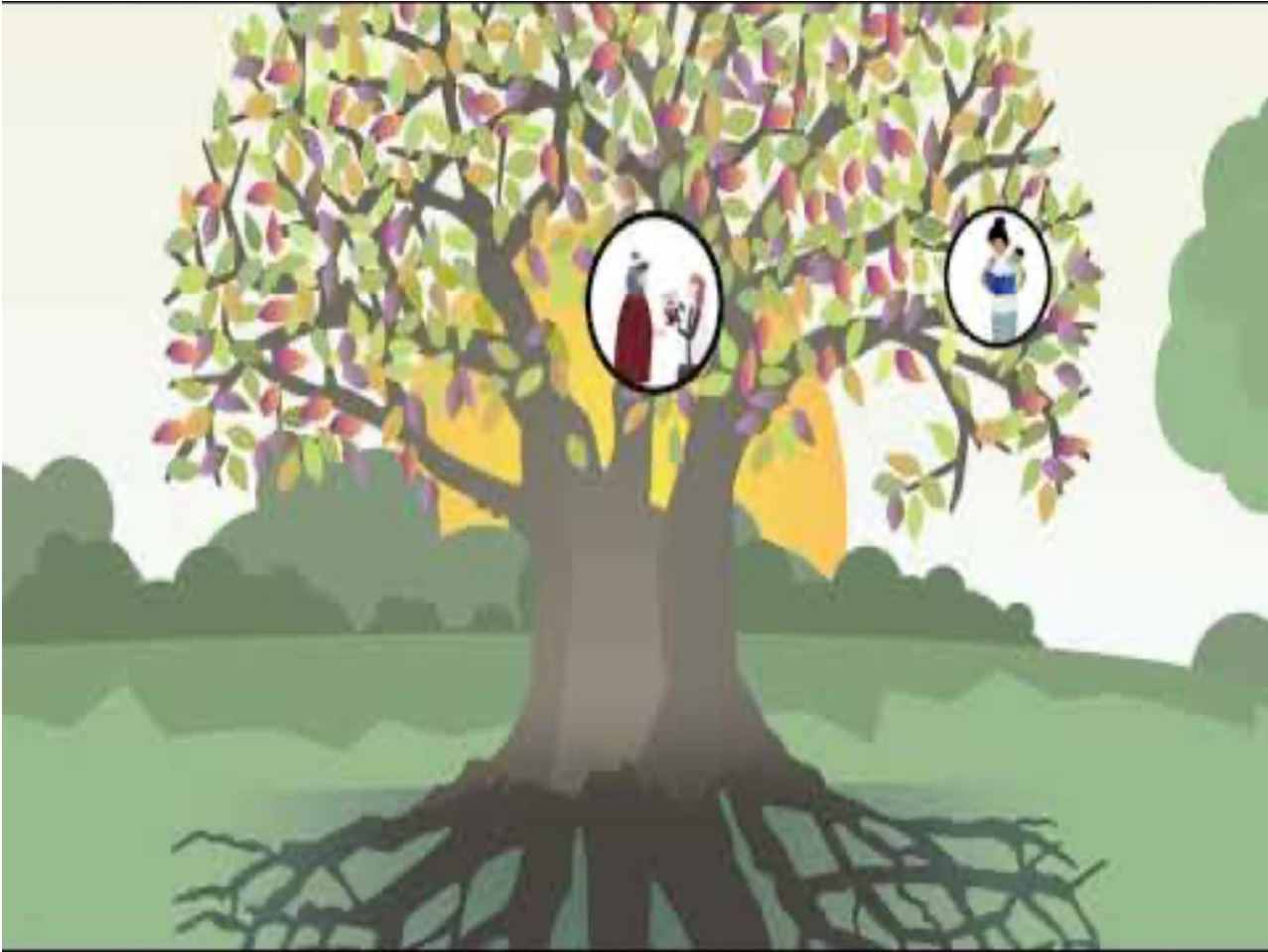
TREATMENT

- Parent-infant psychotherapists, IMH Home Visitors, Child First clinicians, Minding the Baby, Child Parent Psychotherapy, etc.

INDIRECT

- Providers of reflective supervision/consultation, program administrators, policy makers/advocates, research/faculty, etc.

Strong Roots



Parents &
caregivers need
support in order to
give support to the
children in their
care



ALLIANCE FOR THE ADVANCEMENT OF INFANT MENTAL HEALTH

ADDRESSING SUSPENSION AND EXPULSION IN EARLY CHILDHOOD EDUCATION SETTINGS:

An Infant and Early Childhood Mental Health-
Informed Approach

Applying IECMH into Early Childhood Education

“An ECE workforce trained in infant and early childhood mental health is essential to ending ECE suspensions and expulsions.”

- Support ECE workforce in attending to the early relational health needs of all infants, toddlers, young children, and their families
- Prevent early childhood education suspension, expulsion, and exclusionary practices AND replace suspension, expulsion, and exclusionary practices with support and professional development strategies
- **Ensure early childhood educators have access to funded IECMH-informed training, technical assistance, consultation, and reflective practice supports**
- Address the developmental needs of all infants/young children, including those with disabilities and those who are Black, Indigenous, or infants/young children of color, ensuring that equity is infused into all systems supporting infants, young children, and their families

Takeaways

- Using the small post its on your table, write your top 3 takeaways
- What will you remember and apply in your work?



Consultant Competencies



Building Competency



Fidelity

Flexibility

Core
Elements

Culturally
Responsive

Drive
Program
Evaluation

Responsive to
Settings

Evidence
Based

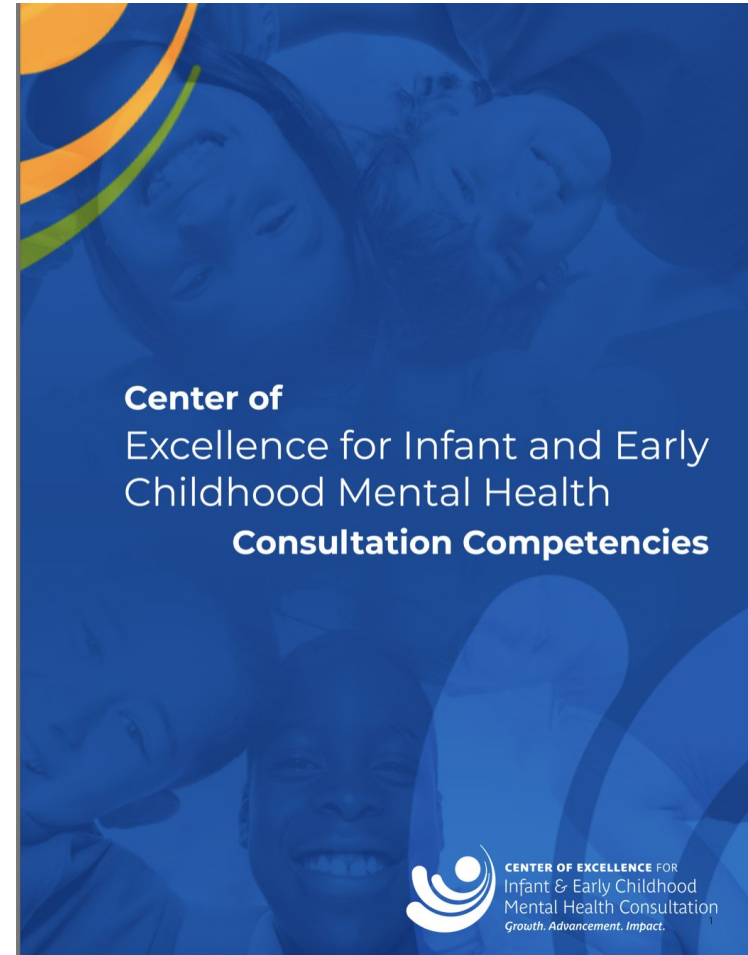
Responsive to
Communities



Center of Excellence on IECMH Consultation

Competency Domains include:

1. Role of the IECMH Consultant
2. Equity & Inclusion
3. Foundational Knowledge
4. Reflective Practice
5. Child- & Family-Focused Consultation
6. Classroom & Home Consultation
7. Programmatic Consultation



Role of the IECMH Consultant Examples

1C2: Demonstrates an **ability to support the emotional well-being and relational health of infants and young children, and their caregivers**, and **promotes a shared and accurate understanding** of infant, young child, family, and provider needs. Demonstrates an **understanding of how needs may vary based on families' experiences with racial/ethnic, language or ability inequities**.

1D.2: Demonstrates the ability to engage in a **flexible and varied “use of self”** based on the unique needs of a program or other setting, its context, and the relationships involved (i.e., in a range of situations, is able to serve as an observer, listener, facilitator, problem solver, and/or educator).

Foundational Knowledge Examples

2D.5: Embraces the importance of **seeking to understand the perspectives and experiences of others** in the context of consultation.

2C. 1: **Understands and supports cultural variations** in development, child-rearing practices, and caregiver expectations.

Equity & Inclusion Examples

3B.4: Demonstrates the ability to **recognize personal limitations** in knowledge of particular cultures and seeks to learn more about different cultures.

3C.2: Works with programs and other settings to promote cultural sensitivity so that language and culture are respected, families are provided with culturally and linguistically appropriate materials, and **staff are offered training opportunities focused on increased cultural responsiveness.**





IMH or ECMH
Endorsement
demonstrate a
strong foundation
for prospective
consultants

Competency Crosswalk

- Identifies the most critical consultation competencies
 - Essential = *
 - Important = ...
- Shows where the Endorsement competencies fully or partially address the consultation competencies



IECMH Consultation Competency Domain	IFS/ECFS Meets/Partially Meets Essential Core Skill
Role of the IECMH Consultant	64%
Foundational Knowledge	68%
Equity & Inclusion	100%
Reflective Practice	40%
Child- and Family-Focused Consultation	62.5%
Classroom- and Home- Focused Consultation	0%
Programmatic Consultation	0%

IECMH Consultant Attributes	IFS/ECFS Meets/Partially Aligns with Attribute
Enjoyment of the consultative setting(s)	Unique to applicant
Reflect the community served	Unique to applicant
Reflective Capacity	
Openness to New Information	
Capacity to tolerate ambiguity	Unique to applicant
High value on reflection and relationships	
Cultural awareness and sensitivity	

Consultative Stance

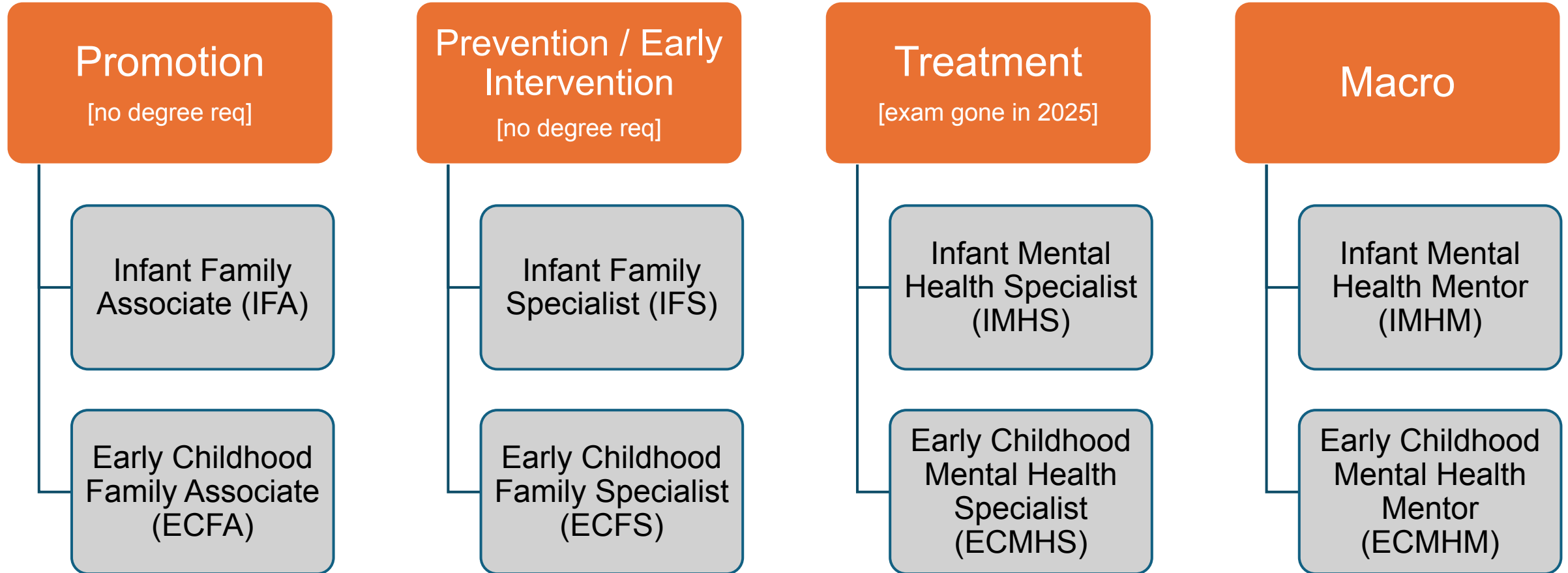


1. Mutuality of endeavor
2. Avoiding the position of sole expert
3. Wondering instead of knowing
4. Understanding another's subjective experience
5. Considering all levels of influence
6. Hearing and representing all voice" —especially the child's
7. The centrality of relationships
8. Parallel process
9. Patience
10. Holding hope

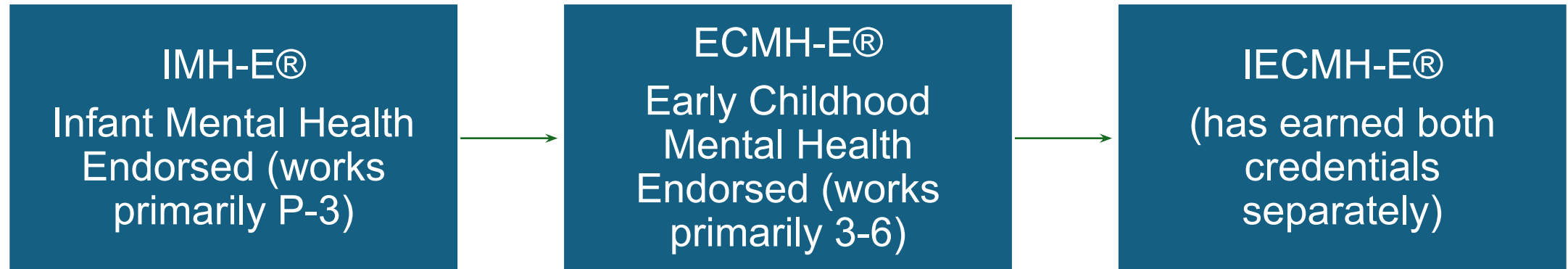
What is Endorsement?



Endorsement Categories = Scope of Practice



Credentials



	Infant Early Childhood Family Associate	Infant Early Childhood Family Specialist	Infant Early Childhood Mental Health Specialist	IECMH Mentor - Clinical, Research/Faculty, or Policy	(Add-On) Endorsed Reflective Supervisor
Scope of Work	PROMOTION	PREVENTION/ EARLY INTERVENTION	CLINICAL INTERVENTION/ TREATMENT	MACRO	Prerequisite: Family Specialist or Mental Health Specialist Endorsement®
Education	Any academic degree OR Min. 2 yrs. of early childhood related work experience	No Degree	Masters, Post-Graduate	Masters, Post-Graduate	NA
Work Experience		Min. 2 yrs. of prevention and/or early intervention services with 0 up to 6 yr. olds & their caregivers/families; served a min. of 10 families	Min. 2 yrs. post-masters IECMH practice working on behalf of caregiver-young child relationship	Min. 3 yrs. as an IECMH practice leader Plus provider of RSC for 3+ yrs. (Clinical)	NA
In-Service Training	Min. 33 hrs.	Min. 33 hrs.	Min. 33 hrs.	Min. 33 hrs. (Policy & Research/Faculty) Min. 48 hrs. (Clinical)	Min. 15 hrs.
References	3	3	3	3	2
Reflective Supervision with a Qualified Provider	Not required	Min. 24 hrs. received	Min 50 hrs. received	Min. 50 hrs. received; 25 hours about the provision of RSC (Clinical only)	1 year of providing RSC to infant-family professionals while receiving 12 hours of RSC from a qualified provider about your provision of RSC to others.
Written Exam	No	No	Yes	Yes	No

Endorsed Reflective Supervisor



This is an "add-on" for endorsees that documents experiences and skills specific to the provision of RSC



Family Specialist and Mental Health Specialist professionals will have the opportunity to apply for the ERS add-on starting in January 2024.

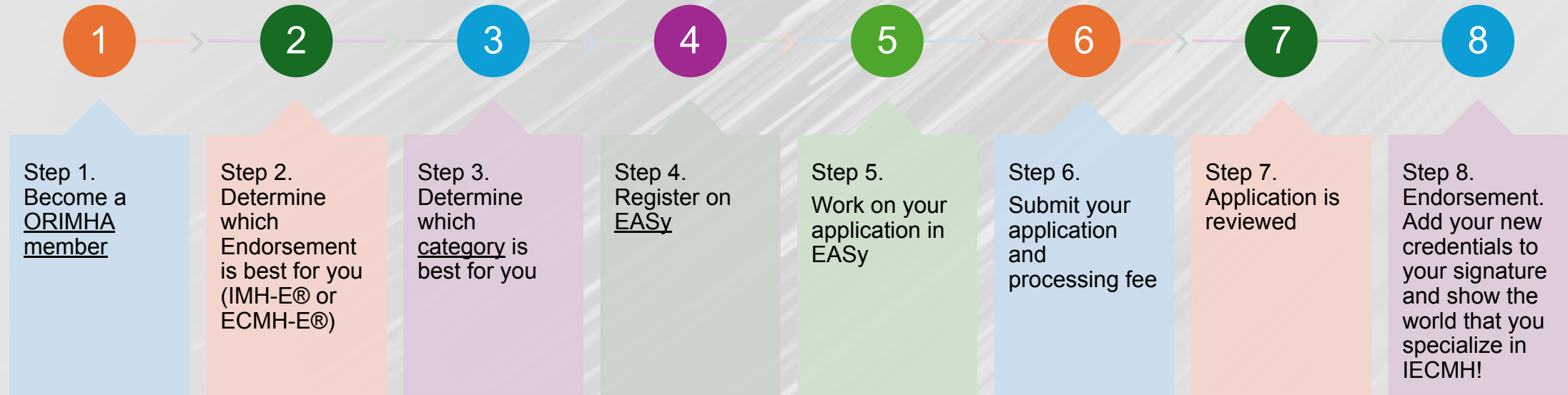


To earn the ERS add-on, professionals must hold an Endorsement as a Mental Health Specialist or Family Specialist



Not tied to a degree. Honors lived experience. Focuses on documenting competencies, not on "how" competencies are accrued.

Applying for Endorsement (en Español or English)





Veronica Rosa-Sandoval (she/her)

BILINGUAL/ BICULTURAL WORKFORCE
DEVELOPMENT SPECIALIST

Bilingual/Bicultural Endorsement Support

Horas de soporte virtual

¿Tienes preguntas sobre el Endoso? Venga al horario de oficina para saber más sobre Endoso y para hacer cualquier pregunta que pueda tener. ¡Entra en cualquier momento!

Cada lunes, a las 9am.

Únase desde su computadora, aplicación móvil o dispositivo de sala

Haga clic aquí para unirse a la reunión

ID de reunión: 234 194 483 283

Código de acceso: Bfgy5p

Para completar el proceso de registro en español, siga este enlace: <https://orimha.myeasy.org/es>

We can leverage
Endorsement to
find and support
prospective IECMH
Consultants

DIVERSITY-INFORMED TENETS FOR WORK WITH INFANTS, CHILDREN, AND FAMILIES

Irving Harris Foundation Professional Development Network Tenets Working Group



THE TENETS

DIVERSITY-INFORMED TENETS FOR WORK
WITH INFANTS, CHILDREN & FAMILIES

- 1. Self-Awareness Leads to Better Services for Families**
2. Champion Children's Rights Globally
3. Work to Acknowledge Privilege and Combat Discrimination
- 4. Recognize and Respect Non-Dominant Bodies of Knowledge**
5. Honor Diverse Family Structures
6. Understand That Language Can Hurt or Heal
7. Support Families in Their Preferred Language
- 8. Allocate Resources to Systems Change**
- 9. Make Space and Open Pathways**
10. Advance Policy That Supports All Families