



***Oregon Regional
Service Providers -
Community of
Practice (CoP)***

Thursday October 3,
2024

FACILITATORS:

NICHOLE PARADIS PANGBURN LMSW,
IMH-E®

SONDRA STEGENGA PH.D., MS., OTR/L



WELCOME
WE'RE GLAD YOU ARE HERE!

What weather term best describes how you are doing today?



Agenda

- Welcome & Introductions
- Administrative updates - Katrina (20 minutes)
- Reminders - what is the purpose of the community of practice? (Sondra)
- Implementation planning check-in. (15 min) - Sondra
- Small group discussion in breakout rooms: (10 min)
- Overview of Diversity-Informed Tenets for Work with Infants, Children, and Families: (15 min) - Nichole
- Culturally responsive practices: What does that look like in hiring IECMH Consultants (15 min) - Nichole
- Wrap Up and Reminders
- Open Office: 10:30-11a

Reminder - What is a Community of Practice?

“A community of practice (CoP) is a group of people who share a common concern, a set of problems, or an interest in a topic and who come together to fulfill both individual and group goals.

Communities of practice often focus on sharing best practices and creating new knowledge to advance a domain of professional practice. Interaction on an ongoing basis is an important part of this.”

Edmonton Regional Learning Consortium:

<https://www.communityofpractice.ca/background/what-is-a-community-of-practice/>

Key Characteristics of Successful CoPs

1. Focused: Shared domain/topic of interest
2. Goal is for Improvement and Knowledge Gain
3. Consistency!



Why a Community of Practice?

Connect - Learn - Grow

Change the World!





I can't change the world
by myself ... but it does take

Somebody to start.

Richard Branson

SOL

OMSYMPHONYOFLOVE.NET
Image by Naomi Booth from Pixabay

Administrative Updates

Katrina Miller, LCSW (Infant
& Early Childhood Mental
Health Specialist with the
Oregon Department of Early
Learning & Care)





What is Infant and Early Childhood Mental Health Consultation?

"Infant and Early Childhood Mental Health Consultation is an indirect, multilevel service in which infant and early childhood mental health consultants (IECMH consultants) partner with the adults in young children's lives to build their capacity to foster healthy social-emotional development.

With roots in infant mental health and community psychiatry, IECMH Consultation is intended to be a force for social justice, serving children and families who are at risk for negative mental health outcomes and affected by systemic inequities by working to foster strengths in their caregiving environments."





Mental Health Consultants



IECMH consultants:

- Support young children's social and emotional health indirectly by strengthening the adult caregivers' capacities
- Draw upon relational skills, mental health training and knowledge of evidence-based strategies; they do not use a prescribed training/intervention package
- Collaborate with the caregivers they support

IECMH Consultation: Is vs. Is Not

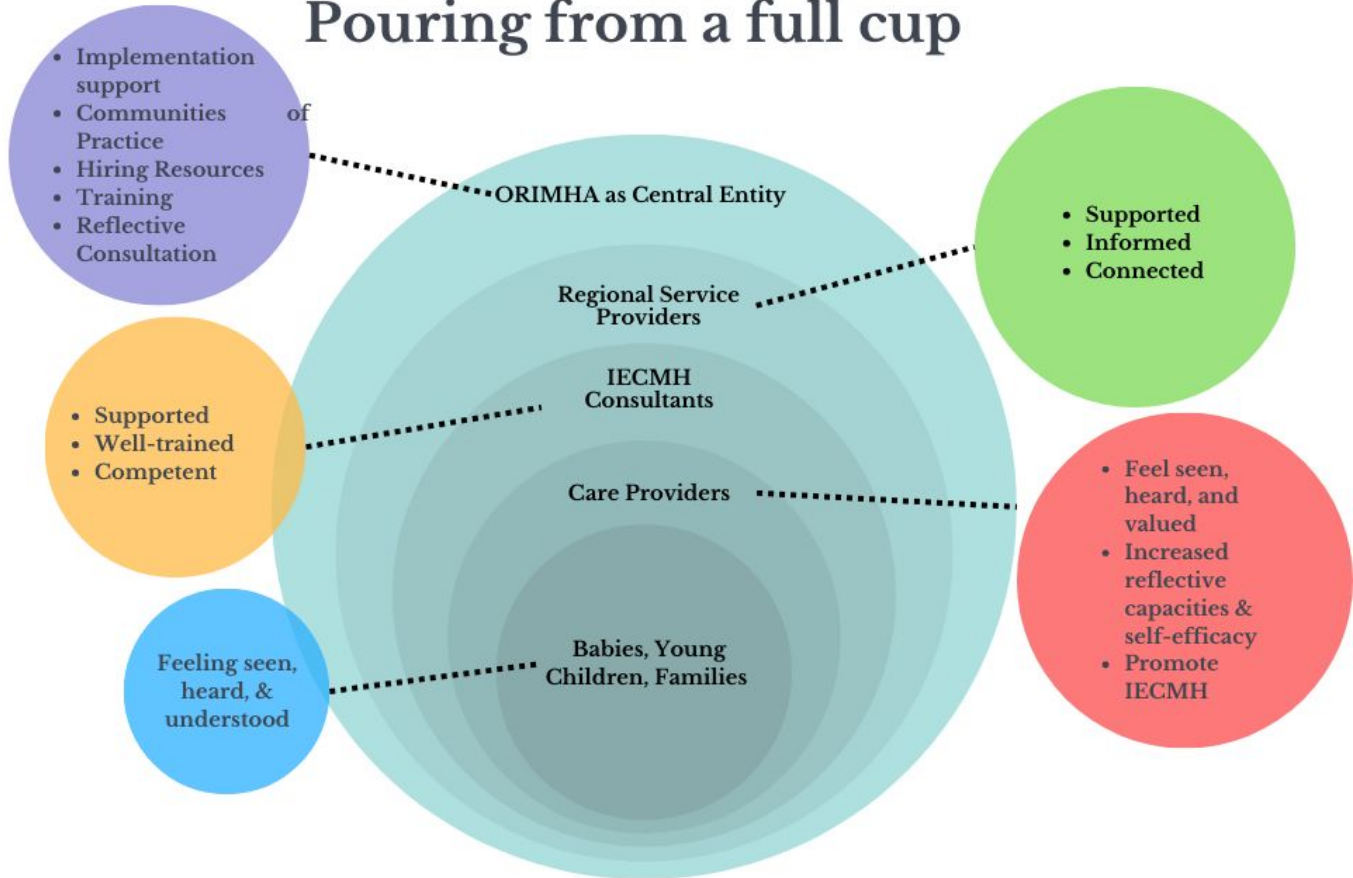
Is

- An indirect service aimed at the adult relationships surrounding the infant / young child
- An application of mental health training to create therapeutic alliances with providers and to model & foster reflection and self-awareness AND to understanding infants' and young children's relational health needs
- Proven to be effective in improving child social-emotional wellbeing, providers' social-emotional support for children, & programmatic changes
- Adaptable to meet a community's needs

Is Not

- Therapy or any direct intervention with the infant / young child
- Therapy for providers
- Coaching
- A "quick fix" or the only strategy necessary
- Prescribed or manualized (or "rigid")

Pouring from a full cup





Leveraging the
Science of Implementation!

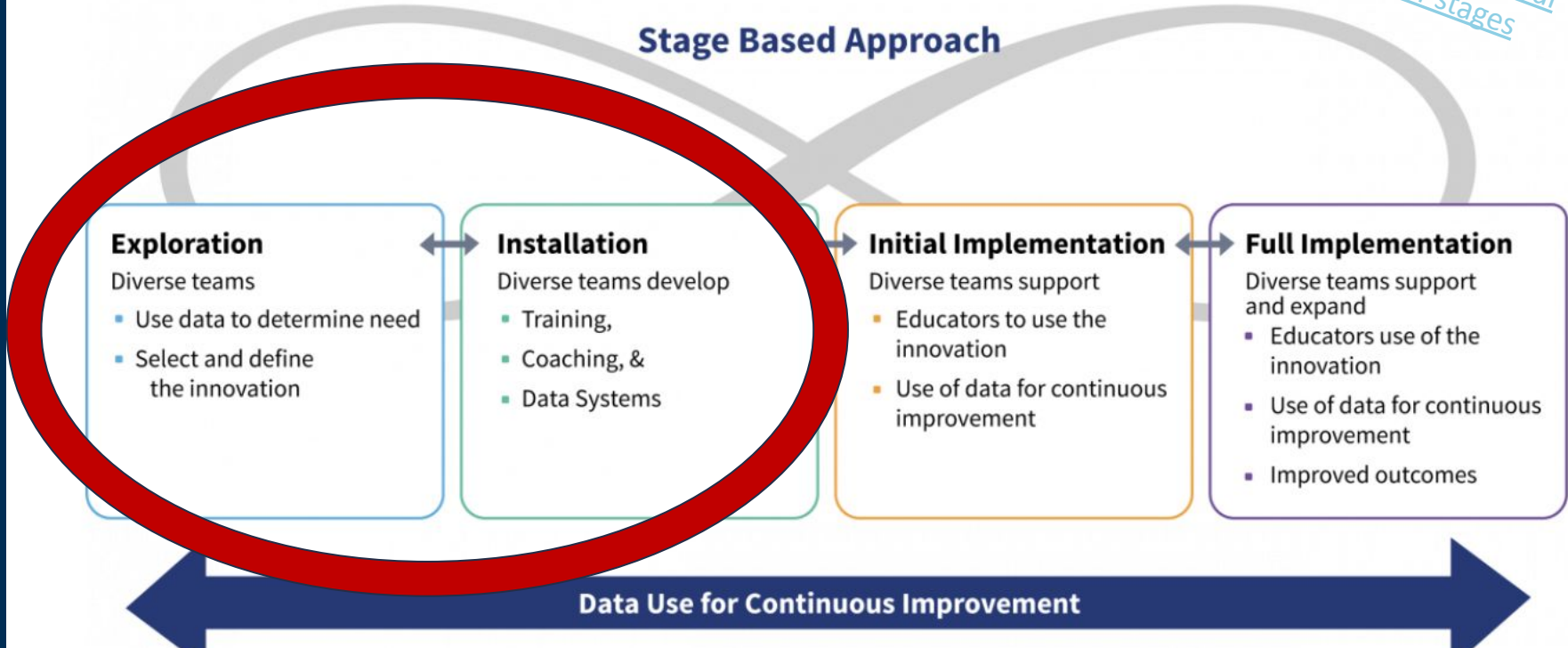
To optimize outcomes,
an intentionally planned and stage-based approach is
being used to improve chances of implementation and
sustainment of IECMH consultation that is meaningful to
EACH community!

Implementation Stages

Learn more here!!
<https://nirn.fpg.unc.edu/module-1/implementation-stages>

Key to the Learning Process...

Stage Based Approach





(Examples of Supports in the Pre-Implementation Stages)

- Training on IECMH consultation - **WHAT** it is and **WHY** it is important
- Peer to Peer supports - Monthly Virtual Communities of Practice (CoP) (Started in August 2024)
- Intensive training and planning supports - In-Person Communities of Practice planned at least quarterly through spring 2025 (November 2024 next in-person all day events)
- **Consistent messaging** - Bi-weekly email communications on IECMH consultation and implementation tools and supports
- Clarifying **endorsement requirements** ORIMHA website with resources
- Alternative pathways to endorsement to promote equity in hiring opportunities and flexibility for communities while maintaining quality
- Creating **thoughtful stage-based plans for implementation**
- Hiring supports
 - Sample job descriptions*
 - Sample interview questions & suggested hiring practices
 - Identifying and addressing training gaps
- Opportunities for **reflective consultation**
- Etc.!



Regional Service Providers – Upcoming Work

(Examples of Supports in the Pre-Implementation Stages)

- Individual support meetings with RSP teams not able to attend on Sept. 5 in person all day training and implementation planning
- Planned trainings and community of practice in October and November that include **focused discussion on centering racial equity** in practices, implementation, and systems change
- Expanding on knowledge of IECMH consultation – delving into the details of 'HOW' it looks in practice (fidelity)
- Further **tools and systems change supports** (data and fidelity tools, finalizing implementation plans, etc.)
- Deep dive on hiring practices and equity in hiring and interviewing
- Alternative **pathways to endorsement**
- Rethinking systems and policies
- **Early adopters (**CHAMPIONS)** - Cohort 1 identification and onboarding
- Plan, do, study, act – improvement cycles before Cohort 2 implementation in 2025!

A Quick Review of Some of our Guided Implementation Planning and Supports



Tools for Planning!



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FRANK PORTER GRAHAM CHILD DEVELOPMENT INSTITUTE

**The Hexagon Tool
and
Stages of Implementation Planning
Tool**

The Hexagon: An Exploration Tool

Hexagon Discussion & Analysis Tool Instructions



September 2020

FREE DOWNLOAD

https://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/imce/documents/NIRN%20Hexagon%20Discussion%20Analysis%20Tool_September2020_1.pdf

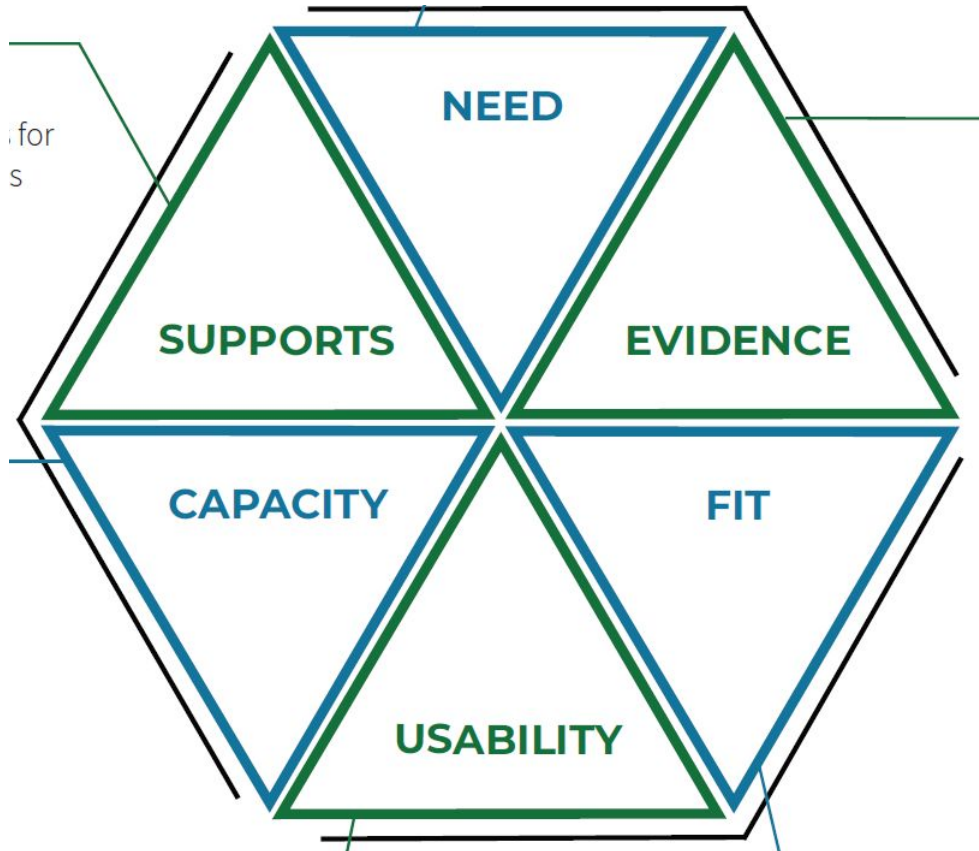


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NATIONAL IMPLEMENTATION RESEARCH NETWORK

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Overview of the Hexagon Tool



NEED

- Target population

EVIDENCE

- Strength of evidence

FIT

- With current innovations

USABILITY

- Well defined practice

CAPACITY

- Knowledge, skills, ability to use the innovation

SUPPORTS

- Training, coaching, and data use system



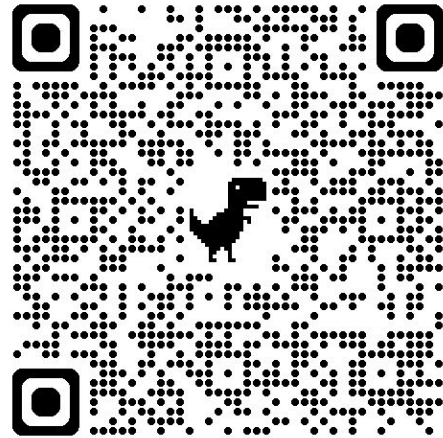
Implementation Stages Planning Tool



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Our Focus – Exploration and Installation

IMPLEMENTATION STAGES CHECKLIST

Assess your team's progress within important stage-based activities for your current stage of implementation. Once you have done so, review progress within previous or subsequent stages to identify improvements and/or planning needs. Tools and resources are linked within the different stage-based activities. Additional resources can be found at <https://nirn.fpg.unc.edu/ai-hub>.

As a Team Complete the Checklists!

EXPLORATION STAGE ACTIVITIES

- E1. Grow relationships with stakeholders with a variety of diverse perspectives and inclusive of voices not traditionally prioritized.
- E2. Develop an Implementation Team representative of the staff, organization and community that are the participants in and recipients of needed changes.
- E3. Cultivate Sponsors/Champions that have the authority and cultural capital to

In Continuous Improvement
In Progress
Not Yet Initiated
(Choose one)

These tools will help lead to your priorities for the implementation plan required for the state!

Coming Soon!

- Template for the implementation plan!
- Further training on key implementation activities in the exploration and installation stages (these planning stages) such as diversity informed tenets, hiring, etc.
- Ongoing CoP with monthly supports for gearing up to implementation of IECMH consultation



Let's Share Ideas!



- If you've started on your implementation plans or use of these tools, how's it going? Please share what you are learning and what you have done so far!
- If you haven't started yet, what question do you have? Let's talk about next steps!
- What other questions, concerns, needs do you have at this point related to planning for implementation? (How can we support you!)

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

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

HISTORY OF THE TENETS

- The Tenets were created from a working group of Irving Harris Foundation committed to advancing work with infants, children and families by thinking about diversity, inclusion and equity as core values in which all who work with families should aspire to.
- Developed and disseminated by the Tenets Initiative, they are a set of ten (aspirational) strategies and tools for strengthening the commitment and capacity of professionals, organizations and systems that serve infants, children and families to embed diversity, inclusion and equity principles into their work.
- The first edition was published in 2012. The current edition (2nd) was published in 2018.

TENET ONE

Self-Awareness Leads to
Better Services for
Families

Working with infants, children, and families requires all individuals, organizations, and systems of care to **reflect on our own culture, values and beliefs**, and on **the impact that racism, classism, sexism, able-ism, homophobia, xenophobia, and other systems of oppression have had on our lives** in order to provide diversity-informed, culturally attuned services.

ROLE OF REFLECTIVE SUPERVISION/CONSULTATION

- RS/C has the capacity to facilitate social justice work through the practice of curiosity, self-awareness, and exploration of the parallel process
- RS/C provides a space to identify bias, increase cultural humility, and to explore the ways in which power, privilege, and systems of oppression impact both the reflective alliance and the work with young children and families
- The field has a responsibility to ensure that RS/C is offered and delivered across all disciplines and sectors of the workforce in an equitable, accessible, and culturally responsive way
- RS/C is an inclusive practice, honoring and elevating diverse and non-dominant ways of knowing, doing, and being

SELF-AWARENESS

“To engage in reflection, one must maintain a sense of self-awareness and be willing to **explore instances where self-awareness was not at the forefront or was neglected in favor of a defense strategy** or a focus on external factors or events (Stroud, 2010)...The development of this capacity is strengthened over time and is connected to the supervisee’s experience of the supervisor–supervisee relationship as a co-created space where both supervisor and supervisee can be **brave enough to explore biases, identities, and emotional responses** (Arao & Clemens, 2013).”

Meuwissen, M., Shea, S. E., Eaves, T., Parker, A., Barron, C. C., & Paradis, N. (2024). Reflective supervision: The state of the field and future directions. In Osofsky, J. D., Fitzgerald, H. E., Keren, M., & Puura, K. WAIMH Handbook of Infant & Early Childhood Mental Health (Vol 2): Cultural Context, Prevention, Intervention, & Treatment. Cham, Switzerland; Springer Nature Switzerland AG.

The Story of the O's

by Chandra Ghosh Ippen, Ph.D.

Illustrations by Erich Ippen



Free download available at Piploproductions.com

Copyright © Chandra Ghosh Ippen, 2003. All rights reserved

<https://www.youtube.com/watch?v=WduRSvItVfA>

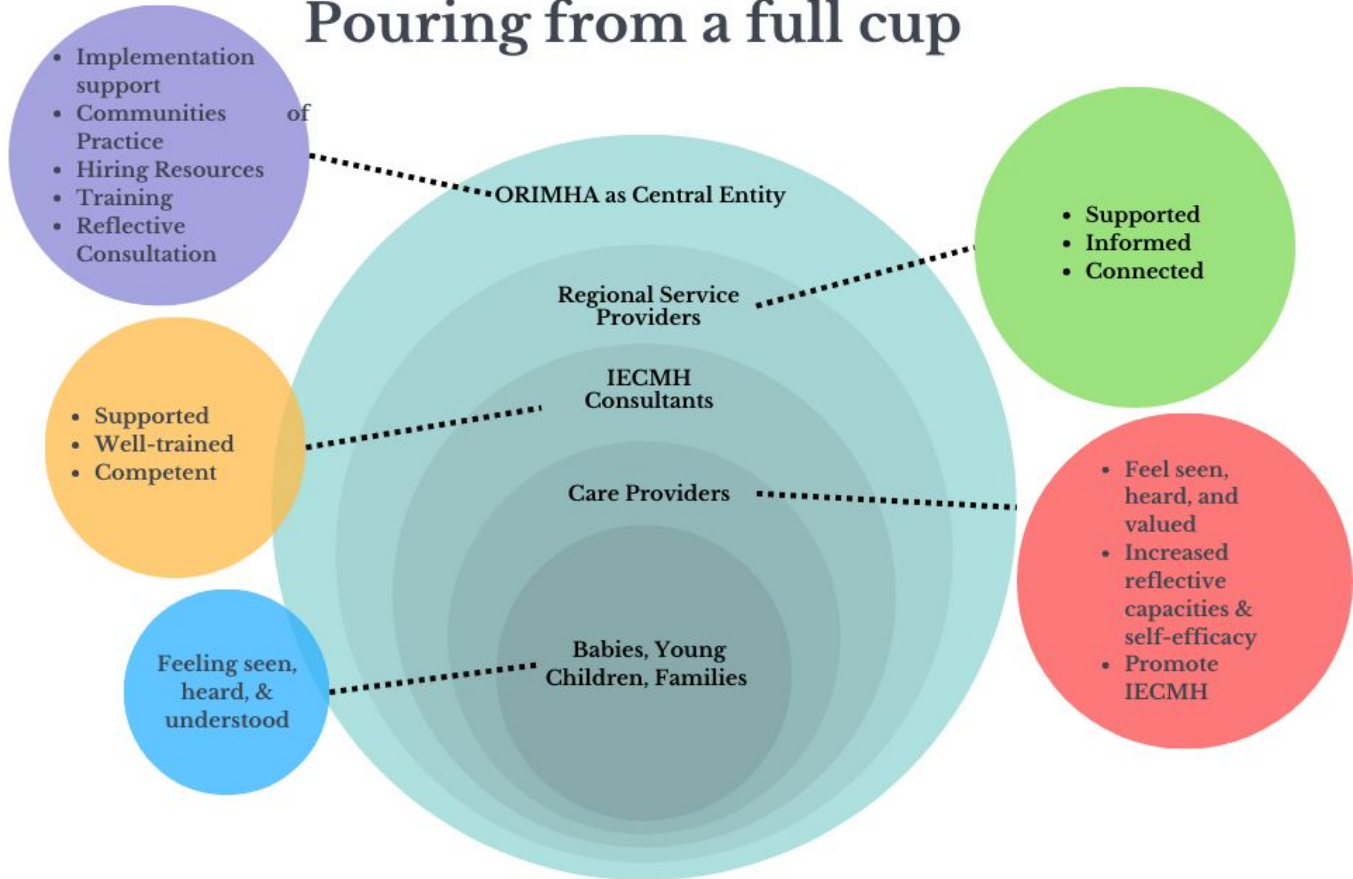
THE INTERSECTION OF LEADERSHIP AND VULNERABILITY

“If we remember the core IMH principle that **all learning and growth happens in the context of (safe, healthy) relationships** and we believe that **relationships impact relationships**, then it seems logical that the need for RS/C would not stop with direct service providers and supervisors. In the absence of RS/C, how will a leader have the **space to explore the work in more depth**, to manage annoyance at a particularly stubborn employee, to **practice slowing down and listening deeply** to one’s own internal process as well as that of the team? How will the leader be allowed to experience the vulnerability that inevitably arises when one is on the cusp of learning something new that might require them to change their practice? What is lost if one does not have the support to venture into that new territory of learning? Taken one step further, if this leader does have RS/C, but the leader’s supervisor does not, then what happens to the parallel process?”

Meghan Schmelzer, LMSW, IECMH-E® and Faith Eidson, LMSW, IECMH-E®, November 2020.

<https://infantcrier.mi-aimh.org/the-intersection-of-leadership-and-vulnerability-making-the-case-for-reflective-supervision-consultation-for-policy-and-systems-leaders/>

Pouring from a full cup



LIMITATIONS OF RS/C

“RS is not a panacea for addressing the factors that complicate IECMH professional development, well-being, and service delivery. We have learned that **RS has been framed from a Eurocentric perspective that has not considered the implications of harm done when marginalized IECMH families and professionals are not seen in their full humanity and are excluded from the discourse.**”

Meuwissen, M., Shea, S. E., Eaves, T., Parker, A., Barron, C. C., & Paradis, N. (2024). Reflective supervision: The state of the field and future directions. In Osofsky, J. D., Fitzgerald, H. E., Keren, M., & Puura, K. WAIMH Handbook of Infant & Early Childhood Mental Health (Vol 2): Cultural Context, Prevention, Intervention, & Treatment. Cham, Switzerland; Springer Nature Switzerland AG.

Joy D. Osofsky
Hiram E. Fitzgerald
Miri Keren
Kaija Puura *Editors*

WAIMH Handbook of Infant and Early Childhood Mental Health

Cultural Context, Prevention, Intervention, and
Treatment, Volume Two

TENET 6

Understand That
Language Can
Hurt or Heal

Diversity-informed practice recognizes the power of language to divide or connect, denigrate or celebrate, hurt or heal. We strive to use language (including body language, imagery, and other modes of nonverbal communication) in ways that most inclusively support all children and their families, caregivers, and communities.

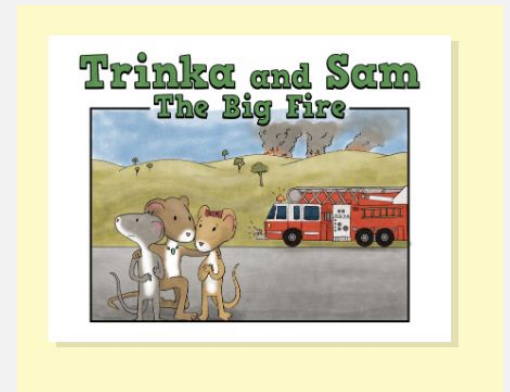
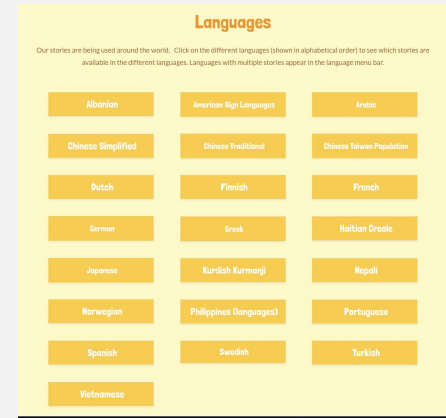


IMAGES MATTER

When images of fathers are included on promotional material, waiting room posters, etc. we send a message that fathers are important, and their participation is welcome and expected.

LANGUAGE MATTERS

- Pipro Productions is a source for children's books offered in up to 22 languages
- Books are written by Chandra Ghosh Ippen (Associate Director of the Child Trauma Research Program at UCSF and the Director of Dissemination and Implementation for CPP)
- Cover trauma-related topics such as natural disasters, family violence, missed foster care visits, etc.
- They are FREE on the first of each month on Amazon
- <https://piploproductions.com/>



BODY LANGUAGE MATTERS

The art of active listening includes non-verbal cues like nodding, smiling, and leaning in – being present in the moment

Our body language & facial expressions can also convey the presence or absence of

- Curiosity
- Judgement
- Empathy



CULTURALLY RESPONSIVE HIRING PRACTICES

Job description

- “Consultants who’s race, ethnicity, culture, and/or language are representative of the community served are strongly encouraged to apply.”
- Requirement: Comfort & skill in engaging in conversations about racism, bias, & equity
- Multiple pathways for meeting requirements

Interviews

- Providing candidates with the interview questions 24-48 hours in advance to allow for better preparation*
 - Can help level the field for applicants with different adult learning styles
 - More time efficient interviews is a potential bonus

* <https://www.wested.org/wp-content/uploads/2023/08/Recruitment-and-Hiring-Guidance.pdf>

JOB DESCRIPTION: REQUIREMENT FOR MENTAL HEALTH TRAINING

Mental health training is required to support consultant's understanding and response to the relational health needs of infants/young children, particularly those who have experienced/are experiencing trauma or may be neurodivergent. Consultants should be competent in:

- Bringing a mental health perspective to understanding infants' and young children's social-emotional development
- Creating a therapeutic alliance with consultees
- Modeling and fostering reflection and self-awareness
- Integrating new mental health consultation practices and strategies as the field evolves
- Identifying risks to an infant/young child's mental health and/or development that may indicate the need to refer for more intensive services

PATHWAY 1: EXPERIENCED MENTAL HEALTH PROFESSIONAL

1. Master's degree in mental health
2. Licensed or license-eligible and trained in their field
3. 1–2 years of work experience as a mental health professional (preferred)
4. Endorsed in IMH-E[®] or ECMH-E[®] (or willing to earn Endorsement)

PATHWAY 2: EXPERIENCED PROFESSIONAL WITHOUT A MASTERS DEGREE IN MENTAL HEALTH

At least 2 years of experience in a related infant/early childhood field

AND

Endorsed (IMH-E® or ECMH-E®) as Family Associate or Family Specialist (no degree required)

AND

Completion of at least 4 hours on each of the 5 mental health topics identified above (10. a-e) from an association for infant mental health (AIMH) for a minimum of 20 hours total

OR

PSU Infant/Toddler Mental Health Graduate Certificate Programs

OR

Georgetown Online Certificate in Infant & Early Childhood Mental Health

OR

Georgetown Online Certificate in IECMH Family Leadership

OR

Other advanced training in IECMH



NORTHWEST EARLY LEARNING & PYRAMID SUMMIT

Wednesday November 13 at 3pm with Erin & Nichole

(Follows an earlier session the same day titled "A National Perspective on Pyramid Model and IECMH" at 1pm with Erin, Katrina, & Nichole)

How Providers in Region 10 are Thinking About Pyramid Coaching and IECMH Consultation

- We'll summarize take aways from the national perspective on pyramid model and IECMH and engage in a discussion regarding how providers in Region 10 are thinking about pyramid coaching and IECMH consultation.

We will be summarizing the national perspective and then facilitating a group discussion to think together about what this looks like or could look like in Region 10 states (AK, ID, OR, WA)

Please come be a part of both/either sessions!

More support?



Key strategies and activities in installation stage

EXAMPLE: Hiring Practices

Sample Job Description Requirements (page 1 of 3)

- Capacity for humility, empathy, curiosity, and flexibility
- Ability to work at multiple levels (groups and individuals; providers and families)
- Effective communication skills (verbal and written)
- Comfort and skill in engaging in conversations about racism, bias, and equity
- Capacity to foster strong professional relationships

Sample Job Description (page 2 of 3)

- Familiarity with early childhood care & education programs
- Endorsed (IMH-E[®] or ECMHE[®]) as Family Specialist, Mental Health Specialist, or Mental Health Mentor
- Applicants who are not yet endorsed can submit a plan of work for how and when they will earn Endorsement within 24 months of being hired
- Promoting reflection in early childhood care and education settings is a critical role for consultants. Preference for those with the Endorsed Reflective Supervisor add-on to an IMH-E[®] or ECMH-E[®] Endorsement

Sample Job Description (page 3 of 3)

Mental health training is required to support consultant's understanding and response to the relational health needs of infants/young children, particularly those who have experienced/are experiencing trauma or may be neurodivergent. Consultants should be competent in:

- Bringing a mental health perspective to understanding infants' and young children's social-emotional development
- Creating a therapeutic alliance with consultees
- Modeling and fostering reflection and self-awareness
- Integrating new mental health consultation practices and strategies as the field evolves
- Identifying risks to an infant/young child's mental health and/or development that may indicate the need to refer for more intensive services

Pathway 1. Experienced Mental Health Professional

1. Master's degree in mental health
2. Licensed or license-eligible and trained in their field
3. 1–2 years of work experience as a mental health professional (preferred)
4. Endorsed in IMH-E[®] or ECMH-E[®] (or willing to earn Endorsement)

Pathway 2: Experienced Professional without a Masters Degree in Mental Health

At least 2 years of experience in a related infant/early childhood field

AND

Endorsed (IMH-E® or ECMH-E®) as Family Associate or Family Specialist (no degree required for these categories of Endorsement)

AND

Completion of at least 4 hours on each of the 5 mental health topics identified above (10. a-e) from an association for infant mental health (AIMH) for a minimum of 20 hours total

OR

Infant/Toddler Mental Health Online Graduate Certificate Programs from Portland State University

OR

Online Certificate in Infant & Early Childhood Mental Health | Georgetown SCS

OR

Online Certificate in Infant & Early Childhood Mental Health Family Leadership | Georgetown SCS

OR

Other advanced training in IECMH

We need your feedback!

Do you agree that we need more than one pathway?

Are there options missing from Pathway 2?

Are there adjustments that should be made to the options on Pathway 2?

What other community needs-centered considerations should we hold in mind?



Scan me!

Survey link: <https://www.surveymonkey.com/r/3YJW86Y>