

Snapshot: Highlights of Workforce Development – Smart Support AZ (Statewide IECMHC Program/Model with targeted access)

Program Overview

Smart Support—Arizona’s Infant and Early Childhood Mental Health Consultation (IECMHC) system, conducted by Southwest Human Development—provides IECMHC to childcare centers and preschools that are licensed by the Arizona Department of Health Services, to home-based childcare providers who are regulated by Arizona’s Department of Economic Security, and to home visiting programs that are funded by First Things First, the organization that administers the funds generated by a 2006 voter-approved tax on tobacco products earmarked for early childhood health and development programs in Arizona.

Smart Support’s consultation model aims to improve the practice of childcare/preschool providers and home visitors on behalf of the young children and families they serve. Within early care and education (ECE) settings, mental health consultants provide consultation at three levels: child-focused, classroom-focused, and program-focused. Often, an initial request for one level of consultation (e.g., child-focused) leads to consultation at another level (e.g., program-focused). It is also common for consultants to provide all three levels of consultation simultaneously. When individual children are the focus of consultation, parental consent is always obtained, and parental participation is pursued. Mental health consultants are available to meet directly with parents and to support teachers or directors in their meetings with parents.

There is also a Waitlist Consultation service for centers that are awaiting assignment to an ongoing mental health consultant. The goal of this service is to provide telephone-based support to directors around a circumscribed issue or problem (i.e., “carve out a piece of work”) and to socialize the director to the use of ongoing mental health consultation so that the setting is well-prepared (e.g., has developed a list of goals that are suited for work with a mental health consultant) when consultation becomes available.

Mental health consultation to home visiting programs involves regular consultation with home visiting teams; this often includes teaching staff how to present cases, and providing didactic training in the context of case presentations. For example, home visitors working with families where there is a concern about a mental health issue (or a known diagnosis) will learn from the consultant the symptoms of the specific diagnosis and generally useful interventions or treatments. The home visitor and the team are then engaged in a thoughtful conversation about how a specific individual is affected by the mental health challenge, how it shows up in his or her life, what it means to those around the individual (e.g., the baby), and what the home visitor can bring to the relationship with the individual and family that may prove helpful. If a referral for mental health services is in order, the team considers whether that referral conversation would be best accomplished by scaffolding it for the home visitor or by the mental health consultant joining the home visitor on a visit as, essentially, an “ambassador” to the field of mental health and psychotherapy.

Other important elements of the Smart Support IECMHC model:

- ◆ Theory of change: Through the development of trusting relationships with childcare/early education administrators and staff, the establishment of a shared language and common vision, and mutual understanding of challenges, IECMHC changes professionals' thinking and practice so that childcare providers are better equipped to adopt a stance of:
 - curiosity about the meaning(s) of children's behaviors
 - flexibility in thinking about young children's needs
 - emotional availability to the children in their care
 - openness to new information
 - respect for themselves as professionals
- ◆ Use of the CSEFEL modules (http://csefel.vanderbilt.edu/resources/training_modules.html), which offer a methodical approach to appraising the needs of the setting, orienting mental health consultants to the ECE culture, and offering useful materials to support the IECMHC work.
- ◆ Use of the FAN Approach (<http://www.erikson.edu/fussybaby/national-network/developed>) by the Fussy Baby Network® to guide consultants in their attempts to communicate and "attune" with consultees, repair mis-attunements, and regulate their own stimulus response. The FAN Approach is very useful in supporting the consultative stance.
- ◆ Collaboration with other quality improvement service providers working in the same ECE setting.
- ◆ A strong emphasis on professional development of the full consultation system.
- ◆ A commitment to program evaluation and research.

Dosage:

- ◆ Two to three hours per week in ECE settings
- ◆ Services can continue until the childcare provider's goals are achieved (i.e., it is not time-limited)
- ◆ Typical duration of services is one year
- ◆ Providers may re-enroll in services after termination, though time to service delivery is contingent on the waitlist

Qualifications of Staff

Consultants

The following is required of master's-level mental health clinicians providing consultation services:

- ◆ At least one year of post-master's experience
- ◆ Experience working with young children (preferably in group settings, though this is not required)
- ◆ Reflective capacity and a high value on relationships
- ◆ Supervision by licensed mental health professionals

The following is required of supervisors and program managers:

- ◆ At least three years post-master's experience
- ◆ A consolidated professional identity
- ◆ Reflective capacity and a high value on relationships

Training

Specific topics:

- ◆ As multiple perspectives are used in IECMHC, training is geared toward those perspectives.
- ◆ Training is drawn from the fields of professional consultation, mental health, and infant mental health.
- ◆ Training draws on the following knowledge bases and addresses their application to early childhood settings:
 - The consultative stance, as distinct from direct mental health treatment
 - Using the FAN Approach to support the consultative stance and provide the consultation system with a common language
 - Entering and understanding the culture of early childhood settings, supported by training on the CSEFEL modules
 - General systems theory
 - Social justice; culture, diversity, and inclusiveness; and diversity-informed IECMHC tenets



- Principles of IECMHC (e.g., understanding the centrality of relationships; holding multiple perspectives; tolerating ambiguity and complexity)
- Attachment Theory and attachment relationships in the classroom
- Normative and atypical development
- Early trauma and trauma-informed care
- Self-regulation, sensory processing, and sensory integration
- How to have difficult conversations

Multiple formats:

- ◆ Presentations by invited speakers
- ◆ A video library of past presentations, with accompanying question and answer sessions, which is available to new consultants
- ◆ Orientation:
 - Extends over the course of the first year
 - Includes one week of initial orientation, where new mental health consultants can meet the leadership and colleagues and attend presentations or discussions on the consultation model, the consultative stance, the CSEFEL modules, and the FAN Approach
 - Offers opportunities for new mental health consultants to shadow an experienced mental health consultant and to work side by side with an experienced partner to initiate services with consultees
 - Offers opportunities for supervisors to shadow new mental health consultants
- ◆ Monthly Book Club:
 - Each supervisor facilitates this for his or her supervisory team.
 - Book Club is meant to be a teaching vehicle as well as a way to promote cohesiveness in a program that is geographically dispersed: In the course of a month, everyone in the full consultation system will have read the same material and had a similar discussion.
 - It's also meant to be fun—think Oprah's Book Club!



- ◆ Trainings required by the larger First Things First quality improvement system (to encourage collaboration and ensure dissemination of information across all coaches and consultants statewide)
- ◆ Implementation Manual—a comprehensive guidebook that is updated periodically and distributed to and reviewed with all staff when hired
- ◆ “Booster Sessions”—one-hour trainings scheduled throughout the year to review key components of the consultation model and procedures; these are open to all consultants and required for new consultants
- ◆ Monthly newsletter that includes the following:
 - Messages to be communicated to the full staff
 - A “Dear Miss Smarty” column, which addresses questions that have come up for consultants in supervision (e.g., “Dear Miss Smarty, the director at one of my centers frequently confirms that she will be present for my consultation visit, but then is not there. What should I do?”)
 - Program announcements
 - Well wishes for new or departing staff (reinforcing the relationship-based model)

Frequency of training:

- ◆ The full system is convened twice a year for training (and celebration!).
- ◆ Once staff have been employed for one year, they are eligible to apply to the Harris Infant and Early Childhood Mental Health Training Institute at Southwest Human Development. If admitted, the cost of tuition is covered by Smart Support. This monthly daylong training covers principles of infant mental health. Students are enrolled for two years.
- ◆ Supervisors are given the opportunity to attend the annual Zero to Three National Training Institute. Those who decline may use training funds to attend other relevant workshops or conferences throughout the year.
- ◆ Consultants may request funds to attend relevant workshops or conferences throughout the year.



Supervision

- ◆ Blended model of reflective, clinical, and administrative supervision
- ◆ Individual supervision of mental health consultants: once per week for an hour
- ◆ Individual supervision of supervisors (by their program managers): once per week for an hour
- ◆ Individual supervision of program managers (by the director): once per week for an hour
- ◆ Group supervision of mental health consultants: once per month
- ◆ “Leadership” (director, program managers, supervisors) meeting: once per week
- ◆ “Executive leadership” (director, program managers, any other staff or guests we need to move forward with decisions) meeting: once per week

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