A close-up photograph of a young child's face, focusing on the eyes and mouth. The child has dark hair and is wearing a white shirt with large, colorful polka dots in shades of pink, orange, and yellow. The background is a neutral, light brown color. The image is framed by dark blue geometric shapes in the top-left and bottom-left corners, and a light blue shape in the bottom-right corner.

WHAT PROVIDERS NEED: Strengthening the Infant and Early Childhood Mental Health Workforce

June 2021

OVERVIEW

The infant and early childhood mental health (IECMH) field is broad-based and transdisciplinary. IECMH providers work across fields that serve young children and their families and include direct service providers (including those not primarily working within mental health), supervisors, consultants, and administrators, as well as allied and systems-level professionals, such as legislators, policy-makers, researchers, and advocates. Practitioners who provide IECMH services and supports play different but equally important roles across the continuum of services, from promotion to prevention to intervention and treatment. Across the continuum of services, all IECMH providers should have knowledge of early development, infant and early childhood mental health, and relationship-based practice.

- IECMH providers working at the **promotion** level interact with all parents of young children to support social-emotional wellness. Examples of activities that promotion-level providers engage in include conducting social-emotional screenings or providing information to parents about typical child behaviors and development.
- IECMH providers working at the **prevention** level provide needed support and information to families who are experiencing levels of stress that may increase their young children's risk of developing social-emotional or mental health challenges.
- IECMH clinicians assess and diagnose mental health and developmental disorders and provide **treatment** that is designed to mitigate the distress and suffering of an infant or young child experiencing mental health challenges and to support a return to healthy development and behavior. Often, providers at the intervention level have been trained in the use of one or more evidence-based intervention models.¹

Some practitioners provide multiple levels of IECMH services and supports, depending on their specific focus and/or the needs of a particular family.

Who Are the IECMH Workforce?



In order to build and retain a diverse and effective IECMH workforce, a robust and equitable infrastructure that includes preparation, ongoing professional development, and resources to support provider well-being must be in place. While Washington benefits from numerous organizations that provide training and professional development to IECMH providers in the state, stakeholders have pointed to the need to consistently adopt workforce development approaches that ensure the IECMH workforce reflects the families it serves, is well prepared to provide high-quality supports and services, and is supported both personally and financially.

This issue brief highlights key findings from the Washington landscape regarding the IECMH workforce and how these practitioners are prepared, trained, and supported in their vital work to support the mental health of the state's young children and families. The brief features the voices of Washington's IECMH providers and other stakeholders sharing their own experiences and reflections as a part of the IECMH workforce. The brief also highlights bright spots from around the state that demonstrate successful or innovative approaches to ensure that the IECMH workforce has what it needs to effectively support families. Finally, this issue brief provides recommendations that the state can use to develop a highly trained, equitably compensated, and fully supported IECMH workforce to promote the social-emotional well-being of Washington's youngest children and their families.

DEVELOPING A MORE PREPARED AND DIVERSE IECMH WORKFORCE

It is essential that preparation for the range of IECMH providers who will be working with young children and their families includes training that builds a deep understanding of the basic tenets of IECMH, promotes the importance of relationships, and is grounded in the science of early development. Currently, many preparation programs around the country—including those in Washington—are not providing the content and experiences needed to adequately prepare those working to support the mental health and social-emotional well-being of young children and families. In addition, there is a lack of cultural match between those who are providing IECMH services and those who are receiving these services. Washington has undertaken efforts to improve the diversity and preparation of clinicians and those working in allied fields as a strategy to build a stronger IECMH workforce, including efforts by the University of Washington to expand the availability of and access to infant and early childhood mental health clinical treatment services, as well as other institutions of higher education. These efforts are an important step toward developing a well-prepared workforce that reflects the diversity of the state's children and families, but more work is needed.

About the Early Childhood Mental Health Workforce Development Survey

Washington's Department of Children, Youth, and Families (DCYF), in partnership with Washington Association of Infant Mental Health (WA-AIMH), distributed a statewide survey to licensed IECMH clinicians in 2019. The survey addressed numerous topics related to the clinical IECMH workforce, including demographics, training, services provided, professional development, and compensation. Responding to the survey were 875 clinicians who provide services to children from birth through age five.* The survey provides a helpful snapshot to understand more about IECMH clinicians' backgrounds, training, services provided, and desired supports.

*While the survey provides valuable insights, it should be noted that the survey data is not representative of all providers in the state because a representative sampling process was not used for data collection.



There is a need to expand and improve preparation programs for IECMH providers.

While quality IECMH services that are well matched to families' needs are hard to access today (as noted in Issue Brief 3 in this series), when a family does connect with a licensed service provider, there are also concerns within the field about preparation. **Of the existing licensed IECMH clinicians across the state providing services to families, 42% report they do not have specialized training in any of the foundations of IECMH, and 75% report they do not have training in the evidence-based treatment models commonly used with young children and their families.**² These data align with feedback from stakeholders in Washington indicating that clinically trained mental health providers often lack a deep understanding of early childhood mental health and research-based best practices for support and treatment of very young children.

IECMH leaders also express concern that early intervention providers and other key professionals lack in-depth training in child development. Many states, including Washington, utilize endorsement systems to help providers working across the IECMH continuum of services develop expertise in basic IECMH and child development. For example, WA-AIMH offers endorsements such as Infant Mental Health Specialist and Infant Mental Health Mentor. However, only about 4.5% of mental health providers indicated that they had achieved Infant Mental Health Endorsement (IMH-E®) through WA-AIMH. Lack of awareness of the endorsement opportunity, time constraints, cost, and lack of training are among the reasons providers had not been endorsed.

A lot of people in the infant and early childhood mental health field, including, I would say, early intervention services, don't have complex enough, in-depth enough knowledge of child development. Period.

- Program administrator

Only 58.2% of responding clinicians in the Early Childhood Mental Health Workforce Development Survey reported that they have received specialized training in one of the foundational IECMH areas.

*Source: Early Childhood Mental Health Workforce Development Survey.

In Washington, as in many other states, clear pathways to developing foundational early childhood development knowledge as well as advanced clinical training are not widely available. Preparation programs in allied fields, such as social work, psychology, and early intervention, do not provide adequate exposure to basic IECMH and child development. Specialized training in infant and early childhood mental health is not available at the master's degree level, and there is no clear IECMH pathway across levels of preparation into postgraduate clinical programs. Further, while IECMH is a challenging specialization that requires additional training, obtaining this additional training often does not lead to higher compensation—yet another significant barrier in developing the IECMH workforce.

Given the lack of clear preparation pathways and sufficient compensation, Washington, along with other states around the country, is currently experiencing a significant shortage of clinically trained infant and early childhood mental health specialists.³ To address that need, efforts to expand the clinical IECMH workforce, such as those underway at the Barnard Center at the University of Washington (highlighted in the Bright Spot below), are critical. There are also important efforts underway in the state to explore options for creating better pathways in support of IECMH specialties through partnerships across institutions of higher education and the development of programs in the allied fields that more directly include a focus on IECMH. The bachelor's of applied science in IECMH degree at Green River Community College is a promising example of a preparation program that provides important foundational training for IECMH providers working across disciplines.

Washington Bright Spot

Barnard Center for Infant and Early Childhood Mental Health



The **Barnard Center for Infant and Early Childhood Mental Health** at the University of Washington supports the professional development of interdisciplinary infant and early childhood practitioners and conducts research related to infant and early childhood mental health. The Center has recently launched the Advanced Clinical Training (ACT) Program, designed to expand infant and early childhood mental health clinical treatment services throughout the state of Washington. The curriculum is designed to fill the gaps in knowledge and skills required to provide developmentally appropriate, diversity-informed, relationship-based clinical mental health interventions focused on the early relational health and well-being between infants and young children and their parents and caregivers.



COMMUNITY COUNCIL PHOTOVOICE BY:

Sherry Dione

BORN AND RAISED IN SEATTLE,
ATTENDED TRADE SCHOOL FOR MEDICAL
ASSISTANCE, AND A MOTHER OF THREE

There is a need to cultivate and sustain a diverse IECMH workforce.

Stakeholders in Washington have identified the collective need for a more diverse workforce, particularly at the treatment levels of IECMH services. For example, IECMH clinicians who are providing treatment services are typically white and female, are in their early or mid-career, and have graduate degrees.⁴ While there is a gap in collecting provider demographic data, the limited data that are available point to this need as well: fewer than 20% of responding clinicians in the Early Childhood Mental Health Workforce Development Survey identified themselves as people of color. IECMH providers working at the prevention and promotion levels are often more diverse: for example, 36.9% of home visitors in Washington identify as people of color.⁵

To build a pipeline that will produce a more diverse and culturally relevant workforce, preparation programs are focused on addressing barriers to access and on identifying approaches and programs that reflect and recognize diverse cultural values and traditions. Effective culturally responsive strategies for supporting a more diverse IECMH workforce include providing multiple career pathways and system entry points as well as opportunities to become licensed or endorsed. Students of color and first-generation students often enter the field (typically in promotion disciplines, such as early care and education) through community colleges, and there can be challenges in moving to higher levels of education at four-year colleges.⁶ These barriers include cost, lack of articulation agreements between community colleges and four-year institutions, and lack of nontraditional hours. For those providers who are not starting with a two-year degree, the career pathway can be even more challenging. Stakeholders discussed several barriers to entering the field, including professional degrees and certificates from providers' countries of origin that are not recognized in the United States, applications offered only in English, and prerequisites for attending training. A number of stakeholders also noted that outreach and recruitment should target those just entering preparation programs to help ensure that potential providers of colors with interest in IECMH continue in the field.

Washington stakeholders have also identified hiring and training community-based healers as IECMH providers within the specific communities to be served, or other "grow your own" models, as promising ways to cultivate a more diverse and culturally matched workforce. Such community-based workforce development approaches are an important tool in recruiting IECMH providers for whom higher education and formal training are not accessible. In addition, both providers and families in the state note that increasing the numbers of providers who share identities and an understanding of deeply held beliefs with their communities can increase trust and willingness to seek services and eliminate many of the experiences of implicit bias that families of color may face when working with a white-dominant system of care and values.

Intentionally supporting and elevating leaders of color in the IECMH field has also been identified by stakeholders in the state as a strategy to create attract and retain more diverse IECMH providers. The presence of leaders of color is important in ensuring that diverse individuals entering the IECMH workforce see a path to leadership for themselves and can form relationships with mentors who share similar lived experiences.

I think building awareness of this work and its importance is critical. Recruiting or mentoring needs to happen at the bachelor's level, or before people enter into graduate school. I'm not convinced that there are enough graduate students of diverse cultural, linguistic, and racial backgrounds. By the time you get to clinical levels, we're limited to a pool [of] clinicians willing to work with children. When we zoom into early childhood, babies and toddlers, that knowledge is very specific. You're lucky to find any clinician who already has relevant experience or interest in our very specific field.

- Program administrator

So, I know from my organizations, one of the things I'm doing is promoting people of color into leadership. Because people of color in leadership are going to be able to hire more people of color for the clinical positions and be able to support them better.

- Provider



PARENT ALLIES NEED SUPPORT TOO...

Mara's Story

Providing perspective on the importance of supporting community and peer leaders in developing a strong and diverse IECMH workforce

"Ashley is a Parent Ally (previous experience as a parent in the child welfare system who achieved successful resolution to their case) and used to work with me on an Early Supports of Infants and Toddlers systems improvement project. Ashley was an important partner and colleague to me. I wanted our project to be successful, but ultimately I wanted her to be successful."

"Parent Allies often speak about it being healing to support other families, but we also see indications that it might be too much of a load for some to work alongside the systems that caused them such pain and trauma. Ashley wanted more support and professional development and I wonder if reflective supervision would help grow and sustain Parent Allies in their work."

"She, and many other Parent Allies, have had a tremendous impact on my work and drive me to support systems change in our field. I wish for more opportunities for systems to learn from people like Ashley, but I also want to see more opportunities for Parent Allies in our fields."



COMMUNITY COUNCIL PHOTOVOICE BY: ***Mara Calhoun***

CLINICAL SOCIAL WORKER AT CHERISH WHO WORKS TO PROMOTE THE SOCIAL-EMOTIONAL WELL-BEING OF CHILDREN INVOLVED IN THE CHILD WELFARE SYSTEM

PROVIDING ACCESSIBLE, ONGOING, AND TAILORED PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR IECMH PROVIDERS

Beyond preparation programs and expanding career pathways for IECMH practitioners, ongoing efforts to provide professional learning and training opportunities are essential for attracting and retaining a skilled and effective workforce. Efforts are underway in the state to enhance professional learning opportunities through expanding high-impact training and job-embedded coaching with a focus on IECMH. However, there are barriers that must be addressed to ensure that the IECMH workforce can fully access and benefit from existing professional development and training offerings, as well as a need to develop additional professional development options in critical areas.

IECMH providers face barriers to accessing current professional development opportunities.

IECMH providers express a desire to attend training and engage in ongoing professional development, but the barriers of cost, lost billable time, and accessibility mean agencies often have difficulty providing consistent and culturally applicable training for all providers. Among IECMH clinicians who responded to the IECMH Workforce Development Survey, cost and location/travel expenses are the most common barriers to accessing professional development opportunities, with about one-third of respondents indicating that each of these was a barrier. One-quarter of respondents indicated that their desired training was not offered or accessible to them.

BARRIERS TO TRAINING AND SUPPORT IDENTIFIED BY IECMH CLINICIANS

Cost

33.7%



Location/travel expense

30.5%



Not offered or accessible

24.9%



Release time to participate **7.3%**



“

A majority of our providers recognize the need and welcome training and opportunities to develop their skills. When it comes to training, one of the barriers that we've had with our Promoting First Relationships training is lost billable time. We've had situations where providers' agencies will support their family resource coordinators and their educators in going through the training, but they won't release the therapists to attend because of the lost billable hours.

- **Community stakeholder**

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But I think that strategies that we think about is offering funding and opportunity for more providers from different communities to get trained. We need funding to do more of that and collaborations with community partners who have identified folks that care about perinatal mental health and would like to have community members trained.

- **Program administrator**

There are opportunities to develop more professional learning opportunities specific to IECMH.

Washington has numerous organizations that provide professional development to IECMH providers throughout the state, such as the Barnard Center (featured in a Bright Spot above). While these organizations provide important training and professional development to many IECMH providers in the state, it is important in developing IECMH professional learning opportunities to consider that IECMH providers working in multiple systems and sectors of care serving very young children and families are impacting their social-emotional health and well-being in many important ways. Mental health issues for infants and young children are often first identified in primary health care, child protection, community-based interventions, parenting programs, and early learning centers. In recognition of the transdisciplinary nature of IECMH services, IECMH professional development opportunities should be made widely available for all providers working in fields that serve young children and their families. While different groups of IECMH providers have different strengths, gaps, and opportunities to grow, creating cross-cutting opportunities for professional development for providers across the IECMH field can often help leverage the various expertise of providers to strengthen the ability of all providers to serve families. For example, the Promoting First Relationships in Pediatrics (highlighted in the Bright Spot below) is a training programs for pediatricians that is adapted from an evidence-based home-visiting program.

Every mental health provider should have a course or some kind of training that looks at parental mental health and the impact on kiddos. I think that they should also have a course in infant mental health. I didn't have that. I mean, our child and family course didn't have much on infant mental health, kind of a blurb on attachment and that's it.

- **Program administrator**

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Washington stakeholders specifically identified a few areas of growth for IECMH providers in which additional professional training would be beneficial, including topics such as attachment theory and trauma-informed and relationship-based care. Opportunities to partner with maternal mental health providers in the state, such as Perinatal Support Washington, are also important to consider in designing cross-cutting professional learning opportunities that leverage the varied expertise of IECMH providers.

Washington Bright Spot Promoting First Relationships in Pediatric Primary Care



Since 2016, a growing number of pediatricians in Washington have been trained on **Promoting First Relationships in Pediatrics (PFR-PEDS)**, a program for pediatricians to help them support stable and secure relationships between parents and their young children. The model is an adaptation of the Promoting First Relationships 10-week evidence-based home-visiting program that uses video feedback and consultation strategies to promote positive parent-child relationships. The pediatric adaptation gives providers insights and tools that can be used during 20-minute well-child visits. Training in PFR-PEDS aims to help pediatricians better understand parent-child relationships and elements of responsive caregiving while providing tools for talking about stressors and challenging behavior. PFR-PEDS has been most widely implemented at Seattle Children's Hospital, where the program has been incorporated into training for all pediatric residents. Outside of Seattle Children's Hospital, PFR-PEDS training is offered by Parent-Child Relationship Programs at the Barnard Center for Infant and Early Childhood Mental Health in the form of workshops and follow-up consultation. These full-day workshops are typically delivered to pediatric clinics and include pediatricians, nurses, social workers, and family navigators.



IECMH clinicians need more relevant and specialized training and professional development opportunities.

Based on feedback from stakeholders, there are gaps between the training and professional development opportunities that are currently available and the opportunities that are needed by or of interest to IECMH clinicians who are providing treatment-level interventions to young children and their families. IECMH clinicians indicate they need more formal training in specific intervention models. In addition to training in specific IECMH interventions, IECMH clinicians have also expressed a desire to obtain additional training in other IECMH practices. According to the Early Childhood Mental Health Workforce Development Survey, assessment, attachment, and IECMH fundamentals/principles (e.g., relationship-based practice, neurobiology of early childhood trauma) are the most commonly identified areas of additional training or professional development desired by IECMH clinicians. Providers also mentioned as a priority opportunities for training in maintaining fidelity in the use of evidence-based practices, as well as diagnosis using the DC:0-5 (*Diagnostic Classification of Mental Health and Developmental Disorders*). These data point to the finding that IECMH clinicians desire more training to ensure they can effectively assess young children and families, develop appropriate diagnoses, and design effective treatment plans. Another significant finding is that while “working with culturally diverse families” is not one of the top training areas identified by IECMH clinicians in this particular survey, stakeholders have noted its importance as it relates to child and family experiences, as discussed in more detail in Issue Brief 3 in this series (“Redefining Quality: Providing Infant and Early Childhood Mental Health Support to Fully Meet the Diverse Needs of Families”).

More specifically, as efforts to use the DC:0-5 expand in the state, there will be a need to provide additional training on how to make and bill for appropriate IECMH diagnoses.⁷



TOP PROFESSIONAL DEVELOPMENT DESIRED BY IECMH CLINICIANS

Assessment 01

Attachment 02

**IECMH fundamentals/
principles 03**

**Working with high-risk families
with young children 04**

**Services for children with
neurodevelopmental differences 05**

06 Diagnosis using DC:0-5

**07 IECMH evidence-based and
promising practices**

08 Child development

**09 Working with culturally
diverse families**

10 Reflective practice

COMPENSATING AND SUPPORTING THE IECMH WORKFORCE

There is a recognized need in Washington to increase supports that more comprehensively meet providers' well-being needs in order to recruit and retain skilled and diverse mental health providers and ensure quality IECMH service delivery for young children and families. Washington providers and program administrators point to a variety of challenges in this area, including low and uneven compensation, heavy caseloads, long and complicated reporting requirements, and experiences of secondary trauma.

Many IECMH providers do not receive adequate or equitable compensation.

A number of stakeholders in Washington recognize that low compensation and reimbursement are having a direct impact on provider well-being and contribute to workforce shortages as agencies face recurring challenges in hiring and retaining skilled providers. Stakeholders report that compensation for clinical services is uneven across settings and locations in the state, with wide variations in salary and benefits among those holding similar degrees. More problematic is the fact that, as qualification requirements and expectations increase, compensation remains the same, forcing qualified providers to leave publicly funded and nonprofit organizations, where many of the children and families with the highest needs are being served. Stakeholders report that this often results in providers moving into private practice or leaving the field altogether. A prevalent racial wage gap is also forcing providers who are the best equipped to serve young children and families in community-based settings to go into private practice or to seek higher wages with larger, regional organizations. Stakeholders report, for example, that within home visiting, providers of color are systematically being paid less than their white counterparts. It is likely that this situation is playing out in other care systems in the state that have not assessed provider compensation. These racial inequities limit efforts to build an IECMH workforce that is most representative of the children and families served.

“If people were paid better, then they could stay in the field longer. With clinicians, we have this rotating door at our community mental health center. Where the new people just out of school come to work and get their supervision hours. As soon as they are a couple of years in, they move into private practice. And that means that clients are constantly getting new counselors all the time. Why? A big part of it has to do with compensation, because they can make, you know, quadruple what they make here.

- Program administrator

Many IECMH providers need more support in their day-to-day roles both to ensure their own well-being and to effectively support the well-being of young children and their families.

Successful recruitment and retention of a qualified IECMH workforce requires a system of supports and resources designed to address workforce well-being. Working with young children and their families involves emotional labor, as well as mental and physical demands. IECMH providers have intense interpersonal

“It's so incredibly important in the field of infant mental health that we support parents' capacity in being reflective and responsive and attuned to their baby's needs. And the way that providers can do that is by being very reflective and attuned in their work with parents and their young children. And reflective supervision. The specialized type of supervision in the field of infant and early childhood mental health that carved out that space for professionals to really reflect and enhance their skills as they're working with babies and children and their families.

- Program administrator

contact, encounter a range of stressful and traumatic situations, and must manage their emotional responses and expressions in order to remain appropriately engaged with and supportive of families who are often vulnerable or traumatized. Providers working with young children and families who are experiencing trauma and stress often experience secondary trauma, a condition that can compromise professional functioning and that diminishes quality of life.⁸ An important component of staff support and retention is maintaining an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress and also increases staff resilience.⁹

70.8% of IECMH clinicians reported that they had received reflective supervision.

*Source: Early Childhood Mental Health Workforce Development Survey.

Overall, stakeholders in the state note that IECMH workforce supports do not reach all providers, are dominant culture-centric, and could be better integrated to fully promote overall provider well-being. A critical element in providing comprehensive well-being supports is reflective supervision. Reflective supervision is recognized as an important element of an ongoing professional learning approach

that increases provider effectiveness and reduces secondary stress and burnout.¹⁰ In Washington, stakeholders agree that the use and expansion of reflective supervision across levels of intervention should be an integral part of a comprehensive IECMH workforce development system in the state, and there have been significant efforts in this area in the state in recent years—for example, including responsive supervision for home visitors and Early Support for Infants and Toddlers (ESIT) providers across the state through DCYF, and the development of *Reflective Supervision: A Guide from Region X to Enhance Reflective Practice Among Home Visiting Programs*, which informs training across the state.¹¹

Efforts to expand the use of reflective supervision should include training and support for those providing reflective supervision, as both are needed to ensure fidelity to the model and quality of support—a challenge given there is currently no supervising body for reflective supervisors. Nonetheless, the state has made recent strides in this area, as statewide training on responsive supervision for supervisors is occurring. While this progress is encouraging, given the importance of reflective supervision to supporting and retaining IECMH providers, addressing gaps in training and access is paramount to ensuring that all IECMH providers have quality reflective supervision experiences. For instance, stakeholders have called for deeper and more culturally-responsive training on reflective supervision and practice, such as the Black, Indigenous, and People of Color (BIPOC) Community of Leaders for Reflective Practice featured in the Bright Spot below. In addition to reflective supervision, access to IECMH consultation and communities of practice were also identified by stakeholders as a desired support.

What Is Reflective Supervision, and Why Is It Important?

Reflective supervision is a form of ongoing, intentional, scheduled professional development that focuses on enhancing the reflective practice skills of practitioners for purposes of program quality and staff wellness and retention. Reflective practice is based on the lifelong developmental process of reflection, which is influenced by an individual's past experiences, the current situation, and how an individual's neurological system processes information. IECMH providers rely on their reflective practice skills to be attuned and responsive to the needs of the young children and families and to model these behaviors for the families for whom they are providing care, education, and support.

Source: WA-AIMH Reflective Practice Consultation and Supervision Overview.

It was an expectation to provide reflective supervision, but there was zero training.

- Provider

“

Caseloads also have a direct impact on a provider's ability to deliver responsive care. IECMH providers and stakeholders in the state have elevated the need for more understanding of the time and effort it takes to implement effective dyadic approaches that best support young children and their caregivers' emotional well-being. For example, 32% of home visitors and 53% of supervisors report working longer hours than those for which they are paid.¹² Stakeholders in Washington point to a number of promising approaches to reducing caseload burden including pairing providers on cases, creating peer learning communities, and providing incentives for extra work such as supervising interns. In addition, some stakeholders are working to diversify caseloads by evenly distributing families with more complex and intensive support needs among providers, with providers being paired on cases for additional support.

“

We, all of us in the Spokane area, I know see just choices being made that I imagine are in line with what caseworkers have to do and not in line with creating safe and secure environments for kiddos. Not at any fault of the caseworkers. They are doing what they are being asked to do. They have caseloads of God only knows how many.

- **Provider**

“

Over time we've learned that a full caseload of CPP [Child-Parent Psychotherapy], childcare psychotherapy, it's very intense, and heavy. Unless you have just the right person, it's just a solution for a burnout.

- **Program administrator**

Washington Bright Spot

Black, Indigenous, and People of Color Community of Leaders for Reflective Practice



King County's Best Starts for Kids Infant and Early Childhood Mental Health Strategy launched the BI-POC Community of Leaders for Reflective Practice in early 2021. This was created to meet the need of families and communities and to elevate the leadership and voice of BIPOC providers in King County. The goal is to increase the reflective capacity of providers who are working with babies, children, and families in the community in order to improve social and emotional outcomes for King County's children from prenatal to five years old. This project is led by People of Color for People of Color and centers the BIPOC experience in the IECMH field of practice in King County.



BOTH A MOM AND AN INFANT MENTAL HEALTH PROVIDER...*Mara's Story*

Sharing perspective on the importance of relationships and reflective practices for IECMH providers

"A first seizure for Solie at age 3 was a whirlwind and left many unanswered questions. A second seizure 9 months later meant she technically had Epilepsy and the neurologist suggested medication but agreed that with such space in-between seizures we could hold off. A third seizure though, made it all so real. I was fearful and I didn't have control over this thing. And yet here was my sweet daughter looking at me with so much trust. I was holding all those logistics and what-if's—wires and nodes on her head their visual representation—so she could feel safe with us. I was doing it really well, but it was heavy load.

"As a clinical social worker/infant mental health therapist I try to support families in achieving this with their young ones when necessary and it is a common need for intervention for children in the child welfare system. Supporting the adult's ability to hold the love while they face the fear is right at the center of the work of protecting the child. I see these uncontrollable and scary things being experiences like oppression, racism, and poverty as well. To know that there are events and forces in the world that can act this adversely on a child is to potentially be crippled by the fear. And so parents must just courageously move forward. Love them and build them up to resiliently and with as much strength go out in the world.

"What helps me do this work is strong reflective capacity and a network that helps me nurture that capacity with many different viewpoints. At home it is a network of people including my mom, sisters, husband, and close friends. At work, it is fed by an incredible reflective supervisor and supportive co-workers. I also carry with me the positive relationships of past reflective supervisors who helped me grow. Once you have experienced a transformational relationship with somebody, it builds you up and moves along with you."

COMMUNITY COUNCIL PHOTOVOICE BY: ***Mara Calhoun***

CLINICAL SOCIAL WORKER AT CHERISH WHO WORKS TO PROMOTE THE SOCIAL-EMOTIONAL WELL-BEING OF CHILDREN INVOLVED IN THE CHILD WELFARE SYSTEM

RECOMMENDATIONS

As Washington seeks to make its IECMH workforce stronger, more diverse, and fully supported, the following recommendations should be considered.

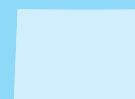
Improve and Expand IECMH Preparation Programs and Cultivate a More Diverse Workforce

Ensure that all IECMH providers, working across all levels and fields, are well prepared to support the mental health needs of the state's diverse children and families by:

- **Improving preparation programs** for IECMH providers across child- and family-serving fields to increase understanding of child development, attachment, relationship-based and trauma-informed care, and other core principles of IECMH
- **Leveraging efforts to strengthen existing and alternative career pathways to increase the diversity** of the workforce delivering IECMH services
- **Expanding community-driven approaches to identifying and elevating local IECMH providers and leaders of color**, such as hiring and training community-based healers

State Spotlight

Perinatal to Five Mental Health Specialty at the University of Denver in Colorado



The Perinatal to Five Mental Health specialty addresses growing needs for trained specialists by increasing the number of graduates trained to provide service to perinatal caregivers and their children from birth to five. The program is designed to generate new applied knowledge and support interdisciplinary partnerships that promote health for young children and their caregivers. The primary focus of the program is on addressing the needs of underserved populations, particularly Spanish-speaking and rural caregivers across Colorado as well as perinatal mothers, fathers, and parenting partners experiencing trauma, anxiety, depression, substance use, and other mental health difficulties during the transition to parenting. With a focus on equity, the IECMH specialty works with the Diversity-Informed Tenets for Work with Infants, Children & Families as guiding and foundational principles of training through coursework, applied clinical research, and clinical practice. Over the years, the program has developed clinical training and applied research collaborations across the state and country, including MotherWise Colorado, Children's Museum of Denver, Denver Public Libraries, the University of Iowa, the University of San Francisco, the Colorado Association for Infant Mental Health, and Mental Health Center of Denver.

Ensure that IECMH Providers Have Access to Ongoing and Relevant Training and Professional Development

Support the ongoing development of knowledge and expertise by IECMH providers and improve the quality of IECMH services by:

- **Providing training and professional development opportunities that prepare IECMH providers working across settings** to support the social-emotional development of young children and healthy early relationships
- **Expanding models to deliver professional development in home and virtual settings** to support providers to participate outside of traditional in-person offerings and to support those in geographically isolated areas
- **Expanding efforts to increase the number of highly trained IECMH clinicians** by providing clinicians with in-depth training in child development, early relational health, foundational IECMH practices, assessment, diagnosis, and evidence-based interventions

State Spotlight IECMH Training in Minnesota



Minnesota has bolstered its IECMH workforce by offering training in evidence-based practices and establishing a robust certification process. The Minnesota legislature authorized \$1 million per year for early childhood mental health training and infrastructure. Coupled with another \$400,000 from the Community Mental Health federal block grant, the state supports clinician training and certification in Attachment and Biobehavioral Catch-up (ABC), Parent-Child Interaction Therapy (PCIT), and Trauma-Informed Child-Parent Psychotherapy (TI-CPP). Because clinicians are unable to bill for services while participating in training, clinicians are reimbursed for time to attend the trainings. If clinicians do not complete the certification or if they leave the state, they must return the funds spent on their training and certification.

Attract and Retain Diverse IECMH Providers

Develop and maintain a strong and diverse IECMH workforce that has the financial and personal support it needs and deserves as it supports young children and their families in addressing mental health challenges and attaining social and emotional well-being by:

- **Increasing compensation overall and addressing compensation inequities** across IECMH providers
- **Increasing opportunities for IECMH practitioners to provide and receive reflective supervision** by providing training and technical assistance to providers and administrators, as well as convening peer supervision groups, to combat the effects of secondary trauma and improve retention in the field
- **Expanding promising approaches to reducing caseloads** to minimize burnout and ensure IECMH providers can provide effective IECMH services to young children and families

State Spotlight

South Carolina Infant Mental Health Association (SCIMHA) Reflective Supervision Learning Collaborative



The **SCIMHA Reflective Supervision Learning Collaborative** is a 12-month program comprising in-person learning sessions, web-based reflection experience, and active implementation phases with ongoing support provided throughout the process. The program is designed for supervisors in a range of infant and early childhood programs, including home visiting, early intervention, child welfare, and early care and education. The program helps participants build an understanding of the essential elements of reflective supervision as well as tools and strategies for sustaining and deepening reflective practice, capacity to support others through reflective supervision, and skills and knowledge needed to implement and sustain reflective supervision within their organizations. Participants also receive reflective consultation, which can be applied to acquiring IECMH endorsement.

MOVING FORWARD

The findings and recommendations in this issue brief are intended to provide guidance and direction to Washington's policymakers and practitioners as they seek to create a strong, diverse, and supported IECMH workforce. Stakeholders across the state are aware of the need to improve the preparation of this workforce, to increase the diversity of the providers working in this field, and to ensure that these providers are equitably compensated and supported. The next step is to undertake coordinated efforts to effect these changes. By grounding IECMH workforce development efforts in the real-world experiences of Washington's IECMH providers and other stakeholders, the state has the opportunity to create the most diverse and dynamic workforce in the country and to ensure that Washington's young children and families are thriving.



INTERESTED IN LEARNING MORE?

This document is part of a series of issue briefs developed as part of the Washington Infant and Early Childhood Mental Health Landscape effort, with support from the Perigee Fund and in partnership with School Readiness Consulting. The series was created to provide an overview of what is already working well, identify gaps that should be addressed, and offer recommendations as the state continues to move forward in its work to advance equitable, culturally responsive, and effective IECMH services and supports. Interested in learning more? Check out the other briefs:

- 1. Making the Case: Why Infant and Early Childhood Mental Health Matters**
- 2. Connecting with Families: Improving Access to Infant and Early Childhood Mental Health Services**
- 3. Redefining Quality: Providing Infant and Early Childhood Mental Health Support to Fully Meet the Diverse Needs of Families**
4. What Providers Need: Strengthening the Infant and Early Childhood Mental Health Workforce
- 5. Accelerating Statewide Change: Advancing Infant and Early Childhood Mental Health in State and Local Systems**

ENDNOTES

1. Definitions adapted from the following: Zero to Three. (2016, February 10). "Infant-Early Childhood Mental Health Parenting Resource." <https://www.zerotothree.org/resources/110-infant-early-childhood-mental-health>.
2. Washington State Department of Children, Youth, and Families (2019). *Early Childhood Mental Health Workforce Development Survey*.
3. See Issue Brief 2, "Connecting with Families: Improving Access to Infant and Early Childhood Mental Health Services," for more information on the lack of IECMH providers in the state and strategies to address this gap.
4. Larrieu, J. A., & Dickson, A. B. (2009). "Reflective Practice in Infant Mental Health Training and Consultation." *Infant Mental Health Journal* 30: 579-590. <https://onlinelibrary.wiley.com/doi/abs/10.1002/imhj.20230>.
5. Franko, M., et al. (2019). *The Region X Home Visiting Workforce Study*. Denver, CO: Butler Institute for Families, Graduate School of Social Work, University of Denver.
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11. Region X Innovation Grant.(2018). *Reflective Supervision: A Guide from Region X to Enhance Reflective Practice among Home Visiting Programs*. <https://www.dcyf.wa.gov/sites/default/files/pdf/RegionX-ReflectSupGuidelines.pdf>.
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