



Expulsion and Suspension Prevention Webinar Series

Webinar 3:

Program Quality and Professional Development

A Look at Early Childhood Mental Health Consultation
and Positive Behavioral Intervention and Support
Systems Through Diversity-Informed Tenets

Webinar Series on Expulsion and Suspension Practices in Early Learning Settings

- **Webinar 1:** Basic Research, Data Trends, and the Pillars of Prevention
- **Webinar 2:** Establishing Federal, State, and Local Policies
- **Webinar 3: Program Quality and Professional Development: A Look at Early Childhood Mental Health Consultation and Positive Behavioral Intervention and Support Systems Through Diversity-Informed Tenets**
- **Webinar 4:** Using Data Systems To Track and Reduce Expulsion and Suspension

Today's Outline

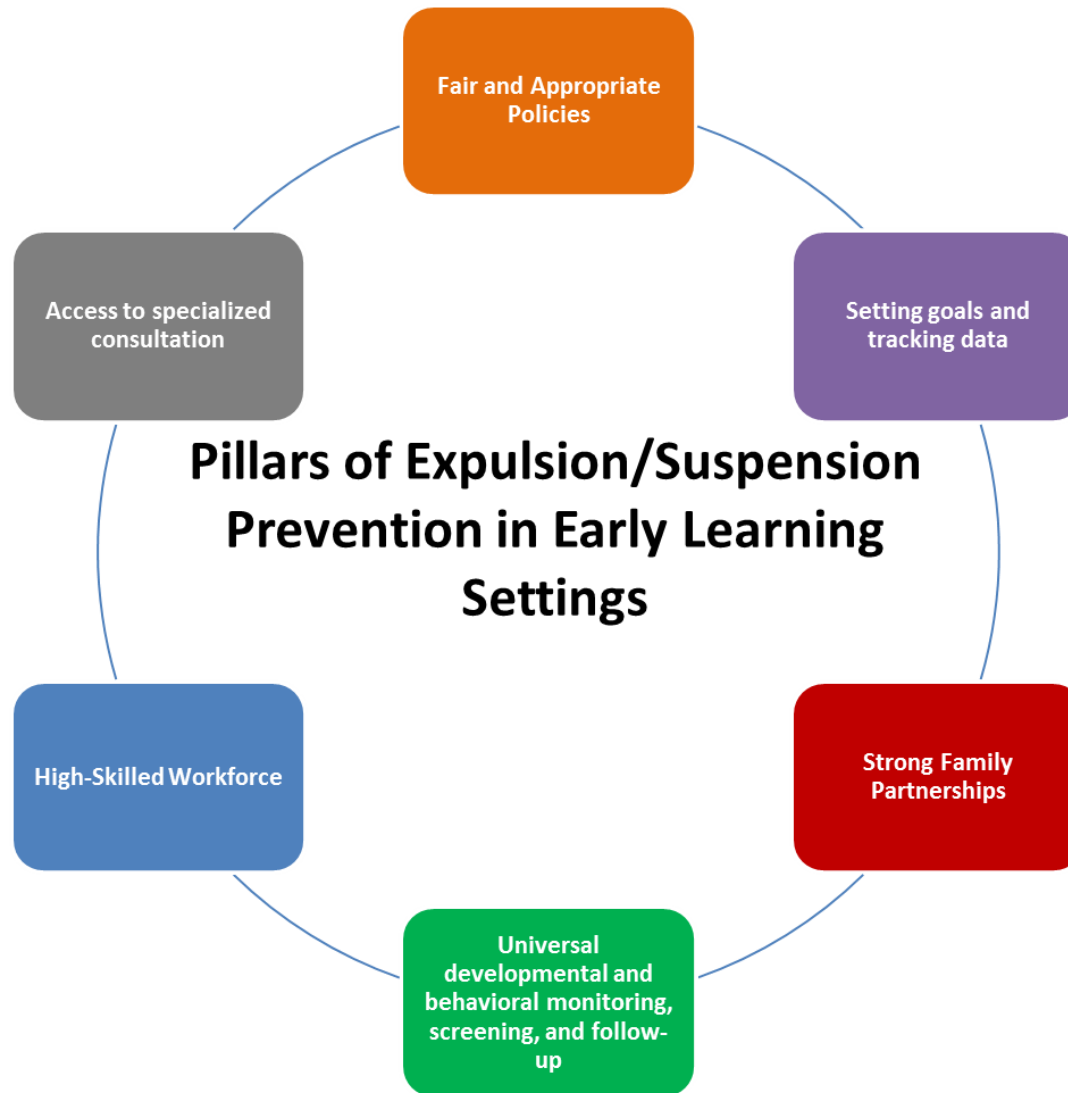


- **Welcome and Overview**
 - Shantel Meek, Policy Advisor for Early Childhood Development
- **Framing Comments**
 - Linda K. Smith, Deputy Assistant Secretary for Early Childhood Development
- **An Introduction to the Pyramid Model**
 - Mary Louise Hemmeter, Professor, Vanderbilt University
- **State Snapshot: The Pyramid Model**
 - Barbara Smith, Research Professor and Director, University of Colorado Denver
- **An Introduction to Early Childhood Mental Health Consultation**
 - Deborah Perry, PhD, Associate Professor, Georgetown University
- **State Snapshot: Early Childhood Mental Health Consultation**
 - Mary Mackrain, M.E.d., IMH-E (IV), Michigan Department of Community Health
- **Diversity Informed Infant Mental Health Tenets- Working with Young Children and Families**
 - Maria St. John, Director of Training and Assistant Clinical Professor, University of California San Francisco
- **Question & Answer Session**

Why Focus on Expulsion and Suspension?

- The beginning years of any child's life are critical for building the early foundation of learning, health and wellness needed for success in school and later in life.
- Often the children most in need of intervention are the ones expelled from the system.
- Children who are expelled or suspended are as much as **10 times** more likely to drop out of high school, experience academic failure and grade retention, hold negative school attitudes, and face incarceration than those who are not.
- Expulsion or suspension early in a child's education predicts expulsion or suspension in later school grades.
- Some estimates have found that rates in early education are higher than in K12 settings
- All estimates have found large racial disparities, with young boys of color being suspended and expelled at disproportionately high rates.

Pillars of Expulsion/Suspension Prevention in Early Learning Settings



An Introduction to the Pyramid Model: Using Positive Behavior Supports to Promote Social Emotional Competence and Address Challenging Behavior In Young Children

**Mary Louise Hemmeter, Professor,
Department of Special Education,
Peabody College, Vanderbilt University**

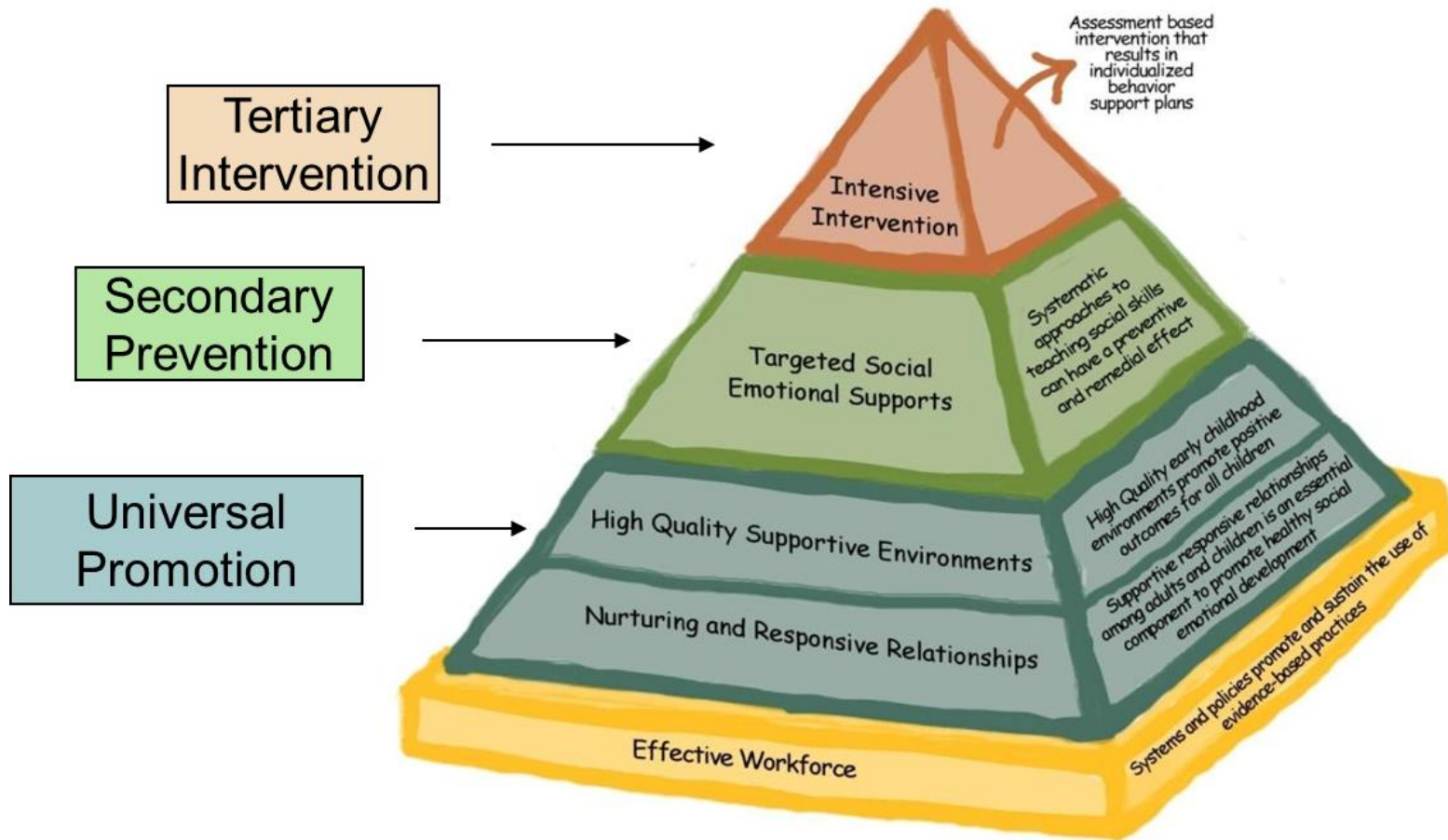


**The Pyramid Model
Consortium**

Features of Positive Behavior Support (Dunlap & Fox, 2009)

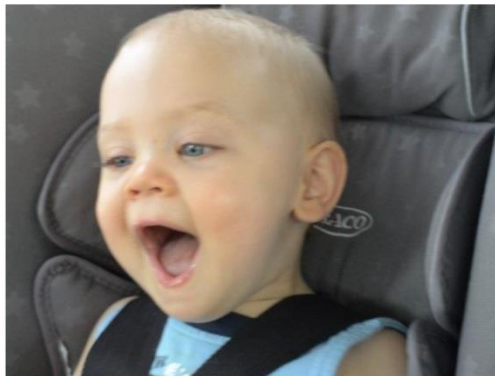
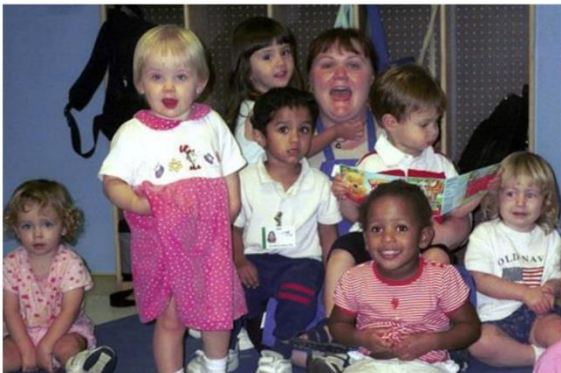
- Emphasis on prevention
- Focus on supporting families and providers who work directly with children
- Implementation in children's natural environments (e.g., child care, community, home)

The Pyramid Model: Promoting Social and Emotional Competence and Addressing Challenging Behavior



Nurturing and Responsive Relationships

- Foundation of the Pyramid
- Essential to healthy social development
- Includes relationships with children, families and team members



High Quality Environments

- Inclusive early care and education environments
- Comprehensive system of *curriculum, assessment, and program evaluation*
- Environmental design, schedules and routines, positive child guidance, engaging activities, and teacher-child interactions



Supportive Home Environments

- Supporting families and caregivers to promote social emotional development within natural routines and environments
- Providing families and caregivers with information, support, and new skills to provide high quality environments that promote development



Targeted Social Emotional Supports

- Self-regulation, expressing and understanding emotions, problem solving, social relationships
- Increased opportunities for instruction, practice, feedback
- Family partnerships
- Progress monitoring and data-based decision-making



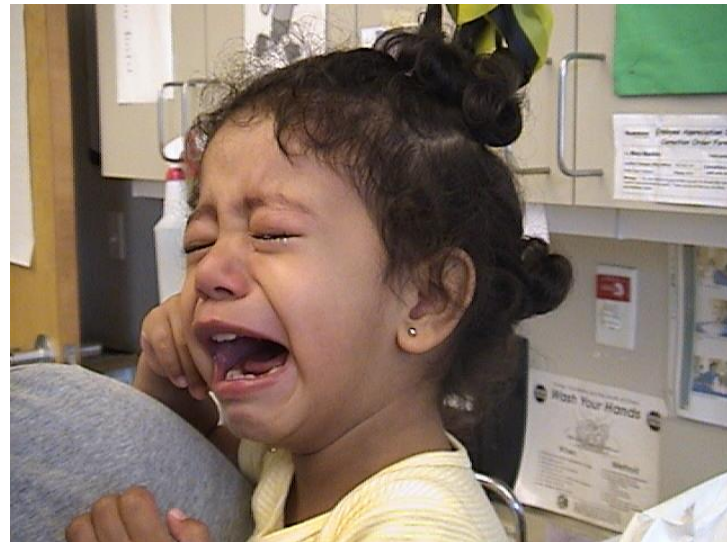
Targeted Social Emotional Supports at Home

- Supporting and coaching families to enhance their child's social emotional development within natural environments and activities
- Self-regulation, expressing and understanding emotions, problem solving, social relationships



Individualized Intensive Interventions

- Comprehensive support across settings
- Assessment-based
- Collaborative team
- Prevention and Skill-building



Fully Developed Intervention

- Training materials
 - CSEFEL, TACSEI, ECMHC, NCQTL
- Implementation guides and materials
- Implementation Fidelity Tool

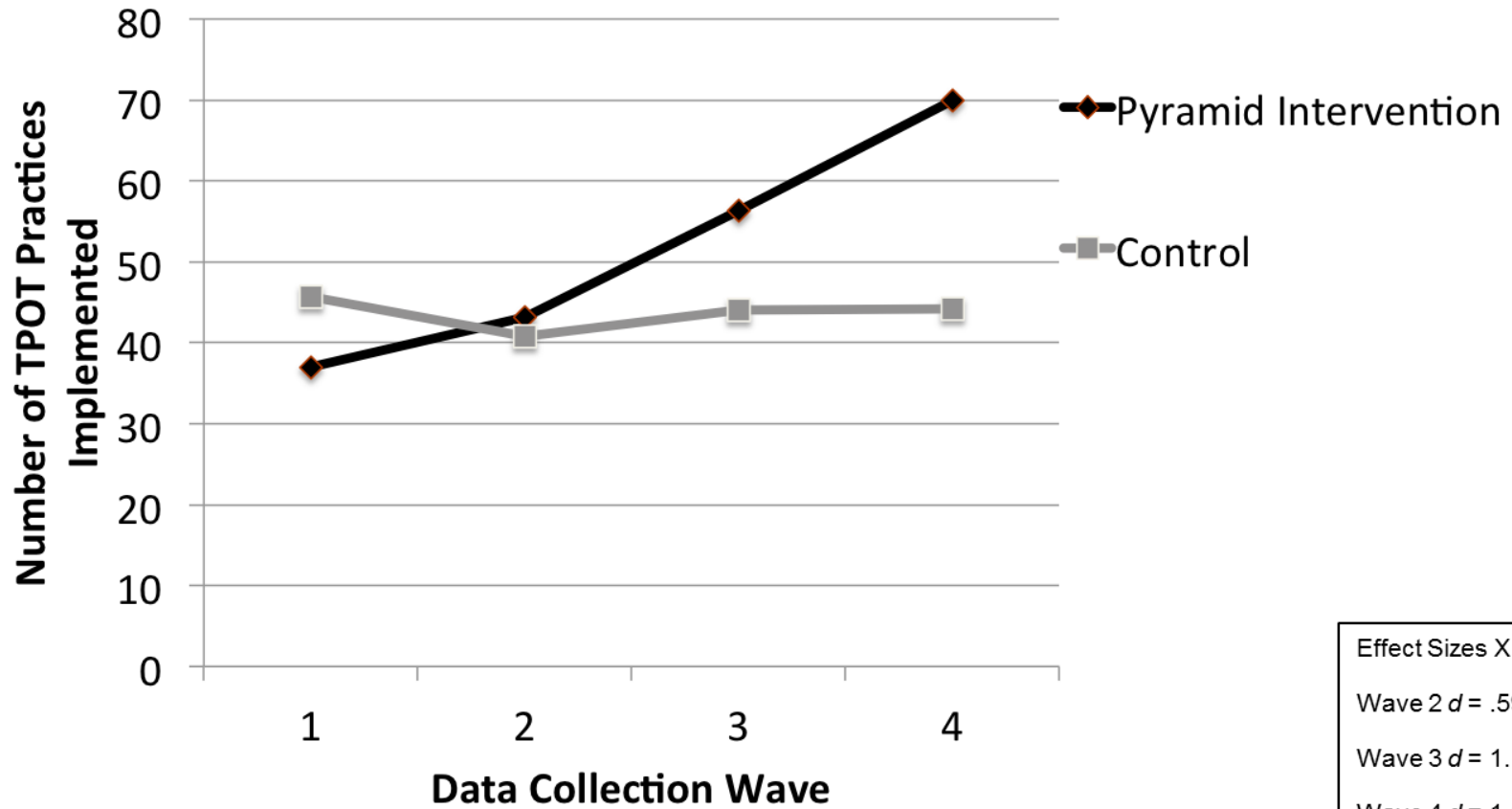
Status of Pyramid Practices in EC Classrooms

	TPOT Study n=50		Efficacy Study n=40		Distance Coaching n=33	
	Mean	Range	Mean	Range	Mean	Range
<i>Env Items</i>	6.0	3-7	5.05	3-6	6.34	4-7
<i>Red Flags</i>	3.0	0-11	3.75	1-10	2.13	0-7
<i>Percent Indicators</i>	39.1%	14% to 73%	38.24%	16% to 74%	39.87%	14% to 66%

Practice Based Coaching



Efficacy Study



Observations of Target Children's Social Skills

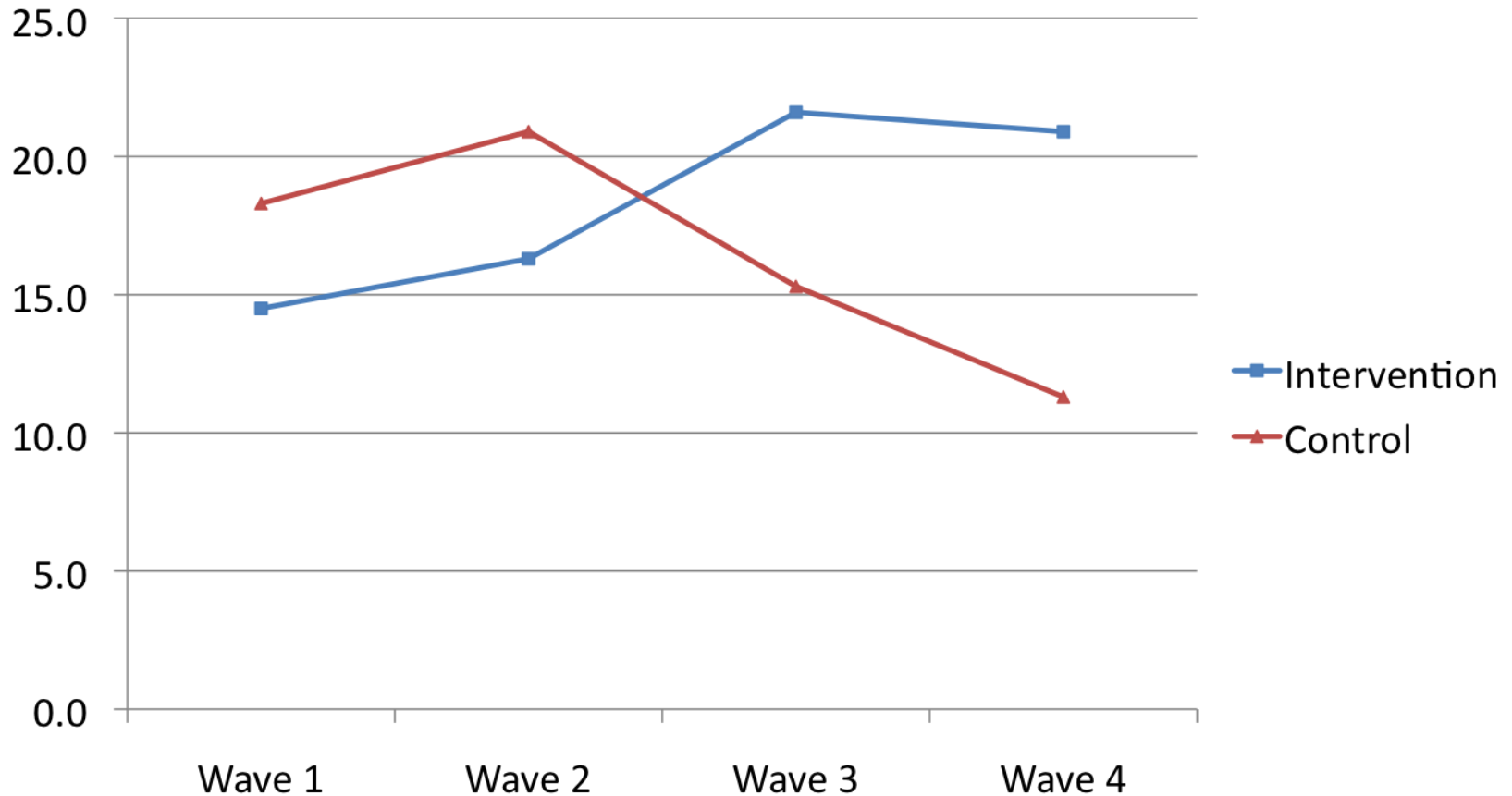
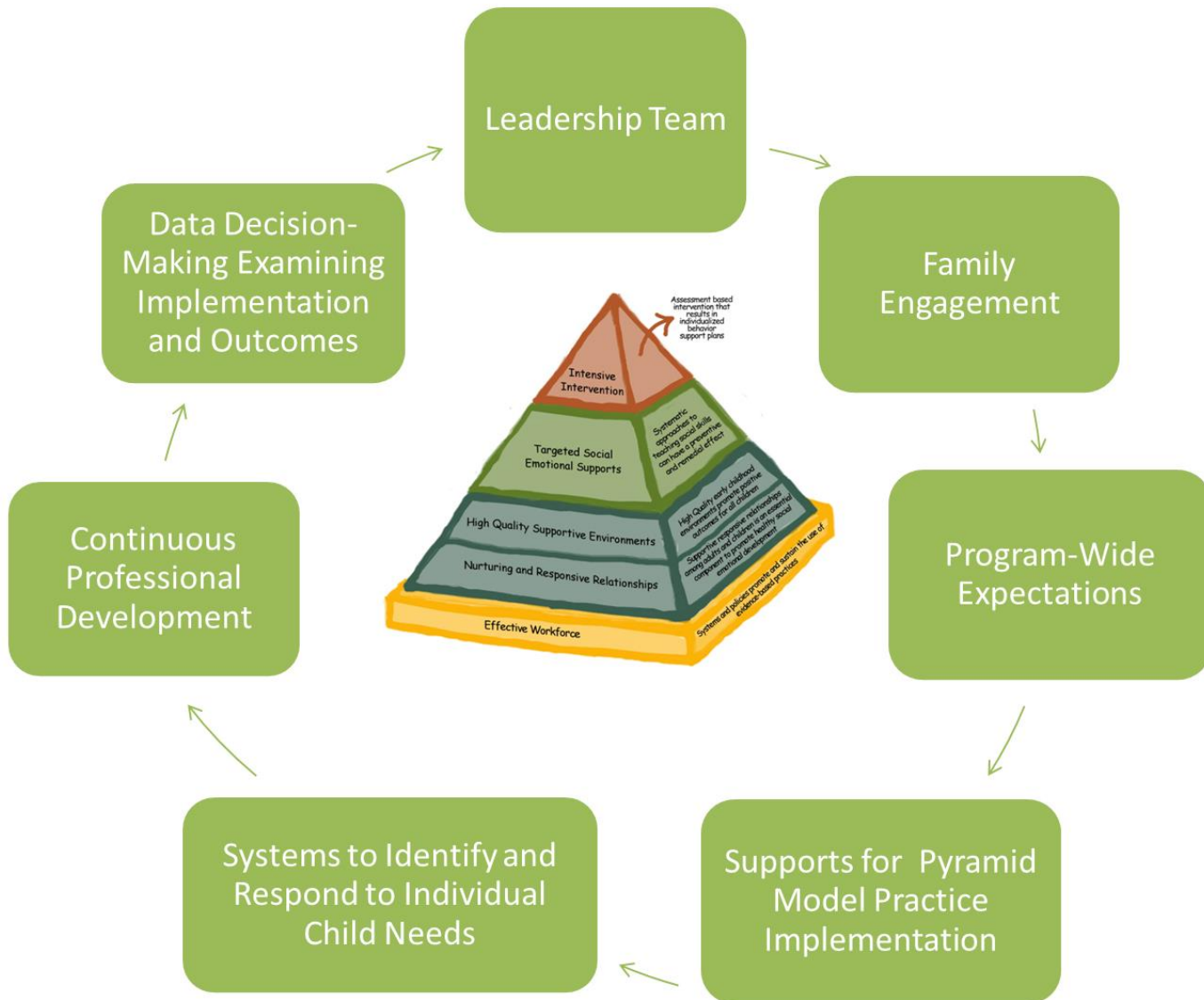


Figure 2. Mean frequency of positive social interactions during 60 min observation session across waves for Cohort 1 target children whose teachers were in the intervention or control condition. An average of the frequency of positive social interactions for the 2 to 3 target children in each classroom was used to derive the means reported for each group at each wave.

Conclusions

- Fidelity matters
- Most social-emotional and behavioral issues are resolved when the bottom levels of the Pyramid are in place
- Families and providers need support around promotion and prevention
- Implementation of individualized PBS is more efficient when bottom levels of the Pyramid are in place

The Pyramid Model



State Snapshot of the Pyramid Model Spotlight on Minnesota

Barbara J. Smith, PhD

Pyramid Model Consortium



State Snapshot: Minnesota's Pyramid Model

4 State Capacity Building Elements

1. State Leadership Team
2. Master Cadre of Professional Development Experts
3. Demonstration Sites
4. Data Decision Making



1. State Leadership Team

- Is a committed, cross-agency group about 15
- Makes multi-year commitment
- Meets monthly; uses effective meeting strategies
- Uses implementation science and provides the supports for local and regional use of implementation science
- Establishes Demo sites, Master Cadre, data systems
- Secures resources, provides infrastructure
- Builds political investment
- Ensures systems integration
- Works to sustain initial effort and to scale up statewide
- **Spotlight on Minnesota:**
 - 2010 Established a State Leadership Team

2. Master Cadre: Professional Development and Technical Assistance



- Master T/TA Cadre
 - Carefully selected initial team of T/TA providers
 - Regionally located
 - Expertise in Pyramid Model implementation; professional development, providing technical assistance
 - Mentored to provide training, external coaching, and data systems
- **Spotlight on Minnesota:**
 - 2010: State Leadership Team Identified 10 Master Cadre to guide the Pyramid Model Implementation regionally;
 - Pyramid Model staff mentored to build MN internal capacity

3. Program-Wide Demonstrations of High Fidelity Implementation

1. High fidelity demonstrations that exemplify the value of the program- wide implementation of the Pyramid Model
 2. Demonstration programs help build the political will needed to scale-up and sustain implementation
 3. Demonstration programs provide a model for other programs and professionals, “seeing is believing”
 4. Demonstration programs “ground” the work of the State Team in the realities and experiences of programs and professionals
- **Spotlight on Minnesota:**
 - 2010: State Leadership Team Identified 3 Demonstration Sites
 - The Demonstration Sites established program leadership team, internal coach, and began to collect data

4. A Data Decision-Making Approach

- Outcomes are identified
- Fidelity and outcomes are measured
- Data are summarized and used to:
 - Identify training needs
 - Deliver professional development
 - Make programmatic changes
 - Problem solve around specific children or issues
 - Ensure child learning and success
- Data collection AND ANALYSIS is an ongoing process
- **Spotlight on Minnesota:**
 - 2011-2015: State Leadership Team collected data and used it to plan and implement scale-up and sustainability strategies

Data Decision-Making Tools

- Implementation
 - Systems development: State and Program Benchmarks of Quality
 - Fidelity: Teaching Pyramid Observation Tool (TPOT); The Pyramid Infant and Toddler Observation Scale (TPITOS)
 - Preschool wide evaluation tool (Pre-SET)
- Program
 - Program Incidents (calls to families, dismissals, transfer, requests for assistance, family conferences)
 - Behavior Incident Reports (BIR)
- Child
 - Progress Monitoring
 - Child curriculum-based assessment or rating scales



Spotlight on MN

2011-2015

- Added 12-14 expansion sites EVERY year= 53 sites
 - 37 Master Cadre Trainers
 - 98 Internal Coaches
- 193 classrooms, over 2800 children served

School Readiness classrooms, collaborative ECSE and other ECE, ECSE, Early Childhood Family Education, Head Start classrooms, Center-based child care, home visitor/early intervention



Free Tools and Resources

- **CSEFEL Training Materials:** www.vanderbilt.edu/csefel/
 - What Works Briefs; Facilitators Guide; inventory of practices; activities, scripts; case examples; video clips (English and Spanish)
- **TACSEI Training Materials:** www.challengingbehaviors.org
 - Roadmap to Effective Intervention Practices Series, Issue Briefs and Webinars



**Technical Assistance Center
on Social Emotional Intervention**



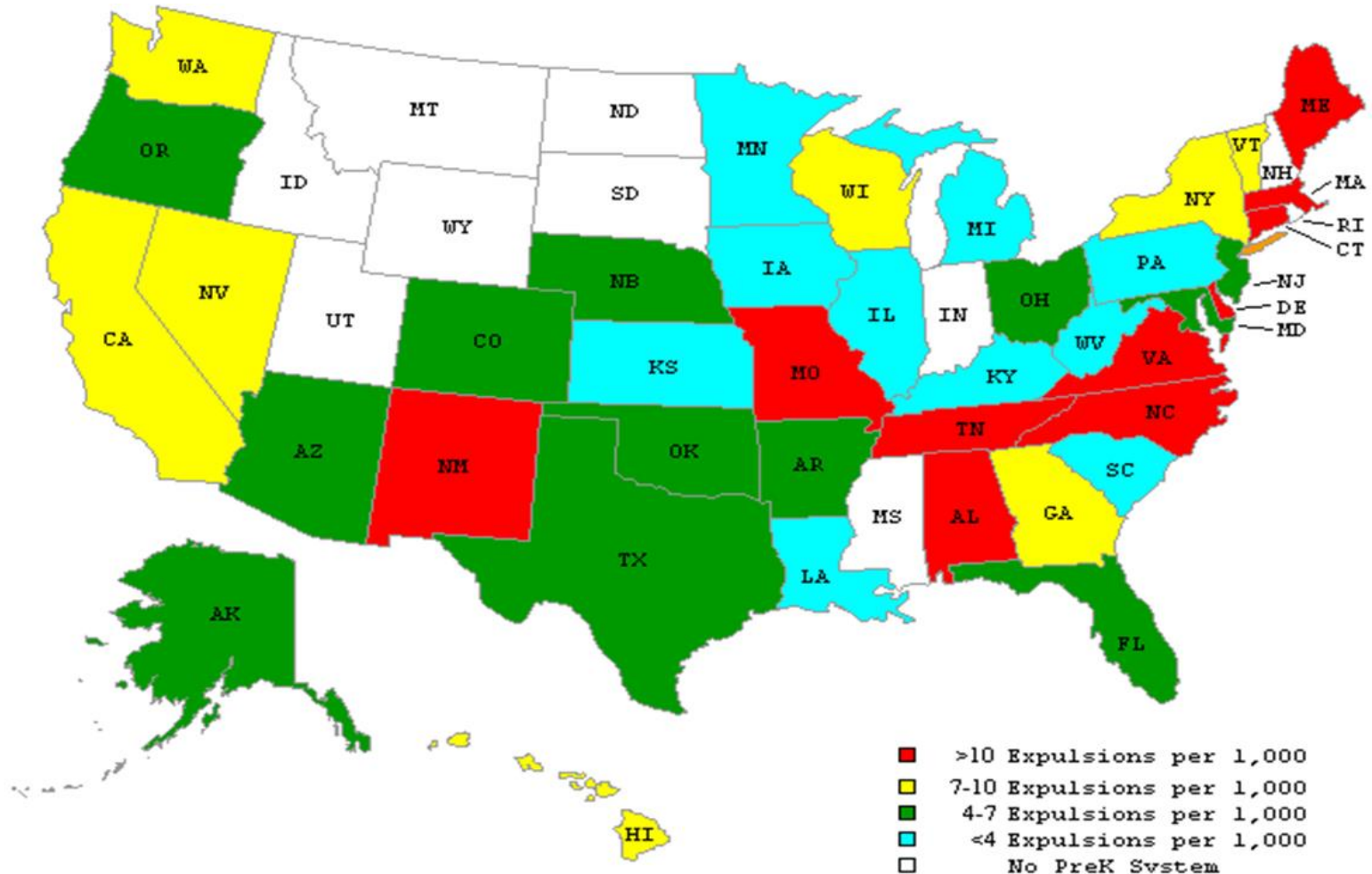
www.challengingbehavior.org

An Introduction to Early Childhood Mental Health Consultation

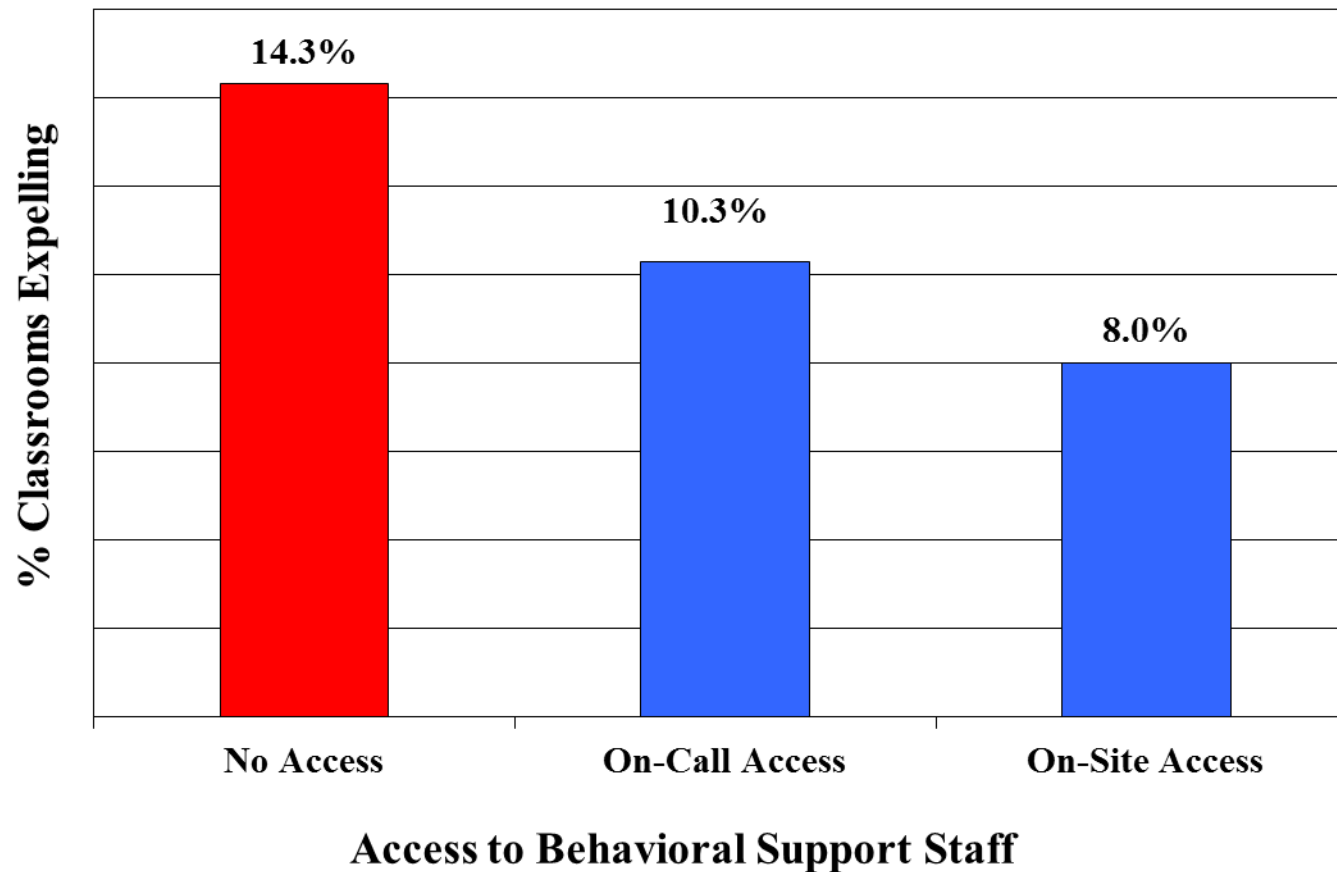
Deborah F. Perry, PhD
Georgetown University
Center for Child and Human Development
February 25, 2015



State Pre-K Expulsion Rates (2005)



Access to Support Associated with Decreased Expulsion Rates



Gilliam, WS (2005). Prekindergarteners left behind: Expulsion Rates in state prekindergarten programs. *FCD Policy Brief, Series No. 3*.

What is ECMHC?

- Teams mental health professionals with people who work with young children and their families to improve their social, emotional and behavioral health and development.
- Builds the capacity of providers and families to understand the powerful influence of their relationships and interactions on young children's development.
- Consultants conduct observations, facilitate screening, identify children with or at risk for mental health challenges as early as possible, and build adult capacity in promoting children's social-emotional and behavioral health.

Child- and Family- Centered Consultation

- Child observations
- Program practices
- Staff support for individual and group behavior management
- Modeling/coaching
- Link to community
- Training on behavior management
- Modeling and supporting individual child
- Education on children's mental health
- Advocacy for family

Programmatic Consultation for Staff and Programs

- Classroom observation
- Strategies for prosocial environment
- Training on behavior management
- Support for reflective practices
- Promote staff wellness
- Address communication issues
- Promote team building
- Training on cultural competence

Reflective Practice as Key Ingredient

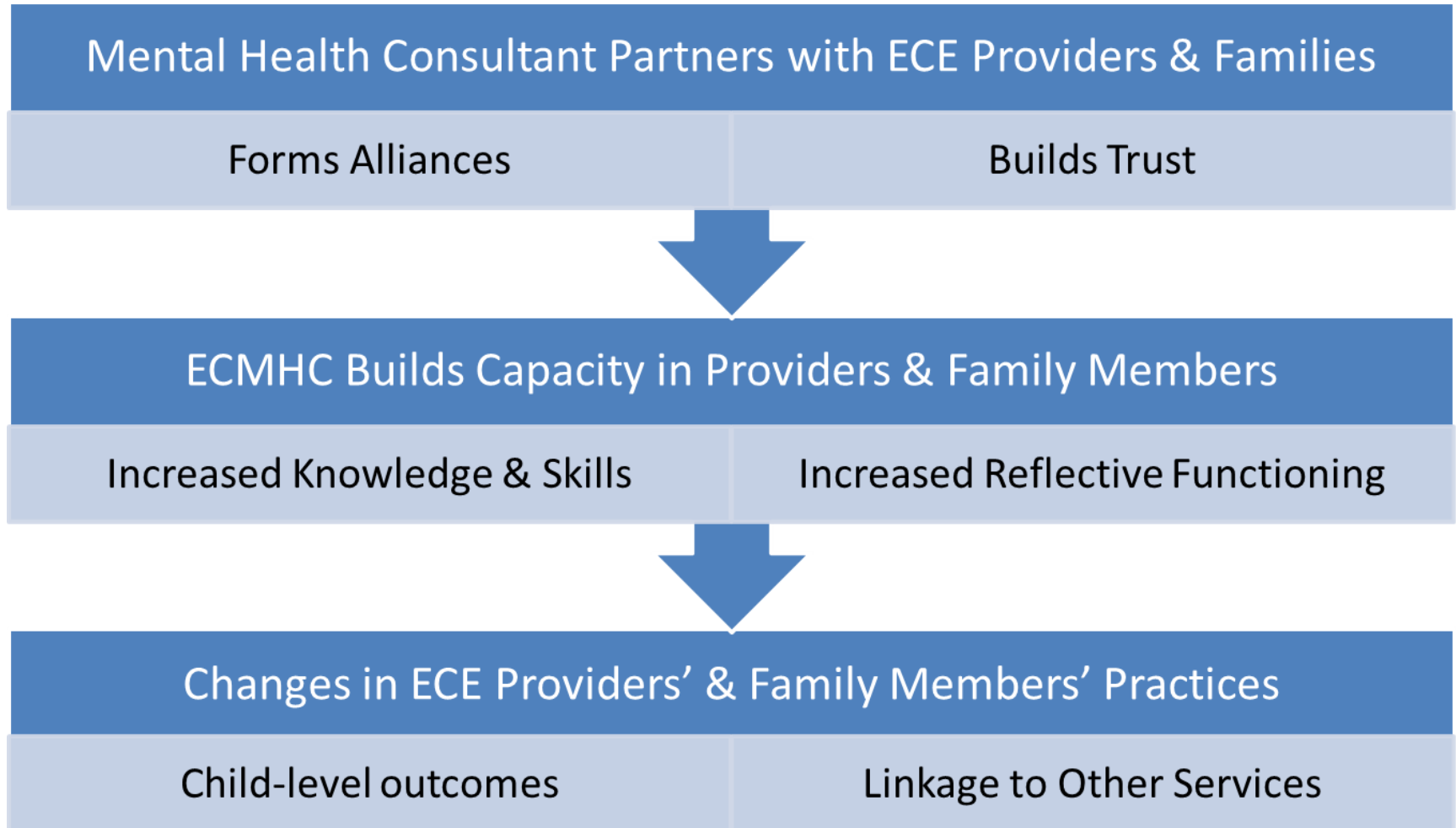
- Mental health professional adopts “consultative stance”
 - Wondering instead of knowing
 - Speaking for the child
 - Attending to subjective experiences of adults and children



What ECMHC “Isn’t”

- Formal diagnostic evaluations
- Therapeutic play groups
- Individual therapy
- Family therapy
- Staff therapy
- Family support groups

Theory of Change



Evidence of Changes in Child- and Family- Level Outcomes



Provider-Level Outcomes

Gain Skills

- Supporting social-emotional development
- Behavior Management

Improve Quality

- Teacher-Child Interactions
- Staff interactions

Improve Outcomes

- Reduced staff stress & turnover
- CLASS Scores

Program-Focused Outcomes

MHC

- Supportive policies
- Reflective supervision

Staff

- Reduced stress and burnout
- Reduced turnover

Child

- Improved attachment/resilience
- Improved school readiness

System-Level Outcomes

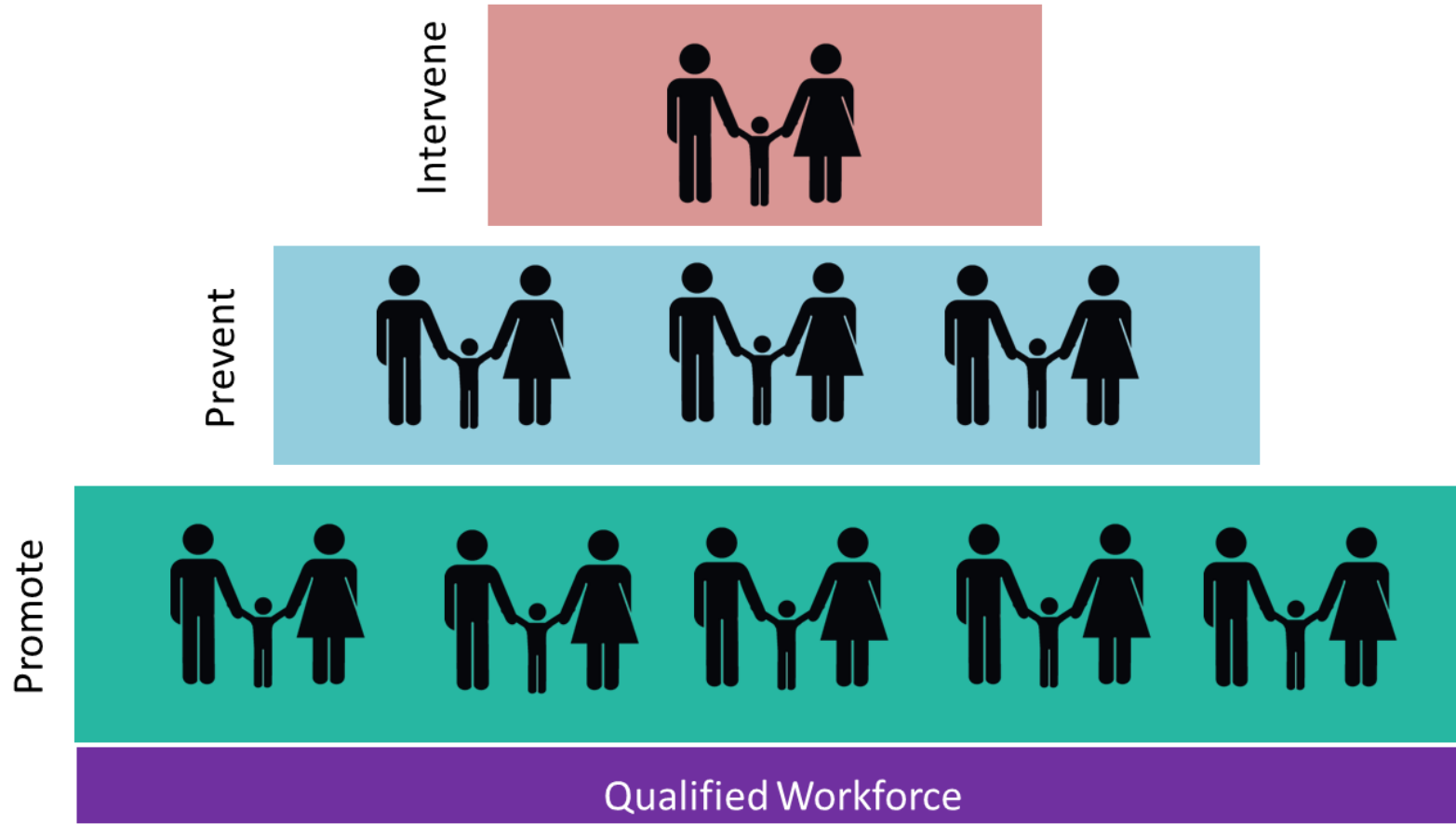


State Snapshot: Michigan's Early Childhood Mental Health Consultation Program



Mary Mackrain, M.Ed, IMH-E® (IV)
Consultant, Michigan Department of Community Health

System Effort



System Challenges



Fragmented Professional Development and Support to Front-Line Staff



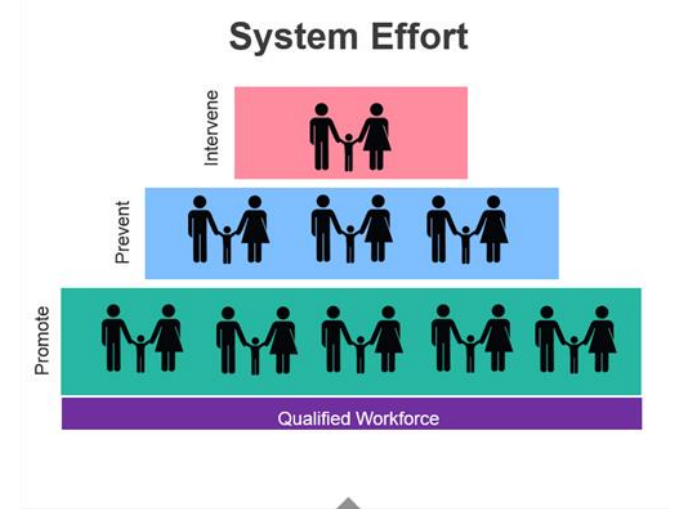
Investment in Social and Emotional Health Services



Inconsistent Access and Quality of Behavioral Health Services

“There is no one in my community that has expertise in babies” — Child care provider

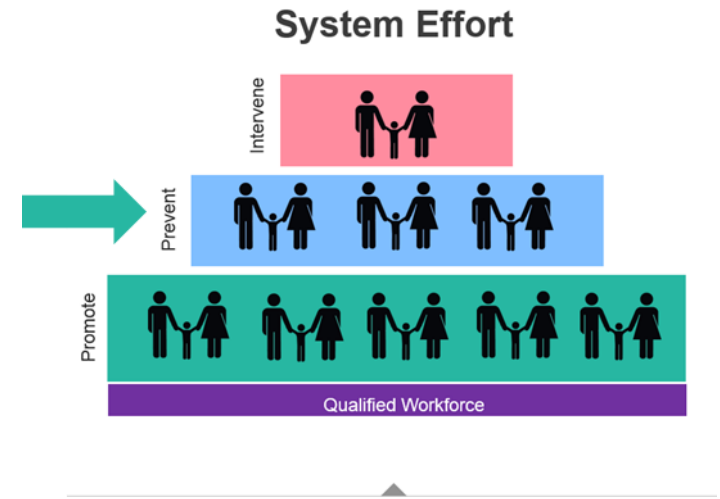
Building Will and a Workforce



- Social and Emotional Messaging Toolkit:
www.michigan.gov/socialandemotionalhealth
Project LAUNCH
- Social and Emotional Webinar Series:
www.eotta.ccsesa.org/training
MDCH & MDE
- Social and Emotional Assessment Training:
www.eotta.ccsesa.org/training
MDCH & MDE

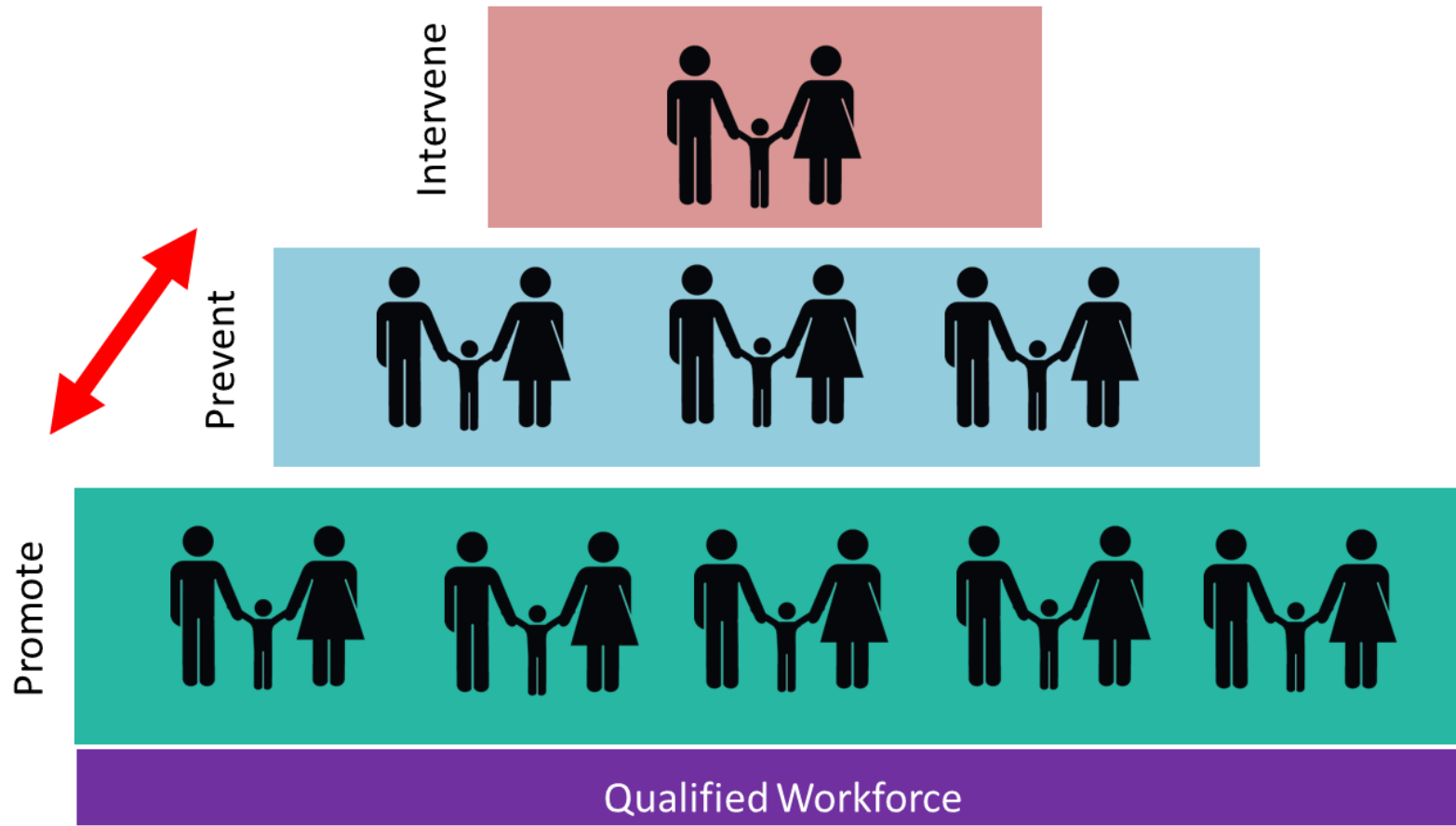


The Beginning: Childcare Expulsion Prevention

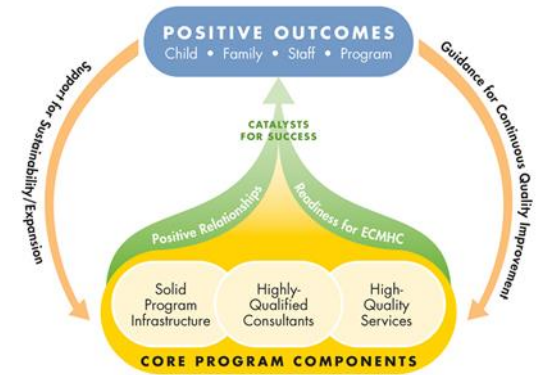


- Began in mid 90's
- Early Expulsion Study
- Mental Health Prevention Dollars – 6 seed projects
- Child Care and Development Bog Grant Dollars 1999-2010

Kids Falling Through the Cracks- in the “Grey Zone”

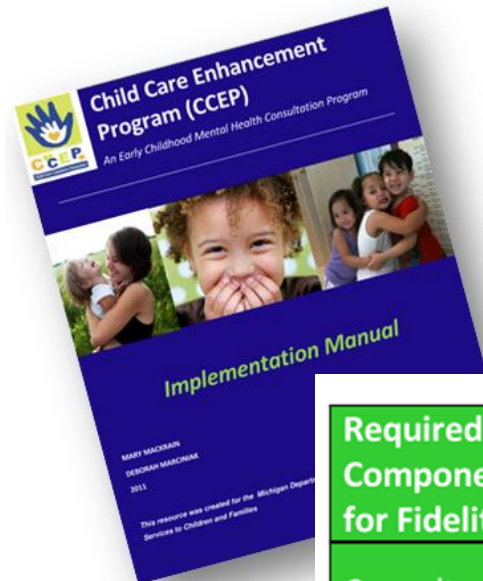


The Model

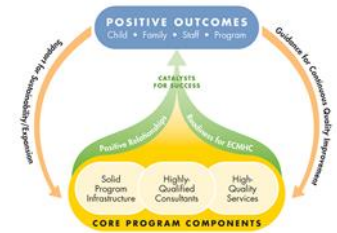


- Birth to age five
- Licensed and registered child care
- Infant and toddler emphasis
- Site and home visits
- FTE- serves 20-30 child-level cases per year
- FTE-serves 6-10 sites (500 > children)
- Eventually serving 31 counties at \$1.8 million annually- 44 consultants

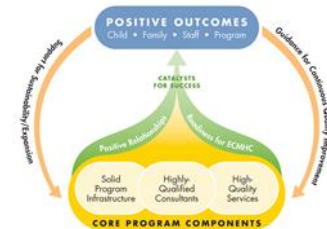




Fidelity Components



Required Components for Fidelity	Criteria of Components	Data Needed	Source	Fidelity Standard	Quarterly report data
Consultant Skills	Education, certification and professional development	Consultants endorsement status, Education level & professional development	CCEP Data Tracking log(s)	1. MI-AIMH Level II endorsement 2. Master's Degree 3. 15 hours professional development/yr	1. Yes/No ____ 2. Yes/No ____ 3. # hrs PD ____
Consultant Caseload	Caseload size and # cases per year, child/family and program	Track number of child cases opened Track number of new child care sites served programmatically	CCEP Data Tracking log(s)	4. 8/12 family centered cases at a time 5. 20-25 cases per year 6. 8-10 sites/yr	4. Caseload # (child/family) Month 1 ____ Month 2 ____ Month 3 ____ 5. # cases opened this quarter ____ 6. # new programs served this quarter ____
Consultant Supervision	Reflective supervision	Track frequency/duration of reflective supervision	CCEP Data Tracking log(s)	7. Reflective supervision, minimum 2 hrs/month	7. # hrs reflective supervision Month 1 ____ Month 2 ____ Month 3 ____
Community Collaboration	Meetings w/ early childhood partners & local CCEP early childhood advisory team	Number of meetings with Early childhood partners (GSC's, RRC's, Early On, B-5, SEFEL) Number of advisory team meetings or collaborative meetings that included CCEP on agenda	CCEP Data Tracking log(s)	8. 10 meetings w/ early childhood partners/yr 9. Quarterly meetings w/ advisory team	8. # meetings attended w/ EC partners ____ 9. # meetings w/ CCEP advisory team ____



Fidelity Components

Required Components for Fidelity	Criteria of Components	Data Needed	Source	Fidelity Standard	Quarterly report data
Child/Family centered consultation	Follows process steps , satisfaction surveys completed	Question on process steps followed for each case Satisfaction surveys Status of child at case closure Summary of service	CCEP Data tracking log Summary of service Satisfaction survey(s)	10. 90% of child/family cases that completed referral, consent and intake met fidelity when closed per case review	10. # closed child/family cases meeting fidelity ____ Total # child/family cases closed ____ [Supervisor checks on fidelity using summary of service form)
Programmatic Consultation	Follows process steps, satisfaction surveys completed	Question on process steps followed for each case Satisfaction surveys Summary of service	CCEP data tracking log Summary of service Satisfaction survey(s)	11. 90% of programmatic cases that completed referral and agreement to service met fidelity when closed per case review	11. # closed programmatic cases meeting fidelity ____ Total # closed programmatic cases ____ [could just report % that met fidelity if that is easier for consultant]
State Level Technical Assistance	Participate in annual in-person TA sessions and additional contacts via phone or onsite annually to review fidelity to the model, outcome achievement, etc.	Track number of TA sessions consultant and supervisor participate in	CCEP Data Tracking log(s)	12. Attend 4 annual in-person TA sessions (consultant and supervisor) 13. 10 TA contacts per year (consultant) 14. 4 TA contacts/year (supervisor)	12. # TA meetings attended Consultant ____ Supervisor ____ 13. Consultant TA contacts ____ 14. Supervisor TA contacts ____

Intentional State-Level Technical Assistance Ongoing and Individualized

Monthly Supervisor Calls

On months where teams did not get together, monthly supervisor calls were facilitated by State Director and Coordinator to:

- Share progress
- Discuss barriers
- Peer-to-peer learning
- Plan for in-person meetings

Quarterly In-Person Meetings

Teams come together to get content training, peer-to-peer learning, state updates, progress review

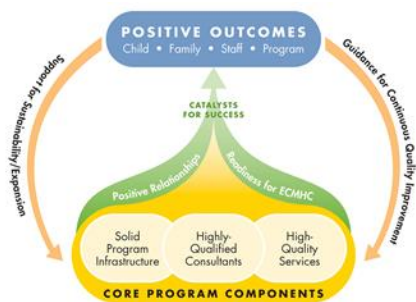
1:1 Coaching & Shadowing

Calls or site visits for supervisors and consultants for specialized training or problem-solving.

Cross county shadowing for new and existing consultants

List-serve

E-mail listserve used to share ideas, strategies, resources and important news- stay connected!



Evaluation

Child



Social emotional skills



Hyperactivity, challenging behavior

Parent



Missed days at work



Parenting stress



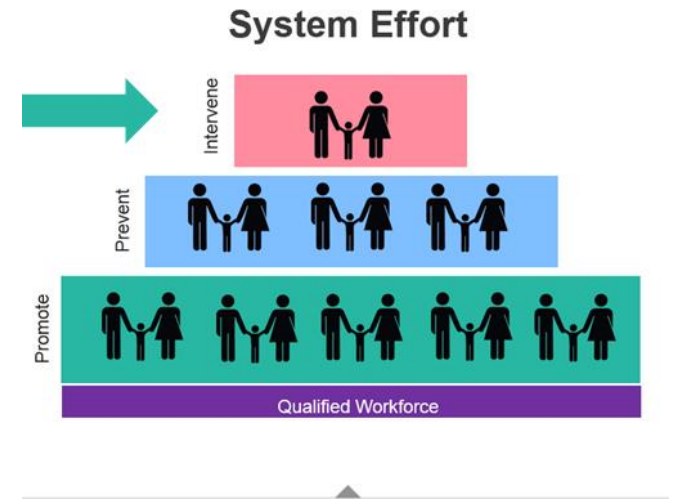
Significant, moderate increases in empowerment

Provider & Directors



significant improvements in feelings about ***managing children's challenging behaviors, working with families, and changing the center climate***

Home-Based Services



- Revised Access Criteria- DC 0-3
- Providers must have IMH endorsement Level II

New Developments

Project LAUNCH

Saginaw Project LAUNCH Social and Emotional Prevention Continuum

A: Continuing Education: *Web-based Center on the Social Emotional Foundations for Early Learning (CSEFEL) Training*

Provided by a Qualified Trainer

A CSEFEL instructor will provide staff or families with approximately 4 hours of standardized CSEFEL training per class. Program may choose training in either of the following focus areas:

For Staff and Administrators:

- ☐ Infant/Toddler
- ☐ Preschool

Responsibility of the Program Receiving Training:

- Ensure staff attend all modules in the focus area chosen, as reasonably possible.
- Register staff for attendance by the deadline as indicated on the Great Start Connect website. www.greatstartconnect.org



B: CSEFEL Demonstration Site
(Training, coaching with **no** identified internal coach)

Service Provided by a CSEFEL coach:

- Pre-Post assessment of social emotional practices within 1-2 identified classroom using the Teaching Pyramid Observation Tool
- Ongoing co-planning with Early care and education provider for enhancing practices
- Weekly coaching visits
- Onsite, intentional CSEFEL training
- Help program to link efforts with QRIS
- Facilitate monthly administrative meetings with the identified classroom teacher, director and parent(s) if possible
- Host a quarterly CSEFEL learning community

Responsibility of the Demonstration Site:

- Identify 1-2 classrooms and lead teachers for CSEFEL train-coach-train (ensure these are stable and seasoned staff interested in this service).
- Ensure staff can participate in monthly and quarterly meetings (coach will schedule with staff availability as a priority)
- Ensure staff engage in train-coach-train model until fidelity is met
- Complete necessary evaluation paperwork (minimal and helps improve quality!)

C: CSEFEL Implementation Site (Training, coaching with an identified internal coach)

Service Provided by a CSEFEL coach:

- Pre-Post assessment of social emotional practices within 1-2 identified classroom using the Teaching Pyramid Observation Tool
- Ongoing co-planning with Early care and education provider for enhancing practices
- Weekly coaching visits
- Onsite intentional CSEFEL training
- Help program to link efforts with QRIS
- Monthly administrative meetings with the identified classroom teacher, director and parent(s) if possible
- Host a quarterly CSEFEL learning community
- **Once fidelity to CSEFEL has been met, train teacher on delivering CSEFEL modules, coaching practices, TPOT reliability**
- **Mentor internal coach for minimum of 1 year**

Responsibility of the Demonstration Site:

- **Identify a staff person to become an internal CSEFEL coach** (ensure this is a stable and seasoned staff interested in becoming a CSEFEL coach).
- Ensure staff can participate in all monthly and quarterly meetings (coach will schedule with staff availability as a priority)
- Ensure staff engage in train-coach-train model until fidelity is met
- Ensure staff has adequate time & compensation to train and coach others in the program
- Complete necessary evaluation paperwork (minimal and helps improve quality!)

D: Early Childhood Mental Health Consultation

Service provided by a Masters prepared social emotional consultant:

The consultant can provide two types of consultation to early care and education providers (often both occur together):

1. Child/family-centered consultation: If a director/staff are worried about a child's behavior (for example aggression, withdrawn, biting, etc) **with the families consent** they can refer for ECMHC service. The consultant comes onsite to work in partnership with the family and provider to observe, screen, and plan for how the adults in the child's life can best support the child to succeed in the program. The consultant does not diagnose or provide therapy but if more intensive support is needed can help with referral.

2. Programmatic Consultation: The consultant helps a program to better support the **social and emotional** well-being of all children and to address issues that may affect multiple children by using, fun, relevant and research-informed strategies. For example, a consultant may assist a childcare director in promoting team building and relieving staff stress, help the program increase parent involvement or help staff learn conflict resolution steps to use with all children. This happens through observation, planning and ongoing consultation, and sometimes may include staff development. *The consultant may use some tips from CSEFEL but will also use an array of other tips and tools.*

Responsibility of the Program Receiving Consultation:

- Don't worry, but don't wait! Make the initial referral for services
- Actively partner with consultant throughout the process

New Developments

Race to the Top

Logic Model for the Integration of the CSEFEL Framework into Early Care and Education QRIS System

Primary Target Audience: Early Care and Education Providers within the Great Start to Quality System, families and children 0-8. **Secondary Audience:** Community members, other community providers (e.g., home visitors, HS/EHS, etc.) and families (not in QRIS system).

Assumptions

- Early experiences shape the architecture of the brain¹
- Investments in high quality care work²
- Early interventions are more effective than later interventions³
- Families have the most important role in achieving early childhood outcomes⁴

Problems

- Approximately 9 to 14 percent of all young children (0-5) experience social and emotional problems that negatively affect their functioning and development.⁵
- Early problems are related to a variety of health and behavior problems in adolescence, including juvenile delinquency and dropping out of school.⁶
- Number of pre-k expulsions is high.⁷
- Evidence-based and consistent training and coaching support for families and providers on effective approaches for supporting infant and early childhood social and emotional development are not readily available.

Values/Principles⁸:

- Children & families are the highest priority
- Parents & communities must have a voice in building and operating the system
- *The children with the greatest need must be served first*
- Invest early
- Quality matters
- Efficiencies must be identified and implemented
- Opportunities to coordinate and collaborate must be identified and implemented

Inputs

- State Coordinator/Purveyor
- QJ Social Emotional/Behavioral Consultants (N=7)
- Reflective Supervisor
- Administrative Supervisor
- Evaluation team
- Local advisory body
- State-Level Advisory Body
- National Technical Assistance (10 days or less annually)

Organizational

- Conference line, webinar service
- Computers, training supplies
- Office space, travel funds

Funding

- 4 years of funding from RTT
- In-kind MDCH
- Blended/braided funding (TBD)

Framework: Center on the Social and Emotional Foundations for Early Learning

Activities

- Develop CSEFEL Implementation manual and accompanying coaching materials (align with developed QRIS protocols where applicable)
- Develop a cadre of SEB consultants & Train on:
 - QRIS/STAR system
 - Reliability on TPOT/TPITOS
 - Train of trainer in CSEFEL 0-5 provider and family modules
 - CSEFEL coaching techniques
 - PBIS/DECA
 - Evaluation methodology
- Develop consultant learning community/triaging team
- Provide regular reflective and administrative supervision to consultants
- Provide community training on social emotional health to build awareness
- Identify providers to take part in CSEFEL training and coaching
- Provide regular training and coaching to high need providers to fidelity.
- Develop a sustainability plan.

Outputs

- Reproducible manual ready for duplication
- # of consultants hired and trained
- # of reflective and administrative supervision contacts
- # of community members trained
- # of providers receiving onsite training & coaching (duration/frequency)
- # of CSEFEL plans developed
- # of Learning community meetings held
- Sustainability plan in place.

Outcomes – Short-Term

- Increase in **program** quality related to social and emotional health.
- Improved social emotional skills and decrease in challenging behavior of **children**.
- Improved **caregiver** competency in effectively handling challenging behavior.
- Improved **caregiver** competency in effectively supporting children's social and emotional health.
- Decreased expulsions.
- Improved family satisfaction with care environment.

Outcomes – Long-Term

- Children are socially and emotionally ready to succeed in school at the time of entry.
- Children are socially and emotionally on track from birth to 3rd grade
- Evidence-based social and emotional prevention services are in place for all children 0-8

Lessons Learned

Blend and Braid Funding

1

ECMHC can cross systems (HV, Primary Care, Child welfare, Preschool, etc.) & Blended funds allow more children & families to get access to services—early.

Together is Better

3

All children need social and emotional champions, everyone's voice counts in changing policy and practice that puts mental health at the forefront

Develop a Model, Measure Fidelity, and Evaluate!

2

Quality Matters. Maintain fidelity and make changes based on the data and family and community feedback

Hire Qualified Mental Health Providers

4

Consultants are often navigating multiple and complex issues such as trauma and impaired relationships. Ensure consultants are equipped w/ skills, knowledge and a reflective stance.

Diversity-Informed Infant Mental Health Tenets



Maria Seymour St. John, PhD, MFT

Infant-Parent Program

University of California, San
Francisco

IRVING HARRIS FOUNDATION PDN TENETS WORKING GROUP

Victor Bernstein, PhD
Family Support Program
The University of Chicago School of Social Service
Administration

Karen Frankel, PhD
Irving Harris Program in Child Development and Infant
Mental Health
University of Colorado School of Medicine

Linda Gilkerson, PhD
Irving B. Harris Infant Mental Health Certificate Program
Erikson Institute

Anne Hogan, PhD
Harris Infant Mental Health Training Institute
Florida State University Center for Prevention & Early
Intervention Policy

Chandra Ghosh Ippen, PhD
Child Trauma Research Program
University of California San Francisco

Carmen Rosa Noroña, MSW, MEd, CEIS
Child Witness to Violence Project
Boston Medical Center

Joy D. Osofsky, PhD
Harris Program for Infant Mental Health
Louisiana State University Health Sciences Center

Rebecca Shahmoon Shanok, PhD
Institute for Infants, Children and Families
JBFC

Maria Seymour St. John, PhD, MFT
Infant-Parent Program
University of California, San Francisco

Alison Steier, PhD
Harris Infant & Early Childhood Mental Health Training
Institute
Southwest Human Development

Kandace Thomas, MPP
Irving Harris Foundation

Aspirational Guidelines

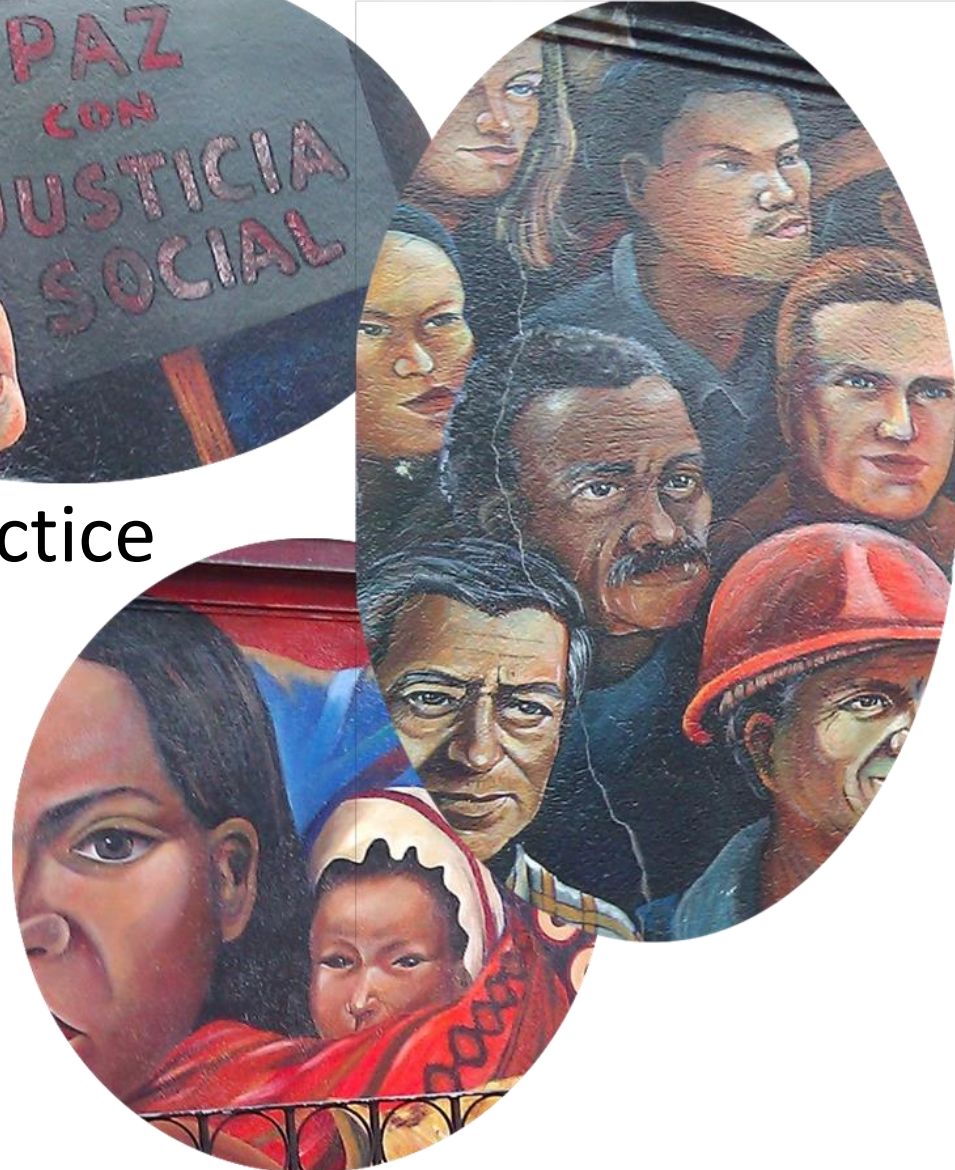


- Individual Practice
- Workforce Development
- Agency/Program Standards
- Systems Change

Key Terms



- Diversity-Informed Practice
- Privilege
- Infant Mental Health
- Social Justice





**Infant & Early Childhood Work
IS
Social Justice Work**

Tenet # 1

Self-awareness Leads to Better Services for Families:

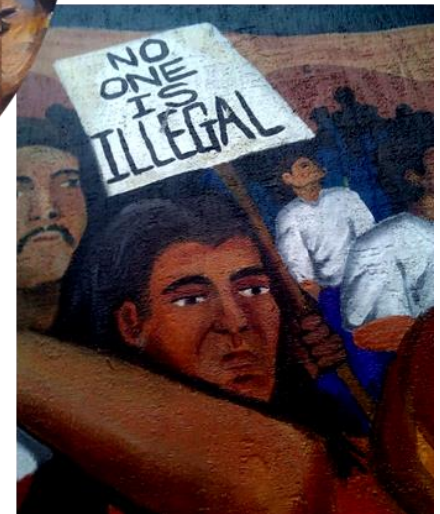
Professionals in the field of infant mental health must reflect on their own culture, personal values, and beliefs, and on the impact that racism, classism, sexism, able-ism, homophobia, xenophobia, and other systems of oppression have had on their lives in order to provide diversity-informed, culturally attuned services on behalf of infants, toddlers, and their families.



Tenet # 2

Champion Children's Rights Globally:

Infants are citizens of the world. It is the responsibility of the global community to support parents, families, and local communities in welcoming, protecting, and nurturing them.



Tenet # 3

Work to Acknowledge Privilege and Combat Discrimination:

Discriminatory policies and practices that harm adults harm the infants in their care. Privilege constitutes injustice. Diversity-informed infant mental health professionals work to acknowledge privilege and to combat racism, classism, sexism, able-ism, homophobia, xenophobia, and other systems of oppression within ourselves, our practices, and our fields.

Tenet # 4



Recognize and Respect Non-Dominant Bodies of Knowledge:

Diversity-informed infant mental health practice recognizes non-dominant ways of knowing, bodies of knowledge, sources of strength, and routes to healing within diverse families and communities.

Tenet # 5

Honor Diverse Family Structures:

Families define who they are comprised of and how they are structured; no particular family constellation or organization is inherently optimal compared to any other. Diversity-informed infant mental health practice recognizes and strives to counter the historical bias toward idealizing (and conversely blaming) biological mothers as primary caregivers while overlooking the critical child-rearing contributions of other parents and caregivers including fathers, second mothers, foster parents, kin and felt family, early care and educational providers, and others.



Tenet # 6

Understand that Language Can be Used to Hurt or Heal:

Diversity-informed infant mental health practice recognizes the power of language to divide or connect, denigrate or celebrate, hurt or heal. Practitioners strive to use language (including “body language,” imagery, and other modes of nonverbal communication) in ways that most inclusively support infants and toddlers and their families, caregivers, and communities.



Tenet # 7

Support Families in Their Preferred Language:

Families are best supported in facilitating infants' development and mental health when services are available in their native languages.



Tenet # 8

Allocate Resources to Systems Change:

Diversity and inclusion must be proactively considered in undertaking any piece of infant mental health work. Such consideration requires the allocation of resources such as time and money for this purpose and is best ensured when opportunities for reflection with colleagues and mentors and on-going training or consultation opportunities are embedded in agencies, institutions, and systems of care.

Tenet # 9

Make Space and Open Pathways for Diverse Professionals:

Infant mental health workforces will be most dynamic and effective when culturally diverse individuals have access to a wide range of roles, disciplines, and modes of practice and influence.



Tenet # 10

Advance Policy that Supports All Families:

Diversity-informed infant mental health practitioners, regardless of professional affiliation, seek to understand the impact of social policies and programs on diverse infants and toddlers and to advance a just policy agenda for and with families.



Thank You



www.imhdivtenets.org

QUESTIONS?



Federal Resources



- HHS document on federal funding streams to support Early Childhood Mental Health Consultation
 - Coming Soon
- HHS-ED Expulsion and Suspension Policy Statement
 - <http://www.acf.hhs.gov/programs/ecd/news/secretaries-burwell-and-duncan-policy-statement-on-expulsion-suspension-practices>
- Positive Behavior Intervention and Supports: OSEP Technical Assistance Center
 - <http://www.pbis.org/>
- HHS and ED's Birth to Five: Watch Me Thrive
 - <http://www.acf.hhs.gov/programs/ecd/child-health-development/watch-me-thrive>

Thank you!



Webinar 4: Using Data Systems To Track and Reduce Expulsion and Suspension –
3/4/2015, 1-2 PM ET