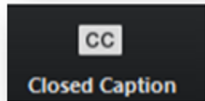


Webinar Housekeeping

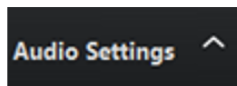


Closed captioning is available during today's webinar. Please click the *Live Transcript* or *Closed Caption* icon and select subtitles for a separate page of live captioning.

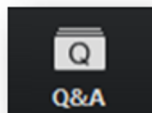
Interactive Features:

→ Zoom Polling

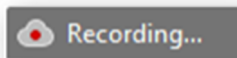
If you are joining by web browser or call-in by phone, **some interactive features (ex. polling) may not be accessible.** Please use the Zoom hosting platform or mobile application in order to participate in these activities.




If you are having audio issues with your computer internet connection, we advise that you call-in using a telephone. Use the **Audio Settings feature which can be found by clicking the up arrow next to the microphone** to identify the call-in number for your local area.



Use the **Q&A feature** to asks questions to the presenters. You may also chime in and answer questions that have been shared with the group!



A recording of the webinar will be e-mailed to all registrants next week. Thank you!



*We will be offering a **Certificate of Attendance** for those who join us for the entirety of the live webinar today.*

We are unable to offer a Certificate of Attendance to those who only listen to the replay recording.

Unfortunately, we are unable to offer CEU's.





Celebrating Highlights in Infant and Early Childhood Mental Health: *Preparing the Workforce to Better Support the Little Ones*

SAMHSA IECMH Technical Assistance Center
December 2, 2021





Photo by Larry Crayton on Unsplash

Welcome

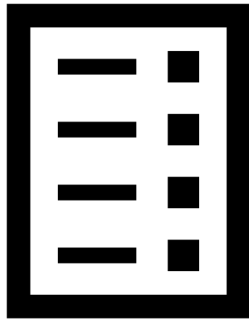
Acknowledgment of Grant Support: This publication was made possible by Grant Number 1H79SM082070-01 from SAMHSA.

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MAP OF GRANTEES





Let's Take a Poll: What is your Primary Professional Role?

SETTING THE STAGE

- Developing professional capacity to promote social and emotional well-being
- Shortage of providers with IECMH competency across the continuum
- Today will showcase various settings and strategies to support professionals



PRESENTERS



Megha Sardana
Safe Horizon
New York



Victoria Dexter
Safe Horizon
New York



Dr. Staci Born
South Dakota State University
South Dakota



Dr. Barbara Ivins
University of California SF
California



Safe Horizon New York



Disrupting IECMHC: “Avoiding the Position of the Expert”

Megha Sardana

Victoria Dexter



Johnston and Brinamen (2006) have identified 10 elements that seem to be essential to the consultative stance.

The 10 elements are:

1. **The centrality of relationships**
2. **Parallel process as an organizing principle**
3. **Avoiding the position of the expert**
4. **Mutuality of endeavor**
5. **Understanding another's subjective experience**
6. **Considering all levels of influence**
7. **Hearing and representing all voices**
8. **Wondering instead of knowing**
9. **Patience**
10. **Holding hope**

Our Well

Our Families and Histories

Our Staff and Clients

Consultative Stance Elements

Diversity-Informed Tenets

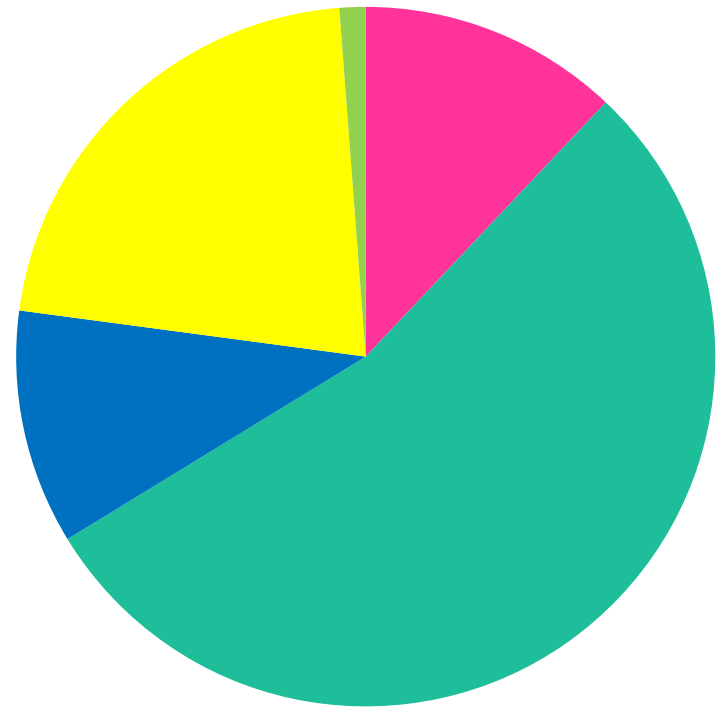
BIPOC Scholars and Clinicians



Who Are We?

- Five co-located Child Advocacy Centers
- We have approximately 90 staff
- Our leadership is predominantly white
- Our client-facing staff are predominantly people of color

Racial Distribution of Staff at
Safe Horizon
Child Advocacy Centers

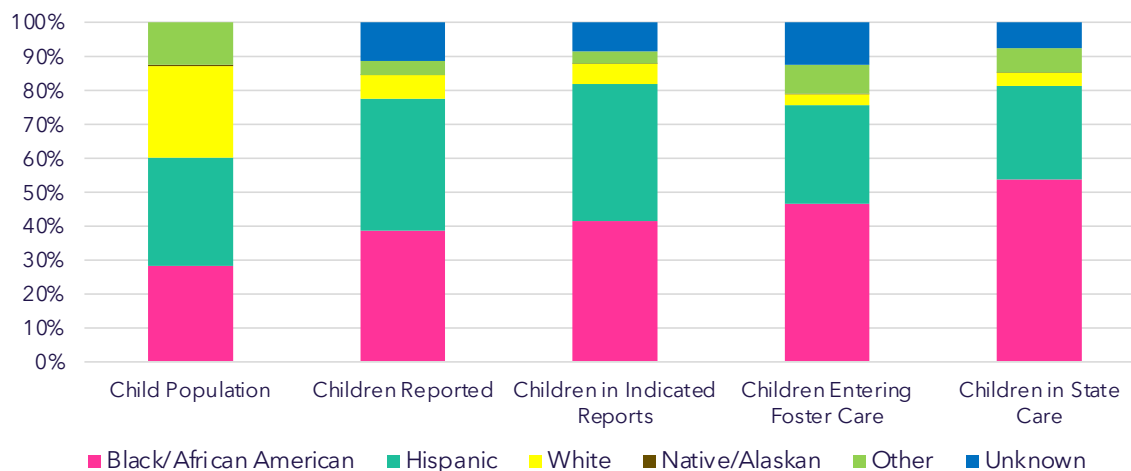


■ Black/African American ■ Hispanic ■ Asian ■ White ■ Multiracial

Source: Safe Horizon Human Resources Department (2019)

Who Are Our Clients?

Racial Distribution of Children in
New York City Child Welfare System



Source: New York State Office of Children and Family Services (2010)

Disproportionality: The underrepresentation or overrepresentation of a racial group compared to its percentage in the total population

Disparity: The unequal outcomes of one racial group compared to outcomes for another

Our IECMHC Approach

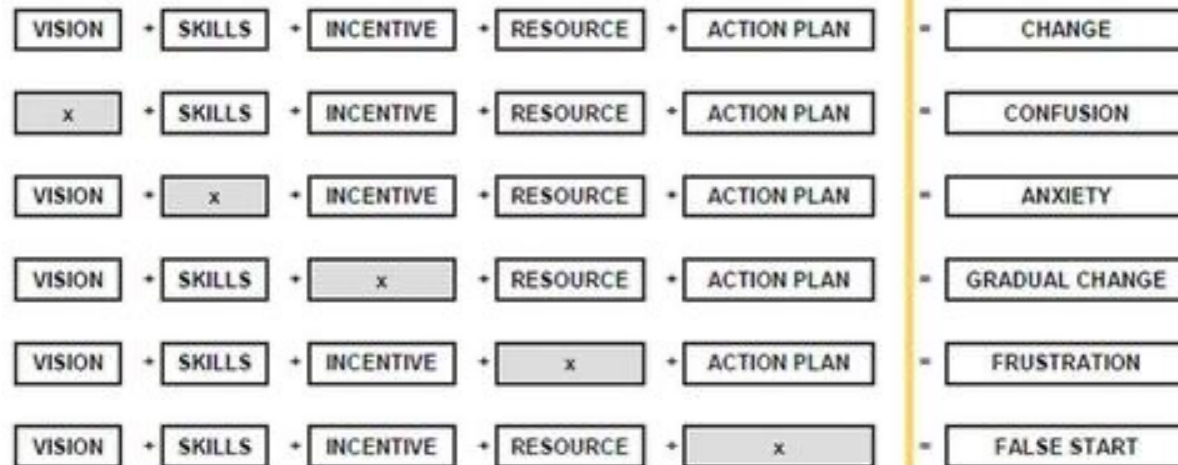
The success of our Child Advocacy Centers depends on our ability to:

1. Form authentic relationships with each other, our multidisciplinary team members and the families that we serve
2. Build and sustain a diverse, talented and empowered workforce at all levels



What qualifies you to do this
work?

Strategy 1: Bypassing Buy-In



Source: Ambrose, D. (1987). Managing complex change. Pittsburgh, PA: The Enterprise Group, Ltd

Strategy 2: Whose Expertise?

- Early adopters
- Moving from evidence-based practice only to practice-based evidence



Strategy 3: Retraining Our Eyes

- Establishing group norms
- Identifying interaction points (working with and on behalf of families)
- Implementation questions
- Reflection questions rooted in IECMHC



1. ***Relationship before task***
2. **Step up/step back**
3. **One microphone**
4. **Speak from the 'I'**
5. **Both/and**
6. **Commit to dialogue**
7. ***"What's race got to do with it?"***
8. **Celebrate curiosity**
9. **Practice calling in rather than calling out**

Business as Usual

1. What's the purpose of this interaction point?
2. Which staff are involved in this interaction point? Are there any partner agencies/stakeholders involved in this interaction point?
3. What venues (e.g. individual supervision, consultants) are used to train staff (formally and informally)?
4. Are there any documents used to guide staff?
5. Which aspects of this interaction point seem to work? What needs to be changed? What's missing?


Not Business as Usual

1. Which elements of this interaction point reflect a recognition of the impact (historical and present) of systems on families? How are we standing in the gap?
2. How is the social, emotional and relational health of children centered? How is it overlooked?
3. Which parts of this interaction point are rooted in non-dominant bodies of knowledge?
4. When are we facilitative? When are we directive?
5. Where does our language hurt? Where does it heal?

A Journey With Hope

Month Three: "These questions are offensive...they sound accusatory. Why are we assuming that our language is hurtful? Why can't we start by asking "Does our language hurt?" Are we going to ignore that?"

Month Five: "These questions have led to so many "aha" moments. Our language is more hurtful than helpful, even when we simply ask "What's this family's story?" We miss so much and we need to do better."



**IF YOU HAVE COME HERE TO HELP ME, YOU'RE
WASTING YOUR TIME. BUT IF YOU'VE COME BECAUSE
YOUR LIBERATION IS BOUND WITH MINE, THEN LET
US WORK TOGETHER. — LILLA WATSON**



Southeastern Behavioral Healthcare South Dakota



Workforce Development

Increase knowledge, skills and attitudes of early childhood mental health workforce in South Dakota to serve children ages 0-5, diagnosed with or at-risk for developing an emotional disturbance, and their caregivers.



Workforce Activities: Overview

- Play Therapy training for mental health clinicians
- DC:0-5 Clinical Training for mental health professionals and stakeholders
- Theraplay Level 1 & MIM training for mental health clinicians
- Annual Early Childhood Mental Health Workshop for early childhood professionals (education, clinical – broadly)
- Ongoing Training Support for our partner ICAP Head Start

Play Therapy Training


What is a Play Therapist?

- Credentialing is maintained by the Association for Play Therapy
- A Registered Play Therapist is a mental health professional with more than 150 hours of play therapy specific education, 350+ hours of clinical play therapy experience, and 35+ hours of play therapy supervision

Research supports play therapy with children experiencing:

- Social, emotional, behavioral, and learning problems
 - Including: children whose problems are related to life stressors, such as divorce, death, relocation, hospitalization, chronic illness, assimilate stressful experiences, physical and sexual abuse, domestic violence, and natural disasters
(Bratton, Ray, Rhine, & Jones, 2005; LeBlanc & Ritchie, 2001; Lin & Bratton, 2015; Ray, Armstrong, Balkin, & Jayne, 2015; Reddy, Files-Hall, & Schaefer, 2005)
- Outcomes are greater when caregivers are involved



A young boy with brown hair and glasses, wearing a dark suit jacket, a white and blue striped shirt, and a blue and white striped bow tie. He is pointing his right index finger upwards with a serious, slightly stern expression. The background is a dark, textured wall.

This isn't how kids communicate.

Play Therapy Training

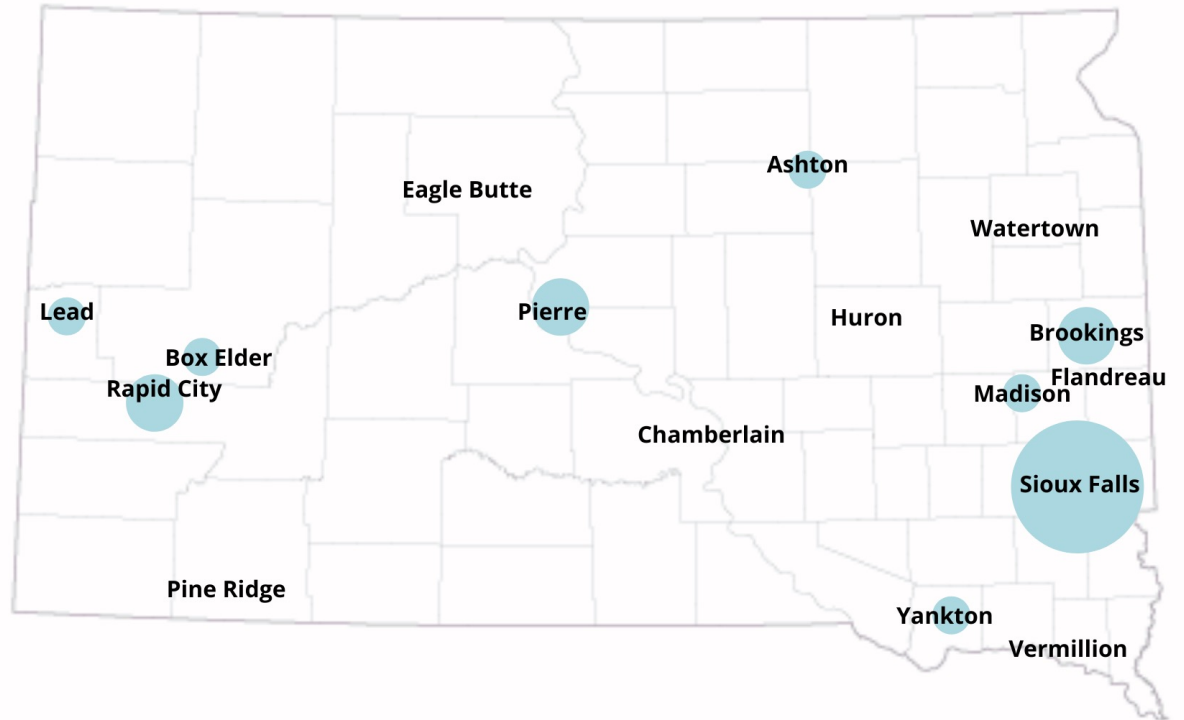


**SOUTH DAKOTA
STATE UNIVERSITY**

- In 2017, Dr. Staci Born, at SDSU, initiated the Institute for Play Therapy Education
- In 2018, funding from SDECMHC was received to support tuition costs for clinicians seeking credentialing as Registered Play Therapists
 - 2019-2020, **9 clinicians at Southeaster Behavioral Health** (Sioux Falls) completed their 150 education hours (7 graduate credits)
 - 2020-2022, a cohort of **15 clinicians located across the state of South Dakota** began working towards their education, clinical experiences, and supervision to become Registered Play Therapists
- Prior to SDSU offering instruction and SDECMHC funding, approximately 8 Registered Play Therapists were in practice in South Dakota. **Today: 31**
- With the support of SDECMH Collaborative, the following children ages 0-12 have received play therapy services within our catchment:
 - 2018-2019: **276 children**
 - 2019-2020: **208 children**
 - 2020-2021: **368 children**



SDECMHC
Play
Therapists
Trained Across
South Dakota



9 Southeastern Behavioral Health Play Therapy Training Cohort - Years 1-4

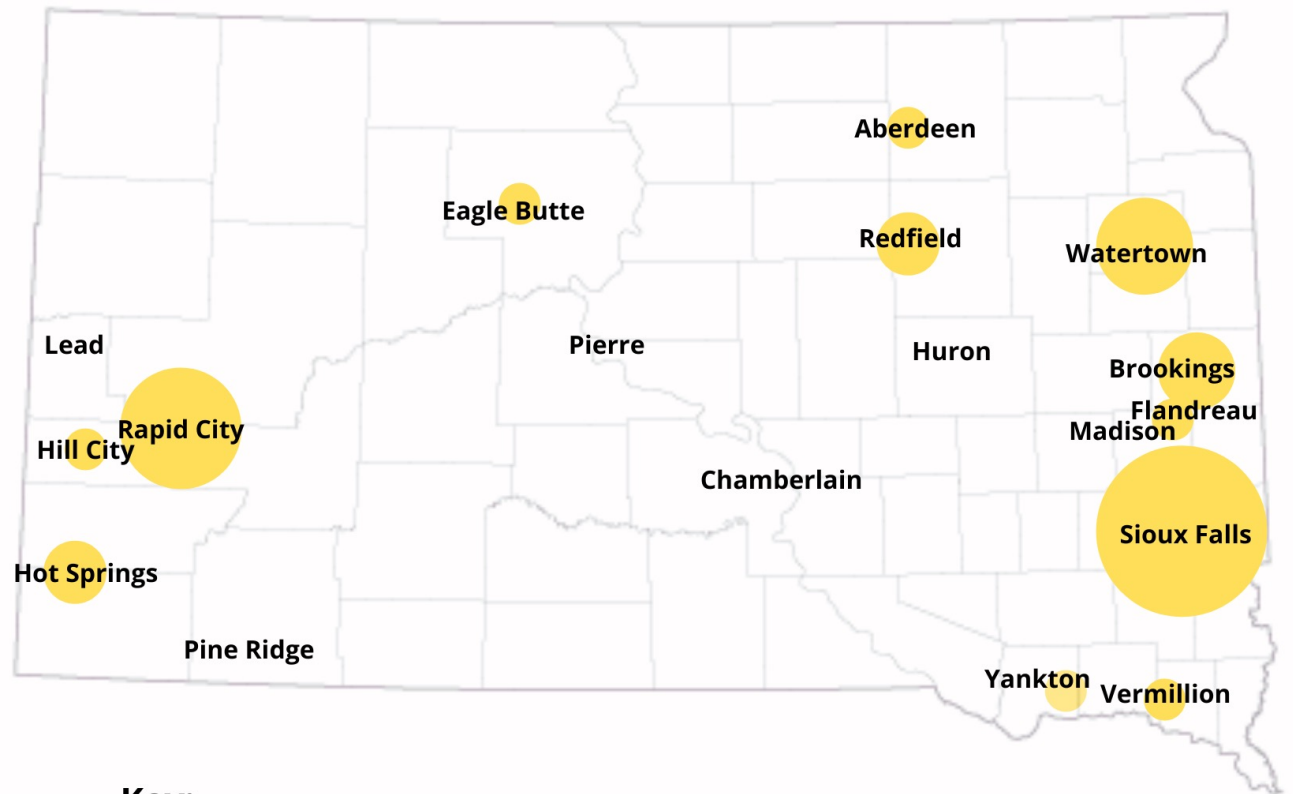
15 Weekend-Online Play Therapy Cohort - Years 3-4

DC: 0-5 Training

- The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-5) is an age-appropriate approach for assessing infants, toddlers and preschool children.
- This tool classifies mental health and developmental disorders in children from birth through five years old *considered in relationship to their families, culture and communities.*
- With funding from the SDECMHC, we have provided training on the appropriate application of DC: 0-5 to
 - **January 2019: 45 clinicians**
 - **May 2021: 33 clinicians**



SDECMHC
DC:0-5
Clinicians
Trained Across
South Dakota



Key:

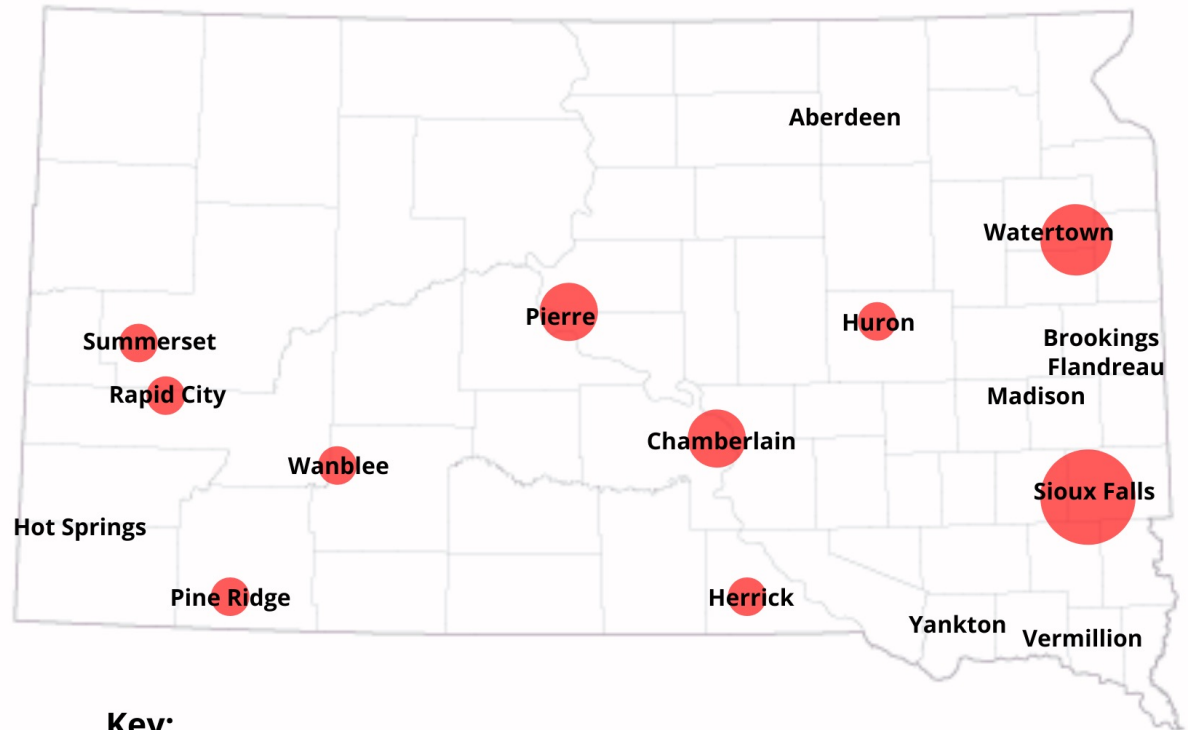
- 45** DC:0-5TM Clinical Training - Year 1
- 33** DC:0-5TM Clinical Training: Virtual - Year 3

Theraplay: Level 1 Training

- Theraplay is a child and family therapy that targets enhancing and building attachment, self-esteem, trust in others, and joyful engagement.
- The goal of Theraplay would be a changed view of the self as worthy and lovable and of relationships as positive and rewarding. It is one type of play therapy that can be used with children.
- Two levels of Theraplay training exist; accompanying supervision is required for certification as a Theraplay provider.
- Prior to the activities of the SDECMHC, zero clinicians were certified in Theraplay. To date, from grant support, **18 mental health professionals have completed Level 1 Theraplay training**



SDECMHC Theraplay Level 1 & MIM Training Across South Dakota



Key:

- 4 Theraplay® Level One and MIM training - Year 1
- 14 Theraplay® Level One and MIM training - Year 3

Head Start: CD Training & Ongoing Support

- Also part of Goal 1
- HS elected to change SEL curriculum in Year 2 to Conscious Discipline
- Conscious Discipline
 - Evidence-based and trauma-informed approach to SEL
 - SDECMHC provided support in this transition including the following trainings for **32-46 Head Start teachers & staff**:
 - 2019-2020: 10 session Conscious Discipline E-Course
 - 2020-2021: (5) 2-hour master-instructor led trainings on “Creating the School Family” with Conscious Discipline

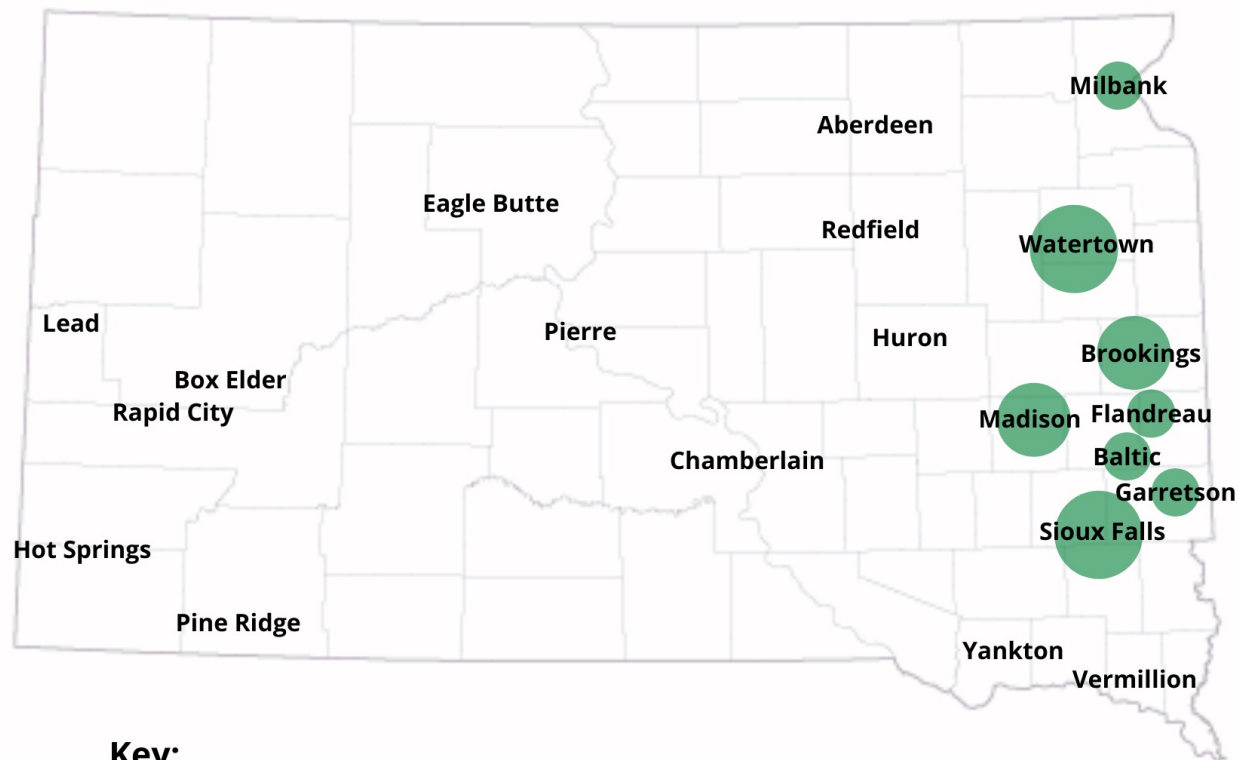


Head Start: CD Training & Ongoing Support

- As our relationship grows, we are asked to continue to offer support:
- Ongoing All-Staff Trainings including **70-90 teachers & staff:**
 - Trauma-Informed Early Childhood Environments - Year 1
 - Self-Care & Returning to Work During a Pandemic - Year 2
 - Early Childhood Social-Emotional Development - Year 3



SDECMHC Training for Head Start Partner



Key:

- 32 Head Start Social-Emotional/Conscious Discipline Training - Years 2-3
- Ongoing All-Staff Trainings:
- Trauma-Informed Early Childhood Environments - Year 1
 - Self-Care & Returning to Work During a Pandemic - Year 2
 - Early Childhood Social-Emotional Development - Year 3



Annual Workshop

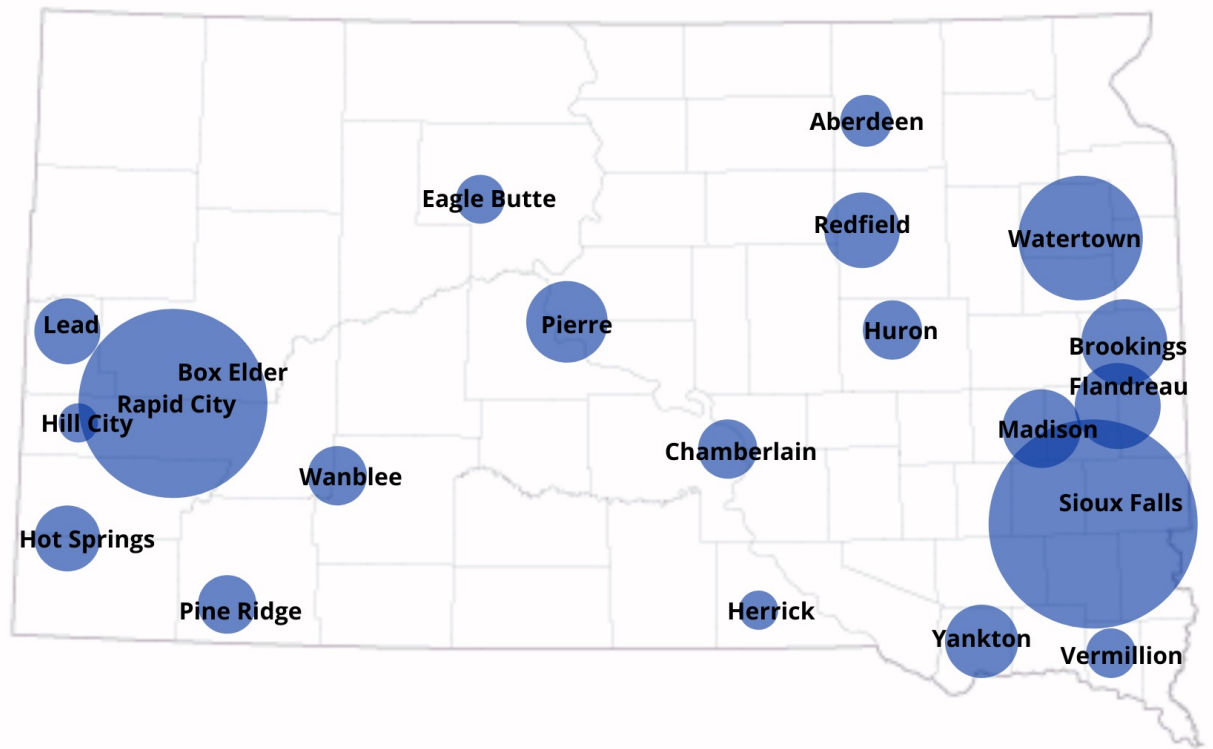
Annually, to increase professional development opportunities for those who serve young children and their families, the SDECMHC offers an annual workshop which includes presenters on topics related to children's mental health.

- **2019: Dr. Robert Jason Grant – Play Therapy with Neurodevelopmental Disorders – 171**
- **2020: Dr. Jennifer Baggerly – Trauma & Play Therapy – 203 (online)**
 - Babies, Toddlers & Preschoolers, Oh My!: Introduction to Infant & Early Childhood Mental Health: [67 \(online\)](#)
 - Fostering Connection, Courage, Capability and Counting to Help Young Children Thrive: [57 \(online\)](#)
 - Beyond Individual Therapy: Utilizing Early Childhood Mental Health Consultation for Optimal Outcomes in Child Therapy: [51 \(online\)](#)
- **2021: Lisa Dion – Aggression in the Playroom – 87**
 - 2022 Mini Webinars on Diversity in Children's Mental Health in South Dakota; Partnering with Teachers; and Collaborating with Families;

Benefits:

- Organizing children's mental health professionals
- Training opportunities based in research and developmentally-informed practices
- Diverse attendees

SDECMHC Overall Workforce Development Impacts to- date



Approximately 1,057 professionals have attended a workforce training event hosted by SDECMHC



University of California San Francisco California



UCSF Weill Institute for
Neurosciences

Department of
Psychiatry and
Behavioral Sciences



IECMH Workforce Development in Rural Communities

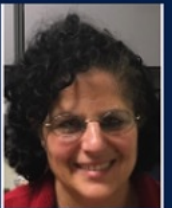
PI: Alicia Lieberman, PhD
Co-PI: Ann Chu, PhD

Co-Project Directors: Barbara Ivins, PhD
Kristin Reinsberg, LMFT



Who We Are

Infant Early Childhood Mental Health Consortium



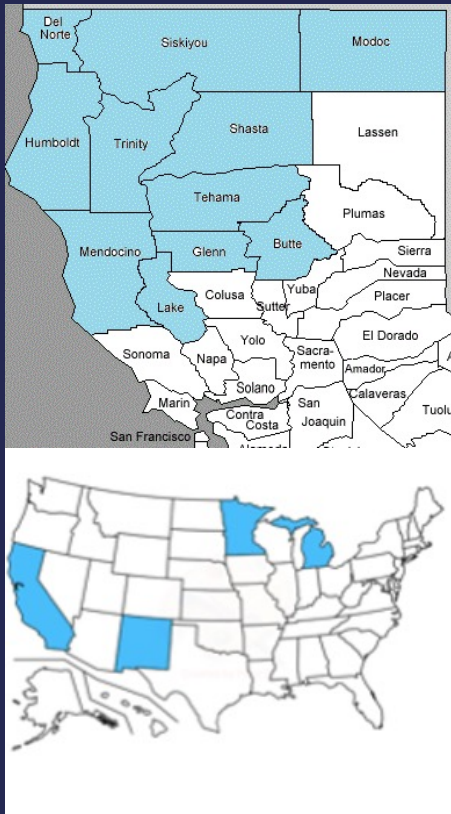
- UCSF Department of Psychiatry and Behavioral Sciences
 - Child Trauma Research Program
 - Infant-Parent Program
 - Early Intervention Services

What We Are Doing

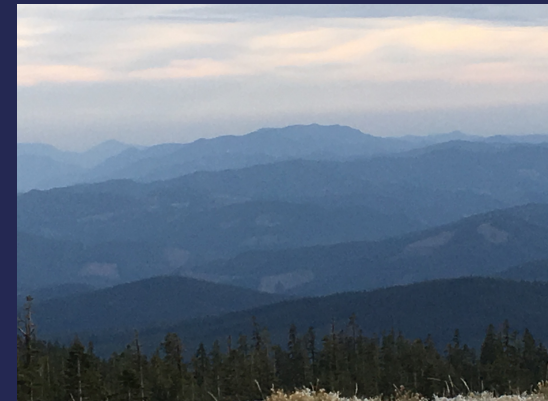
Goal: Create a robust IECMH workforce across the care continuum that can address the social, emotional and developmental needs of infants and young children



Where We Are Working

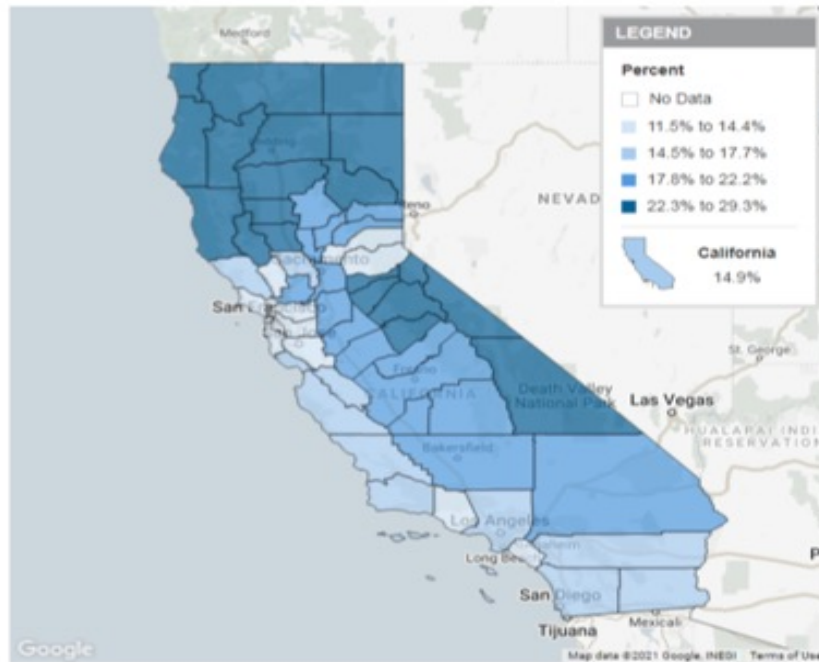


- 10 counties in rural Northern California
 - Butte, Del Norte, Glenn, Humboldt, Lake, Mendocino, Modoc, Shasta, Siskiyou, Tehama
- 3 states
 - Michigan
 - Minnesota
 - New Mexico



Children with Adverse Experiences (Parent Reported), by Number: 2016-2019; Showing Counties

(Number of ACEs: 2 or More ACEs)



Definition: Estimated percentage of children ages 0-17 with and without adverse childhood experiences (ACEs), by number (e.g., in 2016-2019, 14.9% of California children had experienced two or more ACEs).

Data Source: [As cited on kidsdata.org](https://kidsdata.org) Population Reference Bureau, analysis of data from the National Survey of Children's Health and the American Community Survey (Jan. 2021).

What Trainings We Are Providing

Promotion

- IECMH 101
- The Ripple Effect

Prevention

- Facilitated Attuned Interaction (FAN)
- Attachment Vitamins (AV)
- Circle of Security (COS)
- Infant Early Childhood Mental Health Consultation

Intervention/Treatment

- Reflective Practice/Supervision
- Child-Parent Psychotherapy (CPP)

What We Are Infusing: Core Concepts

- Developmentally Informed
- Relationship Based
- Trauma and Resilience Informed
- Cultural Humility
- Reflective Practice
- Collaborative



What Challenges We Face

- Geographical isolation
- Climate change → Disasters → Displacement
- Workforce shortages and retention difficulties
- Individual & Community Trauma
- Limited infrastructure or agency support
- = High acuity crisis model of services or triage



Strategies: Community Relationship Building

Outreach: How do you provide training as an outsider?

- Join existing initiatives & partnerships
 - In person visits
 - Use of “snowball method”
- Tailor training to meet *their* agenda
- Urban & cultural humility: active listening
 - Understand /acknowledge our social location in relation to the individuals and communities we serve.



Strategies: Workforce Engagement

How do you get people to show up?

- Be Inclusive- “open door” training stance
- Offer targeted training when invited
- Provide Incentives
- Work with the continuum of engagement options

Grassroots



Create Buy in
Grow Champions
Build on Workforce Interest
Required by leadership

Top-down



Strategies: Creating Sustainability

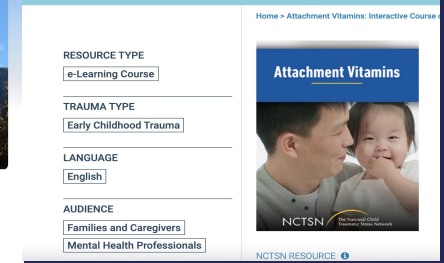
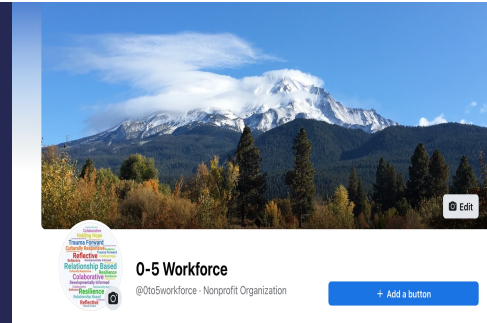
How do you keep it going?

- Identify Champions
- Nurture leadership
- Develop new funding streams
- Invest in ongoing resources
- Connect to larger IECMH community of practice



Title IV-E Funded Training

ATTACHMENT VITAMINS: INTERACTIVE COURSE ON EARLY CHILDHOOD ATTACHMENT, STRESS AND TRAUMA



What Went Well?

- Engaging the whole workforce across the care continuum
- Pivot to Telehealth
- Targeted Recruitment
- Language Justice
- Flexibility of trainings and training style



INFANT EARLY CHILDHOOD MENTAL HEALTH CONSORTIUM

SINCE ITS LAUNCH,
through the third year



500+
outreach conversations



420
agencies reached

1466
individuals in our database



31 Trainings
1,675 Total trained

Early Childhood Educators, Mental Health Professionals, Home Visitors, Healthcare Providers, Child Welfare Workers



Resulting in—
2,497 Screenings
1,120 Referrals
1,041 Services

PROMOTION

Foundation Core Competencies for IECMH Workforce

1,454 providers trained



Early intervention, Child Welfare, Family Resource Centers; Mental Health; Public Health, Head Start and Early Head Start; Drug and Alcohol Services, Tribal-serving agencies.

PREVENTION

Increasing Specialized Training for a Broad Workforce

180 providers trained



Facilitated Attuned Interaction, Attachment Vitamins, Circle of Security, Infant Early Childhood Mental Health Consultation

INTERVENTION

Child-Parent Psychotherapy Learning Collaboratives

41 Mental Health Providers



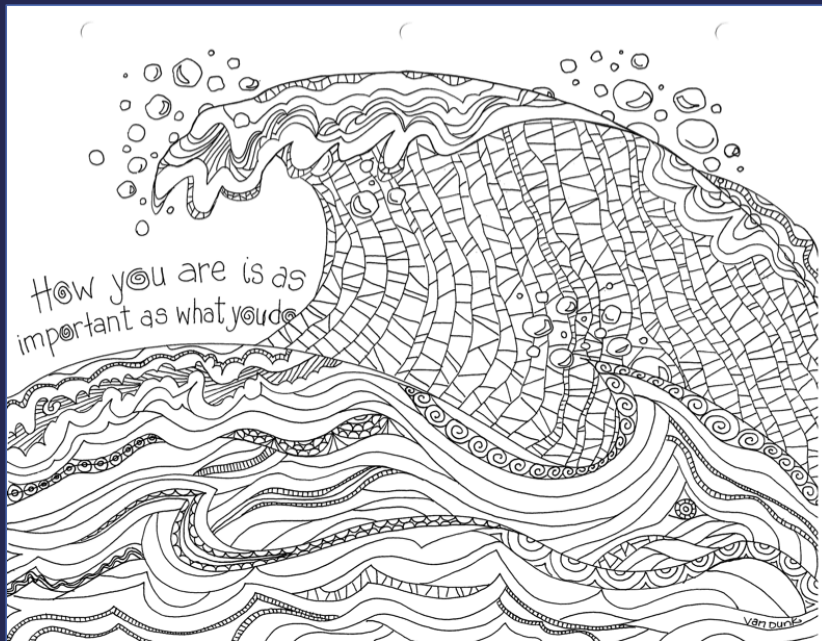
Evidence-based, trauma therapy for young children from birth through age five and their parents/caregivers

0-5 WORKFORCE
SOCIAL MEDIA PAGES



SUSTAINABILITY \$50,000+ COUNTY RESOURCES DIVERTED TO SUPPLEMENT IECMH TRAINING

What Did We Learn?



- Set reasonable expectations for success
- Persistence, patience and humility are key
- Begin with the end in mind
- Don't rely on one-size-fits-all training
- Center principles of equity and the Diversity-Informed Tenets in all trainings
- Relationships, relationships, relationships



“The grant has transformed the way we think about ECMH. An increased number of mental health providers have improved knowledge about early childhood mental health and have gained specific resources to provide the much-needed support to young children. Furthermore, early care and education providers, parents, social workers and home visitors have benefited from the large menu of trainings and other opportunities to support the healthy development of young children. Thank you, UCSF.”

First 5 Executive Director, Siskiyou County

Our Thanks to the Communities Who Let Us Become Part of Their Village



Q&A Session



Wrap Up



UPCOMING WEBINARS

Foundation for All Future Development: Celebrating Highlights in Infant and Early Childhood Mental Health

3-Part Webinar Series
Brought to You by the
Infant and Early
Childhood Mental
Health Technical
Assistance Center



December 2, 2021:
**Preparing the
Workforce to Better
Support the Little Ones**



February 3, 2022:
**Integrating IECMH into
Early Childhood Delivery
Systems**



March 3, 2022:
**Strategies
Supporting Service
Delivery**





Photo by Leo Rivas on Unsplash

Thank You!



NEW YORK

Megha Sardana, megha.sardana@safehorizon.org

Megha Sardana is the Project Director for LIFT UP, a SAMHSA-funded infant and early childhood mental health initiative across Safe Horizon's five co-located Child Advocacy Centers and Counseling Center in New York City. She was born and raised in Sydney, forming a multicultural identity rooted in her Indian heritage and Australian upbringing. Megha was previously involved in establishing the Bronx Child Advocacy Center, where she supported families who had experienced child abuse and led a team of clinicians. She has also worked in trauma research, domestic violence services with South Asian women and home-based early intervention with children on the autism spectrum. Megha holds a Master's degree in Clinical Psychology from Columbia University. She is passionate about community building, anti-racist change and intergenerational healing.



NEW YORK

Victoria Dexter, vdexter@safehorizon.org

Victoria Dexter is Vice President of Mental Health Treatment at Safe Horizon in New York City where they oversee New York's only state-licensed outpatient mental health clinic specializing exclusively in evidence-based, trauma-focused treatment of survivors of interpersonal violence. Victoria is proud to support the work of Safe Horizon's Infant and Early Childhood Mental Health project which aims to create a continuum of care that is grounded in anti-oppressive practice for very young children and their families. Victoria has a PhD in social work from New York University, and their dissertation research evaluated approaches to enhancing empathy within helping professionals.



SOUTH DAKOTA

Dr. Staci Born, staci.born@sdstate.edu

Dr. Staci Born, EdD, LMFT (MN, SD), RPT-S, is an Assistant Professor of Counseling in the Department of Counseling & Human Resource Development at South Dakota State University. Dr. Born coordinates and advises the Marriage & Family Counseling and Play Therapy specializations. Since joining SDSU in 2016, she has collaborated on 12 funded grants totaling more than \$2.6 million in support of service, education, and research in the region. In addition, she successfully developed the only play therapy training program housed at a university in South Dakota, which was recognized as an Approved Center for Play Therapy Education by the Association for Play Therapy in 2020. Her present research focuses on self-compassion and children's mental health. Further, as a sought-after local and regional speaker, she has experience teaching and presenting in-person and online to broad professional audiences and communities.



CALIFORNIA

Dr. Barbara Ivins, barbara.ivins@ucsf.edu

Barbara Ivins, PhD, is a psychologist and clinical director of Early Intervention Services (EIS) at UCSF Benioff Children's Hospital Oakland. The multidisciplinary early intervention and early childhood mental health programs at EIS serve children with medical, developmental and socio-emotional risks and challenges, including trauma, and their families. In addition to direct services and program development, Barbara has provided training, supervision, and consultation within the Bay Area infant mental health community for more than 30 years. She is currently the Project Co-Director, with Kristin Reinsberg, of the SAMHSA funded Infancy and Early Childhood Mental Health Consortium, which is partnering to bring IECMH training and consultation to 10 rural northern California counties and 3 states over a 5-year period.



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