

Meeting the Mental Health Needs of Monterey County's Young Children

An In-Depth Look at First 5 Monterey County's
Infant-Family and Early Childhood Mental Health Training Series

September 19, 2014



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Introduction

The Infant-Family and Early Childhood Mental Health Training Series

Extensive research shows that the early years are critical to a child's growth and development. In recent years, leading developmental researchers, educators, and clinicians have come to consensus that young children's social-emotional wellness greatly influences their functioning across home, school, and community settings. Meeting the social-emotional needs of children can help them build skills that they will need to think creatively, cultivate strong relationships with other children and adults, and thrive academically. Additionally, children who have experienced loss, trauma or other adversities are often in need of early mental health treatment.

Early childhood educators and service providers need a specialized knowledge base in order to provide high-quality, developmentally appropriate services to young children and their families. Leading experts in this field have come together recently to clarify the knowledge, skills, and competencies needed to provide services that are informed by the knowledge of social-emotional principles and mental health needs. In California, the Center for Infant-Family and Early Childhood Mental Health is working to support the development of competent personnel in communities throughout the state. The Center has developed a set of training guidelines¹ for educators and providers that focuses on the competencies needed to address social-emotional development and early mental health needs among young children and their families. . The CA Guidelines also stress the importance of relationships, reflective practice, and the role of the family in the provision of services.

Unfortunately, not all educators and providers in California have had the opportunity to learn about and integrate the latest research on young children's unique social-emotional and mental health needs. But in Monterey County, that is beginning to change. First 5 Monterey County (F5MC) is committed to supporting research-informed strategies designed to help the county's youngest children and their families get a strong start. F5MC, in collaboration with WestEd Center for Prevention and Early Intervention and The Early Intervention Services Department of UCSF Benioff Children's Hospital Oakland, designed an intensive Infant Family Early Childhood Mental Health (IFECMH) training series open to a broad range of practitioners and early educators in Monterey County. F5MC designed the training series to support professional relationships, foster collaboration, and create opportunities to experience reflective facilitation/supervision.

Since 2012, Monterey County clinicians, educators and other providers have engaged in the training series. Recently, F5MC sought to learn more about the impact of this professional development offering. It worked with its evaluation partner, Harder+Company Community Research, and training participants to explore the most significant impact associated with participation in the IFECMH training through the gathering and selection of top stories.

¹ California Training Guidelines and Personnel Competencies for Infant-Family and Early Childhood Mental Health

Evaluation Overview

For this evaluation, F5MC was interested in a highly participatory approach that enabled training participants to shape evaluation activities from beginning to end. In particular, the evaluation incorporated methods that helped further explore providers perspectives on the benefits that funded programs have had on their ability to work with children and families, with colleagues, and own their own professional development. As in many participatory evaluations, the methods for this engagement were largely qualitative and included the active participation of training participants in planning, data collection, analysis and interpretation of findings, and dissemination of findings.

Evaluation participants solicited stories from one another and analyzed the stories that were gathered.

A two-part participatory evaluation process engaged participants by (1) gathering stories from one another, and (2) supporting them in developing and applying criteria to select stories that they felt best represent the most significant change resulting from the training program:

Part One. For the first activity, 25 participants interviewed each other in groups of two to three. Each participant spent about ten minutes sharing a story about how the training has impacted her or his practice, using the prompt: “*Since you began participating in the training, tell me about the most significant change in how you approach your practice.*”² Following the storytelling sessions, the interview teams debriefed in three larger groups and discussed challenges to implementing the content of the training to their practice and potential solutions.

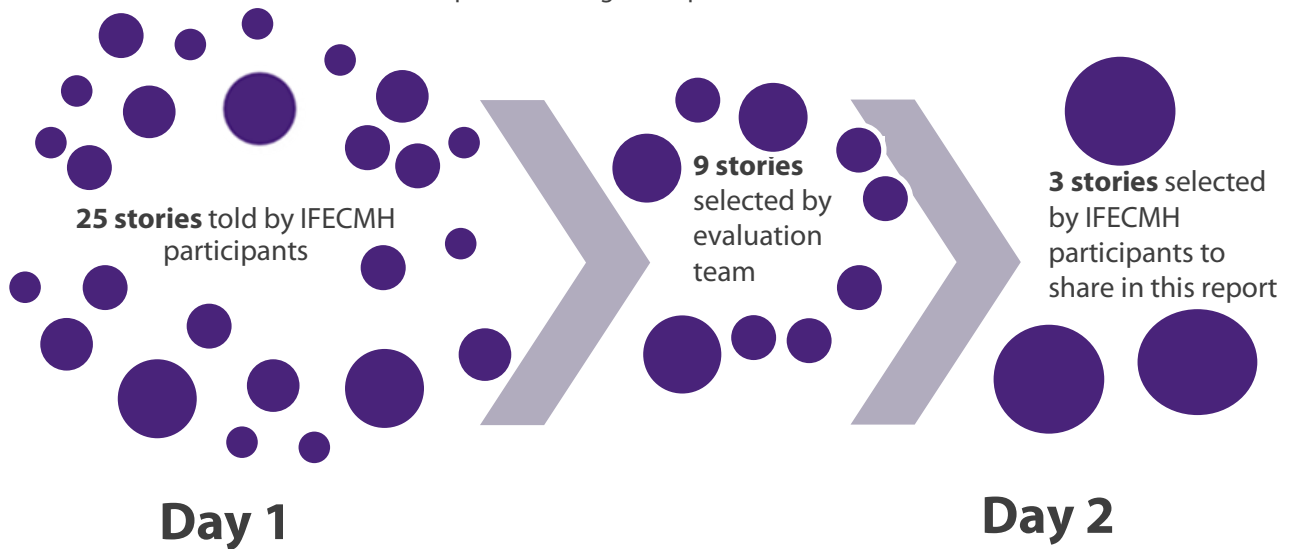
In order to make the story selection process manageable and maximize participants’ time, then Harder+Company staff selected nine of the 25 stories for use in the second activity. The selection was based on the extent to which a story contained all of the necessary elements (i.e., who, what, when, where; beginning, middle, end) and represented a mix of impact on work with families and children, work with colleagues, and participants’ own professional development. The nine stories also came from members of all three training groups.

² See Appendix B for the “interviewer guide” that participants used for this activity.

What is the **most significant change** in how you approach your practice?

Which **stories contain all the necessary elements** and represent a range of experiences?

Which 3 stories demonstrate the **range of the training's impact**?



Part Two. For the second activity, eight participants came together to choose three stories (out of the pre-selected nine) that collectively represent participants' experiences and the range of the training's impact. These participants represented the three IFECMH training groups and the variety of professional backgrounds among training participants. In order to make their selections, participants first identified and agreed on a set of criteria for selecting their "top" stories. These included:

- Openness to understanding the family
- Family-driven
- Includes information about the family's background
- Demonstrates reflective capacity
- Partnership between provider, parent, and child
- Work with colleagues
- Includes "before" (how provider would have reacted before the training) and "after" (provider's approach in the story)

After reading all of the stories, the participants discussed how each one aligned with the selection criteria. Ultimately, participants worked together to identify their top stories by assigning each one a rank of top, middle, or last choice. A group discussion resulted in consensus on the final three selections. Two of the stories were clear top choice selections, while two others were tied near the top. After additional discussion, participants selected a third story because it spoke to aspects of the provider experience that were different from the other two.

This report uses those three stories to highlight the impact of the training on participants' practice and their understanding of a family-centered, culturally informed, developmentally appropriate, and relationship-based framework for serving young children and their families. The findings in this report, however, are based on the full body of all 25 stories gathered from all evaluation participants during the first activity.

Spotlight: Most Significant Change Technique

The Most Significant Change (MSC) technique is a form of participatory monitoring and evaluation that, although applicable in many contexts, is most widely used by international development aid agencies. Developed by Dr. Rick Davies in the mid-1990s, the MSC process involves the collection of “significant change” stories and the systematic selection of the “most significant” of those stories by a panel of designated stakeholders. As opposed to other evaluation approaches, the MSC technique supports the identification of unexpected changes, is easy to communicate across cultures, and builds participants’ capacity in analyzing data and conceptualizing impact.

In the case of this evaluation, the MSC methodology aligns closely with the reflective values and participatory approach of the training itself. This alignment helped participants explore the evolution of how they understand and approach their work, and how that in turn impacted their practice. In fact, many participants remarked that both the storytelling and story selection processes paralleled the reflective practice taught in the IFECMH series and incorporated many of the same principles. Some participants noted that the storytelling exercise allowed them to hear about the varied perspectives of their peers, which one person referred to a “great melting pot of wisdom.” Another participant stated that the act of sharing her story “helped me surface my learning a little bit more, think about it differently, more intentionally [think] about what I learned in trying to put it into words that would make sense to someone else.” One person added that the principles of reflective practice echoed in the story selection exercise, explaining that the approach of “empathetic listening, guiding with a firm [approach] but no judging or timekeeping... made it a very relaxed way to share.”

In order to adapt the MSC technique to the context of Monterey County and capture information from each and every story that was shared, our process differed from traditional MSC practices in the following aspects:

- In order to engage participants in analysis as well as data collection, the individuals who conducted the story selection process were drawn from the same group of people who shared their stories initially. In the traditional MSC technique, stories are “analyzed and filtered up through the levels of authority typically found within an organization or program.”
- The selection process resulted in three “top” stories rather than just one. Participants felt that one story was not sufficient to represent the full range of their experiences, and that each of the top three stories added something valuable and unique.
- The analysis in this report is based on findings from the full body of stories that were collected in the first activity, rather than focusing on just the top three stories.

Findings

Participants' stories demonstrated the training's impact through three different lenses: (1) working with children and families, (2) working with colleagues, and (3) practitioners' own professional development.

- **Working with children and families:** Some participants told stories about new practices and techniques they were exploring when working directly with children and their families.
- **Working with colleagues:** Other stories focused on collaborative and supportive work that happened among training participants and the formal and informal ways in which they shared what they learned in the training with their colleagues.
- **Practitioners' professional development:** These stories depict changes in the ways that IFECMH training participants are developing as professionals beyond their direct work with clients and colleagues.

This section first highlights cross-cutting findings that emerged across all three impact areas, and then presents the three thematic sections. Each of the thematic sections begins with one of the top three “most significant change” stories that highlights the given theme.

Cross-Cutting Findings

Across all three impact areas, participants' stories highlighted the challenging nature of their work, the value of reflective practice, and examples of the more immediate and longer-term applications of what they learned.

Training participants work with children and families in a range of challenging contexts.

While working with infants, young children, and their families can be challenging in any context, the stories that participants shared demonstrate the range of mental health issues and other needs that their client populations commonly face. For example, a number of stories included situations involving child abuse, substance abuse, children with special needs, complex family situations, and parents' own history of trauma in their lives.

“My story is about a little boy [that has] multiple things going on. He has a pretty severe case of eczema. When he is under a lot of stress, he tends to just dig and dig and cry a lot and get really frustrated. His parents live separately [so] he is going to multiple places and it has been very confusing for him. His parents are very detached from it all because before him there was a sister who had a lot of issues and special needs, so to them he is a ‘piece of cake.’ They don't know that he screams all day, that he spits, that he does all the behaviors that he has.”

As the example above illustrates, the range of issues that exist within a family greatly add to the challenge of the work that participants perform daily. Some participants added that the large caseloads they are sometimes required to manage is an additional challenge. One person explained that “this is the kind of training that tells you to slow down a little bit; everyone is running on overtime.”

Participants identified ways that reflective practice had positively impacted the way they approached their work.

This training increased participants' knowledge, confidence and capacity to do their work. But it also “dug deeper” and infused reflective practice into the teaching and supported the ability to apply the theories in day to day work environments. Reflective practice sessions supported understanding perspectives of “the other” and many participants regarded empathy as the most significant change in their practice.

“I think for me it’s the reflective practice that I’m getting the most out of ...Some of the stuff in the trainings is [about] going at [situations] from other angles, so it is supporting what is already there adding new things to it. This reflective part is much newer to me.”

Some also noted rapid growth in their professional development because the training sessions themselves were delivered using a reflective facilitation approach. Because the training series fully integrated reflective practice and modeled the concepts of reflective facilitation and supervision, participants reported greater insights that may have taken longer to uncover in a more traditional training. They spoke about setting boundaries and releasing control. Another was able to articulate that self-care meant knowing that “it’s okay not to have every answer right away.” As the stories in this report demonstrate, participants’ stories touched on various manifestations of reflective practice—reflective supervision, self-care, exploring biases, and being more curious and less judgmental.

Many participants were actively implementing what they learned in a range of contexts.

IFECMH training participants spoke about a number of ways in which they started to apply what they learned in the training with their colleagues and professionals with whom they work both formally and informally. They credited their fellow IFECMH participants as a strong support system that inspired them to be advocates for the families they serve. They reported that the camaraderie of the program was greatly encouraging and several cited this as a motivation to drive and inspire positive change. One participant elaborated:

“Everybody was talking about taking what they were learning and being able to distribute it to the next group of people in their pathway, whether it was through training other people or staff development or representing the voice of child development in a group of people that might not be that receptive...It was about finding a voice and getting a broader distribution of this information.”

In addition to these more immediate and tangible outcomes, some participants also anticipated that the training would enable them to have a longer-lasting impact on the infants, young children, and families that they serve. At the close of the first day’s evaluation activities, one participant said: “The reality is [that] the effectiveness of what we are doing now is going to show in the next ten to fifteen years in the lives of the children we are serving.”

Working with Children and Families

Cynthia's Story

One particular case that comes to mind is my first depressive parent that I [had]. I'm there to service her daughter, but at the same time you have to build a relationship with the parents. The first time I went in there I had no idea what I was going to get myself into. Mom was really having a depressive episode. I didn't know how to deal with it...so when we had the article on post-partum depression and welcoming families into a home, **it gave me a lot of relevant information that I could go back and use.**

[The paper] says even a home visitor is really important to the relationship between the depressive parent and the child. Even if we open that door a little bit it's going to give that child...an experience between her and her mother... Also, the mother has somebody to talk to. I'm not necessarily giving her therapy, but it's just understanding, 'hey, you had a hard day today.' We were able to work together with her family, sit down with the husband, go over the support systems—Do we have a plan?— and we got her into therapy. It's just, [I would give her] another call, 'Don't forget to go to your therapist today,' just simple things like that.

Before the article and before being able to speak to somebody about the issue, I felt overwhelmed and I didn't feel very good about my job because I felt I wasn't doing anything with this family. Now it's a whole [lot] different—she looks forward to my visits. I look forward to her visits, which before I would dread. She's actually shown a lot of facial expressions now and even the little girl—when she does something, she's like, 'Yay.' So I know mom is practicing that. It really does impact the work that you do.... [There] was the resiliency article. It just reminds you why we are in the arena of work that we are. It tells you **little seeds of hope are planted even in the most desperate situations.**

Before I was like, what am I going to do? I wanted an answer. I wanted to give it to them. **Now I am able to reflect and ... slow down, be with the parent.** Be with them and understand their feelings; even if I don't understand, just being there in the moment with them, not trying to rush and finding resources for them. Just saying, 'hey how are you doing?' and checking in with them, not just going with my client [the child].

I'm not always going to know everything and that's okay. Just being in there and engaging with them, I think with the article's information, it said even that is positive not only for the child but for the parent themselves. Taking it with stride, let's try this again; let's go into the water a little bit further. But that's what's helped me too.

We don't always get to see the end result. Sometimes you just go in there for a short time and then you're out. I actually, I'm seeing the results right now. The baby, she's lifting her hands and she's clapping which means that obviously someone is doing that with her besides me. That makes me feel good.

The IFECMH program helped Cynthia embrace and incorporate the practices of slowing down, being emotionally present with both child and parent, and reflecting on her role as a direct service provider. One participant explained that Cynthia’s story stood out because it captures the reality that while providers may “just want to fix” a family’s problems by immediately offering answers and solutions, as a result of the training, “rather than panicking [she was] just being there and checking in with the family, and offering support.”

Other participants’ stories also addressed ways in which the training heightened their ability to empathize with families, tailor strategies to meet a family where it was at, and position parents to take the lead. They noted that, in some cases, this approach helped parents develop a deeper appreciation of their role as caretakers and provided parents with strategies to support their child’s well-being and development. As a result, some providers reported increases in parent learning and engagement as parents felt encouraged and empowered to make positive lifestyle changes.

Learning to approach parents as partners helped participants identify and understand parents’ goals.

Through the IFECMH training, providers reported learning that self-awareness and empathy are foundational in building strong, trusting relationships with parents. One provider acknowledged “having blinders on” when she initially worked with the family of a child with autism and walking in with a preconceived action plan. As a result of the training, the provider took steps to uncover what the parents “were really going through.” The provider explained that, consequently, she was able to better understand their thoughts and feelings, which enabled her to build a relationship with them. “How can you support or see change in a family if there is no trusting relationship?” she concluded. For a number of providers, this paradigm shift made it possible to engage parents as partners in supporting the child’s growth and to discover and unpack the parent’s goals for the child and family.

“How can you support or see change in a family if there is no trusting relationship?”

–IFECMH Participant

Another provider working with a multi-generation, multi-family household was apprehensive about how to approach her concerns regarding home safety. A training session about self-awareness and culture encouraged the provider to “acknowledge the hierarchy [of the family]” and to determine that, in this case, “the grandmother was the one who had power in the family... [and she] has to break the barrier in that family.” The participant reported that, by using “reflective discussion” and “I wonder” statements with the grandmother, she was able to learn about the family’s culture and eventually succeeded in engaging the grandmother as a partner. As a result, the family made changes to make their home safer for the children. “[It] was very historic for me,” concluded the provider, who still works with this same family. “Now I am serving four kids [from that home] and they say, ‘listen to that teacher.’”

Numerous other providers shared stories about how approaching parents as partners enabled parents to identify their own immediate needs, rather than providers making assumptions and potentially developing misaligned goals. One provider said, “I had this big ‘aha moment’ [when I began taking the IFECMH classes] of ‘what is really going on?’ Our goals are not the same [as] for the parents.” This learning shaped the provider’s approach to working with new families, which includes reflecting on “what they need in the moment so that I can help them [and then] we can work with the child. And if we are able to do that, everything else falls into place.”

Survey Findings³

- 74 percent of participants strongly agreed that their knowledge of how to work with children and families increased from attending the training series

Course topics and related readings in the training sessions, complemented by reflective practice facilitation groups, helped providers improve service delivery to children and families.

For many providers, reflective supervision sessions resulted in breakthrough learning or, as some called them, “a-ha moments.” A number of providers noted that reflective practice in particular was a transformational tool that they applied to their work with families and children. They identified this, as well as increased awareness of knowledge domain areas such as self-awareness, attachment, and self-regulation, as powerful building blocks for effectively supporting parents and children. “There is think, link, and respond,” explained one participant, “The thinking part is important, but to actually spend enough time with [the family] to really make sure we are talking about the same thing.”

Many participants repeatedly noted the importance of incorporating a reflective practice approach in their work and reported benefiting from specific topics and strategies, for example, promoting quality parent-child interactions.. One participant shared:

“Because of the reading we have been doing on self-regulation and attachment, I would suggest for [mom] to give [her son] a little space...I talked to her about the Circle of Security that a lot of us had training in. [...] think that having a deeper understanding of the self-regulation process really helped me.”

Some added that focused sessions and extensive readings on pertinent topics, such as attachment theories or father inclusion, helped them better understand and support parents. “I think it’s the same feeling for everyone [about] how the trainings...[ultimately]improved services to families,” offered a participant.

Survey Findings

- 87 percent of participants *strongly agreed* that the material presented was relevant to their work
- 67 percent of participants *strongly agreed* that they had already applied the knowledge they learned from the training series to their work with children and families

IFECMH training participants reported success in sharing what they learned with parents.

Multiple participants provided examples of how the IFECMH series bolstered their ability to successfully share what they were learning in the training with parents. Providers reported that, in some cases, parents took ownership of those learnings and made positive strides in adopting strategies to encourage their children’s well-being. A provider working with a mother who had a history of trauma and substance abuse and whose infant appeared to be “developmentally behind” observed that the mother was not using a “tone of voice to

³ All survey findings included in this report are from the IFECMH Year Two (2013-14) evaluation report prepared for F5MC by WestEd Center for Prevention and Early Intervention, July 2014.

build the relationship.” During a training session on voice tones that best build infants’ language capacity, the provider was shown YouTube clips demonstrating “parent-ese” and decided to show them to the parent.

“I asked her if she liked to see YouTube videos. She watched them and started using them [with her newborn]. She’s using it now...I asked her how it is [going, and told her that] I was learning new things and I would love to share with her.”

Another training participant shared that she used “lots of self-reflection and questions” to better understand the needs and goals of a teen mother. In turn, the mother began to apply reflective practice to her interactions with her daughter:

“It took two years, but we planted a little seed...Mom is asking reflective questions to her daughter and validating her feelings and allowing for that pause, that time to just engage and just being [in] the moment, which is really powerful.”

Survey Findings

- 66 percent of participants shared new information about resources in the community that they learned about while in this training with a family they work with or applied it directly to their work.

Working with Colleagues

Ingrid's Story

Being in the medical field is very stressful. Sometimes situations come up where you use your emotions [and] they get in the way of really looking at the client.... We were rounding [on this] baby and all of sudden you hear other people using a lot of judgment words. .. Since this training, I had the strength, the ability to stop people when they start with that kind of comments. We're in grand rounds and there are a lot of people there. I would tell them and use some of the [things I learned]—first of all acknowledge the person, 'you really had a hard time with this client,' or 'that was scary for me to deal with a little bit.' And the nurse acknowledged that. I let her say, 'yes, I am having a hard time.'... And everything was stopped and I was on the spot. And I said, 'have you ever thought of looking at it through her eyes?' And I said 'I'm pretty sure you come from a whole different family system. Some of those comments are not needed.'

So I feel **I've been able to get people to stop and take a look at what they're saying** and acknowledge that it's hard, and then think 'Oh, she probably didn't come from the same family as me.' So that's one of the biggest things I've been able to do. It's hard to impact a group of nurses, but I really feel like I'm becoming the conscience of some of those comments. Encouraging them to put their feet in the clients' shoes.

[Also with] families who are new immigrants. People say, "Why can't they come every day? Why can't they get their hands clean?" And I say, "Let's stop and think about that." What I know about the Triqui-speaking families is that they lived on a hill in a cave, and all of a sudden they come here and have a baby in the NICU. It's a big change for me. I don't want anyone to think I'm judging the team or anything, because it's hard.

Some people are kind of rolling their eyes. My feeling is if they just stop for one second, they hadn't thought about it. I hope I'm making an impact. **I'm trying to put their clients' shoes on them**, because a nurse's life is completely different.

As this story demonstrates, the IFECMH training helped develop some participants' capacity to support their colleagues and provided a foundation for collaborating with others. Ingrid specifically cited her ability to look at a situation from a different point of view "to get [colleagues] to stop and take a look at what they're saying and acknowledge that it's hard, and then think 'Oh, she probably didn't come from the same family as me.'" Within this primary care setting, Ingrid was able to support other providers who do not do mental health work to be more mindful of their language around clients. That process encourages providers to deepen their understanding of their clients and, as a result, to provide them with higher-quality services.

The training provided participants with tools to support their colleagues' professional development.

Reflective practice in particular rose to the top as an invaluable skill that participants shared with their colleagues. "I am going as a coach to teachers and doing [reflective practice] with them," said a participant, "That is where all the growth for me has happened." Another explained how she changed the way in which she supported her colleagues:

"Before, I was meeting with all the staff members one-on-one and I was using some reflective questions. But after this training it has really given me more information, more open-ended questions – that reflective piece...Now I'm able to utilize it with some of the parent educators and they are able to reflect on their work...I was actually shadowing one of the parent educators who have not taken this training and...she was using some of the reflective questions I used with her with some of her families."

Some participants' stories demonstrated how reflective practice already began to impact the way their colleagues approached their work. One individual cited an example of how she was able to change the way teachers viewed a challenging situation with a child:

"It went from the teachers seeing it as a misbehavior that we have to work on to, 'this behavior is showing that this little boy has some needs that we need to look at.' That was a success. I felt I was able to change that angle that they were looking at it from."

Survey Findings

- 89 percent of respondents learned about new practices or resources from the group
- 63 percent of respondents shared resources with training group members

Participants' use of reflective practice helped them collaborate more effectively with other providers.

Many participants indicated that their capacity to build relationships and collaborate with colleagues and other providers grew as a result of their deepened understanding of strategies and content areas. One explained how staff applied the tenets of reflective practice and empathy to strengthen and expand providers' relationships with each other:

"They're starting to be able to use that [reflective] capacity with each other and our colleagues who we collaborate with...by helping and having to share cases, and talk about what conflicts went on inside of us, we've learned to be a little more patient [with each other]."

The group of IFECMH also proved to be a valuable professional network in and of itself. One participant "was able to collaborate with other people in the program," and worked with others to support a client: "We were able to sit and work together as a [team] with [a client's] family ...and got her into therapy."

Survey Findings

- 100 percent of respondents indicated meeting new colleagues and community partners
- 52 percent of the Mental Health Specialists and 39 percent of the Transdisciplinary Mental Health Practitioners contacted individuals they met outside of the sessions
- 57 percent of the Mental Health Specialists and 34 percent of the Transdisciplinary Mental Health Practitioners made a referral to a new resource they learned about in their group

Participants reported increased morale and a stronger voice in their work.

In numerous instances, participants underscored how the training content and the camaraderie they built with fellow participants boosted their morale, and lead to feeling more empowered in their work. “I think we felt supported because we made connections through this training,” said a participant.

Many also credited this morale boost with igniting a greater sense of action in their work. One participant explained:

“I think we felt supported because we made connections through this training.”

–IFECMH Participant

“I feel more professional [because of the training]. It gave me that scaffolding underneath me to say, ‘This is real important work.’ I could bring that in and it gave me more confidence and self-esteem around... [being an] advocate for children and be[ing] a child therapist.”

Another participant said that the training program gave her the confidence to voice her opinions in the workplace:

“I felt alone in the public school environment being a child development person...I see so [many] developmentally appropriate [processes] left [out] after Kindergarten in favor of more testing, more orderly behavior, less acceleration. Before I would have been quiet in a staff meeting, [but] now I speak up more.”

Others shared similar sentiments about increased confidence in applying learnings to their work and reinforcing their ability to advocate for systems and practice changes in their workplace. “I have learned [to share] what I learned with my coworkers...I am able to stand and advocate for what I believe is right,” described a participant, adding, “I say it’s from the training. At the end of the day, I’m going to stand up for what is right. And if it’s more work for me, I’m going to do it.”

Providers credited their fellow IFECMH participants as a strong support system that inspired them to be advocates for the families they serve. They reported that the camaraderie of the program was greatly encouraging and several cited this as a motivation to drive and inspire positive change.

Survey Findings

- 98 percent of respondents reported meeting and networking with colleagues from partner agencies
- 83 percent of respondents *agreed* or *strongly agreed* that they developed supportive relationships with the colleagues in the reflective practice group

Professional Development

Brenda's Story

It's more of an evolution of how I began to work with this family. And not only their evolution but my personal evolution of how I was able to help and collaborate with the family.

When I started working with this familythe family was very disenfranchised with everything. It was pretty much the three [of them]: mom, dad, and their child who had just been recently diagnosed with autism. Their extended family was not speaking to them. They didn't qualify for any services. They made too much money but not enough to be able to cover needed services for their child. Their child was tantruming a lot, major regressions—he wasn't speaking, no eye contact—the works.

When I began working with them...mom was closed off but she had accepted the fact that her child has autism. Dad was still very low in the grieving process of where his child was going to wake up and snap out of it.... Mom wanted services because she fought you for everything; she just thought that at any moment we were going to walk away.

[W]hat was going on, it was far deeper than simply addressing the needs of their child and how to help them be the best caregivers and teachers and playmate of the child. We soon began to learn that mom was not in contact with her parents, [or] siblings; they have all turned their back on them, because they believed autism was a made up thing—in many cultures they believe that. At the time I began to become really invested in this family and trying to help in [one] way or another with their child's situation. **But I couldn't see the bigger picture.** What was going on and why mom and dad were not being responsive.

But ...when I began [participating in the IFECMH] program, we had a big a-ha moment of what is really going on. **Our goals are not the same [as] for the parents.** Mine was to treat them and help them out with the child's autism. But clearly they had bigger issues...they weren't connecting as a family and they didn't even have each other as a support.

And so between the [IFEMCH training] and the [reflective] supervision, I was able to go back and help them out and begin to open those dialogs. And that was something that was totally new for me. It was uncomfortable at first, but it was a natural progression.

Now... when I get assigned to a family—[I think about] not what is my goal, but what is their goal... what do they need at the moment so that I can help them cross it off their list or at least point them in the right direction. And then we can get to work with the child. And if we are able to do that, everything else falls into place.

As Brenda’s story demonstrates, many training participants were able to reflect on their own evolution as professionals and to identify the role the training’s overall approach had on their increased capacity and confidence in doing their work. One of Brenda’s peers appreciated that this story highlights Brenda’s path of professional development: “[t]he use of the word ‘evolution’ shows her process... she talked about having her blinders on and her personal transformation.” Another appreciated that “[Brenda] acknowledged that [engaging with the family and dialoguing with them] was uncomfortable for her,” adding that that this “happens to all of us. After the training, we feel more comfortable asking reflective questions.”

IFECMH training participants reported that the new knowledge and skills they gained were foundational to their professional development

The IFECMH training series supports participants with both knowledge as well as a number of tangible skills. As the participants told their stories they mentioned a number of specific lessons, including those related to post-partum depression, self-regulation and attachment, inclusion of fathers and other family members in treatment, and empathy.

Training participants work in an emotionally taxing field, often dealing with families and children in very stressful and sometimes traumatic situations. Several participants reflected on learning how to use empathy as a tool to help them cope with and be productive in very stressful situations. They noted that the training, particularly the session on empathy or putting themselves “in someone else’s shoes,” had a significant impact on their practice. One participant stated:

“[The empathy training] was one of the classes that stuck to me, not to feel sorry for people, but really try to understand. Before when I told stories about other parents, about how difficult [things were], I wasn’t able to really put myself in [their] shoes.”

Empathy was one of several skills or tools the participants mentioned. Participants were able to relate specific lessons learned to experiences with clients and peers and doing so demonstrated the value of the training as it directly impacted their professional development, highlighting their newly-acquired knowledge and skills.

Survey Findings

- 98 percent of respondents tried something new in their practice as a result of attending each training session

Participants reported that training’s use of reflective practice facilitation groups made it particularly impactful.

Participants expressed a high level of satisfaction with the training’s approach and model. In particular, they appreciated the way the training focuses on learning from skilled instructors and collaborating with peers and they discussed the pivotal role of reflective practice throughout the stories they shared. One participant said that the reflective practice approaches were “much newer to me” and that they are “where I’m grappling and—I’m always on that edge of the learning curve. It’s where the energy is being spent for me right now.” Many participants’ stories indicated that learning and engaging in reflective practice was one of the most significant changes in their own professional development.

“Now I’m always evaluating what I could’ve done better both professionally and personally. I check in with people. I’m just more emotionally aware and culturally aware of others and of myself and how it’s inevitable that we carry our own biases.”

Survey Findings

- 100 percent of respondents *agreed* or *strongly agreed* that their understanding of early childhood mental health concepts was enhanced by attending reflective practice facilitation groups
- 100 percent of respondents *agreed* or *strongly agreed* that the information and support they received in the reflective practice facilitation groups helped them apply the concepts to their work

The training program has increased confidence and capacity to work with children and families.

Participants also reflected on their increased capacity to work with and build relationships with clients as a result of the knowledge and skills they acquired and training’s use of collaboration and reflective practice. One participant spoke about a client she worked to build a relationship with using skills learned in the training.

“It’s very difficult to build a relationship with her because she’s been harmed and she’s guarded. I’m very careful. [My instructor] is so sensitive about us building relationship[s] with [our] clients...to not come in as judgmental—that whole piece about joining, and not judging and understanding struggles they faced and what that’s done to them.”

This increased confidence was apparent in the ways in which participants shared stories about the evolution or trajectory of their changed practice. They were able to tell stories that involved a clear “before and after”—sharing how they might have reacted to a situation prior to acquiring skills in the training and how they now respond given their increased capacity.

Survey Findings

- 86 percent of Mental Health Specialists and 74 percent of Transdisciplinary Mental Health Professional participants *strongly agreed* their knowledge had increased
- 91 percent of Mental Health Specialists and 72 percent of Transdisciplinary Mental Health Professional participants *strongly agreed* that they were confident about applying what they had learned in their work

Closing Considerations

It is clear that the IFECMH training series is positively impacting the way that participants approach the work they do with children and families, the way they support and partner with their colleagues, and their own professional growth and development. As F5MC and the WestEd Center for Prevention and Early Intervention continue this training program, we offer the following considerations.

Some participants encountered institutional or administrative barriers to implementing what they learned in the training.

As evidenced above, participants were eager to incorporate what they learned in the training into the workplace and share new ideas and practices with their colleagues and their clients. However, some reported encountering challenges related to a lack of support – or even a resistance – on the part of administrators and/or colleagues. One person spoke about her experience with getting her colleagues to appreciate the importance of building strong relationships with the children:

“If I had the support or the teamwork, maybe I would have lasted longer.”
–IFECMH Participant

“It’s really hard when you have other staff that don’t value the relationship as much as they do the academics, getting them ready for kindergarten, having them sit down and listen...And knowing how important it is, and you’re seeing that, but the other teachers are not seeing that.”

In a more extreme case, one participant even stated that the lack of support from administrators was causing her to quit her job.

“The challenge I have is with the administration...I’m leaving my job because it doesn’t feel fair to me and at the end of the day I go home and I’m like, I’m in this by myself...It takes a lot out of you. Whereas with this training, the exciting thing is going into a place where there’s going to be a team of people and we’re going to work together and really help the families. If I had the support or the teamwork, maybe I would have lasted longer.”

F5MC, in collaboration with WestEd and UCSF, may wish to explore opportunities to invite administrator to learn about reflective practice. Additionally, these experiences may merit a larger conversation about the type of environment and collaborative relationships that need to be in place to put this specialized knowledge and skill base into practice.

There may be additional opportunities for training participants to connect with each other and share what they learned with others.

Although numerous participants cited examples of ways in which they established supportive relationships and networks with each other, several also mentioned that they felt as though the siloed nature of the training program—in terms of assigning individuals to training groups with others from the same professional background—was a limitation. One participant called for bringing together disciplinary areas. Another stated that she wished more groups of professionals or agencies could be involved in the program, so that it could “make those conversations easier when we talk about families with each other, with agencies. If there is an

agency that's not a part of that, it makes it a little tougher." Because grouping all practitioners together resulted in some challenges during the first year of the training series, the training organizers might consider other opportunities for engaging all participants in dialogue with each other (e.g., semi structured lunchtime gatherings).

Given the success of this program, F5MC and other key stakeholders should consider ways to maintain and expand it into the future.

This IFECMH training series is currently one of limited opportunities for providers in Monterey County to hone their professional skills in the area of mental health service provision for infants, young children, and their families. As the need for high-quality and developmentally appropriate mental health services continues to grow, this training series serves as both a valuable and practical professional development activity for current practitioners as well as an important promising practice that can inform the local educational pipeline for the future workforce. F5MC may wish to work with other local agencies in the public, nonprofit, and private sectors to explore options for expanding the reach of this training series or disseminating lessons learned and impact.

Appendix: Interviewer Guide

Since you began participating in the training, tell me about the most significant change in how you approach your practice. This could be a change in the way you work with children and families, a change in the way you work with other providers, or a change in the way you think about working with children, families, and other providers.

Can you give me an example?

What was the **situation**?

- *Where were you?*
- *Who was there?*
- *What was your role?*
- *When did it happen?*

How would you have reacted **in the past** (before the training)?

- *How would you have interpreted the situation?*
- *What would you have thought?*
- *What would you have done, and why?*

What did you **think or do** in this situation?

- *How was it different from what you would have thought or done in the past (before the training)?*
- *Why do you think you acted differently this time?*
- *How did the training influence you?*

What happened as a **result**?

- *How did the client/patient/provider react?*
- *What was the impact on the child/family/provider?*
- *How did you feel?*
- *Any impact on others (colleagues, other clients/patients, etc.)?*

How is this story related to what you learned or experienced in the **training**?

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