



Infant and Early Childhood Mental Health Consultation Workforce Development Plan Overview



THE CENTER OF EXCELLENCE FOR
Infant and Early Childhood
Mental Health Consultation

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Infant and Early Childhood Mental Health Consultation Workforce Development Plan Overview

The IECMHC Workforce Development Plan Overview was created to provide IECMHC program developers and leaders with guidance for ensuring a highly qualified and prepared IECMHC workforce.

Infant and Early Childhood Mental Health Consultation (IECMHC) is a unique capacity-building approach to supporting adults who work with young children and families. The field has developed over the last few decades, resulting in a variety of programs and models. A qualified IECMHC workforce is key to the effectiveness of IECMHC.

Prior to creating a workforce development plan, program developers and leaders must first ensure their IECMHC program is fully defined and articulated and appropriate staff have been hired.

This document describes four areas of work that are critical to creating a strong program, and offers detailed guidance on the last one, writing a workforce development plan. The four areas are:

(1) Foundational Work

Design IECMHC program

Hire workforce

(2) Consultant Qualifications

Identify necessary education, work experience and credentials

(3) Consultant Competencies

Identify necessary knowledge and skills

Guide professional development

Important notes:

This overview is not a comprehensive training curriculum. Rather, it is meant to guide IECMHC programs of any size in creating a workforce development plan. For guidance on curriculum development, please see the *Curriculum Guidelines for IECMHC* in the [Workforce Development section](#) of the Toolbox.

- Consultants are employed through a wide range of mechanisms. Some are part of an agency or organization, and some are independent. This overview is meant for programs with the ability to influence the agency employing the consultant.

Definitions

- A **program** is any IECMHC service that includes the four core building blocks: (1) eligibility, (2) service design, (3) workforce, and (4) infrastructure.
- A **model** is an IECMHC program that has proven successful and that others looking to implement IECMHC services can replicate with support from the developer and by following the manual for that model.

(4) Workforce Development

Create a workforce development plan that includes five core components

Five Core Components of a Workforce Development Plan:

- Orientation Training
- Service Delivery Training
- Skill Building and Development
- Ongoing Professional Development
- Reflective Supervision

Program developers and leaders will benefit from creating a workforce development plan that includes attention to the five core components. This overview will describe each of the core components and will also point to CoE resources to assist with each step in the process.

(1) FOUNDATIONAL WORK

Two important steps typically occur prior to developing an IECMHC workforce development plan. First, IECMHC programs have developed and articulated their program design. Mental health consultation programs range in size, scope, service delivery setting, funding source(s), duration of services, performance monitoring, and evaluation measures. Four building blocks—eligibility, service design, workforce, and infrastructure—have been identified as foundational for all IECMHC programs. Prior to any workforce development efforts, these four building blocks are defined and identified, typically through an IECMHC program manual (which guides service providers through the components of the IECMHC service delivery model and the steps involved in implementing it). For more information on this first step, please refer to the *Building Blocks for Designing an IECMHC Program* and accompanying worksheet located in the [Models section](#) of SAMHSA’s Center of Excellence for IECMHC Toolbox.

Second, the workforce is hired. Please review the *IECMHC Condensed Grid of Qualifications* located in the [Workforce Development section](#) of the IECMHC Toolbox, as well as the consultant qualifications and competencies described below, which are necessary for any IECMH consultant.

(2) CONSULTANT QUALIFICATIONS

The Center of Excellence recommends that all IECMH consultants have the following basic qualifications:

- A master’s degree in mental health or a related field

- At least two years' post-master's experience in an area related to IECMH or early childhood service systems

The Center of Excellence also recommends that consultants have the following qualifications:

- Clinical licensure as a mental health professional
- At least two years of IECMHC experience
- Experience working in one or more early childhood service delivery systems, such as home visitation, early care and education, child care, Early Intervention, or Head Start/Early Head Start

When hiring an IECMH consultant, all efforts should be made to recruit qualified consultants who are representative of the community being served in terms of culture, race or ethnicity, languages spoken, and other important characteristics.

(3) CONSULTANT COMPETENCIES

The Center of Excellence has developed nationally vetted *Qualifications of an Infant and Early Childhood Mental Health Consultant* located in the [Workforce Development section](#) of the IECMHC Toolbox. These serve as a guide for professional development, training, and coursework for IECMH consultants, and inform hiring, supervision, and performance quality.

Additional information on the Center of Excellence and the development of these standards can be found on [SAMHSA's website](#).

(4) CREATING A WORKFORCE DEVELOPMENT PLAN

A complete workforce development plan includes five core components:

1. Orientation training
2. IECMHC service delivery program (or model) training
3. Skill building and development
4. Ongoing professional development and training
5. Reflective supervision

Each component is discussed in detail in the following pages.

1. Orientation Training

Before new consultants begin working in the field, provide a comprehensive overview of the foundations of IECMHC and other key foundational elements of the work, such as the broader context of early childhood service systems and the consultant’s role within the community.

| Suggested Component | Description |
|-----------------------------------|--|
| IECMHC Foundation Training | <ul style="list-style-type: none">• Cover the five IECMHC training domains:<ol style="list-style-type: none">1. An Overview of IECMHC2. The Role of the IECMH Consultant3. Types of IECMHC4. A Systems Framework: Understanding the Processes of IECMHC5. Diversity and Equity Considerations for IECMHC• Use the <i>Curriculum Guidelines for Infant and Early Childhood Mental Health Consultation</i> in the Workforce Development section of the IECMHC Toolbox as a resource |
| Community Collaborations | <ul style="list-style-type: none">• Build consultants’ familiarity with local provider agencies (e.g., Early Intervention, pediatricians, child welfare, education consultants, Head Start Mental Health and Disabilities Coordinators, Early Education coaches) and local community collaborative groups (e.g., Help Me Grow, Head Start Advisory Boards, cross-system advisory groups) |

2. IECMHC Service Delivery Program (or Model) Training

Training on the IECMHC service delivery program or model establishes the context within which the consultant will deliver the consultation. It provides specific guidance related to the service delivery parameters such as: the components and steps of the service, policies and procedures and the mechanisms for performance monitoring and program fidelity. All of which ensure the program goals are met and outcomes are achieved. The training is accompanied by the IECMHC Program Manual, which is unique to each program and created by the IECMHC program developer. The [Workforce Development section](#) of the IECMHC Toolbox offers more information on training and workforce development activities to prepare and support consultants.

| Key Components | Description |
|---|--|
| <p>IECMHC Service Delivery Program or Model Overview</p> | <p>This might include the following:</p> <ul style="list-style-type: none"> • A brief review of the IECMHC program’s mission, goals, and history • IECMHC program highlights • Infrastructure—funders, organizational chart, and supervisory relationships • Scope of services and reach • The populations served and the settings in which IECMHC program staff work <p>(Refer to building blocks 1 and 2 from <i>Building Blocks for Designing an IECMHC Program</i> in the Models section of the IECMHC Toolbox)</p> |
| <p>Policies and Procedures</p> | <p>Provide training on the program’s policies and procedures, for example:</p> <ul style="list-style-type: none"> • Triage and waitlist • Conflict of interest • Cultural competence • Making referrals to outside resources • Performance standards • Documentation and data entry |

2. IECMHC Service Delivery Program (or Model) Training (Cont.)

| Key Components | Description |
|---|--|
| <p>Program Manual</p> | <p>The program manual guides service providers through the components of the IECMHC service delivery model and the steps involved in implementing it.</p> <p>Each IECMH consultant receives a copy of the manual, which is used as a support throughout the IECMHC service delivery program training.</p> <p>Using the program manual supports consistent service delivery and quality across multiple consultants and various geographic areas.</p> |
| <p>Model Fidelity Supervision and Performance Monitoring</p> | <p>Regardless of whether the consultant is independent or part of an agency, the IECMHC program is responsible for ensuring that consultants perform the work consistently, while maintaining fidelity to the program or model.</p> <p>Monitoring and supervision is provided by the IECMHC program administrator, director, manager, or supervisor.</p> <p>Monitoring and supervision can occur anywhere from weekly to monthly.</p> |
| <p>Cultural Diversity and Equity Considerations</p> | <p>Efforts are made to ensure that attention to cultural considerations and equity are embedded in data collection, service access, professional development, and service provision.</p> |

3. Skill Building and Development

Consultants need opportunities to practice what they are learning in orientation in order to build and reinforce their skill set. Skill-building work often begins during orientation and may continue beyond the initial orientation, depending on how much support in the field is needed as new consultants begin their IECMHC work.

A New Consultant Might:

Shadow an experienced mental health consultant to selected service visits—ideally, those that demonstrate specific steps, such as observing an initial meeting to understand how to introduce the consultation service agreement.

Start by working at a site with an established IECMHC program as he or she gets oriented to providing services. These sites may be selected based on the site director’s agreement and whether the site has a solid relationship with and understanding of the IECMHC program.

Practice conducting a pre-assessment that requires tool fidelity or inter-rater reliability.

Be paired with a more experienced consultant who can serve as a mentor. If the new consultant’s job includes offering training to consultees, that consultant might work with someone who has experience with that type of training.

4. Ongoing Professional Development and Training

After the initial orientation and onboarding of consultants, continuing professional development and skill building is needed.

Considerations:

- Training frequency and dose—what will be provided in the first month, three months, and six months of employment, as well as annually
- Caseload adjustments for professional development activities
- Training platform: virtual versus in-person
- Size of the training group

Suggested Formats

Continued training in specific content areas, to build an advanced IECMHC knowledge base

Ongoing education on cultural diversity and equity, to ensure that consultants are continually engaged in applying a racial and cultural equity lens to their work

Outside training to maintain licensure and to get CEUs in IECMHC or related content areas, such as infant mental health or trauma-informed care

Cross-discipline training—for example, training focused on a particular framework to ensure that consultants have a working understanding of the curriculum, tools, practices or initiatives being implemented within the consultee service settings

Individualized professional development plans that take into consideration previous experience and career goals

5. Reflective Supervision

Reflective supervision is the process of examining, with someone else, the thoughts, feelings, actions, and reactions evoked in the course of working closely with young children and their caregivers.ⁱ This helps the consultant work within the boundaries of consultation, and supports fidelity to the professional practice of IECMHC.

Reflective supervision should not be confused with administrative or clinical supervision. The same individual may provide the different types of supervision, but dedicated time must be set aside for the different goals of each.ⁱⁱ

All IECMHC is based on the tenets of reflective practice,ⁱⁱⁱ ^{iv} and all IECMH consultants must have reflective supervision specific to IECMHC. The [Workforce Development section](#) of the IECMHC Toolbox offers more information on supervision and oversight of IECMH consultants in the field.

Definitions

A **reflective supervisor** is an individual who also may be the consultant's program supervisor and/or is employed by the same organization as the consultant.

A **reflective consultant** is an individual from outside the organization providing reflective consultation to an individual and/or a group of consultants.ⁱⁱ This individual is not a supervisor to the consultant.

Considerations

Frequency: Weekly to monthly

Structure: Individual and/or group

Provided by: A qualified reflective supervisor or consultant who is highly familiar with IECMHC, infant mental health, and supervision

Note: IECMHC programs and practitioners vary in their use of the terms reflective supervisor and reflective consultant. Defining these roles in a program manual clarifies the roles and responsibilities of an administrative supervisor versus someone providing reflective supervision or reflective consultation.

CONCLUSION

An effective IECMHC workforce development plan will improve the quality of consultation and, ultimately, improve child and family outcomes. Workforce development is a key element of any strategic plan. It is the foundation of an agency or program's ongoing commitment to the training and development of its workforce, ensuring that sufficient staff are in place and have the skills and experience needed to implement and achieve its objectives.

Once the workforce development plan is established, it is essential to regularly monitor and assess efforts and then update the plan as needed. Ongoing monitoring is the best strategy to ensure that workforce development goals continue to be met.

ⁱ Eggbeer, L., Mann, T., & Seibel, N. (2007). Reflective supervision: Past, present, and future. *Zero to Three*, 28(2), 5–9.

ⁱⁱ Alliance for the Advancement of Infant Mental Health. (n.d.). Best practice for reflective supervision/consultation. Retrieved from <https://www.allianceaimh.org/reflective-supervisionconsultation>

ⁱⁱⁱ Head Start Early Childhood Learning and Knowledge Center (2018). Reflective supervision. Retrieved from <https://eclkc.ohs.acf.hhs.gov/family-engagement/developing-relationships-families/reflective-supervision>

^{iv} Heller, S. S., Jozefowica, F., Reams, R., & Weinstock, J. (2004). Starting where the program is: Three infant mental health consultants discuss reflective practice. *Zero to Three*, 24(6), 10–20.