



Applying the FAN Model to Integrate Infant & Early Childhood Mental Health Consultation

Presented by Stephanie Gomez, LCSW

History

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Centering Wellness

Sacramento County

Student Mental Health and Wellness Plan

Developed by:



With support from:



History

Student Mental Health and Wellness Plan

- The Sacramento County Office of Education (SCOE) partnered with the County Department of Health Services in 2020 to begin placing mental health clinicians in every school in the County.





Goal



Transform all public schools in the county into “Centers of Wellness” where every adult supports the healthy development and overall well-being of students.



Schools as Centers of Wellness

*Whole Child and Whole Family
Approaches*

Communication

Responsive Workforce

Coordinated Systems

Pillar 2:
Whole Child and Whole
Family Approaches

2.A: Assist students and
their families to navigate
and access mental health
and wellness services

2.B: Address the mental
health and wellness
needs of the whole family

2.C: Meaningfully engage
families in their student's
mental health and
wellness



Potential
Port of Entry

Early Learning Goals



- Develop a system of mental health support for children 0- 5 and their families.
- Partner with other departments in our agency
- Leverage community resources and supports
- Outreach for Help Me Grow, Sacramento
- ACEs of Care Grant Holder

Challenges

2

Challenges

Education

- “Why can’t any licensed clinician work with those kids?”
- Rejected a funding opportunity for Napa Fellowship.
- No response to shared ECMH articles.

Relationship-Building

- Difficult conversations too early .
- Timing is key.
- Administration feeling overwhelmed by expansion.
- Gain input from more clinicians.

Pause and Reflect

3

Consultative Stance

- Understanding another's subjective experience.
- The centrality of relationships.
- Parallel process as an organizing principle.
- Patience.
- Holding hope.

10 Elements Comprise the Essential Core of an Effective Consultative Stance

Developed by the Center of Excellence for Infant and Early Child Mental Health Consultation

**“How you are
is as important as
what you do.”**

- Dr. Jeree Pawl

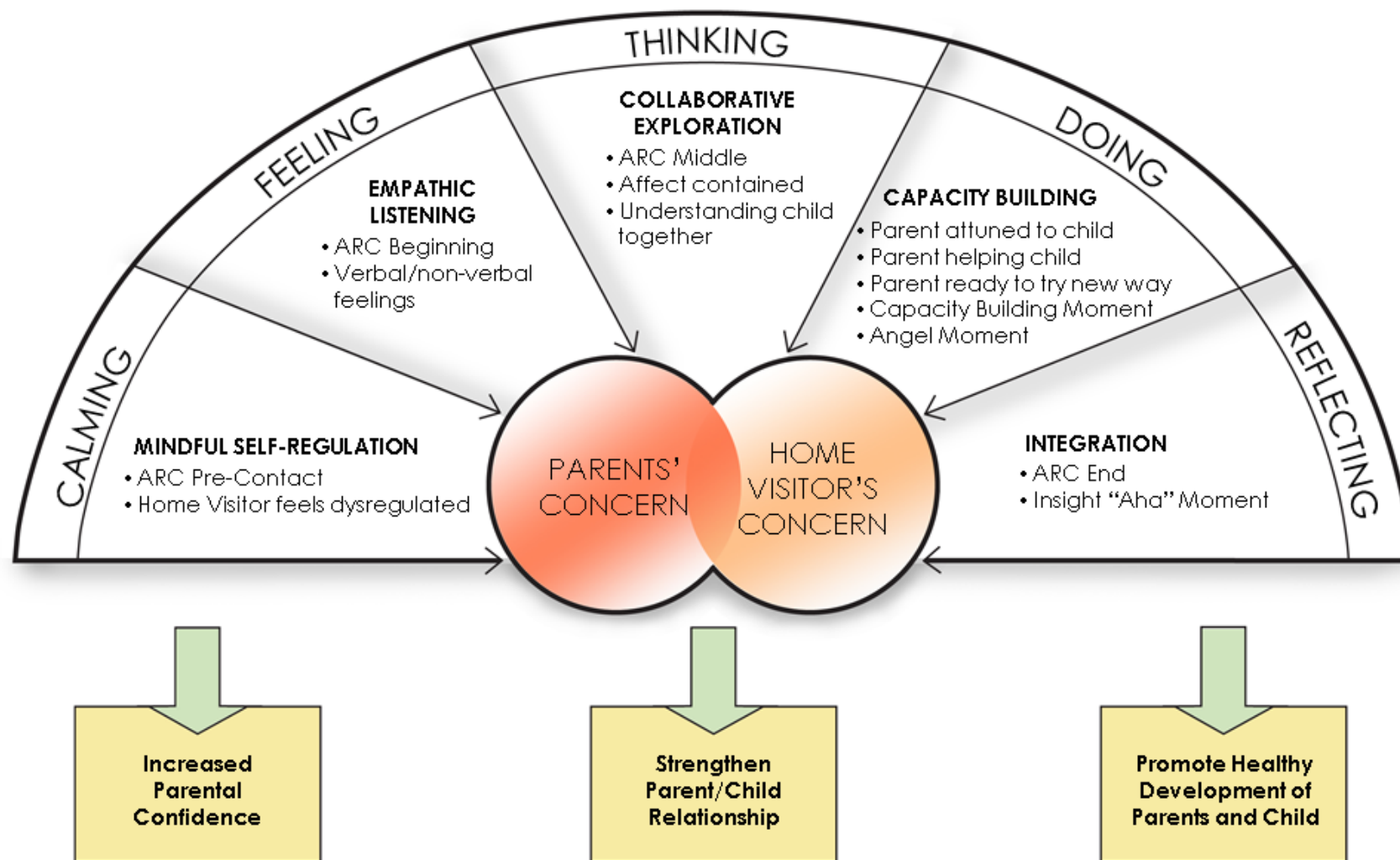


How can I use the
FAN model to
effectively work with
complex systems?



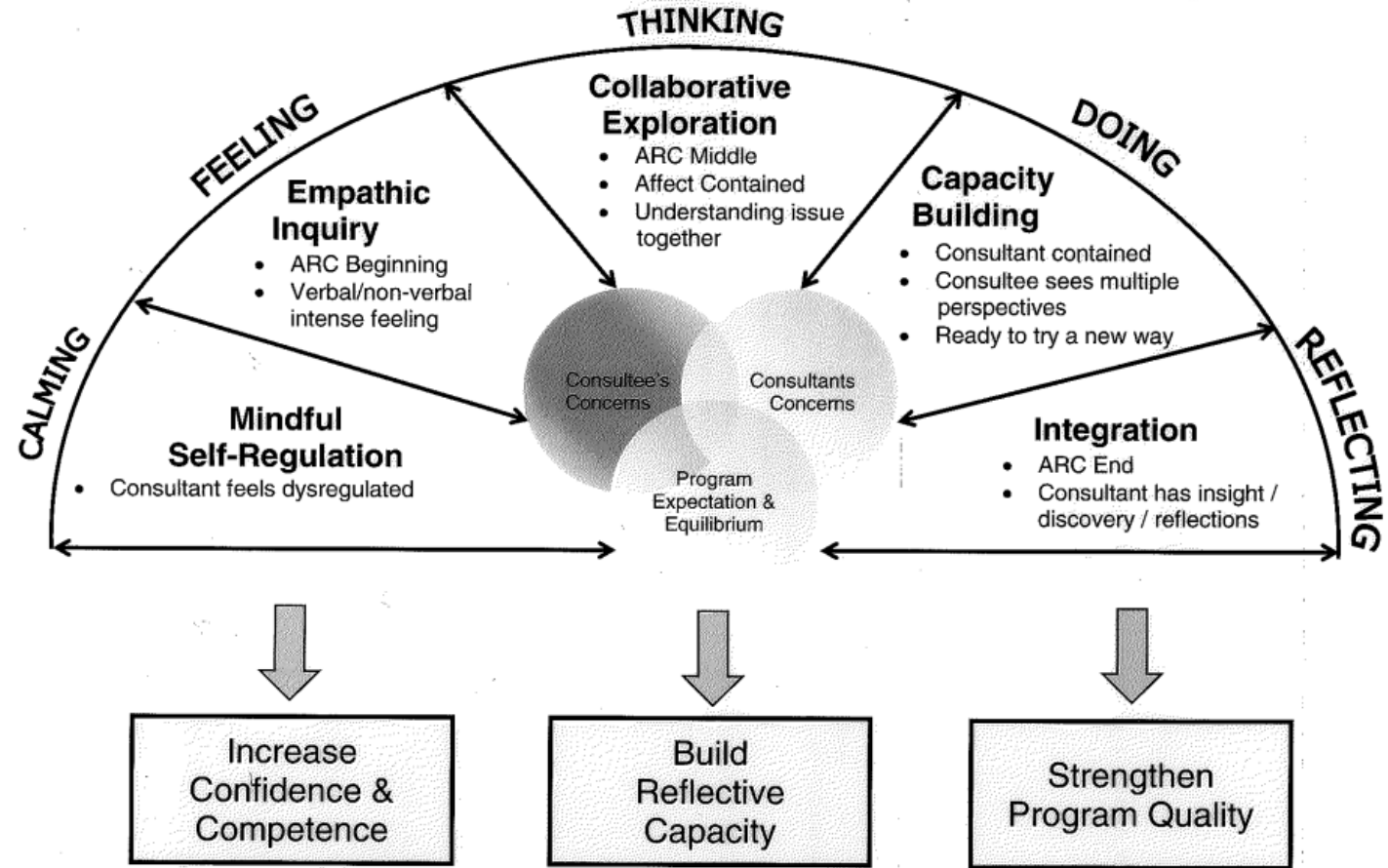
Home Visitor's FAN[®]

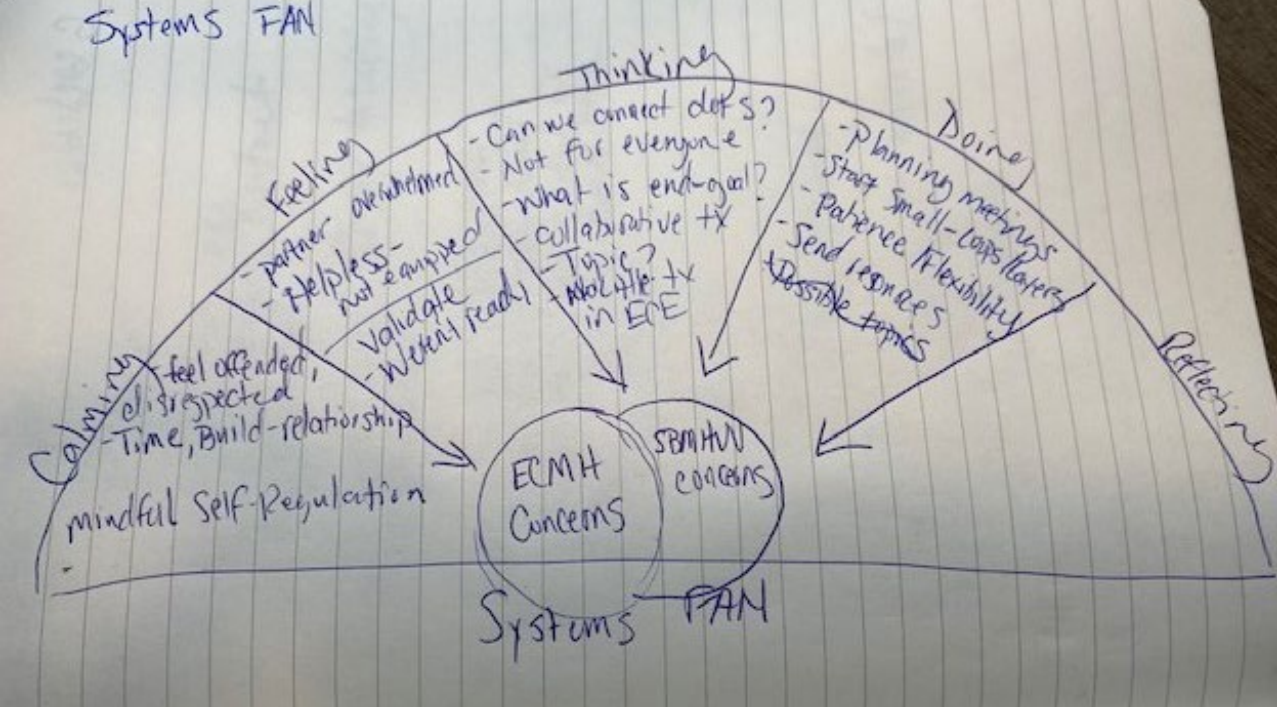
Facilitating Attuned Interactions



Consultation FAN

Facilitating Attuned Interactions





Calming

Mindful Self-Regulation

- How am I feeling?
- Reframing the resistance
- Is this the right time?
- Use of Reflective Supervision
- Identify a champion or Port of Entry

Relationship-Building Opportunities



March 2022: Volunteer to sit on Oral Exam Panel for SBMHW Panel

October 2022: Join Classified Leadership Development Program led by SBMHW Director

March 2022: Request to join Early Learning/ SBMHW collaborative monthly meetings

Informal Opportunities: Neighborhood parties, sharing about children, glass of wine

Empathic Listening



“We weren’t ready for this level of exploration.”

“Schools don’t have a knowledge of early learning.”

“Our clinicians don’t have a lot of training in early childhood development.”

“We didn’t feel equipped to serve this population.”

“We just didn’t have the capacity in year 2.”

Collaborative Exploration





Capacity Building

2-Hour Professional Development Workshop

Phase 1

- Friday April 14, 2023
 - 32 Clinicians, new Associates, 10 Interns
- Family Navigator Orientation: week of April 10, 2023

Phase 2 Plan (2023-24)

- Provide extended workshop and training for interested clinicians.
- Provide clinical support to clinicians at TK and elementary sites.
- Provide ECMH consultation re: training recommendations and assessment tools.

Clinician Identified Needs

*Attachment Theory and Impacts on Development

*What is ECMH & *Why would this be helpful for SBMHWC?

Trauma-Informed Practice for Early Childhood Educators

Screening and Assessment Tools (birth to five)-currently utilizing the PSC 35

*Early Executive Function Development

ECMH Therapeutic Modalities

Bruce Perry-Neurosequential Model of Therapeutics

Brazelton Touchpoints

Family Engagement: Temperament

FAN Model by Linda Gilkerson (consultation with teachers)

*Foster Care and Supporting Transitions

Reducing Preschool Expulsions

Introduction to the Teaching Pyramid model

ECMH endorsement in CA

Perinatal mood disorders

The Growing Brain series (Birth to 3)

Circle of Security Parenting Workshop

Diversity Informed Mental Health Tenets

Reflective Supervision

Workshop Sample

4

APRIL 2023

*Introduction to Early
Childhood Mental Health*

Stephanie Gomez, LCSW,
PPSC, IFECMHS endorsed

Themes

1. Relationships
2. Collaboration
3. Systems
4. Access to Care



TODAY'S WORKSHOP

- What is ECMH?
- Diversity-Informed Tenets
- Parallel Process
- Attachment Theory
- Why is this relevant to your work?
- Treatment Modalities
- Reflective Practice
- Training Opportunities and Resources



**“THE ABILITY OF CHILDREN TO DEVELOP
PHYSICALLY, COGNITIVELY, AND
SOCIALLY, IN A MANNER WHICH ALLOWS
THEM TO MASTER THE PRIMARY
EMOTIONAL TASKS OF EARLY
CHILDHOOD WITHOUT SERIOUS
DISRUPTION CAUSED BY HARMFUL LIFE
EVENTS.”**

**-World Association for Infant Mental Health
(2012)**

CENTER FOR THE
DEVELOPING CHILD
AT HARVARD

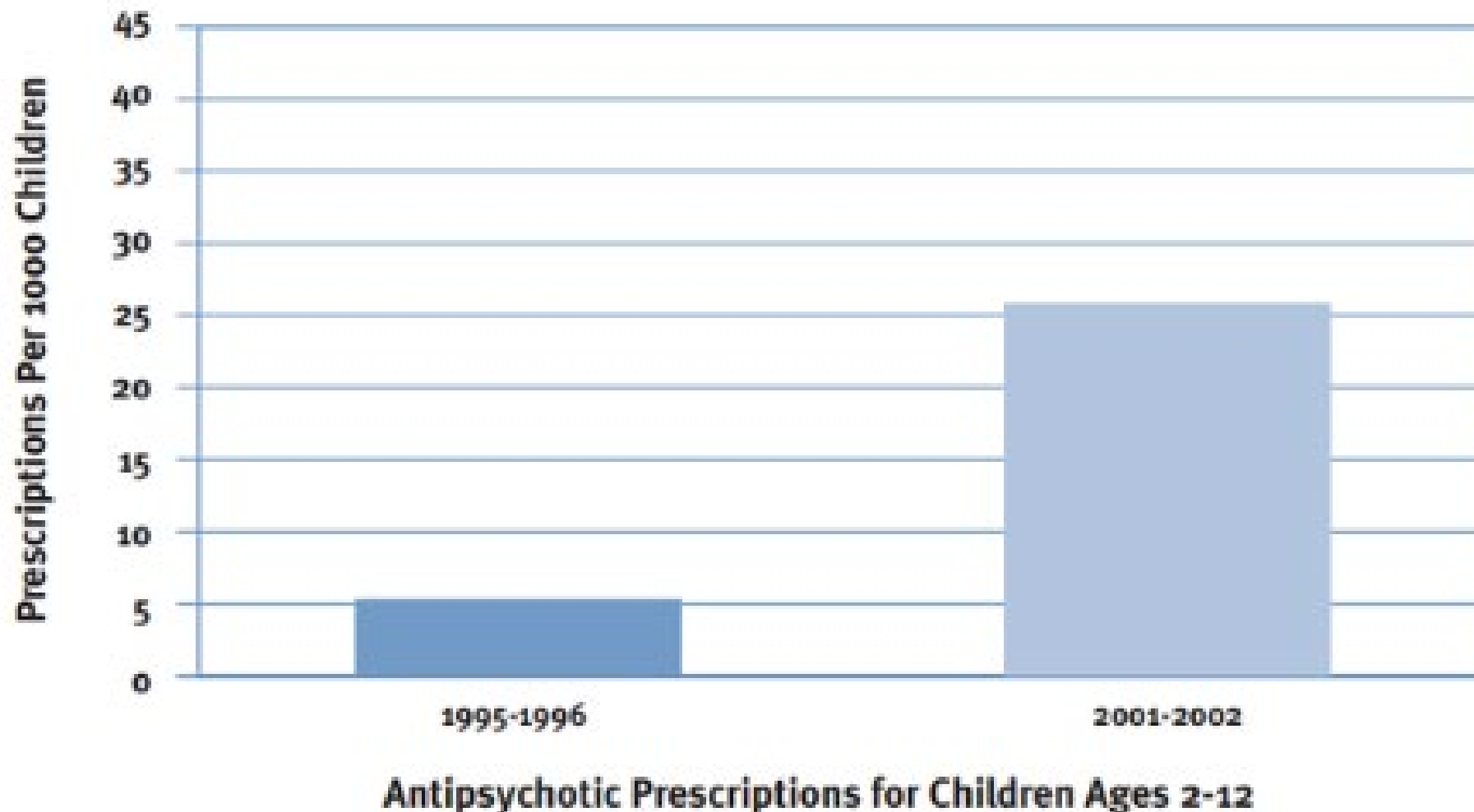
Video



*IN BRIEF:
EARLY
CHILDHOOD
MENTAL
HEALTH*

- 1.Young children DO experience mental health problems.
 - 2.Mental Health problems occur as a result of both nature and nurture.
 - 3.Toxic stress can damage the developing brain.
 - 4.Neuroplasticity helps, but prevention is best.
 - 5.Young children heal in the context of relationships and community.
-

Significant Trend Toward Increased Antipsychotic Prescriptions





Sacramento County Data

2021-22 HMG Annual Report

166

children were screened for
social-emotional delays
with the ASQ:SE

58%

warranted a referral for
further evaluation

ECMH Concepts



The Dyad

The client is “the dyad” or the relationship between the child and the caregiver.



Focus

Focus is on the quality of the relational interactions.



Treatment

Support in coordinating interactions and repair ruptures.

WORDS TO REMEMBER

*“There is no such thing as
a baby, there is a baby and
someone.”*

- D.W. Winnicott

Diversity-Informed Tenets

<https://diversityinformedtenets.org>

DIVERSITY-INFORMED TENETS FOR WORK WITH INFANTS, CHILDREN AND FAMILIES

Irving Harris Foundation Professional Development Network Tenets Working Group



CENTRAL PRINCIPLE FOR DIVERSITY-INFORMED PRACTICE

1. Self-Awareness Leads to Better Services for Families

Working with infants, children, and families requires all individuals, organizations, and systems of care to reflect on our own culture, values and beliefs, and on the impact that racism, classism, sexism, ableism, homophobia, xenophobia, and other systems of oppression have had on our lives in order to provide diversity-informed, culturally attuned services.

STANCE TOWARD INFANTS, CHILDREN, AND FAMILIES FOR DIVERSITY-INFORMED PRACTICE

2. **Champion Children's Rights Globally:** Infants and children are citizens of the world. The global community is responsible for supporting parents/caregivers, families, and local communities in welcoming, protecting, and nurturing them.

3. **Work to Acknowledge Privilege and Combat Discrimination:** Discriminatory policies and practices that harm adults harm the infants and children in their care. Privilege constitutes injustice. Diversity-informed practitioners acknowledge privilege where we hold it, and use it strategically and responsibly. We combat racism, classism, sexism, ableism, homophobia, xenophobia, and other systems of oppression within ourselves, our practices, and our fields.

4. **Recognize and Respect Non-Dominant Bodies of Knowledge:** Diversity-informed practice recognizes non-dominant ways of knowing, bodies of knowledge, sources of strength, and routes to healing within all families and communities.

5. **Honor Diverse Family Structures:** Families decide who is included and how they are structured; no particular family constellation or organization is inherently optimal compared to any other. Diversity-informed practice recognizes and strives to counter the historical bias toward idealizing (and conversely blaming) biological mothers while overlooking the critical child-rearing contributions of other parents and caregivers including second mothers, fathers, kin and left family, adoptive parents, foster parents, and early care and educational providers.

PRINCIPLES FOR DIVERSITY-INFORMED RESOURCE ALLOCATION

6. **Understand That Language Can Hurt or Heal:** Diversity-informed practice recognizes the power of language to divide or connect, denigrate or celebrate, hurt or heal. We strive to use language (including body language, images, and other modes of nonverbal communication) in ways that most inclusively support all children and their families, caregivers, and communities.

7. **Support Families in Their Preferred Language:** Families are best supported in facilitating infants' and children's development and mental health when services are available in their native languages.

8. **Allocate Resources to Systems Change:** Diversity and inclusion must be proactively considered when doing any work with or on behalf of infants, children, and families. Resource allocation includes time, money, additional/alternative practices, and other supports and accommodations, otherwise systems of oppression may be inadvertently reproduced. Individuals, organizations, and systems of care need ongoing opportunities for reflection in order to identify implicit bias, remove barriers, and work to dismantle the root causes of disparity and inequity.

9. **Make Space and Open Pathways:** Infant, child, and family-serving workplaces are most dynamic and effective when historically and currently marginalized individuals and groups have equitable access to a wide range of roles, disciplines, and modes of practice and influence.

ADVOCACY TOWARDS DIVERSITY, INCLUSION, AND EQUITY IN INSTITUTIONS

10. **Advance Policy That Supports All Families:**

Diversity-informed practitioners consider the impact of policy and legislation on all people and advance a just and equitable policy agenda for and with families.

TENETS INITIATIVE IRVING HARRIS FOUNDATION

Onsight Practice Clinic

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www.diversityinformedtenets.org

Diversity is used in the most inclusive sense possible, signifying race and ethnicity, as well as other identity markers, and refers to groups and individuals on both the "up and down side of power" along all axes.

Diversity-informed practice is a dynamic system of beliefs and values that strives for the highest levels of diversity inclusion and equity. Diversity-informed practice recognizes the historic and contemporary systems of oppression that shape interactions between individuals, organizations and systems of care. Diversity-informed practice seeks the highest possible standard of equity, inclusivity and justice in all spheres of practice: teaching and learning, research and writing, public policy and advocacy and direct service.

This is an update to the 2018 Diversity-Informed Tenets for Health Equity.

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Parallel Process

WORDS TO REMEMBER

—

*“Do unto others as you
would have others do unto
others.”*

—

-J erree Pawl & Maria St. John, 1998

Attachment Theory





HOW IS THIS RELEVANT TO MY WORK?

- TK Expansion is here
- SBMHW Plan (2022)
- Excellent Investment
- Internal Working Models
- Complimentary Theories





Centering Wellness

Sacramento County

Student Mental Health and Wellness Plan

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Pillar 2: Whole Child and Whole Family Approaches

2.A: Assist students and their **families** to navigate and access mental health and wellness services

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2.C: Meaningfully engage families in their student's mental health and wellness



Return on Investment

UNDER \$3000

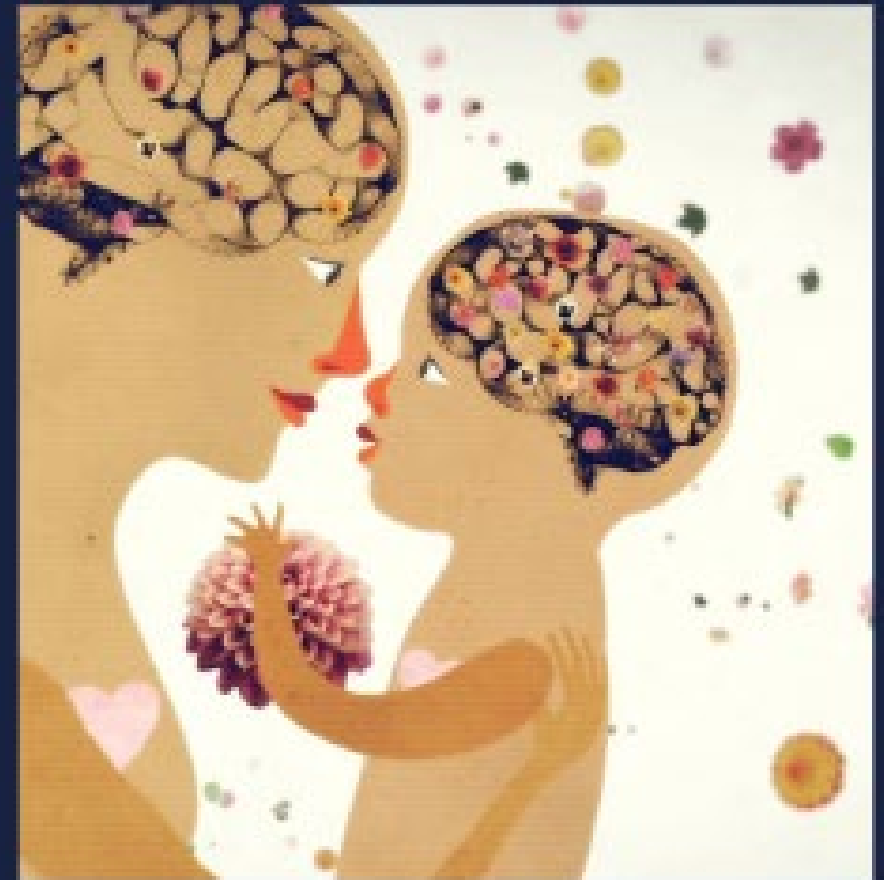
Average costs for children
raised by the most responsive
parents

***MORE THAN
\$30,0000***

for children raised by the least
responsive parents.

Internal Working Models

- Organized mental representations constructed by the child.
- IWM organizes to shape the child's world view and guide his or her responses to people and events.



Complimentary Theories

Rogerian Approach

Non-Directive

Client-led

Empathic Understanding

Non-judgemental

Unconditional Positive Regard

Congruence: Self-aware, genuine

Seek to build client confidence

Early Childhood Mental Health

Non-Directive

Child-led

Empathic Understanding

Non-judgemental

Unconditional Positive Regard

Authentic trusting relationships

Reflective Practice

Seek to build confidence and competence of the caregiver.

Assessment & Diagnosis

DC:0-5™

Diagnostic Classification
of Mental Health and
Developmental Disorders of
Infancy and Early Childhood

ZERO TO THREE

Treatment Modalities

Child-Parent Psychotherapy (CPP)

ECMH Consultation

Circle of Security Parenting

NSMT-EC

Parent-Child Interaction Therapy (PCIT)

FAN Model

Trauma Informed Care

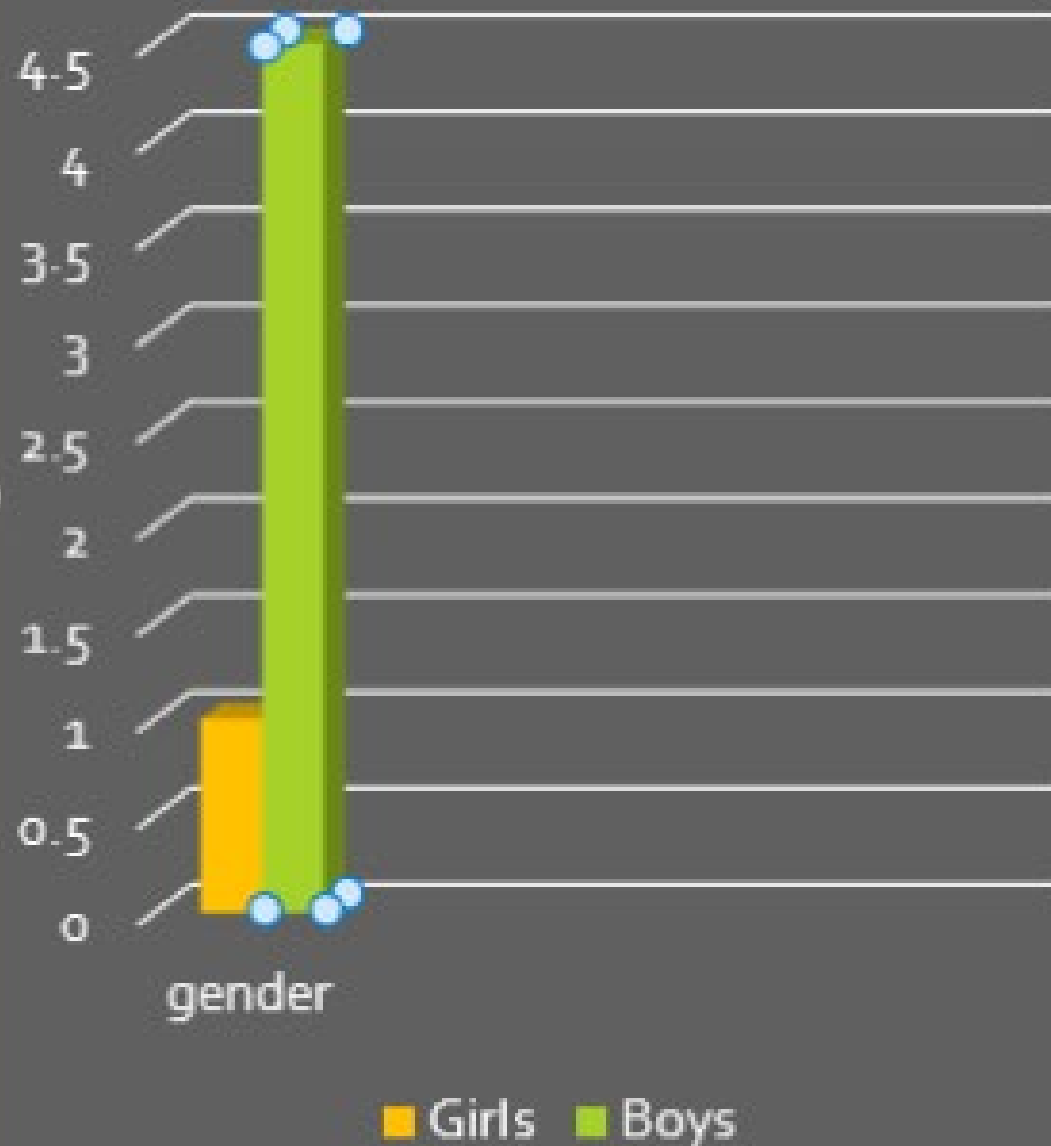


Preschool Expulsions & Suspensions



A preschool child is
3x as likely to be
expelled than a
student in grades k-12

Rate by Gender

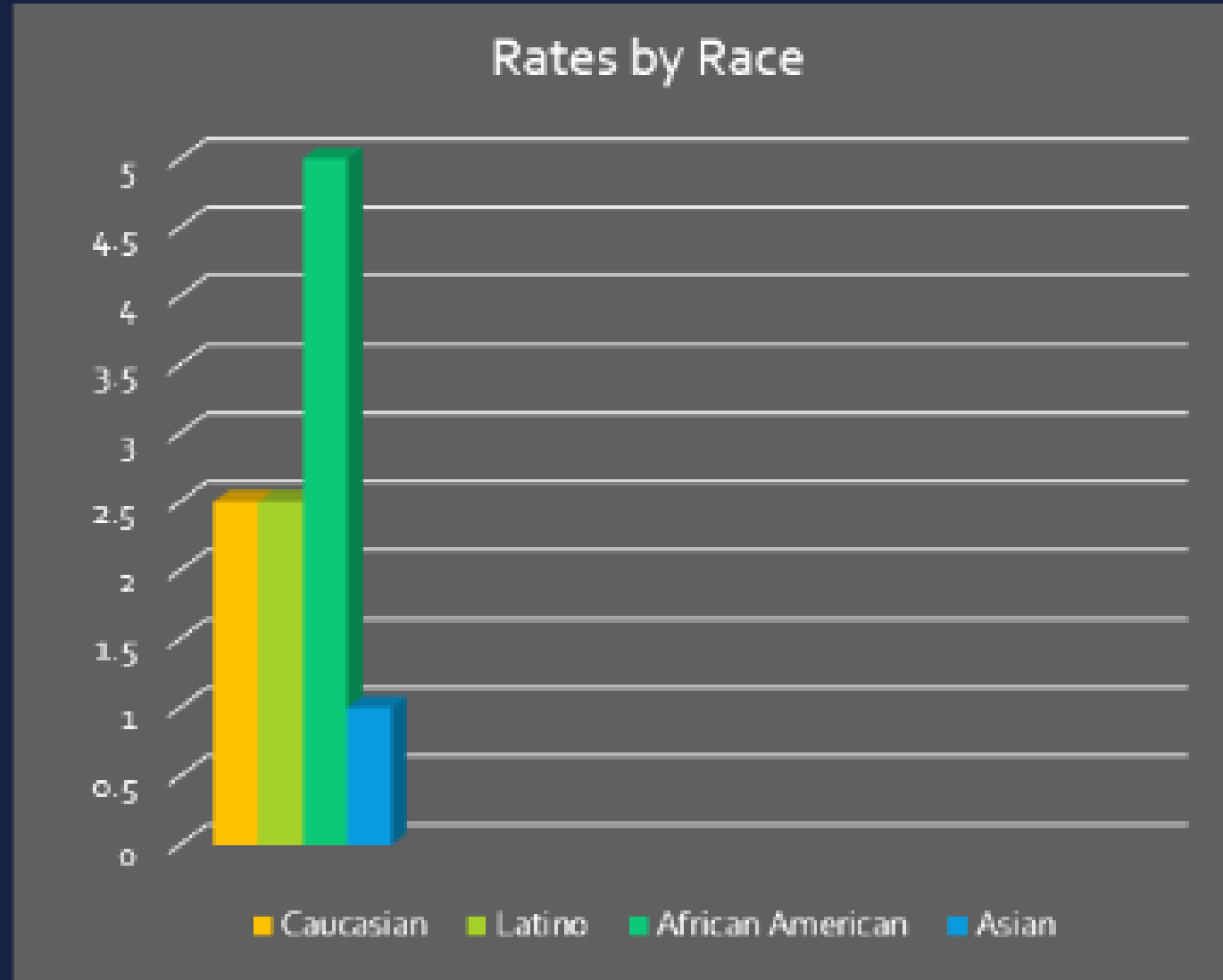


Boys were expelled
at a rate over 4.5
times that of girls.

Yale Child Study Center (Gilliam, 2010)

African-Americans attending state-funded prekindergarten were:

- 2x as likely to be expelled as Latino and Caucasian children.
- Over 5x as likely to be expelled as Asian-American children.



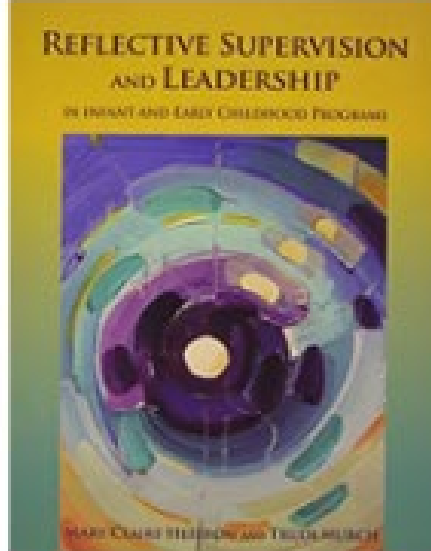
Early Childhood Trauma

Children aged 0-2 exposed to trauma may

- Demonstrate poor verbal skills
- Exhibit memory problems
- Scream or cry excessively
- Have poor appetite, low weight, or digestive problems

Children aged 3-6 exposed to trauma may

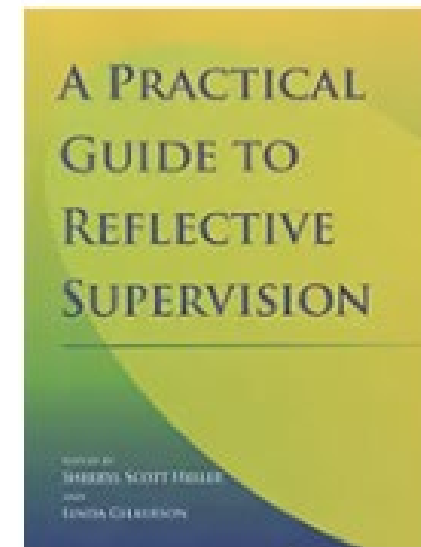
- Have difficulties focusing or learning in school
- Develop learning disabilities
- Show poor skill development
- Act out in social situations
- Imitate the abusive/traumatic event
- Be verbally abusive
- Be unable to trust others or make friends
- Believe they are to blame for the traumatic event
- Lack self-confidence
- Experience stomach aches or headaches



REFLECTIVE SUPERVISION

Promotes and supports the
development of relationship-based
organization.

Expands on the idea that supervision
is a context for learning and
professional development.



Training & Resources

Center for ECMH consultation at Georgetown (certificate)

CA Association of Infant Mental Health

Infant Development Association of CA

Zero to Three

Pyramid Model

Circle of Security International

Center for the Developing Child at Harvard

Center for Optimal Brain Integration

CA Center at WestEd

Infant and Early Childhood Mental Health Consultation Network

Brazelton Touchpoints

Napa Infant-Parent Mental Health Fellowship

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Outcomes

4

Integration

- Parallel Process
- Rogerian Theory



February 2023:

Transdisciplinary Consultation Success Story

Case Consultation March 2023:

What young children need to regulate in the classroom



“I wanted to reach out and say thank you so much for your time with providing training on ECMH. The training has re-sparked my passion for early childhood/attachment work. Your compassion and excitement for ECMH shines through and is so inspiring. I just wanted to share I started looking into the ECMH consultation program!”

-SBMHW Clinician (4/20/2023)

"I am willing to show up and learn this valuable information on early psychological developments. I have been gaining so much knowledge while working at an elementary school setting, but to see how there is a lot more knowledge to be gained in the earlier stages of development has sparked my interest."

-MFT Intern, inquiring about further training opportunities (4/24/2023)





CENTER OF EXCELLENCE FOR
Infant & Early Childhood
Mental Health Consultation
Growth. Advancement. Impact.

Director Identifies as #1 priority

Cost-Efficient

Awaiting sustainable grant-funding



Current Challenges



- Time-Due to Rapid Expansion
- Funding
- Skilled Workforce

Focus on Equity

5



Creating Equitable Early Learning Environments

for
Young
Boys
of
Color



Disrupting Disproportionate Outcomes



Breakout Session

Question 1:

- How might working with Systems parallel the Consultation Process?

Question 2:

- What theoretical models do you use in IECMH Consultation that could be helpful in working with Systems?



Questions and Comments

You are welcome to use the chat function or unmute

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Thank You

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