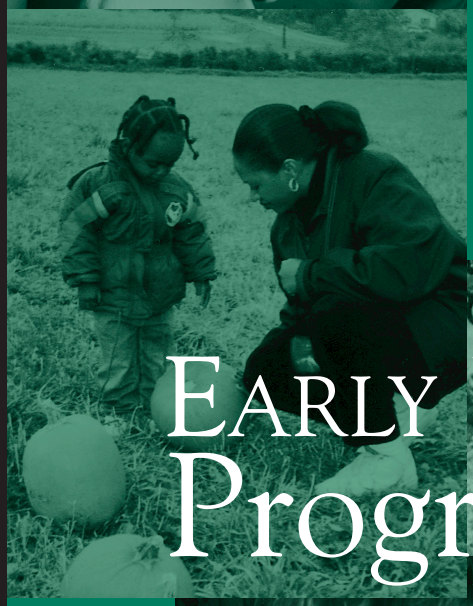
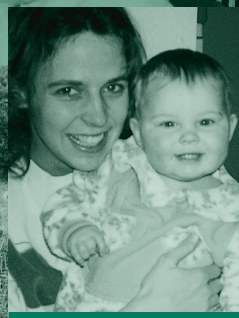
Early Head Start National Resource Center

Responding to the Mental Health Needs of Infants, Toddlers and Families



Early Head Start Program Strategies



Prepared by

Early Head Start National Resource Center @
ZERO TO THREE

U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Head Start Bureau

Early Head Start Program Strategies:

Responding to the Mental Health Needs of Infants, Toddlers and Families

Introduction

Each year, the Early Head Start National Resource Center (EHS NRC) invites Early Head Start (EHS) and Migrant and Seasonal Head Start grantees to share their experiences in meeting the challenges of planning and carrying out high-quality services for expectant parents and families with infants and toddlers. This report highlights how 10 programs respond to the mental health needs of infants, toddlers, and their families. Each of the programs in this publication responded to a questionnaire (see appendix A) that was mailed to every grantee. The programs, primarily selected according to the depth and breadth of their responses, were also chosen to illustrate the diversity of programs as they strive to meet the unique needs of families in many different communities.

The opening section of this report discusses the meaning of *infant mental health* and what is involved in responding to the mental health needs of very young children and their families. We explore the *Head Start Program Performance Standards* as they relate to mental health services and describe a continuum of mental health services from promotion to treatment. The closing discussion considers staff training and supervision as well as the management systems that are necessary to provide effective services.

The information in this report compliments a larger initiative from the Head Start Bureau to address the mental health of infants, toddlers, and their families. In October of 2000, the Administration on Children, Youth and Families convened an Infant Mental Health Forum attended by more then 140 individuals representing parents; EHS and Migrant Head Start grantee directors and program staff; training and technical assistance providers; researchers; pediatricians; psychiatrists; psychologists; social workers; federal partners; and private foundation representatives. The purpose of the forum was to:

- Develop a common understanding of the term "infant mental health;"
- Focus on the role that EHS and Migrant and Seasonal Head Start programs – in collaboration with their community early care and education partners – play in promoting the social and emotional development of infants and their families; and
- Identify action steps that should be a part of a comprehensive initiative to address infant mental health using Head Start as a leader for the field.

Introduction

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The EHS NRC gratefully acknowledges all the EHS grantees who answered our questionnaire on the topic of responding to the mental health needs of infants and toddlers and their families. The following programs are profiled in this document.

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Barbara Brady, *Program Manager, Early Childhood Mental Health Program of Multnomah County Department of Community and Family Services*
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Sherrie Segovia, *Social Services Coordinator*
Marta Schmidt-Mendez, *Child Development Coordinator*
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Mary Fran Flood, *Head Start Mental Health Consultant*
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Beth Grass, *Infant/Toddler Specialist*

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Upper Des Moines Early Head Start
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We also acknowledge and thank the following individuals who served as part of the work group to review and select questionnaire responses.

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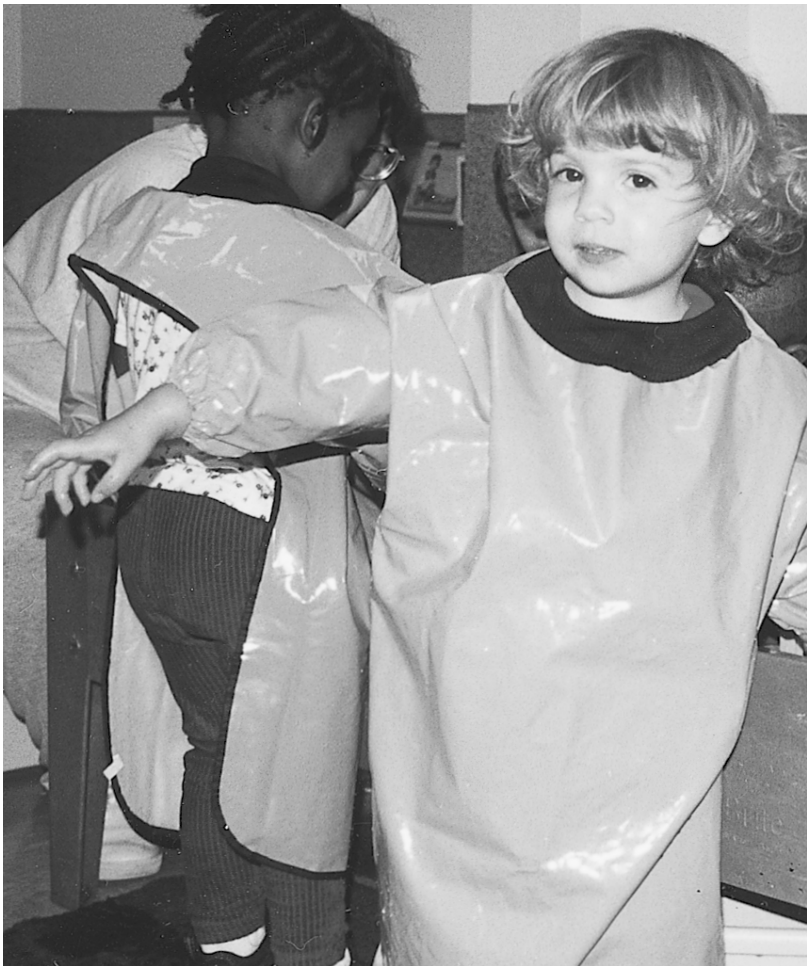
Region 6 Head Start Quality Improvement Center for Disability Services
Judy Wilgren,
Infant Toddler Specialist

Region 7 Head Start Quality Improvement Center
Alice Eberhardt-Wright,
Infant Toddler Specialist

Early Head Start National Resource Center @ ZERO TO THREE
Jennifer Boss, *Senior Program Associate*

Astor Early Head Start, *Poughkeepsie, NY*



Early Head Start Program Strategies:

Responding to the Mental Health Needs of Infants, Toddlers and Families

WHAT IS INFANT MENTAL HEALTH?

The term *infant mental health* conveys widely different meanings for the varied professionals who use it. The term seems to have as many different definitions as there are disciplines concerned about the mental health needs of infants and toddlers and their families. Each discipline—education, psychology, psychiatry, social work, early intervention, and others—draws on its own history and roles to define what the term represents and to clarify what supporting infant mental health implies. The words mental health often evoke negative images of mental illness, images that many people feel distinctly uncomfortable associating with babies. In this publication, we will explore how "meeting the mental health needs" of babies and families is interpreted in the context of Head Start, and we will share promising strategies used by Head Start programs serving infants and toddlers around the country.

I started Home Based when I was pregnant with my first son, Octavio. J.D. was my home visitor. She gave me a lot of information about children birth to 1 year and how to take care of yourself before and after childbirth. After my 16th B-day and Octavio was 6 weeks, I went to Center Based. In Center, J.Y. and B.G. gave me lots of information about brain development and parenting skills. The EHS program teachers and other parents have helped me out through the good and bad times. In a way, I guess you could say we're kind of like a big family. Learning new stuff everyday, communicating with one another. Staying focused on our goals. Becoming a better parent. Helping others with their problems.

16-YEAR-OLD MOTHER,
Panhandle Community Services EHS

Infant Mental Health from the Eyes of the Baby

Broadly speaking, infant mental health is healthy social and emotional development. What do we want for the babies in our care? What do emotionally healthy infants look like? These are simple questions with complicated answers that are deeply rooted in culture and in one's own life experiences.

Some of the characteristics that might come to mind include

- loving and secure relationships;
- resilient physical and emotional health; and
- physical and emotional environments that support infants' capacities and that challenge them appropriately.

Infant mental health is a complex topic because babies and toddlers have unique developmental characteristics and are utterly dependent on the adults in their lives. Infant and toddler development is exceptional because each area of their development is closely influenced by every other area. Thus, one cannot discuss the mental health of infants without also considering the influence of cognitive skills, motor abilities, language, sensory systems, and so on. Moreover, because infants are completely dependent on their adult caretakers, infant mental health also involves fundamental concerns with the quality of the child's relationships to his or her primary caregivers. Variables such as the caregivers' mental health, temperament, and life circumstances have a profound effect on the child. Likewise, the individual

characteristics and temperament of the child influence the caregiving relationship. Given this complexity, effective mental health services for infants, toddlers, and their families require a multifaceted approach that is integrated with all program services.

ZERO TO THREE Task Force on Infant Mental Health

In the spring of 2001, ZERO TO THREE created an Infant Mental Health Task Force to capitalize on the rapidly expanding national interest in all aspects of infant mental health and on ZERO TO THREE's rich history of leadership in this area.

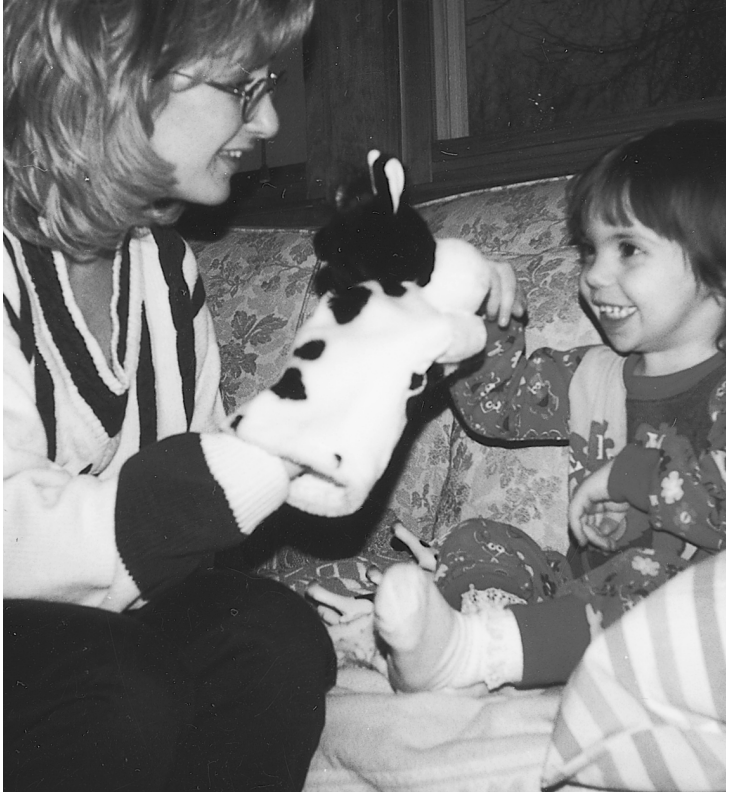
The work of the task force includes the following objectives:

- Promotion, prevention, and intervention-treatment strategies and practice
- Training and professional development
- Systems development, policy creation, and funding
- Public awareness and advocacy

The task force has developed the following draft definition of infant mental health and the explanatory comments that follow it:

> *Infant mental health is the developing capacity of the child from birth to three to: experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore the environment and learn—all in the context of family, community, and cultural expectations for young children. Infant mental health is synonymous with healthy social and emotional development.*[1]

The definition's phrase "developing capacity" reminds us of the extraordinarily rapid pace of growth and change in the first three years of life. Both a newborn and a three-year-old experience intense feelings and are active partners in their relationships with adults, but the differentiation and complexity of a young child's emotional and social development increase markedly over time.



Upper Des Moines Early Head Start, *Spencer, IA*

Because every child is a unique blend of characteristics, infants' and toddlers' developmental pathways will reflect not only their individual constitutional differences but also the contributions of their caregiving environments.

As infants and toddlers "come to experience the full range of human emotions," they initially depend on adults to help them "regulate their interaction, attention, and behavior" as they experience emotion. The young child's increasing ability to self-monitor contributes to the emotional regulation that is a sign of mental health.

Through "relationships with parents and other caregivers," infants and toddlers learn what people expect of them and what they can expect of other people. "Nurturing, protective, stable, and consistent relationships are essential to young children's mental health." Thus, the state of adults' emotional well being and life circumstances profoundly affects the quality of infant-caregiver relationships.

The drive to "explore and master one's environment is inborn in humans." Infants' and toddlers' active participation in their own learning and development is an

1– The draft definition from the ZERO TO THREE Task Force on Infant Mental Health is not yet published.

important aspect of their mental health, as is their ability to adapt to and cope with the environment. Infants and toddlers "share and communicate feelings and experiences" with significant caregivers and other children. A developing sense of oneself as "competent to engage in relationships and to act in the world" is an important aspect of infant mental health.

"Culture influences every aspect of human development," including how infant mental health is understood; adults' goals and expectations for young children's development; and the child-rearing practices that parents and caregivers use to promote, protect, or restore infants' and toddlers' mental health.

Head Start's Program Performance Standards

The *Head Start Program Performance Standards* describe a comprehensive array of supports and services related to mental health (see appendix B), including prevention, assessment, and early identification of mental health problems; professional mental health consultation; and delivery of mental health services.

The *Performance Standards* also recognize social and emotional needs that are specific to infants and toddlers:

> *Grantee and delegate agencies must support the social and emotional development of infants and toddlers by promoting an environment that encourages the development of self-awareness, autonomy, and self-expression; and supports the emerging communication skills of infants and toddlers by providing daily opportunities for each child to interact with others and to express himself or herself freely.* [2]

It is important to note that, although specific regulations concerning child mental health are described in one section of the *Performance Standards* **(45 CFR 1304.24),** many additional regulations that are directly linked to healthy social and emotional development are located throughout the *Performance Standards*.

Examples include the following:

- The regulations governing group size and teacher-to-child ratios in center-based settings recognize the importance of close, nurturing relationships for infants and toddlers.
- The requirements for family collaboration and partnership recognize the critical effect of the parent-child relationship in all aspects of the EHS program.
- Health and safety guidelines ensure that the physical environment promotes the child's wellness and that the child's ongoing health status is monitored.

Many additional regulations ensure that the promotion of mental wellness and the prevention of mental health problems occur throughout the delivery of the Head Start program.

THE PRACTICE OF INFANT MENTAL HEALTH: PROMOTION, PREVENTION AND TREATMENT

When I first had my son, Jacob, it was really hard. I really did not have anyone to help me. When I was pregnant I read child magazines and stuff about child development but I really did not understand it. Then when I came to the program, EHS, I talked to J., and B., and other parents about many things I did not understand, not just child development. They were a really good support too. They have really helped me to become a mature parent.

17-YEAR-OLD MOTHER,
Panhandle Community Services EHS

The field of infant mental health is relatively new, and those who identify themselves as infant mental health practitioners are rare.

Yet, many professionals interact with very young children in their daily work and are concerned about the same things that a practitioner of infant mental health is concerned about, including:

- the quality of the relationships between children and their parents;

2– *Head Start Performance Standards, 45 CFR 1304.21 (b)(2)(i-ii)*

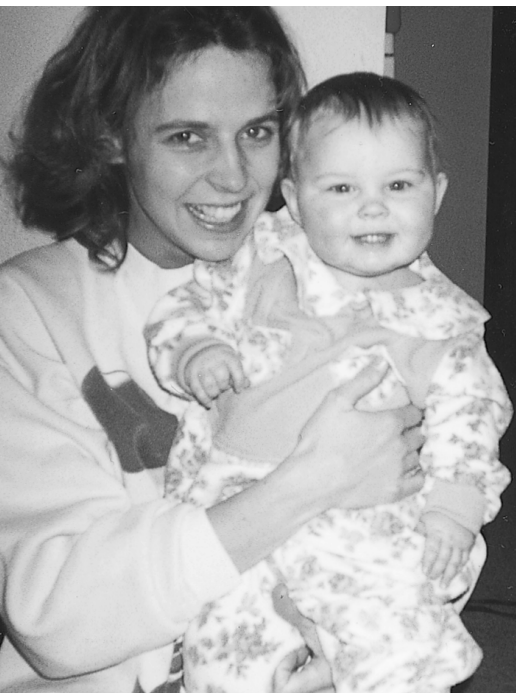
- characteristics of the family *(e.g., single parents, teen-parents, substance abuse)* or environment *(homelessness, violent communities)* that put children at risk for current or later problems;
- resilience and vulnerabilities in individual children;
- mental illness or disorders such as depression or behavior problems; and
- community supports and services for children and families.

The above list is by no means comprehensive but illustrates the diversity within the field of infant mental health and among the professionals who may be working with children and families. The practice of infant mental health can be thought of as involving a continuum of services encompassing the promotion of mental wellness, the prevention of mental health disturbances and identification of mental health needs, and the delivery of services to treat mental health problems.

Common Themes

The EHS programs responding to our survey revealed the following issues as some of the common mental health challenges faced by families in EHS:

- Depression, both clinical and post-partum
- Substance abuse
- Parental stress from economic issues, or violence in their communities
- History of unresolved grief or loss
- Attachment issues between children and parents
- Parents with developmental delays
- Domestic violence
- Immigration
- Parental and familial low self-esteem
- Relationship stressors
- Parental understanding of child development
- Conflict between cultural childrearing practices and "expert" opinions on appropriate practices
- Child behavior problems



Upper Des Moines Early Head Start, *Spencer, IA*

The programs also described some of the following strategies for meeting these challenges:

- Strengthening a focus on promotion and prevention activities
- Hiring mental health professionals on staff
- Utilizing mental health consultants in a variety of roles such as conducting observations, training staff, case consultation, or crisis intervention
- Developing partnerships with university training programs that provide services through trainees in fields such as psychology, psychiatry, or counseling
- Collaborating with local service providers in the area of mental health for services such as helplines or crisis intervention

Within this report, various EHS programs working in diverse communities with different program models describe their philosophies and approaches to mental health services. The program descriptions reveal great diversity in the approaches they take to deliver mental health services; however, some common themes emerge from all of these programs.

Consider these themes as you read about these unique EHS programs:

- The quality of the parent-child relationship is the most important aspect of infant mental health promotion, prevention, and treatment.
- Infant mental health services begin prenatally, recognizing that the mental health of the expectant mother is where infant mental health really begins.

- Parent and family involvement occur at all levels of mental health promotion, prevention, and treatment and are sensitive to cultural and familial beliefs and values.
- Mental health services are integrated into all program services and require a multidisciplinary approach to be effective.
- Collaboration with community providers such as mental health organizations and county and state programs ensures that families receive the comprehensive services necessary for high-quality care. Part C Early Intervention programs are particularly important for the early identification of mental health needs and should be full partners in mental health services for families with infants and toddlers.

Astor Early Childhood Programs

Infant mental health is defined in our program as the attainment of a healthy parent-child bond. Anything, whether constitutional variables of the infant or mental health issues of the mother or father, that appears to interfere with the parent-child bond is dealt with early on because our approach is one of wellness and prevention.

A mental health professional is assigned to each EHS center, except in our largest center (Poughkeepsie, NY) where we have the equivalent of two full-time mental health professionals and one predoctoral psychology intern. The mental health professional practices reflective supervision on a weekly basis with the parent-infant educators, either individually or in small groups. Any concerns that a parent-infant educator has about a child on her caseload is addressed during reflective supervision; if mental health expertise is requested, then a referral is generated and a formal consultation is begun. Any information such as observations and Denver II Developmental Screening Instrument results that may have already been gathered by the parent-infant educator are shared with the mental health professional. If a child appears significantly delayed in any developmental area, then he or she is referred to the local Early Intervention (EI) Program. Any treatment services offered through EI are designed to support the parent-child relationship and to provide the least amount of disruption to the child's routine at home or at the center.

Astor Early Childhood Program, *Poughkeepsie, NY*

In general, a strong positive correlation exists between the mental health of parents and those of their children. Thus, a family systems approach is customary to understand mental health problems and their solutions.

However, we also believe that many of the difficulties encountered by our parents can be overcome by ongoing assessment of and education about the child's social-emotional development. Monthly, parent-infant educators use the Denver II Screening Instrument to determine whether personal-social skills are emerging within normal age limits. Second, they carry out socioemotional curriculum activities during every home or center visit, drawing from the Hawaii Curriculum and Partners for a Health Baby Curriculum. Handouts and educational booklets are distributed and explained during home visits. Finally, parent-infant educators are trained to watch for signs of depression in infants, toddlers, mothers, and mothers-to-be.

Community Action Commission of Santa Barbara

Our program has a unique contract and collaboration with Santa Barbara County Alcohol Drug and Mental Health Services and the Children and Families Commission of Santa Barbara County. We have four full–time, on-site mental health practitioners (Licensed Marriage and Family Therapists and Licensed Clinical Social Workers) who are county employees. Through our referral system, the mental health practitioners are available for consultations, clinical observations, assessments, and treatment. They also have been available to consult in person and on the telephone with the EHS staff as well as with site supervisors and lead caregivers at respective centers. In addition, the mental health practitioners are available to dialogue informally with parents and have provided consultation to EHS staff members who are engaged in the delivery of home-based services.

We have discovered that the "goodness of fit" of our program philosophy with EHS personnel, and the mental health practitioner is critically important. In fact, it is now even more critical than usual because the concept of infant mental health is not widely understood or embraced, even among mental health professionals who have been working with other populations. The concept of goodness of fit expects that personnel have the ability to work within "Head Start culture" and the flexibility to expand clinical services beyond the traditional office visit. An understanding of poverty and its effects on children and families is also necessary. Goodness of fit involves an interest and willingness to learn about cultural issues and intergenerational issues related to immigration and the family.

Early Head Start Family Center of Portland

We approach meeting the mental health needs of infants, toddlers, and their families as well as of pregnant women by collaborating with systems rather than by providing mental health services in isolation. The Early Childhood Mental Health (ECMH) Program of Multnomah county contributes the services of a mental health consultant who provides both direct service and consultation to children and families as well as to the staff of the center. The consultant receives clinical supervision, psychiatric consultation, and ongoing early childhood mental health training through the county's ECMH services. In this manner, the center and county systems maximize administrative resources. Both contribute not only their own staff and expertise but also their combined networks in the childcare, education, social services, health care, and mental health communities.

Mental health services are integrated into the EHS center's approach to allow staff members to meet parents where they are as partners and to be responsive to their cultural and community environments. Making the mental health consultant and our outreach efforts visible is key to carrying out our approach. Parents access services in many ways. They could be introduced to the mental health service component through their Family Resource

Team. With the parents functioning as the lead partner, the team determines when to confer with internal and external resources, including the mental health consultant. The mental health consultant works with early childhood care and education staff members as well as with health, special education, and other social service supports, focusing on strengths and building the program's overall capacity to care for all children. The mental health consultant becomes more visible by interacting with parents and staff members in the classrooms. They share information and experiences from their various perspectives on topics that emerge in the day-to-day experiences. The consultant provides more formalized training at parent meetings in the centers, parenting classes, and home-based group socialization settings.

One mental health consultant is assigned to the Early Head Start Family Center. The position provides a range of services involving consultation, direct service, training, program development, and county administrative responsibilities. The partnership between the county and the center is monitored by the health manager of EHS. The administrators of both systems jointly develop program needs and priorities that they carry out and review regularly.

At any moment in the day, the consultant could be conducting case consultation for clients or consultees or administrative consultation for programs or consultees.

The mental health consultant works in the on-site model to provide primary and secondary prevention services as well as early intervention services that include the following:

- Classroom observation of an individual child
- Family mental health consultation
- Mental health screening, assessment, or both
- Mental health treatment services
- Family Resource Team consultation
- Community information and referrals
- Coordination with community service providers
- EHS staff consultation
- Classroom observation related to EHS Performance Standards—screening and classroom competencies
- Administrative consultation for program planning
- Staff training (individual, group, or both)
- Parent training (individual, group, or both)

Hope Street Family Center

Infant mental health at the Hope Street Family Center is everybody's business. It is an integral component of service delivery that is woven throughout the various program components so all members of the team, regardless of professional background, are part of the mental health team.

Within the context of fostering the wellness of the entire family, interventions focus on the relationship between the primary caregiver and the infant, are sensitive to culture, and are tailored to address specific family and individual needs.

Ours is an ecological approach that strives to understand the infant within the context of his or her family, community, and culture. Although the program retains two full-time staff members with advanced degrees in psychology, the responsibility for maintaining a therapeutic and encouraging environment for clients is shared among all members of the team. In this way, multidisciplinary staff members with backgrounds and training in health, mental health, education, social work, and child development are instrumental in the planning and delivery of mental health interventions. The mental health staff provides leadership and focus with respect to these interventions but is by no means the exclusive provider of these services. Aside from traditional modes of intervention such as group, family, and individual therapies as well as psychological and developmental assessments, other components of the program such as the center-based literacy program, the after-school youth center, and the on-site continuation high school are frequently used as part of the mental health intervention plan for families and individuals.

Panhandle Community Services, *Gering, NE*

The therapeutic relationship established between the home visitor and the primary caregiver is the foundation on which effective mental health and case management interventions depend. Finding and retaining professional home visiting staff members with the aptitude and interest to refine their interpersonal and clinical skills is critical to the multidisciplinary team approach used for mental health intervention. Whenever possible and appropriate, referrals are made to outside mental health agencies; however, the team-based approach is maintained, and outside providers become part of an integrated plan for mental health intervention rather than sole providers of the mental health intervention.

Lincoln Action Program

The Lincoln Action Program (LAP) Early Head Start program views mental health for infants within the context of the child's family and culture. The program cultivates the following hallmarks of mental health for the infants and toddlers in its program: developmentally appropriate emotional expression and regulation, positive relationships with primary caregivers (and, eventually, with peers), and developmentally appropriate behavior management.

To foster the mental health of EHS participants, the program focuses on four primary areas: (1) comprehensive assessment of risk and protective factors within the family and community, (2) strategies that include intensive case management and child development services to prevent infant-toddler mental health problems, (3) individualized assessment of emotional and behavioral strengths and needs for all program participants, and (4) intervention for existing infant-toddler emotional and behavioral problems. EHS family advocates use information from the community assessment to identify sociodemographic factors such as low-income, housing, access to medical care, transportation, and child care that are likely to affect participant families. The family advocates provide individualized case management and child development services through their weekly visits with infants, toddlers, and their parents. Using program curricula, the family advocates provide information and support to parents that focuses on child needs and strengths and that helps parents to prevent a range of emotional, behavioral, and social problems.

Panhandle Community Services

Mental health services for infants and toddlers totally revolve around the relationships and interactions they have with their parents and other caregivers. Our definition of infant mental health depends on the parent-caregiver and the infant being in harmony. The parent-caregiver provides consistent, responsive, nurturing care, and as a result, the infant learns to regulate him- or herself and achieves positive social and emotional development.

Therefore, our philosophy about infant mental health is that everything one does with the infant will affect his or her mental health. The infant's physical health and nutrition as well as the parent's involvement and social service needs all affect the infant's mental health or wellness. One cannot look at the infant alone but also must

PEACE, Inc., Early Head Start, *Syracuse, NY*

consider the parent and help the parent meet his or her own needs.

Infant mental health services also require professionals to advocate for the infants, toddlers, and parents by speaking and negotiating for the infant or toddler or parent on behalf of the relationship and service needs. These service needs may include childcare, early intervention, relocations, child welfare, and health care. Issues related to attachment, separation, transition, family trauma, abuse, neglect, abandonment, and death in the family may also be explored and expressed in relation to infant mental health services.

Our classrooms practice the primary caregiver system in which one staff person is assigned to be the primary caregiver for three to four infants. This system helps the infant feel emotionally safe. The caregiver understands the infant's needs and temperament through regular contact and by gathering information from the parent about the infant. In addition, the caregiver shares information about the infant with the parent. In our classrooms, the same caregivers stay with the infants for the first three years of childcare. Staff members move with the children as they advance to different rooms instead of transferring the children to both new caregivers and different rooms. This practice helps infants, toddlers, and parents to build trust and security.

Mental health needs of very young children and their families must be addressed on a continual basis. Our EHS families on the whole are under much stress. When the parents are under stress, the infants and toddlers also feel this stress. Staff members must carefully observe these family members so the appropriate services and referrals can be coordinated in a timely manner.

PEACE, Inc.

PEACE, Inc., Early Head Start has a strong commitment to mental health and incorporates mental health principles and strategies into its comprehensive program for pregnant women and for families with children from birth to three.

Our philosophy supports a holistic approach that optimizes child development by incorporating positive strategies throughout the program to improve mental health functioning of parents and children.

PEACE, Inc., Early Head Start enrolls predominantly low-income, high-risk families, whose multiple life challenges make them vulnerable to mental health difficulties. Our enrollment sites include two drug rehabilitation programs and a prison, and many of the families who enter our program through these sites eventually make the transition into our home-based or center-based slots. These families carry additional burdens because of their backgrounds with drug addiction, prison, or both. These additional burdens often exacerbate existing stressors, which further jeopardize their mental health.

Recognizing that our families are experiencing significant stress, which affects their mental health, our program works to improve parent mental health through a variety of mental health strategies, including improving the parent-child relationship, which is critical to a child's positive mental health functioning. The program's preventative, strength-based, child-development-focused, and family-centered interventions respect and help promote healthy contexts for development.

PEACE, Inc., Early Head Start maintains a deep commitment and a multifaceted approach to meeting the mental health needs of infants, toddlers, and their families as well as of pregnant women. A certified psychiatric clinical nurse specialist (CNS) is employed full time as the program's health and mental health coordinator. This joint position demonstrates our philosophy that health and mental health are connected and reciprocal. The psychiatric CNS plays many roles in carrying out the mental health program. She provides psychotherapy to the parents, the parent-child dyads, and the families who are enrolled. In addition, she trains center-based and home-based staff members in how to "red flag" mental health issues and how to recognize and respond to emergency situations. She also provides support and supervision on mental health issues that arise when working with challenging situations.

Several protocols are in place to help implement the mental health portion of the programs:

- A depression screening tool, the Center for Epidemiological Studies Depression Scale.
- Mental Health Alert protocol for staff to alert the psychiatric CNS of a mental health need.
- Emergency and crisis counseling phone numbers for use when EHS staff are not available.
- Emergency protocols for staff to follow in crisis situations.
- Mental health release information to share information within confidentiality guidelines.
- Newborn assessment, including the parent-child relationship.

In addition to the above protocols, the psychiatric CNS does presentations on stress management, relaxation, and parent-child relationships for staff, EHS parents meetings, and socializations.

The psychiatric CNS leads a monthly Mental Health Advisory Group comprised of mental health, developmental and maternal-child professionals in the community. This group was originally created to help the EHS program develop its mental health component and has evolved into a peer supervision and resource group with includes mental health staff from Head Start.

Upper Des Moines Opportunity, Inc.

The Upper Des Moines Opportunities, Inc., EHS program believes infant mental health is at the foundation of services to children and families. Infant mental health is assessed within the context of the child's environment and his or her responsive relationships. EHS personnel use the strengths-based approach to assist families in accessing the resources they need. In accordance with the directive from the national Head Start Bureau, the program's ultimate goal is to assist children in dealing effectively not only with the present environment in which they live but also with later responsibilities they may have in school and life. To achieve this goal, EHS has woven strategies to ensure infant mental health into every aspect of the program. Because infant mental health directly affects the development and resources of the child and the family, the program individualizes services for each family.

To ensure that families who are expecting or who have young infants are offered a quality, comprehensive program at such a critical time, the health services manager, a registered nurse, plays an instrumental role in the

program's service delivery model. The nurse makes monthly home visits to pregnant women and their families and to families with young infants until the infant is four months of age or as needed thereafter. In particular, the nurse assesses and monitors maternal depression, providing referrals and follow-up services as needed. The nurse also offers a special socialization group designed for parents-to-be and parents of newborns up to four months of age. This group, Baby Time, focuses on the issues of prenatal, postnatal, and infant care. It provides an opportunity for men and women to support one another and grow in their understanding of this vitally important time in their child's life, a time that is critical for encouraging bonding and attachment.

STAFF TRAINING AND SUPERVISION

Staff members need a variety of training and professional development experiences to better understand social and emotional development and the mental health needs of infants, toddlers, and families. Every point along the continuum of mental health services (promotion, prevention, and treatment) described in the previous section has implications for staff training.

Promotion. During the course of a typical day, staff members—perhaps, without even knowing it—do many things that promote the mental health of children and families. You can help staff members to recognize what they already do in their everyday interactions with children and families that supports emotional well being, for example, providing unhurried time for children to play or explore their surroundings, maintaining regular and consistent caregiving routines, and offering well-balanced meals and opportunities for rest.

Prevention. The timely delivery of comprehensive, high-quality services to the children and families in your program helps to prevent mental health problems. This assistance might include helping families to access needed services such as food stamps or housing assistance; encouraging family literacy or job skills; providing quality child care to the children of working parents; and most importantly, nurturing the positive relationship between children and their parents.

Assessment for the early identification of mental health needs is another aspect of prevention. Assessment occurs through formal processes, such as screening instruments and diagnostic evaluations, and through informal procedures, such as classroom observations or conversations with caregivers about children's behavior. Training in this area can help staff members to hone their observation skills and their ability to communicate with parents about sensitive issues. Keep in mind that before findings from assessments can be used to address any identified needs, the *Performance Standards*, require consultation with a mental health or child development professional.

Treatment. Strong community collaborations involving mental health services ensure that staff members can make an array of services available to families. Help staff members to recognize not only their own professional limits in meeting the mental health needs of children and families but also the situations in which they may need to seek help from mental health professionals.

The following programs illustrate how a variety of approaches are necessary for a comprehensive professional development plan.

Lincoln Action Program

Mental health consultants from the University of Nebraska have designed a curriculum, Child Development in a Family Context, for family advocates and EHS managers. This curriculum provides didactic and experiential training related to promoting emotional, social, and behavioral competence in infants and young children. Monthly training sessions address normal psychological development, family risk and protective factors, and mental health disorders of infancy and childhood. In addition to these regular monthly sessions, consultants provide annual training to the EHS staff on risk assessment and suicide intervention as well as on establishing appropriate boundaries and professional relationships with EHS families.

Panhandle Community Services

Staff members are provided training through various modes: all-staff, in-service sessions; small-group cluster training; center or home-visit observation and feedback; monthly meetings; individual consultations; community training events; and conferences,videos, books, articles, and handouts. Some of the mental health topics that are offered to the staff include mental wellness, social and emotional development, stress management, bonding and attachment, behavior guidance with toddlers, anger management, domestic violence, and child abuse and neglect.

Upper Des Moines Opportunity, Inc.

Ongoing staff development is a priority in the EHS program. EHS continually develops a trusting, responsive work environment among coworkers in which training needs are identified and fulfilled. Individual goals and training plans as well as reflective supervision are used to identify training needs for each employee. A certified trainer on the EHS staff trains all personnel in the WestEd Program for Infant/Toddler Caregivers on a monthly basis. Staff members are kept abreast of educational conferences, which they are encouraged to attend. Any members who attend continuing education forums provide training to their peers afterward. Personnel are encouraged to continue their education, and assistance is provided for this purpose. The Head Start training guides provide additional guidance. Program-specific training needs are accessed through professional development personnel at the regional Quality Improvement Center. Training needs that are identified statewide are addressed through the networking meetings of the Iowa State Early Head Start program.

Upper Des Moines Opportunity, Inc., *Spencer, IA*

PEACE, Inc., *Syracuse, NY*

Panhandle Community Services, *Gering, NE*

Home visitors primarily use the following educational materials to strengthen parent knowledge with respect to the social-emotional domain: Partners for a Healthy Baby Curriculum by Florida State University; the Parents as Teachers Born to Learn curriculum; and the March of Dimes Baby and You curriculum. Staff members are encouraged to access mental health resources such as the Mental Health Took Kit on the Web site of the Head Start Information and Publications Center and the training offered through the HeadsUp Network.

A variety of regional training opportunities are open to all staff members and provide a time to learn and network with fellow service providers. The Head Start Birth–5 program conducts in-service events and training as a part of the continuing education plan. An annual child abuse prevention conference takes place in the community. Staff members are also able to attend conferences sponsored by the Iowa Association for the Education of Young Children and by Iowa's Child Care Congress.

Youth in Need, Inc.

The Youth in Need (YIN) EHS mental health program is comprehensive.

Its staff includes one doctoral level and three master's level clinicians who provide a continuum of services from prevention to identification to treatment.

Their credentials are as follows:

- Clinical Director, PhD in Marriage and Family
- Therapist/Area Manager, MA in Counseling (two clinicians)
- Therapist/Area Manager, MSW in Social Work

In addition to the core clinical staff, the YIN EHS staff includes two full-time registered nurses (RNs) who provide education and support to families and pregnant women. They address issues related to maintaining healthy lifestyles, avoiding substance abuse, and developing nurturing relationships with their very young children. These services are provided through individual meetings, community and school-based groups, and educational materials and pamphlets.

Professional development experiences are available to the program staff through quarterly "all-staff" trainings, weekly team staffings at each program site, weekly supervision sessions for individuals and immediate supervisors, open-door consultations, and community workshops and continuing education.

Quarterly trainings. Quarterly trainings for the staff include lectures, small group exercises, role plays, and question-and-answer segments. Staff members are consulted in advance to gather their ideas for training on mental health. Therefore, training topics include staff members' ideas as well as areas related to personal and professional growth.

Past and future training topics include the following:

- Identifying signs of neglect as well as physical, sexual, and emotional abuse
- Identifying signs of substance abuse
- Forming respectful, collaborative relationships with families
- Working with "multiproblem" families
- Managing stress
- Managing crisis situations

Weekly team staffings. Team staffings allow staff members to gather in smaller groups to discuss their families and to generate ideas that may assist in resolving problems. Members of the clinical team often lead these weekly meetings.

The meetings are also used to accomplish the following:

- Train the staff on mental health issues
- Share information among staff members
- Give program and agencywide reports and updates
- Discuss new or revised policies and procedures
- Debrief crises or situations
- Provide team-building as well as personal growth activities and exercises
- Process daily, weekly, and monthly events

Individual supervision sessions. These sessions can be conducted by either a group of clinical staff members or by a single member of the clinical team. They provide a context for further training. Each clinician experiences face-to-face supervision one hour per week.

Supervision is a reflective process during which clinicians can achieve the following:

- Process emotional reactions and responses
- Discuss their work with children and families
- Explore options for treatment
- Clarify one's role and goals
- Generate solutions to problems
- Discuss theoretical approaches
- Plan staff development for individuals
- Manage crisis situations
- Discuss potential referrals
- Mediate intrastaff conflict
- Conduct individualized training
- Conduct performance reviews and evaluations (self or supervisory)
- Process daily, weekly, and monthly events
- Debrief crises and other situations

Open-door consultations.

An "open-door policy" allows clinical staff members to provide face-to-face or telephone guidance as needed.

Community seminars and trainings.

These trainings may be local or national and often include specific break-out segments or at least components that focus on topics related to mental health.

The Mental Health Needs of Staff Members

Intensive work with very young children and families is emotionally and physically demanding. The work is especially difficult when children and families are suffering. Staff members must pay attention to their own emotional well-being to be able to sustain the kind of relationships that are necessary to provide effective services.

Reflective supervision is one way to support staff members as they manage the challenges of this work. All staff members can benefit from the practice of reflective supervision. Reflective supervision involves collaborative relationships between staff members and their supervisors that provide regular opportunities to reflect on one's own work. Ideally, reflective supervision provides a safe environment for a staff member to openly discuss challenges or negative feelings, recognize achievements, brainstorm ideas, and get the resources that he or she might need to work effectively with families.

The following programs share their experiences of supporting mental health needs of staff members.

Community Action Commission of Santa Barbara

We recognize that the work environment can either support mental health or derail it. Thus, we strive to provide a predictable and stable work environment through healthy management systems that consistently provide staff members with the information and tools they need to confidently do their work to the highest of their abilities.

The mental health practitioner has been available to assist with acute client crises that have left emotional residual for EHS personnel. Assistance has included consultation, crisis intervention, debriefing, and recommendations for action plans, all of which have enhanced management's sensitivity and response to EHS employees. The practitioner also assisted staff members in responding sensitively to parent concerns in the EHS community while maintaining confidentiality. Save a Valuable Employee (SAVE) is an agency benefit that provides individual staff members with three free counseling sessions. It is confidential. In addition, the EHS team has identified reflective supervision and reflective practices as goals, which they have also fulfilled.

Hope Street Family Center

The prevention of burn out and other stress-related problems for staff members is an important concern, and special care is taken to hire personnel who have the fortitude and sensitivity to work effectively with families under a variety of potentially stressful circumstances.

Weekly reflective supervision that maintains a collaborative, solution-focused tone is the primary manner in which the mental health needs of staff members are addressed. During this process, staff members are gently encouraged to explore feelings and attitudes as they relate to their work with families and to use the support available to them within the team or broader organization if needed. It is incumbent on the members of the leadership staff to provide a working atmosphere that is safe for this insight-oriented approach and one in which professional boundaries and relationships are clearly defined. Guiding principles that assist in achieving this end include maxims such as "There are many right ways to get the job done," "Learning from mistakes is a mark of professionalism," "Mutual respect is essential to team work and collaboration," and "All ideas have merit." The hope is that these principles, while offering support to staff members, also will significantly enhance relationships that staff members establish with their clients.

In the rare case where these strategies are not sufficient to address particular mental health concerns for individuals, the EAP program refers individuals to the appropriate professional services. Administrative and clinical supervisors provide follow-up as deemed necessary. Just as the mental wellness of parents affects the quality their children's lives, the mental wellness of staff members affects the quality of work they achieve in partnership with their clients.

Redlands Christian Migrant Association

We address the mental health needs of staff members in a variety of ways. One way is through our social service/mental health specialist, who travels to all the areas and presents on our employee assistance program known as "Life Balance," which is marketed by Ceridian Corporation. Life Balance offers an array of services such as telephone counseling—available at all times—for any life issue that may cause a staff person to fell stressed, overwhelmed, or just in need of information or advice. This service is offered in

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English or Spanish. Life Balance offers tips on audiotape, a library-by-mail service, extensive educational materials, on-line services, formal seminars, and research or referral services. Additionally, we pursue ongoing communication with program managers, provide training at area meetings, include Life Balance inserts in payroll envelopes, supply updated program communication in the agency newsletter, and distribute promotional materials such as pencils and magnets that provide reminders to staff members. We have found that members of our staff learn in a variety of ways. Reinforcement, consistency, and fun are key to long-term change and positive mental health.

Other initiatives include sponsoring a mental health and wellness day for the staff at the end of the program year. In designated areas throughout the state, staff members were invited to attend this special day, which took place at a local or regional hospital. The focus is on the mind-body connection, prevention, education, and the importance of nurturing and taking care of our bodies. Another initiative was to have guest speakers present on the theme of health and wellness at local area meetings. Our goals are to promote education, prevention, and awareness and to continually remind the staff of the important and lasting value of wellness. Ultimately, we are responsible for our physical and mental health.

Youth in Need, Inc.

Included in the overall mental health program for YIN EHS is the importance of addressing the mental health needs of staff members. Just as the families we work with need ongoing emotional support and resources, so do members of the staff. Therefore, whether in individual or group meetings, staff members are always provided with a warm, comfortable climate where they are encouraged to share their thoughts, ideas, and concerns. To further promote mental health and well-being for staff members, the YIN EHS program maintains an "open-door policy" that allows staff members to talk with the clinical staff as needed. If staff members request further services, they can be referred to community resources. Other forms of support are also offered, including staff support groups, retreats, and social gatherings.

Because supporting the mental health of staff members involves a continuum of services from prevention to referral and intervention, a mental health resource collection has been established. This collection includes printed information on how to manage personal mental health and a list of resources with information on a variety of different services that include but are not limited to support groups, counselors (individual, couple, family, and group), and activities related to mental health.

Management Systems to Support Infant Mental Health Services

Management systems for mental health services provide a framework for planning, communications, tracking and record keeping, and self-assessment efforts. Because mental health services, as described above, are woven throughout program practices and services, it is particularly important that these management systems be well thought out and carefully carried out.

Planning. Planning for mental health services begins with the community assessment. What mental health issues confront children and families in your community? You may, for example, discover high rates of maternal depression, substance abuse, or community violence. By identifying some of these issues in advance, you then can prepare staff members to work with families around these issues and develop community partnerships with agencies who are knowledgeable about addressing these needs. In addition, you could also encourage professionals in these areas to become representatives on the Health Services

Advisory Committee, a strategy that could enhance guidance to your program.

Communications. The issue of confidentiality is paramount when it comes to mental health issues. Our society places a stigma on mental illness, so particular care must be taken to protect the privacy of children and families who are receiving mental health services. Communication systems should include confidentiality guidelines that determine who should know what kind of information and under what circumstances. Everyone involved should understand these guidelines.

Tracking and record keeping. Because many mental health services will be provided by community partners, the systems used for referral and follow-up should ensure that services are rendered in timely fashion and that the families' needs are being met through those services. Tracking systems should also monitor any additional needs or concerns that arise. Careful record keeping, within the established confidentiality guidelines, provides staff members with a way to monitor individual progress and program self-assessment.

Self-assessment and continuous improvement. Ongoing evaluation of mental health services for children and families is one component that ensures the overall effectiveness of the program. Both formal and informal methods of gathering information about the success of the program contributes to the quality of the services; includes information from the spectrum of promotion, prevention, and intervention activities; and should include feedback from families.

The following EHS programs describe a variety of management systems and procedures related to their mental health services.

Early Head Start of Portland

We have a continuous quality improvement process to communicate and assess the mental health component of our center. The executive director of the EHS center meets regularly with the program manager of the Early Mental Health Program. Mental health is part of the Health Services Management system. The health manager is the direct service link between the two systems, monitoring and prioritizing service needs of the program with the consultant. Once each quarter, the health manager and the consultant together with the administration review the mental health delivery system of the center. The consultant and the health manager meet monthly to review both program and family needs and to determine other communication needs with the center and its external partners. They also meet monthly with the multidisciplinary team with respect to case-specific and site-specific issues.

Data collection and assessment efforts provide another feedback loop. The center's information systems manager developed a mental health database that tracks quantitative and outcome data for services provided by the mental health consultant. These data are reported monthly to both the center and the county. The center

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participates in an annual external evaluation process, which includes the mental health service component. The county also has an evaluation process that includes data from the center's staff, administration, and families. The consultant's performance is assessed through the feedback from these systems and through clinical supervision. The consultant receives weekly supervision in various forums to review treatment services, which are tracked through the clinical service standards of the county, state, and federal mental health requirements.

These systematic processes allow us to respond promptly to the changing needs of our children and families. Communication across the various systems provides a broader range of more thoughtful input to the planning process. Thus, children and families benefit by receiving seamless services that are well coordinated and integrated across this network of systems. Services are flexible and nontraditional, occurring in the natural settings of the child and family. Children and families have access to a full spectrum of high-quality mental health services for prevention and intervention through a family-friendly, child-centered, community-based, and integrated service delivery model. Families provide input through the formal evaluation processes, and they regularly have access to all of these systems to provide input and direction.

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Hope Street Family Center

The management team at the Hope Street Family Center includes mental health professionals and professionals from other disciplines. With mental health staff members in leadership roles, both clinical and administrative concerns relating to mental health receive ongoing consideration in the overall planning of services for families. As mentioned above, mental health staff members participate as coleaders of weekly case conferences, unit meetings, and coordinating meetings, so mental health service planning for infants, toddlers, and pregnant women is a central rather than ancillary process. Thus, the mental health staff along with staff members from other disciplines develop an intimate understanding of programmatic issues that affect service delivery, an understanding that is often difficult to achieve by relying on outside consultants alone.

Documentation, including MIS that tracks mental health interventions and internal charting, helps staff members to maintain a focus on family relationships and on more pressing mental health concerns. Internal monthly documentation reviews strengthen the staff members' awareness of mental health issues for families and their ability to plan interventions using the multimodal team approach described above. Similarly, self-assessment instruments and processes provide a framework for understanding how mental health, family relationship issues, psychosocial stresses, and effectiveness of mental health planning and interventions are critical to the overall functioning of the program.

Panhandle Community Services

Our program has many systems in place to support mental health services, systems that the director, management team, infant-toddler teachers, and home visitors are committed to using. Training is a priority, and as result, we have a well-trained staff. Each staff member is required to attend 40 hours of training during the year, and many of the training opportunities revolve around

mental health topics.

The management team meets two times a month, and the core EHS staff meets weekly. Planning, consultation, and assessment are ongoing during these meetings. The program tries to use a mental wellness approach with its staff and families. Therefore, the staff discusses not only stress prevention strategies but also wellness information. Meeting notes are recorded and kept in a notebook for staff members to read if they could not attend a meeting.

Documentation is done using (a) the mental health screening form, family partnership agreement, and goal sheets and (b) the social service contact sheet, observation forms, and home visit plans. Mental health services and issues are addressed in the ongoing self- assessment efforts.

Redlands Christian Migrant Association

One of the unique attributes of the Redlands Christian Migrant Association (RCMA) management system is the structure itself. RCMA is deeply committed to hiring from the community from which it serves. This commitment goes beyond the classroom. Center management, regional management, and the management team blend the knowledge base of degreed professionals with the real-life knowledge of nondegreed professionals who are working their way toward degrees. How does this philosophy support mental health services? The answer lies in the very way that this philosophy supports all other comprehensive services to all children. The practice of hiring and developing staff members from the community links the needs of the community directly to the plan to address those needs. Staff members whose roots are in the community have greater success in working with parents to support the positive development of a child's mental health because those staff members possess a built-in understanding and empathy for the many challenges their families face. The degreed professional's job is to tap into this understanding, learn from it, and offer academic knowledge to support the shared goals of parents and the program.

Communication is a large part of supporting the mental health needs of infants and toddlers. The Health Advisory Committee meets three times each year to review current issues related to the health, safety, and mental health of children. This committee comprises a diverse group of health and social service providers who have played an integral role in making recommendations to strengthen the delivery of services in this area. Regularly scheduled EHS meetings bring the center's teams together with management to analyze and assess program needs as they relate to children and families. The center's team staffings are conducted on each child or family to foster a well-rounded approach to supporting individual children and families. The primary mode of record keeping is through the individual family folder. Head Start Family Information System (HSFIS) and health data tracking are used to stay up to date on health and screening service delivery.

Youth in Need, Inc.

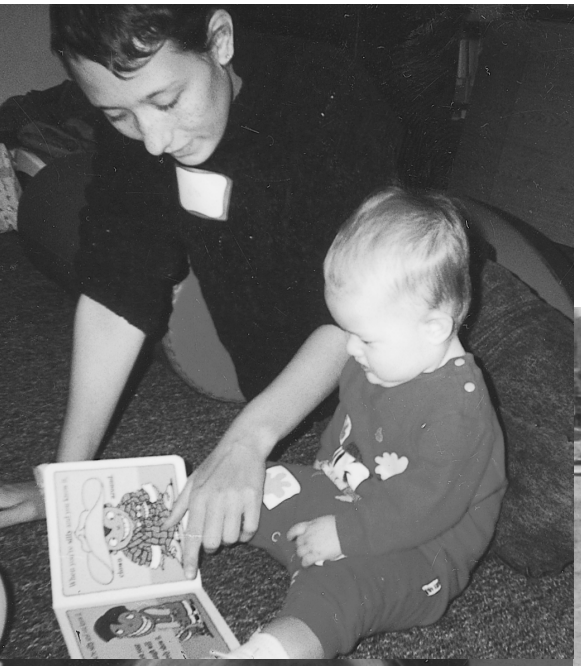
The clinical director provides oversight of the Mental Health Program. The EHS program director supervises the clinical director. Decisions with respect to planning for the Mental Health Program involve the program director, the clinical director, and the clinical staff. Input from other systems directors (of education, health, nutrition, transportation, etc.), the program staff (home visitors, center family specialists, teachers, etc.), parents (Policy Council, etc.), and community members (Division of Family Services, partners, etc.) is also obtained and is included in any programmatic decisions.

Record keeping involves saving and organizing clinical assessments, documentation notes, and summaries. All documentation is consistent with a strengths-based philosophy. This information is kept in client files and is monitored by the clinical director. Self-assessment procedures are in place to evaluate the effectiveness of the services provided and to determine whether the needs to very young children and families are being met.

Conclusion

At the heart of infant mental health is the quality of the relationship between babies and their parents. Perhaps the greatest opportunity for infant mental health practice in EHS is in the everyday interactions among parents, children, and the EHS staff. Because of the comprehensive nature of their program, EHS staff members have a unique opportunity to provide intensive, ongoing mental health support to families, support that can truly make a difference. Regular routines, for example, feeding, playing, arriving, and departing, provide the most fertile times to work with parents to strengthen the relationships they have with their children. With professional mental health consultation and community collaboration, EHS programs have the tools to fully respond to the mental health needs of infants, toddlers, and families.

Upper Des Moines Early head Start, *Spencer, IA*



Astor Early Childhood Programs, *Poughkeepsie, NY*

Astor Early Childhood Programs, *Poughkeepsie, NY*

Redlands Christian Migrant Association, *Immokalee, FL*

Upper Des Moines Early Head Start, *Spencer, IA*

Appendix A

EARLY HEAD START PROGRAM STRATEGIES: RESPONDING TO THE MENTAL HEALTH NEEDS OF INFANTS AND TODDLERS

The Early Head Start National Resource Center (EHS NRC) collects and disseminates information on issues of critical importance to the EHS community. Each year the EHS NRC invites EHS grantees to participate in this unique opportunity to share their strengths with each other. As new EHS programs are being developed around the nation, the knowledge and experience of existing grantees is an invaluable resource for others to learn from.

The EHS NRC will choose, based on the depth and breadth of the responses to the questions below, a select number of EHS programs to profile in the third edition of Early Head Start Program Strategies, a series of reports illustrating the diverse and unique approaches of Early Head Start programs around the country. The previous editions in this series focused on staff development, and socializations for infants and toddlers in the home-based program option. To order these and other EHS NRC publications, contact the Head Start Information and Publications Center at 703-683-2878 or visit the EHS NRC Web site at www.ehsnrc.org.

Please complete the following questions in as much detail as needed to adequately convey your approach to addressing the mental health needs of infants and toddlers in Early Head Start. Average length of response is 5 pages total. Grantees are encouraged to share this with delegate agencies. We request that each Grantee only submit one survey.

Write your response on a separate paper and number according to the question you are responding to. Please write in complete sentences.

Please send your responses electronically by email attachment or on disk. Send to the attention of: Stefanie Powers, ZERO TO THREE, 2000 M St. NW, Suite 200, 20036. Email s.powers@zerotothree.org. Phone 202-638-1144 if you have any questions. RESPONSES ARE DUE BY MARCH 9, 2001.

Please include a cover page with your name, title, phone number, fax number, name of the Grantee, and mailing address.

If possible, include photos of your EHS program. You must complete and send a photo release form for each picture. These photos will be used to illustrate the EHS Program Strategies publication, and will be kept on file for future EHS NRC publications.

A. Mental Health Services for Infants and Toddlers

The term "infant mental health" has been defined in a variety of ways and is understood in different ways in different settings and across different disciplines. In the questions that follow, we focus on mental health broadly to include all the experiences necessary to support the optimal physical, cognitive, emotional, and social development of infants and toddlers in the context of their family.

1. What does Infant Mental Health mean in your program? What is your definition of infant mental health and your philosophy of responding to the mental health needs of very young children and their families?

2. Please describe your approach to meeting the mental health needs of infants, toddlers, their families, and pregnant women. (Your approach may include a range of activities or experiences, for example: having a mental health specialist on staff; practicing reflective supervision with staff; using observations and developmental assessment; developing a community collaboration for substance abuse treatment; planning child development experiences that support the parent-child relationship, etc.)

3. How do you view the relationship between the mental health needs of parents/guardians and the mental health of their children? How do you address this in your approach to service delivery?

4. What are the biggest mental health issues you encounter when providing services to families with infants and toddlers?

5. How do your developmental screening and ongoing assessment processes include a focus on the social and emotional development of children, and on the mental health issues of infants, toddlers, pregnant women, and families?

6. What are the biggest challenges in meeting the mental health needs of children and families? What strategies have you developed to address those challenges?

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B. Community Resources

1. What kind of mental health resources are available in your community for families with infants and toddlers and pregnant women? How do families access such services? Describe any community partnerships for mental health services.

2. Do you use a Mental Health Consultant? In what capacity (describe all the ways this individual provides consultation for your program)? Where did you locate this individual and what is their educational and experiential background? Approximately how often do you use a mental health consultant (i.e. number of days per month or hours per week).

C. Staff Training and Supervision

1. What kind of professional development experiences are available for all staff on the topic of mental health?

2. How do you address the mental health needs of staff?

D. Management Systems

1. What management systems (planning, communications, governing bodies, record-keeping, reporting, and self-assessment) are in place to support mental health services for infants and toddlers? Please describe how these systems operate to systematically meet the mental health needs of infants, toddlers, pregnant women, and families in your program.

Appendix B

HEAD START PERFORMANCE STANDARDS RELATED TO MENTAL HEALTH

The following summary of the *Head Start Program Performance Standards* related to mental health was published in Chazan-Cohen, R., Jerald, J., & Stark, D. (2001), A commitment to supporting the mental health of our youngest children, *Zero To Three*, 22(1), 6.

Head Start embraces a vision of mental wellness. Head Start Performance Standards focus on the effective and timely delivery of services to the people (parents and staff) most directly involved in addressing the mental health needs of children.

The objective of the *Performance Standards* related to child mental health (45 CFR 1304.24) is to build collaborative relationships among children, families, staff, mental health professionals, and the larger community, in order to enhance awareness and understanding of mental wellness and the contribution that mental health information and services can make to the wellness of all children and families.

Grantee and delegate agencies must work collaboratively with parents by:

1. soliciting parental information, observations, and concerns about their child's mental health;
2. sharing staff observations of their child and discussing and anticipating with parents their child's behavior and development, including separation and attachment issues;
3. discussing and identifying with parents appropriate responses to their child's behaviors;
4. discussing how to strengthen nurturing, supportive environments and relationships in the home and at the program;
5. helping parents to better understand mental health issues; and
6. supporting parents' participation in any needed mental health intervention.

Grantee and delegate agencies must secure the services of mental health professionals on a schedule of sufficient frequency to enable the timely and effective identification of and intervention in family and staff concerns about a child's mental health; and

Mental health program services must include a regular schedule of on-site mental health consultation involving the mental health professional, program staff, and parents on how to:

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1. Design and implement program practices responsive to the identified behavioral and mental health concerns of an individual child or group of children;
2. Promote children's mental wellness by providing group and individual staff and parent education on mental health issues;
3. Assist in providing special help for children with atypical behavior or development; and
4. Utilize other community mental health resources, as needed.

Head Start Performance Standards concerning accessing community services and resources (45 CFR 1304.40 [b]) require grantee and delegate agencies to work collaboratively with all participating parents to identify and continually access either directly or through referrals, services and resources that are responsive to each family's interests and goals, including education and other appropriate interventions, including opportunities for parents to participate in counseling programs or to receive information on mental health issues that place families at risk, such as substance abuse, child abuse and neglect, and domestic violence.

Performance Standards related to parent involvement in health, nutrition, and mental health education (45 CFR 1304.40[f]) specify that grantee and delegate agencies must ensure that the mental health education program provides, at a minimum:

- a variety of group opportunities for parents and program staff to identify and discuss issues related to child mental health;
- individual opportunities for parents to discuss mental health issues related to their child and family with program staff; and
- the active involvement of parents in planning and implementing any mental health interventions for their children.

Performance Standards (45 CFR 1304.40 [c]) require EHS grantee and delegate agencies serving pregnant women to assist them to access comprehensive prenatal and postpartum care, including mental health interventions and follow-up, including substance abuse prevention and treatment services, as needed.

Source:

U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Head Start Bureau. Head Start program performance standards and other regulations. 45 CFR Parts 1301-1306, 1308, and guidance. Washington, DC: U.S. Department of Health and Human Services.

Astor Early Head Start, *Poughkeepsie, NY*

Redlands Christian Migrant Association, *Immokalee, FL*

Appendix C

RESOURCES FOR MENTAL HEALTH SERVICES

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Panhandle Community Services, *Gering, NE*

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EARLY HEAD START NATIONAL RESOURCE CENTER

EARLY HEAD START Program Strategies:

Responding to the Mental Health Needs of Infants, Toddlers and Families

This document was developed by the Early Head Start National Resource Center (EHS NRC) @ ZERO TO THREE in collaboration with the Head Start Bureau. The contents of this paper are not intended to be an interpretation of policy.

Photo disclaimer:
The children and families appearing in the photographs in this document are for publication purposes only and are not being portrayed as receiving mental health services. Mental health confidentiality regulations forbid the unauthorized disclosure of client information.

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Funded by contract #105-98-2055
U. S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth, and Families
Head Start Bureau

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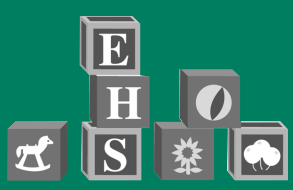

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