Guide to Implementation of IECMHC for Home Visiting Programs in Delaware

Delaware
Department of Education

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

Guide to Implementation of IECMHC for Home Visiting Programs

The home visiting programs in Delaware have made a commitment to include Infant Early Childhood Mental Health Consultation (IECMHC) in all programs. This is a big commitment and requires many people at your program level to understand what is involved in implementing this support. This guide will attempt to answer commonly asked questions about IECMHC, and help your program take steps to prepare.

What is Infant Early Childhood Mental Health Consultation (IECMHC)?

First, you should know what IECMHC is and looks like in a home visiting program. The Substance Abuse and Mental Health Services Administration (SAMHSA)'s Center of Excellence on IECMHC defines IECMHC as "a prevention-based approach that pairs a mental health consultant with adults who work with infants and young children in the different settings where they learn and grow, such as childcare, preschool, home visiting, early intervention and their home. Mental health consultation is not about "fixing kids." Nor is it therapy. Mental health consultation equips caregivers to facilitate children's healthy social and emotional development."

As indicated by this definition, a mental health consultant will join your team—which includes home visitors and their supervisors— to provide support to your staff, with the goal of helping your staff better be able to support families. A consultant brings an Infant Mental Health lens to the conversations, helping to process any issues that come up while working with families. This involves collaborating on strategies, supporting the reflective process, providing training and support on any topic that might come up from your team, and offering a safe space for dealing with difficult situations.

The work of home visiting can be very stressful at times. As a home visitor, you are dealing with situations that may cause you to have concerns for the families and also for the social and emotional development of very young children. You will benefit from the opportunity to help families by connecting with someone who has a mental health lens. An IECMH consultant offers that opportunity for you to share your concerns in a safe place. You can talk about strategies and how to support families.

Is IECMHC "Therapy"?

In a word, no. Just as your home visiting work with families can feel "therapeutic", you are not serving as a therapist to families. The same is true for your IECMH consultant. As a home visitor, you listen to families as they have concerns or feelings to address, and you ask questions to learn more about what they want to share with you. This work might bring up concerns or situations for you as you provide support to families. This can feel taxing, and is another reason that home visitors and supervisors benefit from connecting with an IECMH consultant. During your time with your IECMH consultant, you can process issues you are delving into with families which can often bring up feelings about your own life, situation, and experiences. Reflecting on these challenging topics can help you prepare for the next visit and best help you support the family.

Home visitors screen for many mental health issues including depression, substance use, and intimate partner violence. These are very personal issues families experience, and your consultant can help think though how to best address the screening and support families with information gathered from the screening tool.

While doing your work as a home visitor you may run across situations that may be mental health issues. Your consultant can provide you with information and training on those situations as well as reflect with you on ways to address those issues as they come up.

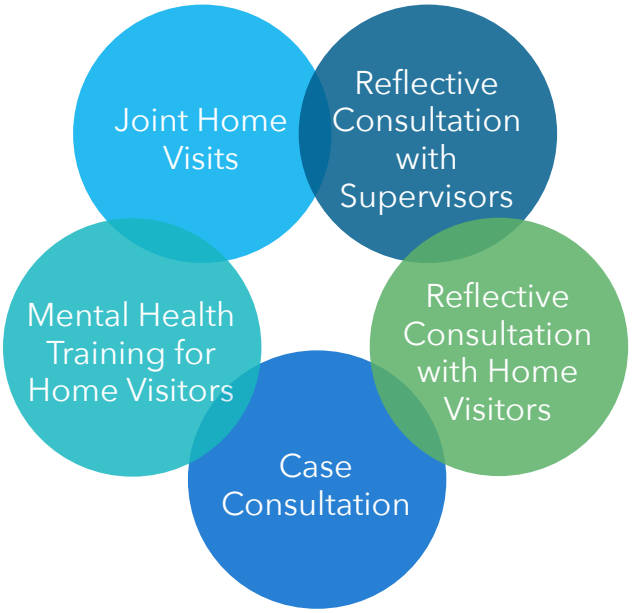
Your consultant:

- Gives staff a safe place to explore issues that arise while doing the work.
- Helps to support the families you serve by engaging in case consultation and reflecting on strategies.
- Is available to think through mental health issues that surface.
- Can provide training on mental health-related topics.
- Helps to facilitate discussion around next steps after a screening has taken place.

What Activities Can an IECMHC Provide to Our Program?

Here is a chart of the typical services you can receive from your consultant. You can discuss these options for consultation together with your supervisor, your team, and with your consultant. You may decide to start with a few of the services, and later increase by adding other components of consultation as your team decides they are ready. Let's explore each of these services that are available to you.

Figure 1. Services an IECMH Consultant May Provide



1. Reflective Consultation with Supervisors

Supervisors have a big job, and at times it can be overwhelming. It helps to have someone with whom you can share ideas, think through issues or concerns, and reflect on what is happening in your program. The role of supervisor can be isolating, and, at times you may feel caught between how to ensure compliance and how to support your home visitors.

Reflective consultation between a consultant and supervisor is typically one-on-one. The supervisor can reflect and process. Your consultant can facilitate discussion around next steps. Together the pair can problem-solve and plan around day-to-day and longer-term issues.

2. Reflective Consultation with Home Visitors

Reflective consultation can occur during a team meeting or with the supervisor, home visitor, and consultant together.

Your consultant may join the supervisor and the home visitor during their regular time for reflective supervision—a requirement for most home visiting models. Together the supervisor and consultant hold a safe place for the home visitor to openly talk about issues and to find ways to address situations that impact families.

If offering reflective consultation as part of a team meeting, your consultant joins in your regularly scheduled meetings and supports your team by asking reflective questions, bringing in the mental health lens, collaborating in developing plans, and more. They are, essentially, a part of your team. They plan and contribute to the meeting agendas, reflect with your team, support the process, and are available to think though issues. This provides a space for your staff to talk openly and share updates, discuss questions, or problem-solve ways to support a family with input from other team members.

3. Case Consultation

Your consultant is available to support and consult on specific cases either in the team meetings or in reflective supervision sessions with the supervisor and home visitor. The benefit of team case consultation is the joint support from other home visitors in your program. Your colleagues will have experience with similar situations, and they can either learn from the conversation or they can add their lessons learned from their own work with families.

During case consultation, the home visitor presents a family's case to the team and shares questions s/he might have or ideas about next steps. Your consultant and the rest of the team will ask exploration questions to learn more about the family, what has been tried, and what supports might be helpful for this situation. Together you will discuss options, reflect on difficult situations, and at times, consider referrals to other supports in the community. By going deeper and thickening the story of this family, the home visitor sharing the case may discover more about this family and open up new ideas and avenues.

4. Specialized Mental Health Trainings for Home Visitors

Your consultant may offer group training on emerging needs. As home visitors, you are working closely with families to help children develop social and emotional skills. At times, mental health issues may become part of your work with children and/or their families. When this occurs, your home visitors, supervisors, and consultant can all explore potential training topics that would benefit a small group or the larger group. Examples of topics might include how to handle stress, necessary screenings for families, working with families around substance use, maternal depression; or talking about sensitive issues in respectful ways. Your consultant may also offer ideas for professional development as s/he listens to what your team discusses at each meeting.

5. Joint Home Visits

Most consultation takes place between the home visitor, supervisor and consultant. Rarely does your consultant connect with your families. However, under certain circumstances, a home visitor in your program might ask your consultant to join them in a home visit. As a home visitor, before considering this option, ask yourself:

- What are you hoping for when you ask your consultant to join in a home visit?
- Do you want someone else to observe and see if you have the same impressions?
- Are you looking for your consultant to assess risk?
- Do you want your consultant to observe and then help you determine your approach with the family?

Once you determine if and how your consultant's presence would benefit you during a home visit, you and your supervisor can discuss this option with your consultant.

If it seems as though attending a home visit is a helpful strategy, you must do several things to prepare for this visit. First, the family must be informed of the plan to invite your consultant on a visit. Explain that s/he will be present to help you provide the most comprehensive support for the family. Next, be sure to clearly state that although the term "mental health" is in their title, the consultant is not a therapist. Finally, you need to obtain a signature on a consent form as well as a confidentiality statement. These should be signed prior to the visit.

After the visit is complete, your consultant, home visitor, and supervisor will spend time reflecting on the visit and discussing the approach or next steps to take in assisting this family.

How is IECMHC Different from Other Mental Health-related Supports?

You may already have other mental health supports in place in your program. To avoid confusion about who provides what supports, it is important that everyone in your program understands their various roles. You may have the following supports:

- Mental Health Providers – The main difference between an IECMH consultant and a Mental Health Provider (e.g., counselors, social workers, psychologists) is that Mental Health Provides are direct service providers. They can work with the families as therapists and help them address mental health challenges in the family. Since Mental Health Providers typically take referrals, you might find occasions where you and your supervisor may ask them to get involved with a family for whom you have concerns.
- Coaches – Most coaches are in your program to help you implement and have fidelity to a model. For example, if you are using the Pyramid Model in your program, their coaches might be a support to you if you are implementing parts of their curriculum. Coaches can train on their specific curriculum, demonstrate ways to use it, and show how it helps. They are coaching you on a method that has been designed to help in your work.

How Many Hours Do We Receive Consultation?

Delaware has set up their home visiting Model to include three specific services (detailed earlier in this document) which include:

- Reflective consultation for the supervisor
- Reflective consultation for the home visitors with supervisor present, and
- Team consultation (with small groups or all your home visitors together). Other options are available such as training and home visits.

Your consultant will spend, on average, 8 – 10 hours a month with your program. While 8-10 hours a month is the average, this number will fluctuate depending on the number of staff in your program. For example, if you have five home visitors, they will receive five hours of individual reflection each month with your consultant and supervisor. If you have nine home visitors, you will receive nine hours of reflection each month with your consultant and supervisor.

There may also be times when you call your consultant in for additional supports. You may have concerns about a family that are urgent and can't wait until the next scheduled time to meet. Or a tragedy may have occurred when you reach out to your consultant to help you cope and plan next steps. These situations are rare and may evoke strong emotions. It is important to seek additional support in these emergencies, though, these hours would be in addition to the typical hours for consultation each month.

Where Will Consultation Take Place?

It is important to find a space for the consultation to take place that will likely not be interrupted by others. For example, staff offices are not suitable places unless the office is only for one person and the door can be closed. Other places that might be limiting would be the break room, the copy room, or other places where there is a lot of "people traffic" in and out. Your goal is to identify a place, or a few places, which will allow for confidential conversations so your home visitors will feel safe enough to share their concerns and problem-solve together with your consultant.

It is possible your consultation will be virtual. In that case the same conditions apply. Your home visitors will need a space where they can use their computer to connect virtually with your consultant, but confidentially as well.

What Will Our First Interactions with Our Consultant Look Like?

First, your supervisor and consultant meet. It is important for your supervisor and your consultant to begin to build a relationship. Your supervisor must know if your consultant will be able to support your team, and by meeting with him/her they can start finding out about each other and about the process of consultation. Your consultant will want to know as much about your program as possible, and how the supervisor envisions helping the program. Together they can talk about hopes, goals, and the details of consultation.

Next, they will talk about scheduling. Coming up with a regular and recurring schedule is one of the biggest challenges at the outset. This may take time to get that all worked out, but it is a necessary task. Preferably, each team meeting is at the same time of the month each month, and the individual meetings with consultants are scheduled at a regular recurring monthly time. This is best practice and also makes it much easier to schedule.

The supervisor and consultant may take time to build the foundation for consultation in your program and continue to build their relationship as well. After that foundation is more established, it will be time to introduce your consultant and your home visitors to each other. Make the first meeting a "meet and greet"—just an opportunity to get to know each other a bit and provide the opportunity to ask questions about how consultation will work in your program.

After the more informal meeting, your consultant will likely want to provide a more formal group presentation about what consultation is and what home visitors should expect. Delaware also has a Consultation Coordinator that is supporting all programs and consultants. The Consultation Coordinator can also be available for any questions or discussions your home visitors or their supervisors might have regarding consultation.

Once Everyone has Met, How Do We Get Started?

As you start moving into the work of consultation there will likely be natural next steps. Start where you feel most comfortable. Perhaps at first you will interact through regularly scheduled meetings just to check in. Or, you might start with a group training. Then, situations will begin to arise where you may identify a need for more support around mental health needs or concerns. For example, one home visitor might be struggling with a case and ask for time to reflect with your consultant and supervisor. Or, a team may already be hoping for your consultant to join their team, as they are working on an issue for which they would like support.

The important thing to remember is that starting consultation is a process that you will design with your consultant. Start with what works best for you, and then add the components that are available as outlined in this guide. Your long-term goal is to have all the components incorporated into your program, but it may take a bit of time to have that take place.

There is no right or wrong way to get started; each program is unique!

How Do We Assess IECMHC Services?

After implementing IECMHC for a few months, you will want to pause and check in to see how the process is working and what might need to be changed.

- Your questions might be:
- How do staff feel supported?
- How is your consultant meeting your needs?
- What improvements would your team like to see?

An official evaluation can be costly, and difficult to conduct. Determine with your team and the Consultation Coordinator how you might gather information to help you answer these questions and make mid-course corrections as needed.

What Do We Do if Our Consultant is Not Working Out for Our Program?

Despite the best efforts of all involved there are times when there are concerns that a consultant is not the right fit for a program. Start by addressing any issues or concerns with your consultant. Allow time for your consultant to process with you the situations and concerns. Collaborate with your consultant to address the issues and make some changes.

After working closely with your consultant if concerns still arise you may want to talk with the Consultation Coordinator about problem solving the next steps. Together you can find a strategy to address any concerns and determine if a different consultant might better meet the needs of your program.

Why Should We "Trust the Process"?

Consultation is not something that will feel like it is working immediately. It takes time for you to learn more about it, and it takes time for your consultant to get to know you well enough to help support you as you work with families. Consultation is, and should be, a work in progress... it changes as you need it to change. Ideally, over time, your consultant will be more in tune with and responsive to your needs and your challenges as you work with families. This important work takes time.

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