Delaware Model for Infant and Early Childhood Mental Health Consultation in Home Visiting

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A Project of the Delaware Department of Education, Office of Early Learning and the Delaware Department of Public Health

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Background and Acknowledgments

In 2022, Delaware leaders from the Maternal Infant and Early Childhood Home Visiting (MIECHV) Program and Parents as Teachers (PAT) program model explored the potential of integrating infant and early childhood mental health consultation services as an enhancement to home visiting. Together, MIECHV and PAT leaders, along with other awardees, attended a six-week peer group facilitated by the MIECHV TA Resource Center (TARC). The purpose of this peer group was to explore development and implementation of a model, including:

- What is IECMHC?
- Who should be on a state team to support implementation of IECMHC?
- Dose and frequency considerations
- Consultant qualifications
- Potential sources of funding
- Assessment of IECMHC in home visiting programs

Following the conclusion of the peer group, the Delaware Department of Education (DDE), Office of Early Learning (OEL), and the Delaware Department of Public Health (DDPH) embarked on developing a model for IECMHC. By December 2023, a team of national IECMHC consultants developed the *Delaware Model for Infant and Early Childhood Mental Health Consultation* in partnership with the Delaware Department of Education, Office of Early Learning, the Department of Public Health and in collaboration with the Home Visiting Community Advisory Board (HV CAB). The HV CAB oversees home visiting services coordination within the early childhood system and ensures quality service delivery. The HV CAB also promotes a cross-sector collaboration among relevant state and community-based organizations to reduce duplication and advance common goals.

The DDE, OEL, and DDPH extend a special thank you to the consultants and advisory members who shared their time and expertise and drove the development of this model. This model has the potential to support infants, young children, family and provider social emotional health and well-being for years to come. Additionally, we want to thank the Illinois Mental Health Consultation Initiative and the Michigan Department of Health and Human Services, Division of Program and Grant Development and Quality Monitoring within the Bureau of Children's Coordinated Health Policy and Supports, for sharing their models. These models are based on state and national best practices, evaluation results, and lessons learned and create the foundation for Delaware's approach to IECMHC in Home Visiting. See Appendix A for a full list of consultants and advisory members.

As home visitors reflected on how a mental health consultant could help them several themes emerged, including support around substance use, depression, screening tools and results, and self-care.

Part 1:

Introduction to Infant and Early Childhood Mental Health Consultation in Home Visiting

The Importance of Early Relationships and Defining Infant and Early Childhood Mental Health

Everyone should have what they need to experience healthy relationships. Unfortunately, social, racial, cultural, and economic injustices and challenges can overload families and communities, often taking a toll on parents and caregivers, young children, and their relational health. Early relational health is defined as "the state of emotional well-being that grows from the positive emotional connection between babies and toddlers and their parents and caregivers when they experience strong, positive, and nurturing relationships with each other." (Center for the Study of Social Policy).

Due to barriers created by structural racism and a lack of policies designed to help families thrive, families often struggle to access support that is responsive to their needs (Nurture Connections, 2022). Young children need healthy, loving relationships for all domains of development. Caregivers need time to nurture relationships with their children to fulfill their desires and aspirations. And everyone needs strong relationships and social connections to heal and flourish. Early relational health balances the stressful experiences that caregivers and their children may experience, contributing to prevention of various issues, and promoting healing and wellness.

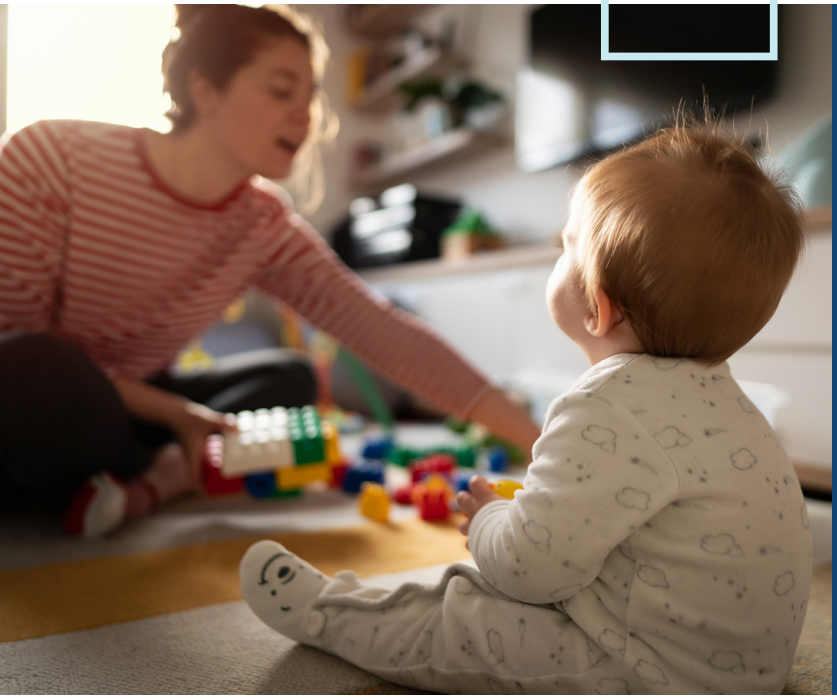
For babies and young children, these nurturing back and forth relationships with their caregivers build *infant and early childhood mental health*. Infant and early childhood mental health is defined as the developing capacity of a child from birth to age five to:

- experience, regulate, and express emotions;
- form and secure close, interpersonal relationships; and
- explore the environment and learn in the context of family, community, and cultural expectations for young children. (Zero to Three).

Children who experience positive and nurturing interactions with parents in infancy and early childhood develop healthy and secure attachments and are significantly better prepared to succeed in school (Connell & Prinz, 2002; Pianta et al., 1997). The absence of such care can lead to long-term physical and emotional health challenges such as anxiety and depression throughout life.

Home Visiting as Part of Delaware's Early Childhood System of Care

Pregnancy and early childhood are optimal periods for adult learning and intervention to set the foundation for positive health and developmental trajectories for parents and children. The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Programs in Delaware support pregnant people and parents with young children in achieving positive maternal and child health outcomes during this period. Home visiting is part of Delaware's early childhood system of care that addresses all aspects of early childhood health and well-being, improves health equity, and puts family needs and experiences first.



- **Among children aged 2-8 years, boys were more likely than girls to have a mental, behavioral, or developmental disorder. (Cree, RA et al., 2016).**
- **Among children living below 100% of the federal poverty level, more than one in five (22%) had a mental, behavioral, or developmental disorder. (Cree, RA et al., 2016).**
- **Age and poverty level affected the likelihood of children receiving treatment for anxiety, depression, or behavior problems. (Cree, RA et al., 2016).**
- **Adverse childhood experiences (ACEs) are associated with children's mental health. In 2016-2019, Children who were discriminated against based on race or ethnicity had higher percentages of one or more mental health conditions (28.9% versus 17.8%) (Hutchins, HJ et al., 2022).**

For example, according to 2016-2019 data from the CDC, one in six U.S. children aged 2–8 years (17.4%) had a diagnosed mental, behavioral, or developmental disorder. Challenges increased by gender, economic situation and adverse childhood experiences. The number of risk factors for both children and their caregivers is directly proportional to the potential for poor mental health outcomes for both, including negative impacts on the caregiver-child relationship.

Without intervention, these challenges have life-long impacts on healthy development and learning. For families with young children, access to intervention in the current mental health environment can be challenging due to the multitude of barriers that exist between them and necessary services and supports. These barriers include mental health stigma; a lack of awareness and understanding of infant and early childhood mental health; lack of an adequately trained workforce with specialization in early childhood mental health; complicated or unnecessary paperwork and other administrative issues that decrease the "family friendliness" of the mental health system; and funding policies that do not recognize the mental health needs of young children. One strategy to address these barriers is infant and early childhood mental health consultation (IECMHC).

Defining Infant and Early Childhood Mental Health Consultation in Home Visiting

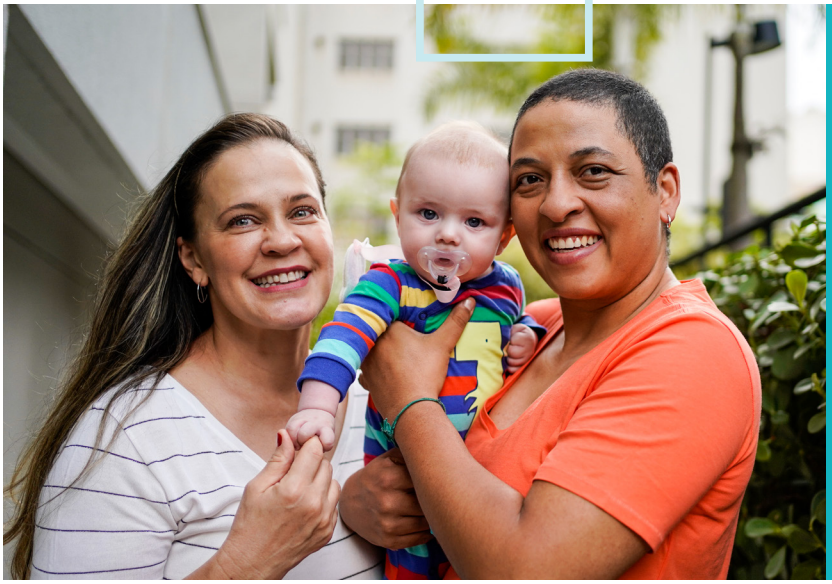
IECMHC in home visiting is defined as a process to enhance the capacity of those that provide direct care to children and their families through training, reflective supervision, reflective group learning, case consultation or, at times, joint visits with the home visitor. Infant and early childhood mental health consultants aim to build the capacity of staff, families, programs and systems to prevent, identify, treat, and reduce the impact of mental health problems among infants, young children and their families.

IECMHC is an indirect prevention-based support for home visiting. It is not:

- A direct mental health service or treatment, such as therapy or counseling provided directly to families by a mental health professional
- A service requiring diagnosis
- A helpline staffed by a mental health professional
- A stand-alone mental health training series with no ongoing support
- A coaching service based on implementing one specific curriculum, assessment, or model

Integrating an IECMH consultant's perspective into home visiting normalizes mental health knowledge and expertise and decreases the stigma often associated with mental health. At the state and local levels, IECMH consultants help home visiting programs partner with early childhood and mental health systems, stakeholders, and other programs to strengthen home visiting services and add practical professional development opportunities. Such partnerships offer multiple benefits, which include:

- Increased capacity of home visitors to recognize and address needs and link families to mental health supports
- Complete and accurate mental health and social-emotional developmental screenings
- Reduced home visitor stress and rates of turnover
- Improved social and emotional health and mental health of children and adult caregivers
- Improved family engagement
- Improved parent-child relationships and interactions
- Increased access for home visitors to mental health providers who can help refer families and promote care coordination
- Increased access for families to community providers (as consultants can help with both referrals and the transition to treatment or other supports)
- Improved relationships among home visiting staff members and stronger relationships with other providers



Home visiting programs can offer ways to help create a safe and healthy environment for young children to thrive in.

Examples of how consultants can help home visiting programs include:

- Strengthening policies and procedures for supporting and linking families to services for mental health.
- Building home visitor capacity to recognize, interpret, and support the mental health needs of children and families.
- Assisting home visitors to support families in creating emotionally safe home environments that support children's learning and growth.
- Providing an ongoing and regular opportunity for supervisor and home visitor reflection to sort out and cope with strong feelings brought on by complex work with families

Service providers in each early childhood system–including home visiting–are in a prime position to recognize the mental health needs of young children and families, strengthen a caregiver's capacity to address the social emotional needs of the child, reduce mental health stigma, and create linkages to services when needed (Zero to Three Policy Center, 2004). However, early childhood providers do not always feel prepared to address these needs. For this reason, IECMHC is a key strategy for improving the mental health outcomes of young children and their families (Center for Prevention Research and Development, 2011).

Types of Home Visiting Programs in Delaware

IECMH consultants may familiarize themselves with the home visiting models to understand what the home visitors bring to their reflective consultation sessions. Each of the home visiting models has specific requirements that enhance the ability of the IECMH consultant to provide consultation.

Evidence-based home visiting is a voluntary, free service for pregnant women or pregnant people and families with children up to age five 5 years. In Delaware, a Family Support Specialist offers tailored support services to meet family's needs. Home visiting programs can offer ways to help create a safe and healthy environment for young children to thrive in, helping caregivers understand the child's development and connect families with additional community resources.

For more information on MIECHV connect to this link:

https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/what-is-miechv-info-sheet.pdf

Much of Delaware's home visiting work is a part of the federal program for home visiting called Maternal Infant Early Childhood Home Visiting (MIECHV). In 2010, the Obama Administration authorized the MIECHV program as an addition to the maternal and child health section of the Social Security Act. The original authorization provided $1.5 billion over five years to states and territories to improve children's health and developmental outcomes through evidence-based home visiting programs (Stark et al., 2014). Over 154,000 families in all 50 states, the District of Columbia, and the U.S. territories benefit from the MIECHV program (HRSA, 2019). The MIECHV program is a substantial funder of home visiting for prenatal mothers and families with children through age five.

Incorporating IECMHC into MIECHV programs can support progress on several MIECHV performance measures, especially the following:

- **Performance Measure 3:** Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within three months of enrollment (for those not enrolled prenatally) or within three months of delivery (for those enrolled prenatally)
- **Performance Measure 9:** Percent of children enrolled in home visiting with at least one investigated case of maltreatment following enrollment within the reporting period
- **Performance Measure 10:** Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool
- **Performance Measure 13:** Percent of home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning
- **Performance Measure 14:** Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence (IPV) within six months of enrollment using a validated tool
- **Performance Measure 17:** Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts
- **Performance Measure 19:** Percent of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information for IPV

Types of Home Visiting Programs in Delaware

Delaware currently (as of 2023) offers these four evidence-based models for families:

The Nurse Family Partnership (NFP) model targets first-time, low-income parents. NFP requires a client to be enrolled in the program early in her pregnancy and to receive a first home visit no later than the end of the 28th week of pregnancy. Services are available until the child is two years old. NFP works with pregnant and post-partum women and people, along with their partners, to engage in good preventative health practices, to provide nurturing and competent care for their children, and to develop a plan for an economically stable future.

The Healthy Families Delaware (HFA) model is a voluntary home visitation program that works with expectant and new parents who may be at risk for problems in parenting, including child abuse and neglect. Through intensive home visiting, HF works to strengthen the parent and child relationship, promote positive parenting, and healthy child growth and development. Home visits are offered weekly for the first six months and may continue for up to five years, with the length and frequency determined by the needs of the family. Home visitors model positive parenting skills and provide information on child growth, development, and safety. The program also assists parents in identifying and meeting their own educational and employment goals.

Parents As Teachers (PAT) is a model which provides visits to families in their homes to support pregnant mothers (and pregnant people) and children from birth through kindergarten. PAT aims to increase children's school success by: Increasing parent knowledge of early childhood development, improving parenting practices, providing early detection of developmental delays and health issues, and preventing child abuse and neglect.

Early Head Start (EHS) provides comprehensive educational, health, nutritional, and social services for pregnant women (and pregnant people), infants, and toddlers up to age 3. The program is funded federally through the U.S. Department of Health and Human Services, Administration for Children and Families.

IECMH consultants take the time needed to understand the model(s) and role of home visitors and their supervisors so they can enter into their work. Consultants who are familiar with the various models can be more grounded about the populations being served by the program, the risk factors within the community, and the specific activities home visitors and their supervisors are engaging in. This context will help consultants begin their journey of connecting with program staff through open-ended inquiry, wondering together and listening as they partner to engage in consultation service priorities.

You can learn more about the models that Delaware implements here, along with a description and essential information on each: https://dethrives.com/programs/home-visiting

Part 2:

The Role, Qualifications, Skills and Attributes, and Supports Available for Infant and Early Childhood Mental Health Consultants in Home Visiting

This section includes information on the role (of both IECMH consultant and home visitor), qualifications, and competencies that are necessary for a consultant to provide comprehensive and relationship-based IECMHC to home visiting programs. Additionally, this section provides an overview of the types of support required for consultants doing this work to support fidelity to Delaware's model and to help ensure the consultant's ability to maintain satisfaction and joy in the work.

Connection of the Material in this section to National Competencies and Competences specific to IECMHC in home visiting in Delaware.

Infant Mental Health Endorsement Competencies

Center of Excellence for IECMHC	Delaware IECMHC in Home Visiting Competencies
Working with others: The ability to build and maintain relationships as the foundation of working in the infant mental health field along with mentoring others, collaboration, and conflict resolution.	
1A.1. Demonstrates an understanding of IECMHC as an indirect service that helps build the reflective capacities and relational health of families; staff who work in programs or other settings serving infants, young children, and families; and others who care for or provide services to infants and young children. Grasps and can convey the differences between IECMHC and other modes of intervention that involve direct mental health treatment for infants, young children, and/or families.	■ Supports promotion of reflective practice by providing reflective consultation to the program leadership and remaining available to observe their individual and group reflective supervision sessions ■ Demonstrates a capacity to facilitate a case consultation with program staff that invites staff to pause problem-solving and remain curious through reflection about the classroom environment, family system, or child's behavior ■ Creates an environment that invites multiple perspectives in understanding the effects of program dynamics ■ Acknowledges the role of the staff and the program requirements they are required to adhere to in the system within which they work ■ Understands and considers the home visiting program design including, the program model and staff requirements for program model fidelity or adherence to funder requirements ■ Demonstrates awareness and familiarity of how to utilize home visiting assessments, including those required by the program models, to consider the family's strengths and opportunities for support ■ Capable of utilizing continuous quality improvement (CQI) process and strategies designed to assess the progress made by the programs on their identified goals and supports addressing any barriers that may prevent them from accomplishing their stated goals

Center of Excellence for IECMHC	Delaware IECMHC in Home Visiting Competencies
Communicating: Active listening, speaking effectively, and writing clearly.	
1A.3. Embraces the idea that IECMHC focuses on promoting infants' and young children's positive social and emotional development and behavioral health and reducing racial/ethnic, gender, language, or disability-based disparities in infant and young child outcomes using a wide-ranging knowledge base that draws from numerous fields of study.	
Working with others: The ability to build and maintain relationships as the foundation of working in the infant mental health field along with mentoring others, collaboration, and conflict resolution.	
1C.2. Demonstrates an ability to support the emotional well-being and relational health of infants and young children and their caregivers, and promotes a shared and accurate understanding of infant, young child, family, and provider needs. Demonstrates an understanding of how needs may vary based on families' experiences with racial/ethnic, language, or ability inequities.	
Reflection: Contemplation, curiosity, and self-awareness are critical to the ability to process the emotional content of the work, understand the power of parallel process, and use supervision as an integral component of their professional development.	
2A.2. Understands that an infant's or young child's physical environment, experience of attachment, social relationships, race/ethnicity, primary language, culture, abilities, disposition, and life circumstances all impact behavior and social and emotional well-being. Uses this knowledge to support change in one or more of these realms to improve infant and young child outcomes.	**Reflective Practice** ■ Recognizes and remains aware of their own reactions, triggers, feelings, biases based on one's own values, beliefs and assumptions about the ways in which children are developing in the context of their relationships with others ■ Creates a safe environment where families and programs can remain curious and aware of and open to exploring their own reactions, triggers, feelings, and biases about the child and other adults ■ Values the power of observation to explore, wonder with, and allow relationships and interactions to unfold ■ Remains aware of and manages the power they represent in their relationship and interactions with others ■ Understands that they may serve as a model for how to promote healthy relationships in their interactions with other adults and children ■ Displays tolerance for sitting with the discomfort of not knowing and allowing the adult caregiver to be the expert with the child ■ Demonstrates ability to suspend judgement and remain open to different ways of thinking, feeling, and behaving

Center of Excellence for IECMHC	Delaware IECMHC in Home Visiting Competencies
Critical thinking: The ability to analyze information, exercise sound judgement, maintain perspective, understand group process, and demonstrate good planning and organizational skills	
2A.3. Understands mental health concepts and psychological processes related to adults and adult functioning, including how caregivers' current and historical access to opportunities and resources and their experiences with discrimination impact mental health. Understands parallel process (i.e., how relationships between an IECMH consultant and staff or caregivers impacts relationships between staff or caregivers and infants, young children, and families), the ways in which a caregiver's experiences can affect their interpretation of an infant's or young child's behavior, and experiences with or responses to trauma.	
2A.11. Recognizes and respects child and family culture, families' knowledge, sources of strength and resilience, and routes to healing within diverse families and communities.	**Diversity, Equity, Inclusion, Belonging, and Justice** ■ Reflects a willingness to explore how one's own culture and experiences shape the relationships and interactions with the child, family, or staff ■ Reflects an awareness of how culture shapes interactions and relationships, family structures, behaviors, and development ■ Remains aware of how systemic and historical racism, discrimination, and individual prejudice affects the child, families, and staff's well-being ■ Demonstrates a curiosity and openness to accept the unique values and beliefs of the families and programs with particular attention and attention to these values and beliefs when they differ from one's own ■ Demonstrates ability to identify and address the ways in which implicit bias influences the staff and their interactions and relationships with each other with specific consideration given to how the child and family can be affected ■ Demonstrates a willingness and capacity to raise awareness of and encourage attention to policy and practice to help eliminate exclusion or inequities ■ Explores accommodations and adaptations with the family or program when the child's or family's preferred language differs from one's own language in ways that honor the family's heritage and culture and minimizes any discomfort the child or family may experience

Center of Excellence for IECMHC	Delaware IECMHC in Home Visiting Competencies
2B.2. Understands the interplay of genes and experiences on development—that both the infant's or young child's constitutional nature (including temperament) and aspects of the environment (e.g., the functioning of caregivers, the presence of risk and protective factors) play a role in determining the course of development. Understands the impact of experiences of prejudice or discrimination.	**Child and Family-Centered Consultation** ■ Promotes the belief that the family relationships are the first and primary relationship in the infant or child's life and as such, their strengths, perspectives, and expertise is considered in all interactions ■ Supports staff in accessing relevant information that will facilitate the child's learning and development from the family in ways that are inclusive, respectful, and promote a collaborative approach ■ Demonstrates a capacity to acknowledge the judgements and assumptions of the family and staff and encourages a culture of curiosity about and exploration of all possibilities for the child's behavior, including environmental, relational, and developmental influences ■ Encourages staff to use observation as a critical source of developing hypotheses about a child's behavior and to suspend any rush to judgement ■ Encourages and facilitates collaboration with and referrals to other community supports to identify and address any of the child's developmental, medical, or mental health concerns ■ Supports family in developing and implementing a plan to address any concerns with the child's development ■ Promotes the expectation that children and families will be served in ways that honor their language and cultural practices
2B.3. Understands that development is a transactional phenomenon, within which infants and young children experience attachment relationships with primary caregivers that play a critical foundational role in development. Understands the potential negative impact of caregiver history, multiple separations, relational disruptions, caregiver depression, and loss.	■ Understands the importance of programs utilizing a variety of observation strategies, tools, and other techniques to develop insight into the classroom culture and the effects on the children and families ■ Encourages a collaborative approach with families on how they can extend the classroom learning into the home environment in the daily routines and interactions to promote the child's healthy social and emotional development ■ Supports staff and families in creating and maintaining developmentally appropriate expectations and activities in the home and/or classroom settings
2B.6. Recognizes risk factors associated with trauma as they relate to environmental, situational, and interpersonal contexts and understands the role of protective factors in ameliorating impacts on infant and early childhood development.	■ Utilizes an approach that reflects an understanding of the influences that contribute to an individual's ability to form trusting and secure relationships, in the context of family, culture, and community ■ Utilizes an approach that recognizes the transactional nature of the relationships between the child, family and program in promoting and supporting the child's healthy development

Center of Excellence for IECMHC	Delaware IECMHC in Home Visiting Competencies
2D.3. Understands the importance of assisting others in reflecting on and examining their own values, beliefs, privileges, biases, assumptions, and experiences; supporting them in regulating their emotions; and helping them accurately perceive the meaning of others' behavior (specifically, the behavior of infants, young children, families, and co-workers).	*Recognizes and remains curious about how adults interact with and respond to oneself (as the consultant), to each other, and in engaging with the child *Remains open to one's own development *Recognizes that there are multiple approaches to engaging with and working alongside of children, families, and programs
2E.3. Understands that the quality of relationships among adults (between staff members and/or between staff members and families) influences infants' and young children's experiences.	*Creates a safe environment where families and programs can remain curious and aware of and open to exploring their own reactions, triggers, feelings, and biases about the child and other adults *Values the power of observation to explore, wonder with, and allow relationships and interactions to unfold *Recognizes and remains curious about how adults interact with and respond to oneself (as the consultant), to each other, and in engaging with the child *Remains open to one's own development *Recognizes that there are multiple approaches to engaging with and working alongside of children, families, and programs
Reflection: Contemplation, curiosity, and self-awareness as critical to the ability to process the emotional content of the work, understand the power of parallel process, and use supervision as an integral component of their professional development.	
6A.1. Helps families and staff deepen their understanding of how the quality of adult-infant/young child relationships impact the way that infants and young children experience themselves in various settings, learn expectations, and understand how to interact and get along with others.	

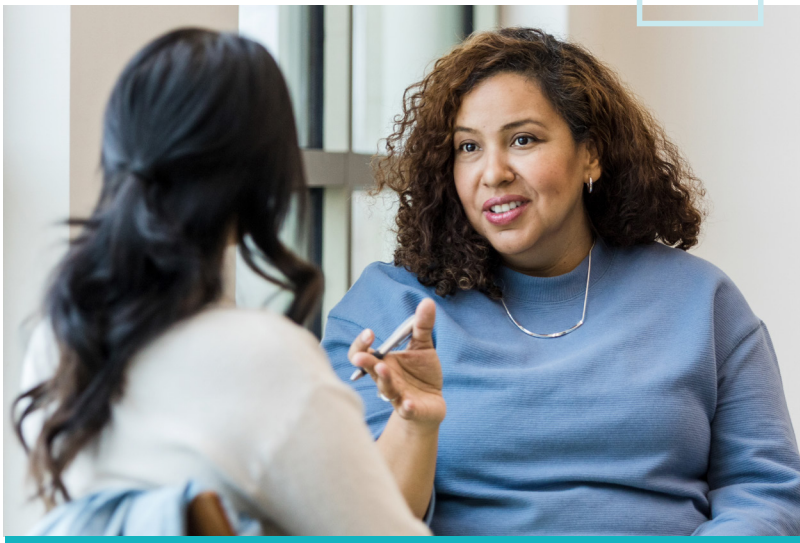
Understanding the Role of the Consultant in Home Visiting Programs

IECMHC is an indirect, prevention-based, capacity-building support that pairs a mental health professional with home visitors. This support ensures that home visitors have the knowledge and skills to be successful in working with families who may be at risk for developing or experiencing behavioral health challenges.[1]

Similar to the integration of mental health consultation in early care and education settings, mental health consultation in home visiting involves a partnership and is designed to build the capacity of home visitors. While home visiting has shown to be an effective service delivery model for children and their families, home visitors are often in need of additional training and support to meet the complex needs of families who may be impacted by a range of factors, such as substance misuse, mental illness, or intimate partner violence. Embedding IECMHC into home visiting provides an additional layer of support within existing evidence-based home visiting models to help home visitors recognize, understand, support, and address the mental health needs of children, families, and staff.

Mental health consultation can involve many types of support for home visiting programs, including consultation specific to the individual needs of children and families, as well as professional development on mental health related topics and reflective consultation. Typically, the IECMH consultant does not work directly with families of very young children; rather, they partner and consult with programs working with the families of young children. By building the capacity of home visiting programs and home visitors, IECMH consultants impact outcomes for children and families. Home visiting programs and home visitors who receive consultation better understand how to promote social, emotional, and relational health among children and families and strengthen their relationships with children, families, and colleagues. IECMH consultants may provide programmatic consultation, child or family-focused consultation, and consultation focused on building home visitors' capacity.

As highlighted in the introduction to Delaware's model, IECMHC is integrated within many different settings across infant and early childhood systems. Consultants may be most familiar with IECMHC within early care and education settings due to the visibility of childcare and preschool programs, national requirements for consultation in some settings, rigorous evaluations related to IECMHC in childcare, and Delaware's history of provision of IECMHC with these settings. However, home visiting programs are benefiting now more than ever from IECMHC as consultants support home visitors in navigating a myriad of mental health and social and emotional development issues facing families and young children. See Figure 1. to identify common practices and differences among IECMHC within early care and education and home visiting.



This is a hard job, and it helps to have a place to talk about that.

Helpful Resource: Review this this two-page resource created by the Home Visiting Improvement Action Center Team (HV-ImpACT) that provides an overview of the many benefits to partnering efforts of IECMHC and home visiting.

Figure 1. Types of Consultation

Types of Service	Early Care and Education (Community and Tribal Settings)	Home Visiting (Federal, state, tribal, community)
Child/Family-Focused Consultation	When a specific child's behavior is of concern to parents or ECE staff, the consultant helps these adults understand, assess, and address the child's needs by developing an individualized plan with the parents and providers. A plan includes specific strategies for the teacher and family to use to address the concerning behaviors.	When a specific child's behavior is of concern to parents or home visitors, the consultant helps the home visitor understand, assess, and address the child's needs so the home visitor can facilitate development of an individualized plan with the family. In some cases, the IECMH consultant may do a joint visit with the home visitor to observe and gather information that can further support the home visitor in his or her work. For more information on IECMHC core components and outcomes within home visiting measured by a cadre of SAMHSA funded Project LAUNCH sites, see the 2013 Pediatrics article by Goodson et al. http://pediatrics.aappublications.org/content/132/Supplement_2/s180.long
Classroom/ Group-Focused Consultation	The consultant works with staff to improve the care offered to all children in the classroom by helping to identify and address attitudes, beliefs, practices and conditions that may be undermining quality relationships between adults and children.	The consultant works with home visitors 1:1 or in a group to provide regular and ongoing reflective consultation to help home visitors improve the care offered to all children and families on their caseload by helping them identify and address attitudes, beliefs, practices, and conditions that may be undermining quality relationships between adults and children.
Programmatic Consultation	Administrators, directors, and other program leaders are supported by the consultant to make changes in their care practices and/or policies to the benefit of all the children and adults in their setting	Administrators and other HV leaders are supported by the consultant to make changes in their policies to enhance the development of and support provided to home visitors.

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To meet fidelity to Delaware's model and provide the level of services necessary, an IECMH consultant must understand how the home visitor operates within their program. This involves understanding the home visiting model goals, the day-to-day work with families, and the potential challenges that home visitors face. In addition, consultants provide an important preventative service that leverages a unique set of qualifications, competencies and a relationship-based stance. This critical knowledge, along with key skills and attributes, are further outlined in the following narrative.

Home visiting views child and family development from a holistic perspective that encompasses child health and well-being, child development and school readiness, positive parent-child relationships, parent health and well-being, family economic self-sufficiency, and family functioning.

Although services differ across models, home visitors typically:

Build Ongoing Relationships with the Family

- Home visitors partner with the family to understand their hopes and expectations for their child. As they observe and interact with the family and child together, home visitors help the parents maintain an accurate understanding of their child's learning and development.

Gather Family Information to Tailor Services

- Screen caregivers for postpartum depression, substance use, and domestic violence
- Screen children for developmental delays

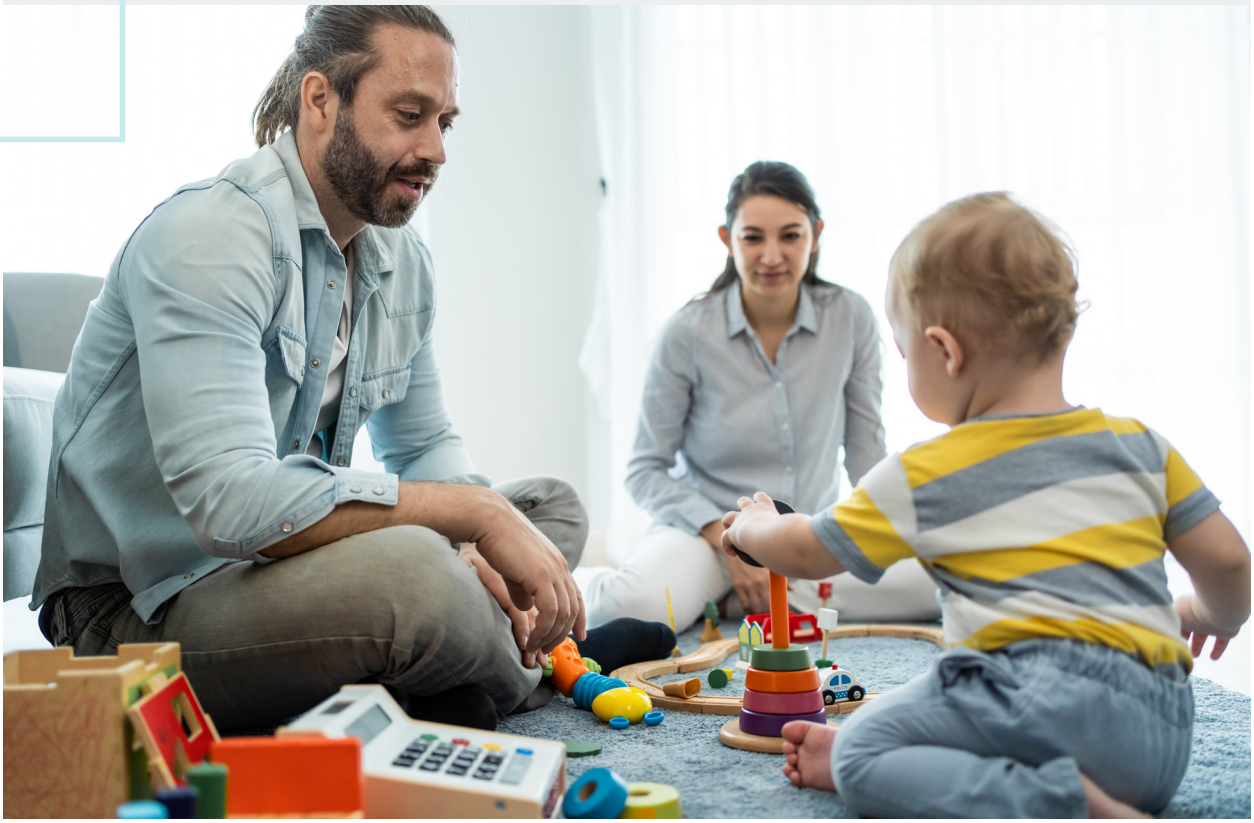
Provide Direct Education and Support

- Provide knowledge and training to make homes safer
- Promote safe sleep practices
- Offer information about child development

Make Referrals and Coordinate Services

- Help pregnant women and pregnant people access prenatal care
- Check to make sure children attend well-child visits
- Connect caregivers with job training and education programs
- Refer caregivers as needed to mental health or domestic violence resources

Source: National Home Visiting Resource Center



Understanding the Role of Home Visitors

IECMH consultants that provide services to home visiting programs must also have a broad knowledge of infant and young child and adult mental health issues and understand the role of home visitors.

Helpful Resource: Review this resource from the National Home Visiting Resource Center to learn more about the complex work of home visitors as well as considerations to promote home visitors' job satisfaction and retention by providing protective supports.

In early care and education settings, for example, it is natural to focus on what is present—a group of very young children in the classroom or childcare setting daily alongside their adult caregivers. These children are observed daily, and at times their interactions or behaviors may give their providers pause and prompt wonder around what might be happening for that child.

The work in home visiting is different, and in addition, home visiting is not evident in just one place or system. Home visiting is offered in multiple systems, including child welfare, early education, public health, and infant mental health. Furthermore, home visitors often vary in their educational and training backgrounds with some home visitors coming from the field of nursing while others have backgrounds and credentials in early childhood or human services.

In home visiting, the focus is often on the dyad, or the relationship between the caregiver(s) in the home and the child, often addressing issues or concerns that might impact the child's development. The work of the home visitor often includes promotion and prevention strategies focused on relationship building, health and child development, parenting practices, and helping the parent identify and work toward various short-and long-term family goals. It is important that the IECMH consultant be aware of the home visitor's role, challenges they may face, and how to support them as they become aware of situations and variables that may not allow for maximum growth and development for the infant, young child or the adults that care for them.

Home visitors go into homes regularly, making strong connections with the parent/caregiver. They understand that infants and very young children learn from the relationships they have with those in their lives and that the relationship is essential to their growth and overall development. Although the focus is on the very young child, home visiting support is multi-generational and it is through the adults in that child's life that the home visitor does their work, keeping in mind the power of trusting relationships to create change. In addition, the home visitor acknowledges and respects the family's willingness to meet on behalf of the child's well-being, recognizing the courage it takes to share the uncertainty of parenting and the possible complexity of their lives.

One of the primary goals for home visiting is to support adults' ability to create a nurturing, caring, and responsive environment that supports the cognitive, physical, and social and emotional development of children, leading to positive health, including mental health. As a result, the home visitor must assess and address any issues that impact the parent-child relationship. The home visitor is not always trained in mental health issues, and yet they face them routinely. Facing complicated families with stressful life experiences can lead to various home visitor responses, including avoidance or over-involvement with families. This makes the support from an IECMH consultant additionally essential to their work.

As more communities adopt home visiting as a strategy to help support children and families, it becomes increasingly important to understand the strengths and challenges of home visitation, as well as the primary tasks of home visitors. For example, most home visiting models require that the home visitor conduct regular screenings. Screenings include maternal depression, substance use/abuse, domestic partner violence, and child development. After completing the screenings the home visitor may wonder about next steps.

- What action do they take next?
- Was the assessment enough to identify factors influencing that family?
- If the assessment does not indicate further action, but the home visitor has concerns, how can the home visitor best assist that parent/family?

These are all questions that a home visitor might bring to reflective consultation with an IECMH consultant, while walking through a case together and thinking through options.

As will be further described in Part 3, IECMH consultants offer reflective consultation to home visitors as they explore mental health concerns with families and search for greater understanding of the child, the parent/family, and oneself. Reflection offers the home visitor valuable space to process the work and their own experiences as they address sensitive issues and think through options and subsequent next steps.

For Information on specialized training, objectives and linkages to accessible modules in topics critical to supporting home visitors, see Appendix C. Training Topics for IECMH Consultants.

Additionally, reflective consultation:

- Allows the home visitor to consider their reactions and emotions that have surfaced during their interactions and experiences with the family. What is coming up for them?
- Helps home visitors to become more self-aware, and able to process how they can best support this family without allowing their issues to interfere, thus being more objective.
- Allows the home visitor to slow down, better understand the story of the family, and think through options and actions with an IECMH consultant.

In addition to understanding the home visitor's role, it is also important to become familiar with the evidence-based models, described in Part 1 of this document, to better understand the activities and requirements of each, including what enables the home visitor to maintain the capacity for the observation, curiosity, and responsivity that defines the model.

To meet fidelity to Delaware's model for IECMHC in home visiting, and to provide the level of services necessary, an IECMH consultant must have a mix of qualifications, education, skills, attributes, and experience that, combined, allows them to meet the diverse needs of home visiting programs. Some important skills and attributes needed to be (or become) a competent consultant include:

- Having the ability to build relationships by listening, reflecting, supporting others, being curious, maintaining humble and sensitive inquiry.
- Maintaining a strengths-based perspective, remaining open, honest, and approachable are essential attributes of a competent consultant.
- Being respectful, empathetic, and self-aware with the ability to emotionally "hold" others by listening without judgement and tolerating intense feelings while remaining open and calm.
- Possessing the ability to engage in reflective practice and maintain a consultative stance.

You can learn more about the process of reflection and its benefits for home visitors in the Reflective Practice section of the Head Start Home Visitor's Online Handbook

Qualifications for an IECMH Consultant

Qualifications show that a professional has the knowledge necessary to understand the intention of the IECMHC role.

Delaware has built flexibility into the qualifications, as there is not just one path to become a consultant. There are varying early childhood experiences that can elevate an individual's ability to engage in quality consultation. This approach also allows diverse and equitable pathways for individuals that match their experiences, abilities, and interests.

Delaware's recommended qualifications for an IECMH consultant are listed in the rubric that follows.

Each section must add up to a total of 15 points for an individual to qualify. In some cases, with strong mentoring and ongoing support from a reflective supervisor that meets IECMHC criteria, an individual may be provided a waiver to begin services immediately, and then reach criteria within the 12 months that follow. IECMHC is emerging in Delaware, and the workforce is growing. This flexibility is necessary to launch services, scale the work, and support growth. In addition, to the 15 points, individuals need to have made a selection in each of the three key areas: Education; Work Experience; and Reflective Practice.

Figure 2. Qualifications Rubric

I. EDUCATION			
Advanced Degree in Mental Health (minimum of master's degree) ☐ An advanced degree in a Mental Health-relate field such as Social Work, Counseling, Psychology, Marriage and Family Therapy, or Psychiatry	Current license or transcripts	5	
OR			
Advanced Degree in Related Field (minimum of master's degree) **All three below required:** ☐ An advanced degree in Education, Child Development, Public Health, Nursing, or a related degree ☐ Degree includes a focus on infant/early childhood ☐ Completion of additional post-degree professional development seminars/workshops/trainings with a focus on mental health	transcripts transcripts certificates of completion	3	
II. WORK EXPERIENCE			
Work Experience with Children and Their Families (prenatal – 5 years) ☐ A minimum of 5 years of work experience with children and their families (prenatal – 5 years)	résumé or curriculum vitae	5	
OR			
☐ A minimum of 3 years of work experience with children and their families (prenatal – 5 years)	résumé or curriculum vitae	3	

III. REFLECTIVE PRACTICE			
Current Involvement in Reflective Practice ☐ Active participation in reflective practice with a plan for ongoing participation	documentation of current involvement in reflective practice, with plan for continuation of ongoing participation	3	
IV. INFANT AND EARLY CHILDHOOD MENTAL HEALTH CONSULTANT TRAINING			
Infant and Early Childhood Mental Health Consultant Training ☐ Successful completion as a participant in Infant and Early Childhood Mental Health Consultant Training	certificate of completion	2	
QUALIFICATIONS POINT TOTAL:			

ADDITIONAL CONSIDERATIONS	Documentation	Points	TOTAL
Post-Degree Certificates, Endorsements, and/or Credentials in Infant/Early Childhood Mental Health	official documentation of successful completion	5	
Post-Degree Coursework and/or Professional Development in Infant/Early Childhood	transcripts and/or certificates of completion	3	
ADDITIONAL CONSIDERATIONS POINT TOTAL:			

TOTAL POINTS: (minimum of 15 points necessary) If Total Points are within 12-15 point range, add justification for why the individual should be considered for a waiver and the supports that will be put into place to attain necessary qualifications:		

IECMH Consultant Skills and Attributes

As outlined in the Qualifications section of this document, IECMH consultants can hail from a variety of disciplines—for example, infant mental health, psychology, social work, or counseling (Kaufman, et al., 2013). Typically, IECMH consultants will hold a minimum of a master's degree in a related field and possess content knowledge of infant and early childhood mental health, child development, and relationship-and evidence-based practices. In addition, consultants will seek to have knowledge of and understand:

- Early childhood programs and community resources
- Culture and cultural influences
- Implicit bias and equity considerations such as access to care
- Adult learning principles
- Specialized knowledge and skills related to the position, including understanding early childhood development, family systems, the impact of stress and trauma on family functioning, family mental health, the impact of domestic and community violence on mental well-being, and the relationship between adult mental illness and infant social and emotional development

Skills necessary for building a trusting relationship-based entry into this work and to honor the ongoing experiences of supervisors and home visitors, a consultant should reflect and continually work on honing their:

- Ability to suspend immediate judgement and remain curious by asking questions that support a deeper understanding of the story being told
- Ability to sit in silence while individuals process information and make meaning of their experience
- Ability to wait before responding or answering and instead, use effective strategies that support individuals in finding solutions
- Ability to pause when necessary in order to self-regulate (when upset, or when having a strong reaction to an experience)
- Ability to listen to different perspectives and create opportunities for others to hear differing and diverse perspectives
- Ability to recognize whose voice is missing from the discussion and elevate that voice without being disruptive or "shutting down" the conversation
- Ability to maintain professional boundaries
- Ability to suspend expert-stance to allow for others to share their expertise and knowledge

Some ideal consultant attributes, include:

- Reflective capacity and practice, including the ability to listen deeply, ask thoughtful questions, bridge discussions between group members, and make thoughtful observations
- A deep understanding of the philosophy and practice of relationship-based work
- A knowledge of the consultation process and experience in providing services around the parent-child development and team process.
- A knowledge of and training in infant development: typical and atypical development; attachment theory; family systems theory; and the impacts of stress and trauma in infancy
- A knowledge of and training in assessment of the parent-child relationship and interventions to support the parent-child relationship
- An awareness of how to assess adult mental health risks

In addition to these qualifications, skills, and attributes, a complete list of IECMHC core competencies are found in Appendix B.

Supports Available for IECMH Consultants

IECMH consultants engage in meaningful, but challenging work. While home visiting programs understand the importance of relationship-based practices and help address the varying needs of the child and family, home visiting programs report that families are experiencing multiple risk factors simultaneously. Domestic violence, maternal depression, and substance use, as examples, may impact many home visiting participants which can make effective intervention challenging for home visitors. Home visiting programs continue to evolve to help meet these high-risk needs. By building the capacity of home visiting programs and home visitors, IECMH consultants can help build support for this difficult work and impact positive outcomes for children and families by working directly with home visitors to build their capacity to recognize and respond to the mental health needs of children and families.

Consultants need space and opportunities to reflect, reset, and receive support. Below are a few of the supports programs or organizations may make available to consultants.

I want to be there for the families, and sometimes it takes away from my own time with my family.

Reflective Supervision

Reflective supervision is foundational to a mental health consultant's work. It is a cornerstone and a requirement of the Delaware Model that each consultant receives 1:1 reflective supervision for two hours (at a minimum) monthly. It is best practice for an internal supervisor or contracted Reflective Consultant to provide between 4-6 hours of consultation opportunities per month through both individual and group supervision. Reflective supervision provides consultants with a safe space to explore their own emotions, concerns, and reactions while providing consultation. Through this process, the consultant will gain insights into their practice, hone their skills, and develop a more profound sense of self-awareness.

Reflective supervision is distinct due to the shared exploration of the parallel process. That is, attention to all the relationships is essential, including the ones between the consultant and supervisor, between the consultant and home visitor, and between home visitors and the families that they support. It is critical to understand how each of these relationships affects the others. Of additional importance, reflective supervision relates to professional and personal development within one's discipline by attending to the work's emotional content and how reactions to the content affect the implementation of work. Finally, there is often greater emphasis on the supervisor/consultant's ability to listen and wait, allowing the supervisee to discover solutions, concepts, and perceptions on his/her own without interruption from the supervisor/consultant. A goodness of fit and development of trust is paramount for supervision to be impactful and supportive.

The primary objectives of reflective supervision include the following:

- Form a trusting relationship between supervisor and practitioner
- Establish consistent and predictable meetings and times
- Ask questions that encourage details about the infant, parent, and emerging relationship
- Remain emotionally present
- Teach/guide
- Nurture/support
- Apply the integration of emotion and reason
- Foster the reflective process to be internalized by the supervisee
- Explore the parallel process and allow time for personal reflection
- Attend to how reactions to the content affect the process

In addition to reflection supervision sessions, there are other opportunities to reflect within, or outside of, the program. These might include attending regular staff meetings, journaling and reflecting on your own, or seeking professional development on topics related to mental health. If you do not have access to reflective supervision, reach out for recommendations from the Delaware Department of Education.

Consultant Community of Practice

Consultants attend a 75-minute community of practice (COP) monthly with others doing consultation across the state. This COP is led by reflective facilitators and engages consultants in pertinent updates conducive to their work and allows space for peer-to-peer sharing on bright spots and barriers to their work allowing a safe space for support, wondering, and reflection. Specialized training, as warranted, may be integrated into monthly COPs.

Annual Convening

IECMHC can often be isolating for the consultant working independently with home visiting programs. Many do not have a home base organization in which they reside to engage in face-to-face interaction with others doing infant and early childhood mental health work. The state will convene consultants in person annually to engage in critical state updates, review of fidelity and program highlights, peer-to-peer learning, professional development aligned with core competencies and other topics and activities that are consultant driven. The annual convenings typically will be centrally located and convene for 1.5 days. This allows for important connections and time to engage in formal and informal dialogue with those doing IECMHC.

Mentoring

For those new to doing IECMHC, the Delaware State Department of Education can arrange mentoring and virtual shadowing opportunities. This may include shadowing or working with consultants in other states as Delaware continues to grow the IECMHC workforce.

Support for Supervisors

While the resources listed in this section are primarily for consultants themselves, these additional resources are designed to help supervisors overseeing an IECMHC program.

- Review the results of an evaluation of Colorado Infant/Early Childhood Mental Health consultation in home visiting programs. https://create.piktochart.com/output/33907635-mental-health-consultation_interviews-summary_co-miechv. Pay particular attention to the section on Mental Health Consultation Barriers and Facilitators. This evaluation section can act as a tool to help you identify reflective questions and prompts you can use as you determine if there are some barriers that the IECMH consultant you support is experiencing.
- Review Types of Supervision and Oversight Required to Effectively Support Infant and Early Childhood Mental Health Consultants in the Field – 2017 (PDF | 525 KB) which describes the different types of supervision and oversight of infant and early childhood mental health consultants and lists the most effective types of supervision for each IECMHC practice environment. Use this resource as a guide to ensure the consultant you support is getting the type of support necessary to do quality work, use data for improving outcomes, meet their own emotional experiences, and maintain fidelity to the model.
- Review the Illinois Model for IECMHC in home visiting at https://www.icmhp.org/wp-content/uploads/2020/03/Early-Childhood-Mental-Health-Consultation-To-Home-Visiting-Programs.pdf. This model outlines the ways that Illinois implemented consultation in home visiting, the support offered to the IECMH consultants, and the responsibilities of the consultants.

In addition to the resources provided in this section, the "Additional Resources" section of this guide found on pages 29 includes many more useful documents, tools, videos, podcasts, and more.

One supervisor reflected on her experience with a mental health consultant: Knowing a mental health consultant meets with my staff is a relief, I don't have to be an expert on everything.

Part 3:

Delivering Infant and Early Childhood Mental Health Consultation in Home Visiting

Main Activities in the Delaware Model for IECMHC in Home Visiting

In the Delaware Model for providing IECMHC within home visiting, the IECMH consultant may engage in five main activities. Depending on the needs of the provider, the consultant may provide *all or some* of the following services and activities.

Reflective consultation with the home visiting program manager/supervisor:

The consultant meets monthly with the program supervisor/manager to provide an opportunity for reflection, problem-solving, planning staff interactions, and embedding the skills and knowledge that the consultant brings into the program. These meetings help develop an agreement between the consultant and the supervisor and clarify the differences between consultation and supervision, reinforcing the supervisor's ongoing commitment to the consultation process. This is an essential step that helps to sustain the work by promoting reflective practice within the supervisory activities.

Reflective case consultation with individual staff:

In a parallel process, the consultant and the supervisor meet with individual staff monthly to provide reflective consultation as described previously. Home visiting staff may have little prior training on mental health topics, and sometimes struggle with issues of boundaries and judgements regarding a parent's life choices or parenting practices. A reflective mental health approach can assist home visitors in thinking about the impacts of issues such as a history of abuse or living with a parent with mental illness and how to address these issues within their role as a home visitor. Consultation helps staff gain confidence when raising mental health concerns, using the trusting relationship that they have established with a parent/family to make a referral to mental health services and addressing how the parent's mental health issues impact the relationship with their infant or young child. Consultants and program supervisors alike report that training is more effective when it happens naturally. If a subject comes up during a case consultation, the consultant may spend time relying upon their knowledge and experience to share information with the team. The consultant may return to the next visit with additional information and materials, if appropriate.

Group reflective case consultation:

Like reflective consultation with individual staff, the consultant works with the supervisor and the staff monthly. Often staff members present cases for discussion. The consultant helps the group to wonder aloud, thinking about the meaning of behaviors. The home visitors are encouraged to hold steady, observe, and wonder with their clients (parents/families), as opposed to problem solving and finding a "solution".

Specialized mental health training:

The reflective approach is balanced with training that is content specific. The IECMH consultant develops "mini trainings" on topics that staff members identify such as attachment, self-regulation, postpartum depression, substance abuse, and sleep disturbance. The home visiting staff gain knowledge and skills. The consultant then reinforces this information in supervision and during ongoing meetings.

Home visitors indicate that it takes a toll on them as they support families who are experiencing trauma. It is hard to not take the concerns home with you.

Joint home visits:

Infrequently, the consultant may accompany staff on home visits on a as needed basis. The supervisor and the consultant, as well as the staff as a group, thoroughly discuss the decision to have the consultant attend a home visit, minimally addressing the following:

- How does the consultant's presence increase the skills of the home visitor?
- What does it mean to the family to have the consultant present on a home visit?
- What does the home visitor hope to gain from the consultant?
- How will the observations of the consultant will be shared with the home visitor, the supervisor, the staff as a whole and/or the family?

Before the consultant participates in the visit, the home visitor engages the family in a discussion about the purpose of the consultant's participation in the home visit. The family should sign consent for the consultant to attend the visit. The supervisor, home visitor, and consultant discuss how the consultant will support and partner with the home visitor during the visit. They also discuss what happens after the visit, and plan for follow-up with the family.

Fidelity to the Delaware Model

Delaware requires that IECMH consultants in home visiting understand and hold fidelity to the model of consultation. The basic components include:

- Consultant education, qualifications, competencies and skills
- Reflective consultation with supervisors (1:1) and home visitors (1:1) and group
- Specialized mental health training provided to home visitors
- Joint visits when necessary
- Data reporting and use (monthly)
- Attend quarterly state TTA (Training and Technical Assistance)

Data Reporting Requirements

Monitoring and evaluation are vital to determining the success and impact of mental health consultation in Delaware. Monitoring is an ongoing process that looks at the degree to which the program and practices are being implemented as intended. Program delivery should be monitored at multiple levels: program, consultant, and family.

Data variables and periodicity are outlined below. Consultants will track and report variables monthly for the first twelve months of service provision and quarterly thereafter once fidelity components are met and approved by the state lead.

Data Variables reported include:

Demographics at time of entry of the HV program: Consultants enter these for each HV program (case)

- Program name: Consultant types in
- # of home visitors in program: Consultant types in number
- # of families served by program: Consultant types in number
- Demographics of home visiting program: Geographic region, population race/ethnicity, HV model type, ages served: Consultant chooses from drop down menu choices

Ongoing Activity:

Consultant Activity	Data Variables
Consultant education and skills (not an activity)	**Master's Degree in this subject:** [fill in.] **Years of experience:** [fill in.] **Reflective supervision hours:** [fill in.]
Reflective consultation with the home visiting program manager/ supervisor	**Date agreement signed:** [select date.] **# of sessions:** [choose 15-minute increments in dropdown menu.] **Focus of each session**: [fill in.] (note: this information will eventually help populate a dropdown menu with common themes.)
Reflective case consultation with home visitors (1:1 or group)	**Number of sessions by type:** [select 1:1 or group for each log entry; questions populate based on selection.] **# of HVs attending (monthly):** [select from dropdown menu of options.] **Topics addressed (monthly):** [select from a dropdown menu of options.]
Specialized mental health training	**# of trainings:** [fill in.] **# of attendees per training:** [select from dropdown menu of options.] **Topic addressed within each training:** [select all that apply.] ■ maternal/paternal depression ■ home visitor well-being ■ pregnancy and early parenthood ■ infant/young child development and behavior ■ family relationships and dynamics ■ attachment, separation, trauma, grief, and loss ■ disorders of infancy and early childhood ■ mental and behavioral disorders in adults ■ cultural competence ■ mental health screening and assessment ■ intervention/treatment planning ■ developmental guidance ■ other

Joint visit with home visitor	This activity will require a consultation log to track each joint visit per family. Within each joint home visit log that is populated (specific to one family), consultants can record: ■ Intake/consent form completion date: [select date.] ■ # of coaching minutes (log minutes over time) - per home visit with that family: [fill in.] ■ Strategies used within each joint visit [select all that apply.]: observation; planning meeting; assessment; referral linkage; other (please list). ■ Reason for each joint visit: [select from a dropdown list of options: caregiver mental health concerns; child social/emotional/behavioral concerns; other (please list). **Case closure date** (completed once per family at end of services): [select date.]

Consultants will complete a self-efficacy survey (electronically) on an annual basis. This self-efficacy survey will help consultants learn more about the impact of consultation work on home visitors' feelings of confidence and changes to competency in supporting the mental health of infants, young children, and families.

Summary

Providing IECMHC in home visiting programs involves having a close connection to the home visitors as they support the families of very young children. Home visitors develop trust with the families they support and become a key partner in helping to provide the supportive and nurturing environment that helps an infant or young child develop social and emotional skills. Through reflection, case consultation, and collaborative planning, the IECMH consultant helps build the capacity of the home visitors to address the mental health concerns that they encounter through their work with families.

Additional Resources

HV Impact on Supporting Home Visiting through IECMHC is a video featuring leaders in three different states explaining how they implement IECMHC in their MIECHV home visiting programs in their respective states.

IECMHC Condensed Grid of Qualifications provides a compact overview of the qualifications needed for workforce development at the consultant, program, and state levels.

IECMHC in Home Visiting is a HRSA HV-ImpACT national webinar presented in March of 2017 that outlines many aspects of IECMHC in home visiting.

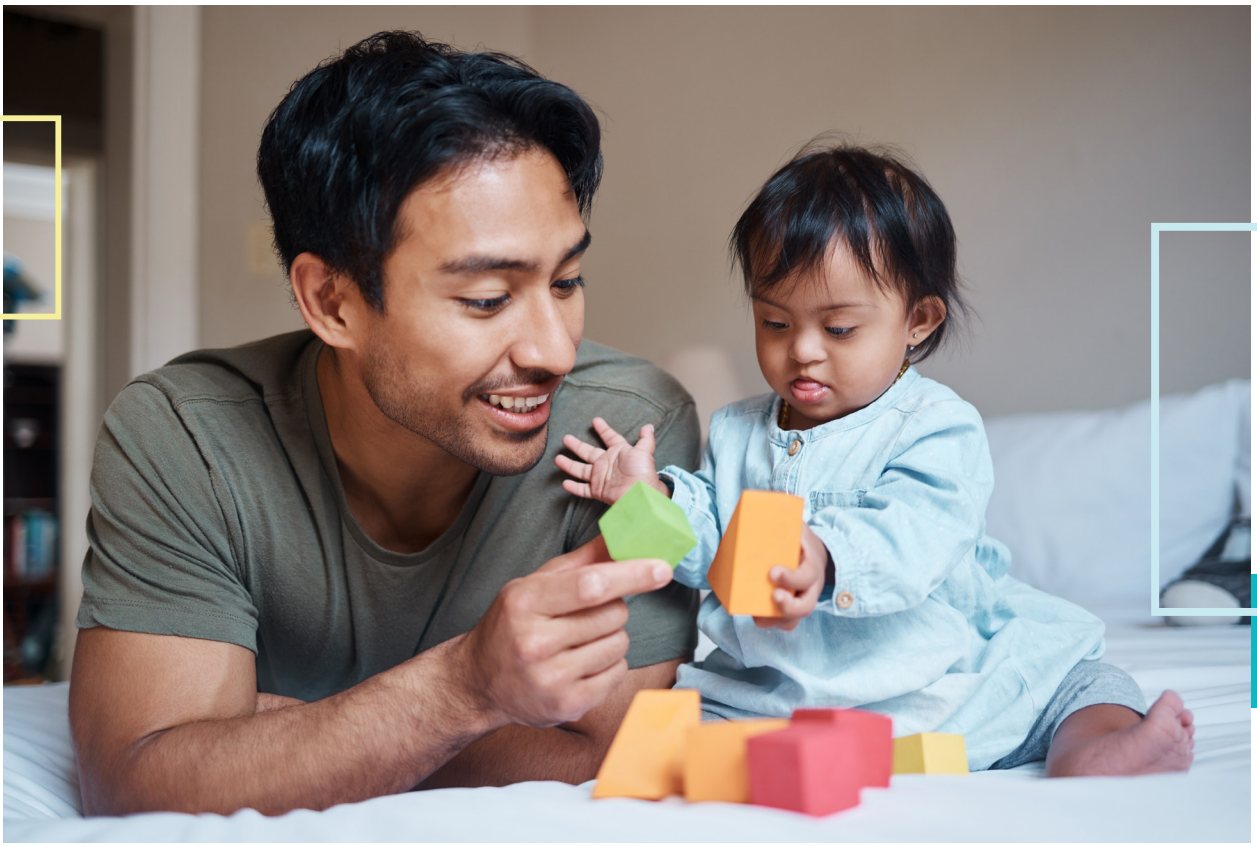
Mental Health Consultation roadmap includes an infographic that provides a useful visual of key elements within home visiting.

Qualifications of an Infant and Early Childhood Mental Health Consultant lists the qualifications that consultants should possess, as well as factors that programs should consider when hiring consultants.

Types of Supervision and Oversight Required to Effectively Support Infant and Early Childhood Mental Health Consultants in the Field describes types of supervision and oversight of infant and early childhood mental health consultants and lists the most effective types of supervision for each IECMHC practice environment.

Using IECMHC to Support Home Visiting Programs is a podcast by the Center of Excellence with a Wisconsin leader in Home Visiting Consultation, Kevin O'Brien.

Why Home Visiting Matters is a short video a video that explains home visitors' impact on families and the valuable services provided.



References

Center for the Study of Social Policy. Retrieved December 10, 2023 from: https://cssp.org/our-work/project/advancing-early-relational-health/

Center for Prevention Research and Development, 2011. Opportunities in Public Policy to Support Infant and Early Childhood Mental Health. Retrieved from https://psycnet.apa.org

Connell, M.C. & Prinz, R. J. The Impact of Childcare and Parent–Child Interactions on School Readiness and Social Skills Development for Low-Income African American Children, Journal of School Psychology, Volume 40, Issue 2, 2002, Pages 177-193, ISSN 0022-4405. https://doi.org/10.1016/S0022-4405(02)00090-0.

Cree RA, Bitsko RH, Robinson LR, Holbrook JR, Danielson ML, Smith DS, Kaminski JW, Kenney MK, Peacock G. Health care, family, and community factors associated with mental, behavioral, and developmental disorders and poverty among children aged 2–8 years — United States, 2016. *MMWR*, 2018;67(5):1377-1383.

Early Childhood Mental Health Consultation to Home Visiting Programs: Addressing the Unmet Mental Health Needs of Families with Young Children, Illinois Children's Mental Health Partnership. Retrieved August 23, 2013 from: https://www.icmhp.org/wp-content/uploads/2020/03/Early-Childhood-Mental-Health-Consultation-To-Home-Visiting-Programs.pdf

Early Childhood Mental Health Consultation in Home Visiting, Supporting the Mental Health Needs of Children and Families, Mackrain and Perry, 2014. Retrieved from: https://drive.google.com/file/d/0B2GoVCliW0LSbXBtd1pPTUpCWjg/view?resourcekey=0--KtvGKexBEuAO2Vfffk2ng

Enhancing Home Visiting with Mental Health Consultation, Goodson, Mackrain, Perry, O'Brien, and Gwaltney. Pediatrics, 2013; 132:S180–S190.

Embedding Infant and Early Childhood Mental Health Consultation in Maternal, Infant, and Early Childhood Home Visiting Programs. Retrieved March 2020 from: https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/tafiles/iecmhc-roadmap.pdf

First 5, Alameda County, California's Project Launch, *Integrating Mental Health Supports into Home Visiting,* Retrieved from: https://healthysafechildren.org/sites/default/files/CA_Policy_Brief_Integrating_Mental_Health_in_Home_Visiting.pdf

Hutchins HJ, Barry CM, Valentine V, Bacon S, Njai R, Claussen AH, Ghandour RM, Lebrun-Harris LA, Perkins K, Robinson LR (submitted). Perceived racial/ethnic discrimination, physical and mental health conditions in childhood, and the relative role of other adverse experiences. Adversity and Resilience Science published online May 23, 2022.

Health Resources Services Administration, MIECHV TARC, Embedding Infant and Early Childhood Mental Health Consultation in Maternal, Infant, and Early Childhood Home Visiting Programs, March 2020. Retrieved from: https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/tafiles/iecmhc-roadmap.pdf

Infant and Early Childhood Mental Health in Home Visiting, National Center on Children in Poverty. Retrieved December 10, 2023 from: https://www.nccp.org/mentalhttps://www.youtube.com/watch?v=SE8XoFUWcSI-health-in-home-visiting/

Infant & Early Childhood Mental Health Consultation (IECMHC): A Prevention-Based Approach to Supporting Social and Emotional Wellness in Early Care and Education Settings. Retrieved from: https://childcareta.acf.hhs.gov/sites/default/files/public/infant_and_early_childhood_mental_health_508_compliant.pdf

Johnson, K. (2009). *State-based home visiting: Strengthening programs through state leadership*. New York, NY: National Center for Children in Poverty. Retrieved from: http://www.nccp.org/wp-content/uploads/2009/03/text_862.pdf

Kauffman, J. M., & Badar, J. (2013). How We Might Make Special Education for Students with Emotional or Behavioral Disorders Less Stigmatizing. *Behavioral Disorders*, *39*(1), 16-27. https://doi.org/10.1177/019874291303900103

Northwestern IL University, Mothers and Babies, Retrieved from: https://www.mothersandbabiesprogram.org/

Policy Change to Promote Early Relational Health. Nurture Connections, 2022. Retrieved from: https://nurtureconnection.org/resource/policy-change-to-promote-early-relational-health/

Pianta, R.C., Nimetz, S.L., & Bennett, E. Mother-child relationships, teacher-child relationships, and school outcomes in preschool and kindergarten, Early Childhood Research Quarterly,

Volume 12, Issue 3, 1997, Pages 263-280, ISSN 0885-2006, https://doi.org/10.1016/S0885-2006(97)90003-X

Project Launch, *Mental Health and Home Visiting*. Retrieved from: https://www.caprojlaunch.org/mental-health-and-home-visiting/

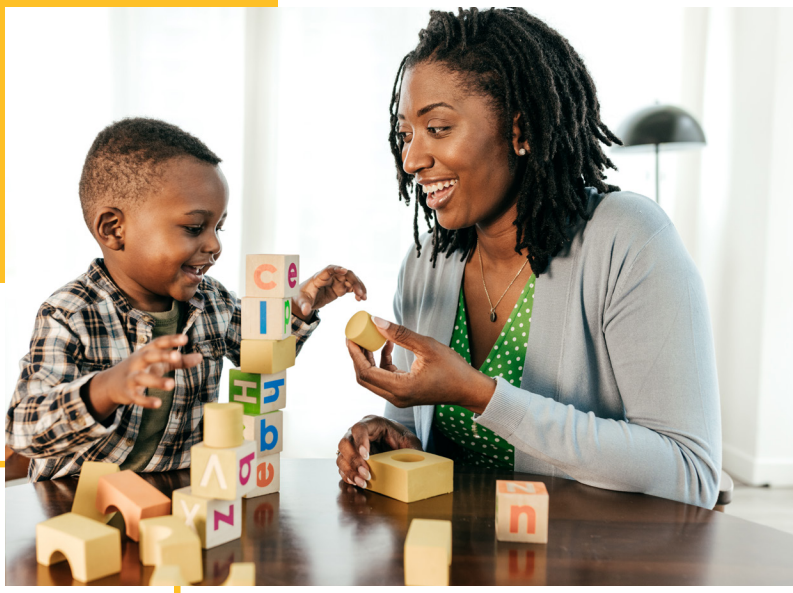
Stark, L. J., Clifford, L. M., Towner, E. K., Filigno, S. S., Zion, C., Bolling, C., & Rausch, J. (2014). A pilot randomized controlled trial of a behavioral family-based intervention with and without home visits to decrease obesity in preschoolers. *Journal of Pediatric Psychology, 39*(9), 1001–1012. https://doi.org/10.1093/jpepsy/jsu059.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2017). About infant and early childhood mental health consultation (IECMHC). Retrieved December 10, 2023 from: https://www.samhsa.gov/iecmhc/about

Substance Abuse and Mental Health Services Administration, Center of Excellence on IECMHC, *The Role of IECMH Consultants in Addressing Maternal Depression Among Clients in Home Visiting Settings*, Retrieved from: https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/iecmhc-and-mmd-in-home-visiting.pdf

University of Maryland, Baltimore, Training Institutes, July 2018, Infant and Early Childhood Mental Health Consultation: *How to create, implement and sustain a model of consultation.* Retrieved from: https://www.ssw.umaryland.edu/media/ssw/institute/training-institutes-2018/presentation-notes/Institute-No-18-Notes.pdf

Zero to Three, 2004. Early Childhood Mental Health Consultation, Policies and Practices to Foster the Social-Emotional Development of Young Children. Retrieved from: https://www.zerotothree.org/resources/1694-early-childhood-mental-health-consultation-policies-and-practices-to-foster-the-social-emotional-development-of-young-children



Appendix A

Infant and Early Childhood Mental Health Consultation Committee Members

1. Consultant Developers
   - Linda Delimata, Consultant
   - Mary Mackrain, Consultant
   - Delreen Schmidt-Lenz, Consultant
   - Lauren Wiley, Consultant
   - Holly Gursslin Beseda, Consultant
2. Technical Assistance
   - Leslie McAllister, TA Specialist, MIECHV Technical Assistance Resource Center
3. Home Visiting Community Advisory Board (HV CAB) - Comprised of providers, policy makers, and other advocates including numerous stakeholders that oversee the coordination of home visiting services within the early childhood system to ensure quality service delivery. The HV CAB promotes a cross-sector collaboration among relevant state and community-based organizations to reduce duplication and advance common goals.

HV CAB Steering Committee List - 2022/2023			
First Name	**Last Name**	**Title**	**Affiliation**
Crystal	*Sherman*	*Chief, Maternal Child Health Bureau*	*Delaware Public Health*
Emily	*Thompson*	*Public Health Treatment Program Administrator*	*Delaware Public Health*
Kelly	*Ensslin*	*Chief of Legal Services*	*Office of the Child Advocate*
Kirsten	*Olson*	*Chief Executive Officer*	*Children & Families First*
Amber	*Shelton*	*Education Associate, Educator Initiatives*	*Office of Early Learning, DOE*
Heidi	*Beck*	*Director*	*New Directions Early Head Start, University of Delaware*
Amy	*Harter*	*Supervisor*	*New Directions Early Head Start, University of Delaware*
Kellie	*Turner*	*Director of Programs*	*Prevent Child Abuse Delaware*
Zakiya	*Yejide Bakari-Griffin*	*Chief Prevention Program Officer*	*Children & Families First*
Heather	*Hafer*	*Home Based Coordinator*	*Children & Families First*
Christine	*Stoops*	*Consultant, Co-State Leader for Delaware Parents as Teachers*	*Office of Early Learning, DOE*

Appendix B

Core Competencies

What are the IECMH competencies?

The competencies define the role of the IECMH consultant and assist them in creating their scope of service. Consultants can self-assess their competency level by identifying how they see themselves in each competency described. This type of individual assessment allows them to understand their level of awareness, knowledge, and mastery of the competencies and can be used during reflective practice as the starting point for developing a plan around their own professional learning and development. The competencies assist consultants to help them identify their existing strengths and skillsets and create a plan to develop areas for growth.

Why are competencies important and necessary?

Underlying the competencies is the ideology of the consultative stance as defined by Johnston and Brinamen (2006) that outlines a "way of being" in relationship-based work. The ways in which people are treated influence their views of themselves, and in turn, their relationships with others. The competencies support healthy and productive communication. They help establish guidelines and expectations for individuals and within programs to reduce confusion or misunderstanding. The competencies can provide programs with a framework for hiring, supervising, and developing their staff to ensure quality, equity-focused, and effective services.

How are the competencies organized?

The competencies are structured around the following domains:

- Foundational Knowledge of:
  - Pre-Natal, Infant, Toddler, and Child Growth and Development
  - Understanding the Complexity of Systems
  - Adult Learning Theories
  - Infant and Early Childhood Mental Health
  - Reflective Practice
  - Diversity, Equity, Inclusion, Belonging, and Justice
  - Ethical Considerations of the Role of the IECMH Consultant
- Functional Knowledge of:
  - Entering and Exiting Systems (i.e., family, community, programmatic, classroom)
- Strong Skill Set in:
  - Child and Family-Centered Consultation
  - Classroom and Home-Focused Consultation
  - Programmatic Consultation

The competencies center around a foundational knowledge of:

Pre-Natal, Infant, Toddler, and Child Growth and Development

- Understands developmental domains such as self-regulation, cognitive, language, physical, and social and emotional
- Demonstrates an understanding of how developmental domains influence each other
- Recognizes and assesses typical and atypical development and behavior
- Recognizes how the child's developmental trajectory can influence the quality of the relationships within the family
- Understands how the quality of the adult relationships impact development
- Understands the transactional and psychosocial nature of development including:
  - attachment
  - social relationships
  - mental wellness of the family members
  - mutuality of relationships with family members
- Understands the impact of family dynamics
- Recognizes the unique cultural variations of development
- Identifies unique risk and protective factors that contribute to development
- Understands the genetic and environmental influences on behavior such as:
  - poverty
  - domestic violence
  - substance use
  - trauma – individual, generational, community
- Assesses developmental concerns and make appropriate referrals

Understanding the Complexity of Systems

- Understands basic concepts of systems theory and how they inform and influence IECMH consultation
- Works within and across systems to engage all levels of influence on the child, family, or program
- Examines the historical context of the systems influencing the child, family, or program
- Recognizes how historical and current inequitable distribution of resources and opportunities in systems influence children, families and programs
- Recognizes and promotes support systems with specific emphasis on families and children at risk of or experiencing isolation
- Understands systems perspective and fosters intentional interdependent relationships and collaborations
- Demonstrates capability to enter into agreements with systems to establish clarity around one's scope of practice
- Demonstrates capability to terminate agreements when consultation is no longer necessary
- Demonstrates a capability to transition participants to more appropriate services when program or family needs exceeds one's scope of practice

Adult Learning Theory

- Recognizes the unique strengths and assets of adults responsible for the social, emotional, and relational health of the children, families and systems
- Demonstrates ability to apply life and professional knowledge and experience to situations, think critically, and broaden perspectives through curiosity and collaboration

Infant and Early Childhood Mental Health

- Utilizes an approach that reflects an understanding of the influences that contribute to an individual's ability to form trusting and secure relationships, in the context of family, culture, and community
- Utilizes an approach that recognizes the transactional nature of the relationships between the child, family and program in promoting and supporting the child's healthy development

Reflective Practice

- Recognizes and remains aware of their own reactions, triggers, feelings, biases based on one's own values, beliefs and assumptions about the ways in which children are developing in the context of their relationships with others
- Creates a safe environment where families and programs can remain curious and aware of and open to exploring their own reactions, triggers, feelings, and biases about the child and other adults
- Values the power of observation to explore, wonder with, and allow relationships and interactions to unfold
- Recognizes and remains curious about how adults interact with and respond to oneself (as the consultant), to each other, and in engaging with the child
- Remains open to one's own development
- Recognizes that there are multiple approaches to engaging with and working alongside of children, families, and programs
- Remains aware of and manages the power they represent in their relationship and interactions with others
- Understands that they may serve as a model for how to promote healthy relationships in their interactions with other adults and children
- Displays tolerance for sitting with the discomfort of not knowing and allowing the adult caregiver to be the expert with the child
- Demonstrates ability to suspend judgement and remain open to different ways of thinking, feeling, and behaving

Diversity, Equity, Inclusion, Belonging, and Justice

- Reflects a willingness to explore how one's own culture and experiences shape the relationships and interactions with the child, family, or staff
- Reflects an awareness of how culture shapes interactions and relationships, family structures, behaviors, and development
- Remains aware of how systemic and historical racism, discrimination, and individual prejudice affects the child, families, and staff's well-being
- Demonstrates a curiosity and openness to accept the unique values and beliefs of the families and programs with particular attention and attention to these values and beliefs when they differ from one's own
- Demonstrates ability to identify and address the ways in which implicit bias influences the staff and their interactions and relationships with each other with specific consideration given to how the child and family can be affected
- Demonstrates a willingness and capacity to raise awareness of and encourage attention to policy and practice to help eliminate exclusion or inequities
- Explores accommodations and adaptations with the family or program when the child's or family's preferred language differs from one's own language in ways that honor the family's heritage and culture and minimizes any discomfort the child or family may experience

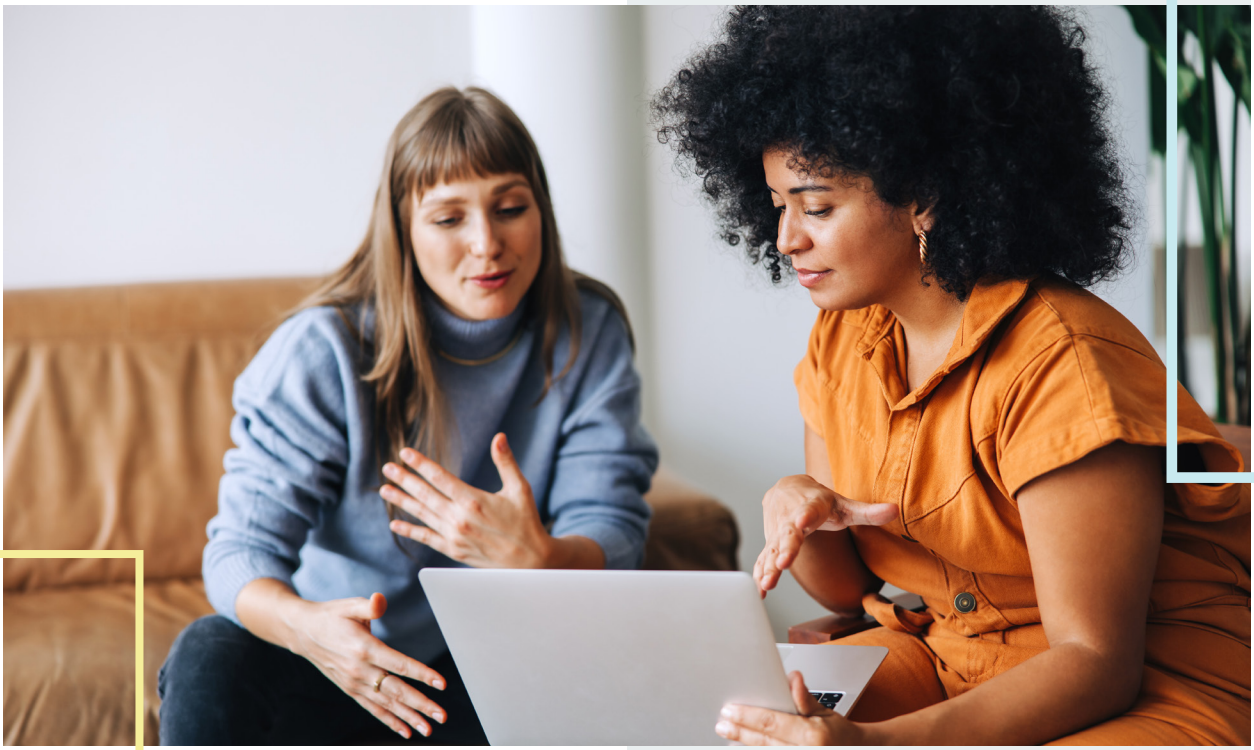
Ethical Considerations of the Role of the IECMH Consultant

- Demonstrates clear understanding and ability to comply with the scope of one's practice as defined by role, license, or certification
- Clearly articulates the scope of one's practice as an IECMH Consultant to families and program staff
- Maintains ethical standard of maintaining confidentiality and can communicate purpose of protecting information
- Maintains appropriate professional boundaries and demonstrates an ability to clearly communicate how violating any boundaries can have negative impacts on service delivery
- Utilizes reflective supervision or consultation to bring challenges to ethical considerations for guidance and direction
- Demonstrates capability to remain aware of IECMH consultation best practices by participating in professional learning opportunities

The competencies center around a functional knowledge of:

Entering and Exiting Systems (i.e., family, community, programmatic, classroom)

- Remains curious and open-minded about the structure of and interplay among the various systems, and meets each aspect of the system without judgement
- Recognizes role as liaison and elicits support from leaders within each system to respectfully facilitate communication between and among systems, as needed
- Engages in various strategies to connect with and support each system, recognizing that one strategy may be effective in one system yet not in another
- Engages in appropriate and necessary exit conversations or procedures to close loops and conduct warm hand-offs upon exit from various systems



The competencies center around a strong skill set in:

Child and Family-Centered Consultation

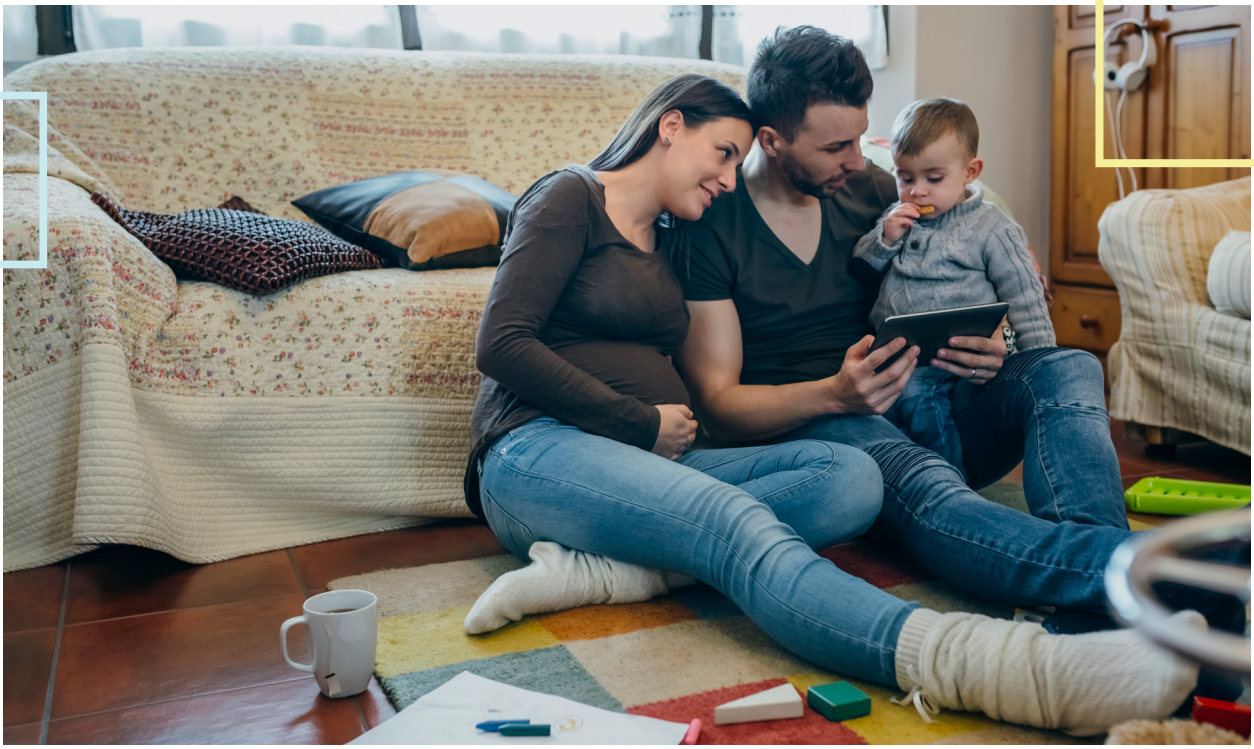
- Promotes the belief that the family relationships are the first and primary relationship in the infant or child's life and as such, their strengths, perspectives, and expertise is considered in all interactions
- Supports staff in accessing relevant information that will facilitate the child's learning and development from the family in ways that are inclusive, respectful, and promote a collaborative approach
- Demonstrates a capacity to acknowledge the judgements and assumptions of the family and staff and encourages a culture of curiosity about and exploration of all possibilities for the child's behavior, including environmental, relational, and developmental influences
- Encourages staff to use observation as a critical source of developing hypotheses about a child's behavior and to suspend any rush to judgement
- Encourages and facilitates collaboration with and referrals to other community supports to identify and address any of the child's developmental, medical, or mental health concerns
- Supports family in developing and implementing a plan to address any concerns with the child's development
- Promotes the expectation that children and families will be served in ways that honor their language and cultural practices

Classroom and Home-Focused Consultation

- Demonstrates capacity to use reflection to support staff in recognizing how the quality of their relationship with the child will greatly influence their behavior with the adults and their peers in the classroom
- Understands the importance of programs utilizing a variety of observation strategies, tools, and other techniques to develop insight into the classroom culture and the effects on the children and families
- Encourages a collaborative approach with families on how they can extend the classroom learning into the home environment in the daily routines and interactions to promote the child's healthy social and emotional development
- Supports staff and families in creating and maintaining developmentally appropriate expectations and activities in the home and/or classroom settings
- Understands the role of the classroom and home-based staff and the requirements they are required to adhere to in the system within which they work

Programmatic Consultation

- Demonstrates a capacity to engage with program leadership to examine ways in which program policy and infrastructure fosters healthy and effective culture and climate
- Supports promotion of reflective practice by providing reflective consultation to the program leadership and remaining available to observe their individual and group reflective supervision sessions
- Demonstrates a capacity to facilitate a case consultation with program staff that invites staff to pause problem-solving and remain curious through reflection about the classroom environment, family system, or child's behavior
- Creates an environment that invites multiple perspectives in understanding the effects of program dynamics
- Acknowledges the role of the staff and the program requirements they are required to adhere to in the system within which they work
- Understands and considers the home visiting program design including, the program model and staff requirements for program model fidelity or adherence to funder requirements
- Demonstrates awareness and familiarity of how to utilize home visiting assessments, including those required by the program models to consider the family's strengths and opportunities for support
- Capable of utilizing continuous quality improvement (CQI) process and strategies designed to assess the progress made by the programs on their identified goals and supports addressing any barriers that may prevent them from accomplishing their stated goals



Sources:

Georgetown University Center of Excellence for Infant and Early Childhood Mental Health Consultation. *Assessment 1: Consultant Role: Self-Reflective Learning: Map Your Learning Pathway.* Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). https://www.iecmhc.org/assessment/intro/?e=login

Georgetown University Center of Excellence for Infant and Early Childhood Mental Health Consultation. *I/ECMH Consultation Competencies.* Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). https://www.iecmhc.org/documents/IECMHC-competencies.pdf

Georgetown University Center of Excellence for Infant and Early Childhood Mental Health Consultation. *Crosswalk between the Center of Excellence for Infant and Early Childhood Mental Health Competencies and Competency Guidelines for Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant and Early Childhood Mental Health.* Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). https://www.iecmhc.org/crosswalk/

Johnston, K. & Brinamen, C. (2006). Mental health consultation in childcare: Transforming relationships among directors, staff, and families. Washington, DC. ZERO TO THREE Press.

National Center on Health. *Office of Head Start National Centers Competencies - Infant and Early Childhood Mental Health Consultation.* Office of Head Start, Administration for Children, Youth and Families, U.S. Department of Health and Human Services. https://www.ecmhc.org/documents/ECMHC_Competencies_508%20%285%29.pdf

The Illinois Association for Infant Mental Health. (2021, March). *Foundational and Functional Competencies required for the Credential in Infant and Early Childhood Mental Health.* Illinois Association for Infant Mental Health. https://www.ilaimh.org/guiding-principles-for-infant-mental-health-practice/

Appendix C

Additional Training Topics for Infant and Early Childhood Mental Health Consultants

The focus of home visiting is often on the dyad (or relationship) between the caregiver(s) in the home and the child, often addressing issues or concerns that might impact the child's development and the caregivers ability to provide nurturing and responsive caregiving. The work of the home visitor often includes promotion and prevention strategies focused on relationship building, health and child development, parenting practices, and helping the parent identify and work toward various short- and long-term family goals. It is important that the IECMH consultant be aware of challenges that the home visitor may face. In addition to training on Delaware's Model for IECMHC, consultants should access ongoing training to hone their knowledge and skills in areas critical to home visitors' work. Examples of training topics, key points and learnings, and resources are included below:

Topic	Key Points and Learnings	Resources Available
The Consultative Stance	■ Describe the relationship-based features of effective early childhood mental health consultation. ■ Define the consultative stance. ■ Identify core elements and practices inherent in the consultative stance approach. ■ Recognize consultant preparation, supervision and supports that will enhance the effectiveness of consultation and the consultative stance.	Center for Early Childhood Mental Health Consultation TUTORIAL 4 · Mastering the Consultative Stance
Facilitating Attuned Interactions (FAN)	■ Learn the consultation FAN and its five core processes of attunement and strategies to infuse into practice. ■ Utilize a trauma-informed structure of conducting reflective consultation by infusing the Arc of Engagement into practice.	Facilitating Attuned Interactions (FAN) | Erikson Institute
Diversity, Equity and Inclusion	■ Inform, review, and infuse Diversity-Informed Tenets for Work with Infants, Children, and Families into reflective consultation sessions.	Irving Harris Foundation: "Diversity-Informed Tenets for Work with Infants, Children, and Families" Diversity-Informed Tenets

Trauma-Informed Care	■ Define trauma and list potential traumatic events for adults and children. ■ Describe the science that clarifies trauma and resilience. ■ Identify the effects of trauma on the brain, body and behavior. ■ Explore the use of resilience as a strategy to mitigate trauma. ■ Understand how personal trauma history impacts your work with families. ■ Define compassion fatigue and vicarious trauma and list strategies to support your own resilience.	National Home Visiting Resource Center ■ Implementing Trauma Informed Approaches in Home Visiting ■ The Institute for the Advancement of Family Support Professionals ■ No-cost sign up to access module on Historical Trauma ■ Trauma and Resilience
Maternal and Paternal Perinatal Depression	■ Acknowledge the unique perspectives of home visitors and supervisors on perinatal depression, including cultural, familial, community impacts on the very nature of the screening topic. ■ Provide information on maternal and paternal perinatal depression and offer home visitors and supervisors an opportunity to collaboratively explore both. ■ Provide space for home visitors to build their capacity to introduce the screening tool to parents/caregivers; ask the screening questions; discuss the results; determine linkages to local resources; and communicate support needed from supervisors.	Journal Article: "Addressing Maternal Mental Health to Increase Participation in Home Visiting" (2020) ■ Overview: Research on PAT home visiting programs playing an important role in the identification and amelioration of maternal depression for families and young children. ■ Overview of Paternal Perinatal Depression & Maternal Perinatal Depression
Intimate Partner Violence	■ Conduct IPV screening, referring, and safety planning activities.	Healthy Families America Resource List for IPV ■ Addressing Domestic Violence in Home Visitation Settings ■ Addressing Intimate Partner Violence in Virtual Home Visits

Substance use	■ Describes the disease model of addiction and the impact of substance use and addiction have on women and their unborn babies, infants and children. ■ Understand the home visitor role in identifying possible substance use, making referrals and helping clients overcome barriers to treatment. ■ Describe strategies for educating families about substance use, helping them overcome barriers to treatment and connecting them to resources for diagnosis and treatment. ■ Describe neonatal abstinence syndrome and strategies caregivers can use to soothe their babies. ■ Describe important substance use legislation critical to home visiting. ■ Offer and explore information on perinatal harm reduction/pregnancy and substance abuse.	The Institute for the Advancement of Family Support Professionals ■ No-cost sign up to access module on Substance Use Risks, Effects in Pregnancy and Early Childhood ■ SAMSHA: Evidence-Based, Whole-Person Care for Pregnant People Who Have Opioid Use Disorder ■ Academy of Perinatal Harm Reduction: Pregnancy and Substance Abuse: A Harm Reduction Toolkit (At no cost in English and Spanish)
Reflective Supervision/ Consultation	■ Define reflective practice and reflective supervision. ■ Engage in your own personal reflective practice. ■ Engage more effectively in reflective supervision.	The Institute for the Advancement of Family Support Professionals. No-cost sign up to access module on Reflective Supervision. ■ Part 1: For Family Support Professionals ■ Part 2: Foundations For Supervisors ■ Part 3: Best Practices for Supervisors Reflective Supervision in Action Tip sheets for Reflective Supervisor and Supervisees

Foundations of Infant and Early Childhood Development including Social Emotional Health	■ Identify the developmental domains: physical, cognitive, language and social emotional. ■ Have a working knowledge of the developmental stages and milestones for typically developing children. ■ Recognize possible developmental delays or concerns and how they may impact learning and development. ■ Understand how development and early learning occur within the context of a secure relationship with a consistent caregiver. ■ Explain how neural connections in the brain are built over time. ■ Understand that a parent's childhood experiences influence their own parenting. ■ Describe positive guidance strategies such as setting limits, providing choices and logical consequences.	The Institute for the Advancement of Family Support Professionals ■ No-cost sign up to access module on Child Development 0-3 ■ Child Development 3-5 ■ CDC's Learn the Signs Act Early Resources ■ Milestones 0-5 ■ Home Visiting Resources to Track Milestones Center for the Developing Child ■ Early Childhood Mental Health ■ Brain Architecture
Referral and Linkage Processes		Early Head Start Resource on Facilitating Referrals to Mental Health

Delaware Department of Education

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

A Project of the Delaware Department of Education, Office of Early Learning and the Delaware Department of Public Health