Promoting Infant Social and Emotional Well-being in Washington State

Prepared for the

University of Washington
School of Nursing
Center on Infant Mental Health and Development

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Introduction

The University of Washington School of Nursing's Center on Infant Mental Health and Development (CIMHD) is in the right place at the right time to help make significant improvements in the lives of families with young children. CIMHD contracted with Works of Heart to explore what key informants in the state believe ought to be done in the realm of training that could improve infant mental health outcomes in our state.

There are tremendous opportunities right now in Washington State for creating greater awareness of the need for training related to infant mental health, and this is paired with greater willingness to seek new funding sources. This is a result of both an explosion of interest in early learning in general and simultaneous efforts to reconsider how stakeholders in our state conceive of and want to address mental health in general.

Highlights of the new early learning initiatives in our state include:

- the creation of an Early Learning Council;
- a new state Department of Early Learning,
- a new public private partnership to advance early learning goals called Thrive By Five, and,
- creation of a Quality Rating and Improvement System (QRIS) for licensed child care programs that will be piloted and evaluated in the next few years.

Additional statewide efforts stemming from or supported by the Early Learning Council include recommendations for a range of early learning initiatives as part of a larger review of the future of education called Washington Learns, an Ad Hoc Parent Support Group advocating for funding of family support programs, and efforts to revise the initial draft of the Early Learning Benchmarks to include considerations of cultural competence and relevance.

Early learning initiatives at the local and regional levels abound. Some of the promising examples include:

- a Family Friend and Neighbor (FFN) caregiver leadership group that is advancing awareness of and funding support for training of FFN caregivers.
- The City of Seattle's successful Families and Education Levy is adding momentum to professional development through Early Learning Networks.
- And the King County Children and Family Commission recently convened a Children's Summit to work with diverse community leaders to identify how well families in the county are faring with respect to meeting such basic needs as a stable and nurturing parent/caregiver relationship for every child.

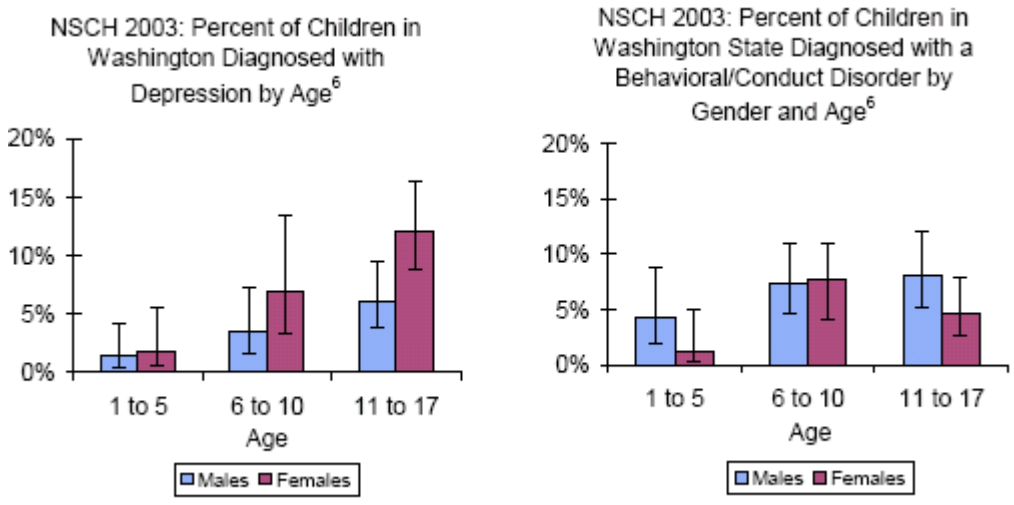
There is also important movement in individual states and at the national level to advance our capacity to address mental health needs in particular. Examples of this momentum include:

- A number of states have formed associations to promote infant mental health.
- Florida developed a strategic plan to improve infant mental health outcomes.
- A few states are working with the K-12 education system to adopt and implement learning standards that address social and emotional competence (see appendix __).
- At the time of this drafting, a new national coalition has been announced called the Coalition of Mental Health Consumer/Survivor Organizations (NCMHCSO) (see appendix __).
- The CDC has developed a logic model for integrating mental health into chronic health disease prevention and health promotion (see appendix __).

Several Washington State initiatives merit attention for their focus on mental health:

- The ongoing Mental Health Transformation Project
- The recent publication of a Children's Mental Health Needs Assessment by State Health Department's Division of Maternal Child Health (March 2006)
- The 2003 Department of Social and Health Service's report to the Legislature on the Prevalence of Serious Mental Illness

The chief contributions of this work include gaining greater clarity on both the multifaceted nature of the solutions required to address mental health needs of children in our state and a better idea of the magnitude of children needing help.



Source: The Prevalence of Serious Mental Illness in Washington State, Department of Social and Health Service's report to the Legislature, 2003

The above charts show rates of social and emotional problems of young people in Washington State. A recent panel of experts arrived at the conclusion that approximately 7% of the youth population (birth to age 18) suffers from some kind of

serious emotional problem. For children birth to five, that represents approximately 35,000 children and their families and caregivers in some degree of need of mental health services in Washington State.

CIMHD is well positioned to make a major contribution to the well-being of our State's infants. CIMHD's expertise is needed across the continuum, from prevention efforts that increase the general population's capacity to form nurturing relationships to training badly needed mental health professionals who can intervene effectively with young children and their families and caregivers who are experiencing serious emotional problems.

Purpose of Investigation

The rapidly changing landscape of the state with respect to opportunities in early learning and mental health, coupled with eventual changes in leadership at CIMHD due to retirement, compelled CIMHD to conduct an investigation of the arena of infant mental health training needs in Washington State.

CIMHD's broad mission is to advance knowledge of infant mental health. Bringing research-based training to the community and to families through university-community partnerships is aligned with CIMHD's mission and is an area for significant potential growth.

In exploring the expansion of the Center's capacity to meet the growing need for training in the field of infant mental health in Washington State, three broad groupings of training were conceived of in terms of both audience and content:

- Tier 1: general and highly accessible information about infant mental health for many diverse audiences who may or may not have a background in early childhood development in general or mental health in particular
    - Key audiences for general training:

        Parents
        Childcare providers
        Family, friend, and neighbor caregivers
        Current undergraduates/graduates
        Policymakers and civic leaders
        Healthcare providers

- Tier 2: professionals serving families with young children and those working in fields affecting families with young children who have some training in early childhood development
    - Key audiences for training with greater research content:

        Parenting professionals
        Childcare providers and directors
        Preschool teachers and directors
        Medical Professionals
        Professionals in the child welfare system
        Social workers and family support workers

- Tier 3: specialized supervised training for professionals conducting therapeutic interventions

- Key audiences for intensive training:

    Mental health clinicians
    Early intervention professionals
    Healthcare professionals

Process of Investigation and Report Development

- Consultant met with CIMHD faculty and staff to clarify scope of training plan desired.
- Identified potential audiences for training and key informants within each group whose input would enrich a training plan
- Developed questions to ask of key informants
- Reviewed presentations and curricula currently available through CIMHD (e.g. Promoting First Relationships, Through the Eyes of an Infant, NCAST tools for nurses)
- Gathered information from key Washington state informants in telephone and in-person interviews
- Relayed findings periodically to faculty team, adding additional informants
- Researched local/state/national progress in making the case for and actually delivering infant mental health training
- Monitored specific initiatives and developments in Washington state which hold particular promise for creating funding for training in infant mental health
- Created report
    - Statement of nature training need at each tier
    - Illustrative examples of training currently available and how is it funded
    - Description of the kinds and scale of training necessary to meet the need
    - Opportunities for CIMHD to increase awareness of its mission and services

Interview Questions

1. Open-ended probe for informant's concept of infant mental health.
2. What training in social and emotional development is available now to people in your field and how do they pay for it?
3. What kind of training do you wish was available? How could training be made more attractive and accessible?
4. Probe for awareness of and experiences with CIMHD.

Key Informants

- Bobbie Bridge, Washington State Supreme Court (pending)
- **Childhaven staff member**
- **David Brenna, Mental Health Transformation Project, Office of the Governor**
- **Debbie Ham, Southwest Washington Child Care Consortium**
- **Debra Sullivan, Praxis College of Early Childhood Education**
- **Grays Harbor Head Start classroom assistant and busdriver**
- **Jada Rupley, Assistant Superintendant Educational Service District 112, Vancouver, Washington**
- **Jan Gross, Child Care Health Consultant**
- **Jennifer Sass Walton, Early Learning Council member and Washington State Department of Health, Maternal and Child Health**
- **Jill Sells, Docs For Tots**
- **Judy Moore, Executive Director, Boyer Clininc, Early Intervention Part C**
- **Kate Calhoun, parenting educator and early learning curriculum developer**
- Kathy Chapman, Maternal Support Services (pending)
- **Kyle Yasuda, M.D., University of Washington School of Medicine**
- **Lorrie Grevstad, State of Washingtong Department of Health, Maternal and Child Health, Child and Adolescent Health**
- **Mary Helen Roberts, Washington State Legislature**
- Nancy Anderson, Maternal Support Services (pending)
- **Nancy Ashley, Family Friend and Neighbor Caregiver Advocate**
- **Nina Auerbach, King County Child Care Resource and Referral**
- Ross Dawson, Child Welfare (pending)
- **Ruth Kagi, Washington State Legislature**
- **Sandy Morris, State of Washington Part C Manager**
- **Sandy Nelson, Thurston/Mason County Head Start and ECEAP Director**
- **Sangree Froelicher, Director of Washington State Head Start State Collaboration Office**
- **Sue Wendell, Bright Futures Project Coordinator**
- **Tammy Cooper-Woodrich, North Intertribal Vocational Rehabilitation Program, former leader of the Nooksack Indian Tribe, UW Native American Advisory Board, Nooksack Headstart Parent Policy Council**
- **Tanya Andrews, Children's Museum of Tacoma**

Findings

QUESTION 1: Concepts of infant mental health

The following section describes results from an open-ended probe for informants' thoughts about and reactions to the phrase "infant mental health."

Key finding: Generally, people react slightly negatively to the phrase "infant mental health."

Terms related to mental illness are most readily triggered by these words. People describe "infant mental health" as a "turn off" because it conjures chiefly negative images of "damaged" babies and "bad" parents. This reaction seems to come from a combination of a generalized cultural stigma about mental illness and a common image of infancy as a carefree and happy time in life.

Legislators voiced the strongest negative reaction and were particularly clear about the role they believe this phrase played in the difficulty they experienced in the last session with their peers in trying to move related legislation. They describe people as completely shutting down when they hear the phrase, seemingly automatically assuming that it masks an inclination to heedlessly medicate babies. People understand that among academics there is value in more clinical terminology, but for communicating with most people they urge the use of a different phrase.

A smaller group of people describe infant mental health in a more comprehensive way, some specifically calling out the need to think and talk about infants from an asset-based mindset. Their comments reflect infants' growing capacity in some or all of the following areas:

- Forming relationships, at first with trusted adults and then with other children as they mature;
- Managing their emotions and learning a variety of age-appropriate responses to their emotions;
- Developing a self-concept that includes curiosity and competence.

Social and emotional well-being is a term that most people liked and preferred over infant mental health.

The following section shows the broad range of reactions informants had to the phrase infant mental health:

- Synonyms/images
    - Babies lucky enough to be surrounded by an extended family
    - Secure parent-child relationships
    - New babies just starting out
    - Parents holding newborns
    - Elders surrounding the new baby
    - The beginnings of emotional well-being
    - The range of social and emotional development
    - How we learn to get along and know ourselves
    - Behavior disorders
    - Clinical interventions for severely disturbed children

- Characterizations of children volunteered when discussing the phrase
    - Kids needing medication
    - Traumatized children
    - Harms of infancy last a lifetime
    - Chaotic families
    - Kids with screwed up parents
    - Crazy babies

QUESTION 2: Examples of currently available tools/training in social and emotional development

The following section describes the many programs and resources informants knew about when asked for examples of training related to infant mental health or social and emotional development and well-being.

Key finding: there are a wide range of effective tools and programs that have been developed in recent years to meet various important needs but people do not have adequate knowledge of or access to them.

The problem is described as twofold:

- inconsistent and insufficient funding for those who want training, and
- a widespread lack of awareness of the need for training parents and professionals to support nurturing relationships in the first place.

Training and programs cited include (in order of frequency):

- Head Start
- ECEAP
- Parents As Teachers (PAT)
- CHILD Profile
- Promoting First Relationships
- Bright Futures
- First Steps
- NCAST training for nurses on baby cues
- Program for Early Parent Support (PEPS)
- Welcome Baby
- Nurse Family Partnership (NFP)
- Creative Curriculum
- Early Head Start
- DECA
- Circle of Security
- Play and Learn
- Community College programs for parents
- Emotion Coaching
- What do you do with the mad that you feel?
- Zero To Three institutes
- Tribal Head Start
- Raising A Reader
- Reach Out and Read

Funding for Training

Informants were also asked about what they knew of how training is currently funded. The overwhelming reality reported is that there is not nearly enough funding to meet infant mental health training needs in the first place, and the funding that does exist is characterized as faddish when it comes from both public and private sources and dwindling when it comes from the federal government. While people supported new research findings influencing new funding priorities, there was not a great deal of confidence that a solid grasp of research was behind most priority shifts. Several people commented on the dire need for more highly skilled mental health professionals based on trends of increasing numbers of children with social and emotional problems.

Conversations about funding for training almost always blurred into discussions of the overall lack of funding for early learning, especially acute mental health services and on-going programmatic needs. Funding guidelines that make families with young children wait for help until problems are severe enough to qualify for funding are costing society much more than if we were able to

support families well at the beginning. Funding cuts to Early Head Start were mentioned by several as particularly problematic for the state as a whole and for remote/rural families in particular. The consequences of inadequate funding are stark enough, but several respondents spoke of the particular pain caused to children and families when funding was cut for programs that were helping get them on a healthy emotional trajectory.

Comments about funding:

- Essentially nonexistent
- Usually out of own pocket
- Hodge podge of government and foundation money
- Budgeted and required but reduced
- Sporadic
- Faddish
- Desperately need consistent funding sources
- Health care professionals are not reimbursed and insurance won't cover families seeking training/support except in most dire situations

QUESTION 3: Desired training/opportunities that people would seek from CIMHD

This section describes the role that informants believe CIMHD can play in helping to meet the need for training related to infant mental health.

Key Finding 1: **If there is one overwhelming theme, it is that more effort is needed to promote understanding by all audiences of the need for stable nurturing relationships early in life.** People generally get the message that the early years are important. Now they need to know what is important in those years (reading? Foreign languages?) and what it looks like to meet the needs of young children. Many expressed the sentiment that people need to be shown how to be with infants instead of simply being told (in writing or in person).

People do not yet understand the fundamental nature of the need for nurturing relationships early in life. An unintended consequence of the focus on early learning is that parents are hearing that it is important for them to push their very young children's cognitive development. Professionals serving parents as well as parents themselves report worries of how competitiveness among parents is fueled and channeled into spending on technology that claims to promote literacy. This is not only a drain on resources when families typically have the least disposable income, but the time children spend interacting with technology is time they are not spending being the center of a parent's or caregiver's attention and/or being engaged in physical activity. Parents are also buying products that generally have little or no legitimate claim to making their kids smarter in some way. There is also reason for concern that

increasing amounts of screen time are experienced by children at an ever younger age.

While most people urged a greater effort to saturate the community with consistent high quality information, some believe our efforts are best kept tightly focused. A minority of people urged that the attention be focused on the greatest need in terms of mental health risk factors or actual diagnosis rather than efforts to reach many people with general messages about typical development.

Key Finding 2: Consistent information about nurturing relationships needs to reach all audiences with increasing complexity based on the need of the audience. It is most powerful to think about a multi-layered approach that draws from the same content resources and includes very general messages to raise public awareness, tips and highly accessible information for parents and informal caregivers, and increasing levels of detail and research-based information for childcare providers, policymakers, health care providers, and mental health professionals respectively.

In reaching out to parent groups, it is vital that the messages and messenger, let alone the services for families, be culturally competent and relevant. While true throughout childhood, it is especially vital that parents be meaningfully involved in crafting messages and tools about parenting skill and early childhood development.

Parents as a group need support at all levels, and individual parents may need an array of intensities of support based on what is happening in the life of the family. In all cases, support for parents needs to be normalized and accessible. In many communities, there is still a stigma around seeking help with parenting, as though only "bad" parents need help. Geographic accessibility is a huge concern for parents, especially for those who are working outside the home. Having to commute across the region to get access to a program that would help is often a barrier that parents can't overcome. Offering training in places where parents already gather in the presence of well-trained staff (family support centers, libraries, schools, museums) where provisions have been made for meals and childcare are pre-requisites for effective parenting education. Training is needed that can help parents understand early childhood in general while also supporting their ability to nurture each child for the unique individual they are.

Several people called out an urgent need to support teen parents. While it is good news that teen pregnancy rates are declining, advocates worry that this will affect commitments to fund programs. There was a call for research-based information that could help make the case for the efficacy of reaching teen parents, including statistics about reducing additional pregnancies and/or increasing the time between pregnancies, strengthening parenting skills, and

supporting teens in making choices that will affect the trajectory of their lives as well as the well-being of their young children.

Developing messages and curricula that would be attractive to men is also very important. One informant spoke specifically of the benefit in terms of preventing child abuse and neglect that would arise from teaching dads and boyfriends alternatives to spanking. In those cases where dads or boyfriends are called in to help when the mother is at her limit, the men may have no idea what to do and wind up beating children – even killing them. We need to teach society – especially men - how to interact with young children without resorting to violence.

The importance of training and information that supports all of the grown-ups is a child's life was cited from many different perspectives. Making sure that family, friend, and neighbor caregivers are included when thinking about parent support has the following advantages:

- reaching people who are parents themselves
- reaching people who are the predominant non-parental caregivers early in life, and
- helping to address the needs of children who represent the "preparation gap" in terms of school readiness.
- Offers opportunities to learn more about the variety of cultural practices, such as wrapping and holding young children in Native American cultures, as well as means of preserving cultural traditions by including singing, storytelling, food preparation, and rituals in a child's environment.

Several informants observed that we don't start far enough upstream. Working with middle school students and certainly with grownups before they become parents could reap enormous societal reward.

Key Finding 3: In meeting the need for training, don't reinvent the wheel. Tailor existing excellent content, such as PFR and NCAST tools, for both general public audiences and highly specialized professionals.

- In addition to existing formats, create a universal version of PFR as an introductory training that would encourage people to pursue more knowledge. The condensed version should highlight attachment, explain why early relationships matter, show what healthy interactions look like, and give people a chance to practice (make it less expensive, shorter, no videotaping component).
- Tailor existing PFR and NCAST tools for specific audiences (providers of traumatized children, FFN caregivers, train the trainer for public health nurses, "average" parents, etc.)
- In terms of delivering training in communities, include parents, informal caregivers, providers, professionals, and policymakers in general

trainings TOGETHER whenever possible – they all need to hear the same things in order to surround children with the nurturing they need.
- Look for natural pairings of existing training curricula (e.g. collaborate to deliver Bright Futures and PFR training together)
- Ensure that training content and delivery is culturally competent.

Key Finding 4: Childcare and health care professionals are especially in need of training about typical social and emotional developmental milestones and when and how to recommend screening for interventions.

- Childcare providers need professional consultation to understand how trauma at different stages affects development and what to do.
- The capacity of clinical therapists desperately needs to be increased in infant mental health and early childhood generally. Many people working with families of children with special health needs are not even trained in the principles of development from birth to three (training is often for preschool aged children though third grade).
- There is a particular concern about lack of knowledge and skill within the group of therapists and home visitors serving children with developmental delays due to the emphasis on keeping children in natural environments. This increases the demand by families for trained professionals but there are too few qualified people now.
- Pediatricians are perhaps asked to do the most with the least training to know what to look for, what to recommend, how to connect families to resources. CHILD Profile-like materials should also be sent to doctors and clinics; have parents see the same materials in docs' office as is mailed home. Also, well-child visits should be revised with the help of infant mental health experts to coincide with developmental milestones. Pediatricians need training in understanding the social needs of the families and making helpful referrals.

<u>Additional comments about desired training</u>

Key Finding 5: Informants believe that there is perhaps the greatest chance to affect good outcomes by working with pediatricians, who are ironically the people asked to do the most with the least training to know what to look for, what to recommend, or how to connect families to resources.

- CHILD Profile materials should be sent to doctors so that parents see the same materials in the doctors' offices as is mailed home
- Teach pediatricians to adapt their practice to new information on the importance of social and emotional well-being and what is typical development
- Revise well-child visits to coincide with developmental milestones and give training in the social needs of the families, training doctors to talk

to families about the importance of early learning and give specific tips/info
- Inform doctors of ways to assess family needs and then connect families with community information and resources – ranging from preventive to intervention – such as parenting support groups, Head Start, ECEAP, Infant Toddler Early Intervention
- Training in how to help parents with questions about school readiness and quality child care (how to connect to info about CCRR, QRIS, subsidies, etc.)

QUESTION 4: COMMENTS SPECIFIC TO CIMHD

The closing question asked informants about their level of awareness of the mission and services of CIMHD.

Overall familiarity with CIMHD

Generally, informants were knowledgeable about the overall mission of CIMHD. Most had personally benefited from or knew of presentations by or collaborative efforts involving CIMHD faculty. Virtually every informant wanted to figure out more ways to increase statewide access to the research-based knowledge about what infants need.

- There was universal recognition of Dr. Barnard's contributions.
- Many people had experience with or knowledge of PRF and NCAST nursing training tools.
    - Word of PFR is spreading rapidly through early childhood provider community
    - Modeling reflective practice was an incredibly powerful experience for staff that still resonates
    - NCAST attachment tools are marvelous
    - NCAST sleep information hugely helpful – get it to everyone
- Presentations to the legislature by CIMHD faculty were judged to be especially effective ways of moving the state in the right direction.

Shaping Public Policy and Private Investments

CIMHD's involvement in policy shaping and advocacy efforts was recognized as a very significant factor in the pace and nature of the state's recent evolution in the field of early learning. Informants cited the following range of efforts as having benefited from CIMHD's involvement:

- Early Learning Benchmarks
- Child welfare training
- Child Abuse and Neglect Prevention
- Early Learning Council meetings
- Mental Health Transformation Project
- King County Children and Family Commission

- Foundation for Early Learning

While the strategic involvement by CIMHD in key early learning policy efforts is appreciated, informants want even more access to the expertise on social and emotional development.

- Greater CIMHD involvement in systems building is needed – there is such desperately needed expertise about how to do the right thing for kids early in life.
- Get CIMHD in the center of action, especially as people are discussing curricula and programs for home visiting nurses and kindergarten assessments

Some pointed to the benefit that could come to CIMHD if there were greater opportunities to collaborate with other programs.

- Others' work does not have to be explicitly labeled "infant mental health" in order to be valuable
- Collaborate in delivering excellent models of training/intervention developed elsewhere
- Link in to Strengthening Families efforts

<u>Acknowledgement of skill and passion of CIMHD</u>

So many informants offered such genuinely heartfelt expressions of appreciation for what CIMHD represents.

- These women are all just so incredibly smart!
- They have an undying dedication to kids, especially those in greatest need
- For academics, they have rare gifts of being accessible and generous with their knowledge.
- Anything Kathryn Barnard is involved in is going to be great – what a treasure we have in our midst
- The legislature truly benefited from Kathy Barnard's and Sheri Hill's presentations in working sessions to help members understand the research.
- Jean Kelly's contributions to the Early Learning Benchmarks helped make them outstanding in the domain of social and emotional development.

Scan of current early learning opportunities in Washington State

The following list shows the range of current activity relevant to infant mental health in Washington State. At a minimum, these are forums for raising awareness about the importance of nurturing early relationships. Many of these efforts already explicitly include a social and emotional component for which some level of funding is or will be available.

- Creation of Early Learning Council
    - Creation of Quality Rating and Improvement System (QRIS) and Tiered Reimbursement Program for Licensed Center and Family Home Childcare
    - Benchmarks revision to reflect improvements for cultural competence and relevance
    - Washington Learns outcomes: potential for school readiness assessment of entering kindergartners
    - Ad Hoc Parent Support Group recommendations for funding parenting information and family support programs
- Government
    - Creation of new state Department of Early Learning whose initial role includes administration of the QRIS
    - Support for local programs and community training, especially training in supporting nurturing relationships early in life by WCPCAN
    - King County Children and Family Commission leadership to define the irreducible needs of families with children, evaluate the county's status with respect to meeting those needs, and seek funding to address areas of greatest need
    - Successful Veterans levy in King County with funds earmarked for prevention services. Maternal depression may be a focus here.
    - Professional development systems plan for City of Seattle and Families and Education Levy dollars through the Early Learning Networks
    - Mental Health Transformation Project
    - Governmental agencies' increased expectations for screening and interventions for at-risk children and families

- Philanthropic focus on early learning
    - Gates Foundation's 10 year Early Learning Initiative in two key communities of White Center and Yakima
    - Creation of Thrive By Five with potential emphasis on parent support and training – timeline and actual financial commitments uncertain
    - Training support possible through grants from Foundation for Early Learning
    - Casey Family Programs collaboration potential, particularly given the recent emphasis on prevention

Potential Audiences for Infant Mental Health Training

It is hard to imagine a group that wouldn't benefit from training that draws on the research and experience of the CIMHD. The following groups of people were identified by informants as having need of CIMHD expertise.

Parenting Outreach Professionals
- Community College Parent Educators
- Children's museums staff
- Children's Librarians
- Family support center staff

Early Learning Professionals
- STARS trainers and Child Care Resource and Referral trainers
- Community College ECE degree programs
- Higher Education Early Childhood faculty

Child Welfare professionals
- Court personnel
- Children's Administration policymakers and case workers

Primary Care Groups
- Departments of Nursing
- Public Health Nurses
- NAPNPA and AAN
- Docs for Tots
- AAP
- Departments of Pediatrics

Philanthropic Programs
- Casey Family Programs
- Foundation for Early Learning
- Thrive By Five
- Gates Foundation

Early learning initiatives and systems building efforts
- Kids Matter (DOH, HSSCO, FEL)
- Build Initiative
- Early Childhood Comprehensive Systems Building Grant

Early Learning/Public Health Agencies
- CHILD Profile
- DOH/MCH
- New Department of Early Learning
- WCPCAN

Policy makers and opinion leaders
- Early Learning Council
- State legislators
- governor's office

Recommendations for Action

Because of its excellent reputation for research and action, the CIMHD is the State's natural leader to spur development of a statewide infant mental health training agenda and recruit key partners to bring it to fruition. Weaving together the wisdom gained from the interviews in this project, a survey of national success stories in promoting infant mental health, and an assessment of prime opportunities given the early learning momentum in Washington State, the following three tiered approach is recommended for consideration:

Potential Training Framework to Promote Infant Social and Emotional Well-being

CIMHD can offer value to all phases of a statewide training effort, from informing general public awareness with messages and tools about typical development to highly specialized information for well-trained mental health professionals.

Tier 1) Promote universal awareness of healthy social and emotional development, and increase society's competence in creating and sustaining early nurturing relationships.

- Participate in statewide efforts to develop early learning messages that link early social and emotional well-being to school and life success.
- Help raise awareness of the need to fund screening for depression of all pregnant women.
- Train childcare providers and parenting educators to improve parents' and family, friend and neighbor caregivers' abilities to read and respond appropriately to the cues of the infants in their care.

Tier 2) Tailor training for professionals serving families with young children and those working in fields affecting families with young children who have some training in early childhood development

- Train pediatric health care professionals to screen all young children for developmental risk factors and incorporate social/emotional anticipatory guidance in well-child visits, including highly accessible take home resources for parents and caregivers.
- Train all public health nurses and home visitors to work with parents and informal caregivers to promote nurturing relationships with young children.
- Create training for childcare providers aligned with the social and emotional domain of the state's new Quality Rating and Improvement System (QRIS).
- Monitor development of the QRIS to ensure that reflective supervision is expected for providers receiving the highest quality ratings, and offer training for childcare providers and directors in incorporating reflective practices into their programs.

- Train mental health consultants who are readily available to childcare providers in both centers and family homes to help distinguish typical from atypical behavior and guide providers' responses to young children.
- Increase awareness of the need for early interventions for young children at special risk for mental health problems, estimated to be as high as 10% of the country's children, including developing tools that deepen understanding of the needs specific to these groups of children:
    - Children with disabilities and special health care needs
    - Children in foster care
    - Children of parents with serious mental health issues
    - Children of incarcerated parents
    - Children whose parents abuse drugs.
- Train professionals working with children and parents to understand the possible impacts on development of early trauma, and collaborate to develop helpful responses for children's behavior resulting from early experiences with depressed or abusive parents.
- Advocate for routine screening all young children in foster care for social and emotional problems.
- Train all professionals making and influencing decisions affecting young children involved in the child welfare system in the fundamentals of early social and emotional development (child welfare workers, court personnel, home visitors, family-support workers)

Tier 3) Develop specialized supervised training for mental health clinicians, early intervention and healthcare professionals and trainers conducting therapeutic interventions for young children with serious social, emotional, and behavioral problems, estimated to be approximately 7% of the youth population.

- Revive the certificate program and graduate mental health professionals who are committed to and skilled in family-centered approaches
- Create and promote model interventions for young children that include and address their siblings', parents' or caregivers' needs for therapy.
- Advocate for inclusive childcare arrangements through availability of behavioral aides.
- Train and support foster parents in their efforts to establish nurturing relationships with the children in their care.
- Advocate for access in all communities to crisis nurseries and respite care.

Immediate Steps Recommended for CIMHD

CIMHD can take several immediate steps to increase the likelihood of success of the three tiered approach mentioned above.

1. Increase awareness of CIMHD's expertise and readily available training tools

    - Create a marketing effort for PFR and NCAST tools directed to early childhood funders and policymakers.
    - Make existing videotaped lectures, presentations, and training tools available for airing on the new Parent TV network, UWTV, and the research channel.

2. Increase the supply of high quality research-based training materials based on modifications to existing tools.

    - tailor existing NCAST nursing training tools on cues, sleep, and feeding for childcare providers and parents
    - create a "streamlined" version of PFR that presents principles of early childhood social and emotional development and the
    - create tools for general audiences to explain the impact of maternal depression on young children and why isolation is a contributing factor to depression
    - routinely tape new presentations and lectures that would be of interest to viewers of the Parent TV network and UWTV and research cable channels

3. Develop additional tools to guide the new cadre of early learning decision makers

    - Guide healthcare professionals and others about how to choose among screening tools, including:
        - CIMHD scales, as well as
        - Ages and Stages Questionnaire (ASQ),
        - the Ages and Stages Questionnaire: Social and Emotional (ASQ:SE),
        - the Denver Developmental Screening Test, and
        - the Parents' Evaluation of Developmental Status (PEDS).
    - Create presentations/papers that help policymakers and funders understand the continuum of supports needed by parents, including components that:
        - Distinguish public awareness campaigns from effective parenting education by developing understanding that parent support and education is helpful to all parents, whose needs for support change as their children and family and life circumstances change over time
        - Help identify elements of high quality parent support initiatives along the spectrum from prevention messages and information to clinical intervention (e.g. why is PFR different from Love and Logic?):
            - CHILD Profile
            - Within Reach
            - I Am Your Child
            - Born Learning

- Parenting Counts
- Reach out and Read
- Touchpoints
- Welcome Baby
  PEPS
- Strengthening Families
- Mommy and Me
- Promotoras
- Community College Co-op preschools
- MELD
- Parenting That Works
- Incredible Years
- Baby College (Harlem Children's Zone)
- Effective Black Parenting
- HIPPY
- Parents As Teachers
- Raising A Reader
- Healthy Start
- Nurse Family Partnership
- Healthy Families America
- Circle of Security
- Parent-Child Interaction Therapy
- Nurturing Program

4. Shape public and private policy

- Continue and expand participation by CIHMD faculty in key government initiatives:
  - Early Learning Council
  - Early Learning Benchmarks revision
  - Mental Health Transformation Project
  - Washington Council for the Prevention of Child Abuse and Neglect
  - King County Children and Family Commission
- Routinely offer to brief state, county, and local elected officials in working sessions of committees whose issues affect families with young children, particularly in the upcoming 2007 session as the Washington Learns recommendations are being evaluated.
- Monitor and participate in future discussions about a potential new Washington State kindergarten readiness assessment tool to ensure that it is developmentally appropriate, comprehensive, and culturally competent.

Questions for Additional Inquiry

- Consider hosting a symposium of leaders from others states who have been successful in blending federal, state, and private dollars to expand access to screening and follow-up services.

- Consider hosting regular radio or TV "ask the expert" shows for parents and childcare providers.

- Consider how CIMHD can assist decision-makers in allocating mental health resources. Influence leaders could benefit from a discussion about how to frame the public debate about the compelling reasons to fund mental health services:
    - where will spending be the most effective (proven results)
    - do the most good in terms of
        - reach to numbers of people
        - intensity of need
        - moral obligation
        - achieve a certain kind of outcome
        - etc

- Consider ways to bridge the research-community gap as new findings in infant mental health emerge
    - Consider making lists of articles and books available that are appropriate to parent, early learning professional, and healthcare provider groups
    - Launch a model journaling group for early learning and healthcare professionals – perhaps even for parents with corporate support for journals (Starbucks seems a natural)
    - Consider inviting faculty and graduate students to facilitate monthly or quarterly reading and discussion groups on emerging research findings
    - As a part of discussion group projects, capture and periodically relay current questions and concerns to funders and policymakers

- Consider working in middle schools to promote awareness of the importance of parenting (one informant dreamed of a world where "every junior high school kid would have Promoting First Relationships training with their peers and friends."

Relevant background materials

- Florida's Strategic Plan for Infant Mental Health, The Florida State University Center for Prevention and Early Intervention Policy for the Florida Developmental Disabilities Council, September 29, 2000, Revised February, 2001
- National Comorbidity Study II http://www.nimh.nih.gov/healthinformation/childmenu.cfm
- Maine Association for Infant Mental Health three day training description
- Michigan Association for Infant Mental Health Endorsement Requirements, Infant Family Associate, Levels 1-3
- Michigan Association for Infant Mental Health Endorsement for Culturally Sensitive, Relationship-based Practice Promoting Infant Mental Health
- Bright Futures community outreach projects
- Early Head Start performance standards
- American Academy of Child and Adolescent Psychiatry Policy Statement on Family Intervention in the Assessment and Treatment of Infants, Children, and Adolescents approved by the Council October 1997.
- CDC logic model for prevention http://www.cdc.gov/pcd/issues/2006/apr/05_0215.htm
- Illinois state social and emotional learning indicators
- National Center for Children in Poverty, Pathways to Early School Success: Helping the Most Vulnerable Infants, Toddlers, and Their Families, January 2006
- http://www.nccp.org/media/ssf05-appA.pdf guide to spending smarter to prepare children for school readiness in social and emotional domains.
- National Academy for State Health Policy, Improving the Delivery of Health Care that Supports Young Children's Healthy Mental Development: Early Accomplishments and Lessons Learned from a Five-State Consortium, April 2006
- Washington State Department of Health, Maternal Child Health, Children's Mental Health in Washington State: A Public Health Perspective Needs Assessment, March 2006, http://www.doh.wa.gov/cfh/mch/documents/CMH_Needs_Assessment.pdf
- Report to the Legislature by the Washington State Department of Social & Health Services, Health and Rehabilitative Services Administration, Mental Health Division, The Prevalence of Serious Mental Illness in Washington State, December 2003
- Washington State Early Learning Benchmarks
- National survey of how states are responding to mental health needs http://www.cmwf.org/publications/publications_show.htm?doc_id=325120&#doc325120

- http://www.jfcsboston.org/fcs/early_relationship.cfm Center for Early Relationship Support

APPENDICES

Policy Recommendations to the Early Learning Council for the Quality Rating and Improvement System

Administration

The Department of Early Learning (DEL) will oversee administration and implementation of the QRIS to include:

- Public awareness and engagement;
- System-wide information management, data collection, and evaluation;
- QRIS (rating scale) development and refinement;
- Processes for provider participation (recruitment, enrollment, linkage with mentors, and determination of quality levels based on documentation and assessment);
- Provision of quality supports, assessments, accreditation procedures;
- System coordination; and
- Fiscal components including incentives and tiered reimbursement.

Public and Parent Engagement/Outreach

A professionally crafted and implemented public awareness and outreach campaign is necessary to reach parents, stakeholders, and providers with messages specific and targeted to each audience.

- Providers throughout the state will be reached initially and as structures are formulated with positive messages about the supports, desired outcomes and process of the QRIS for input and feedback.
- Coordinated and complementary messages to parents and other stakeholders will reinforce the messages to providers and expand awareness of quality and through encouraging parent input into the system. The system will supports parents by assisting them with defining, identifying, and locating quality early care and education services for their children.

Provider Improvement

With customized support from their mentor, providers will perform a self-assessment and develop a Plan for Improvement (PI) to identify the steps and supports needed for quality improvement (and advance up the quality scale).

Supports for Quality Improvement

The QRIS will build on and expand existing resources to offer an array of tailored and relevant supports and resources to assist providers in implementing the steps of the PI and improving quality, such as:

- Peer mentoring and coaching;
- College credits/Higher Education;

- Opportunities to learn from other providers;
- Language specific resources/translation services;
- Substitutes;
- Training and workshops;
- Scholarships and financial assistance;
- Career planning;
- Compensation and financial support

- DEL may contract for statewide and local coordination of the various systems providing these services to build capacity, guarantee content that is culturally relevant and reflects best practice and ensure statewide accessibility and high quality delivery.

To fully implement the QRIS, the numerous systemic improvements will be necessary, to include: improving the quality and diversity of training; improving collaboration and articulation between community-based organizations and institutions of higher education; and increasing the capacity of higher education to meet the diverse needs of the workforce.

Mental Health Consumer/Survivors Create National Coalition

[Press Release - September 6, 2006]

WASHINGTON, D.C. - Mental health consumer/survivors have formed a national coalition to ensure that they play a major role in the development and implementation of health and mental health care and social policies at the state and national levels.

"The creation of the National Coalition of Mental Health Consumer/Survivor Organizations (NCMHCSO) is a milestone," said the group's Director of Public Policy, Lauren Spiro. "The formation of this Coalition takes us to the next level- it enables us to raise our collective voice, based on our experience of mental health recovery, and be heard at the seat of power. The Coalition embraces the disability movement's motto, 'Nothing about us without us.' " The Coalition will collaborate with other advocacy groups to ensure that consumer rights policies continue to move towards promoting full participation and integration in the community.

The rapidly growing Coalition currently consists of organizations run by consumers representing 28 states and the District of Columbia, including representatives from the three federally funded consumer-run national technical assistance centers: the Consumer Organization and Networking Technical Assistance Center, the National Empowerment Center, and the National Mental Health Consumers' Self-Help Clearinghouse.

The Coalition supports the efforts of the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to transform the mental health system to one that is recovery-based and consumer- and family-driven, and supports SAMHSA's consensus statement on recovery (www.mentalhealth.samhsa.gov/publications/allpubs/sma05-4129/). The Coalition proposes a new consensus for the mental health field based on the following principles:

- **Recovery is possible for everyone.** To recover, we need services and supports that treat us with dignity, respect our rights, allow us to make choices, and provide assistance with our self-defined needs. This range of services must include consumer-run and -operated programs.

- **Self Determination:** We need to be in control of our own lives.
- **Holistic Choices:** We need choices, including a range of recovery-oriented services and supports that provide assistance with housing, education, and career development.

- **Voice:** We must be centrally involved in any dialogues and decisions affecting us.
- **Personhood:** We will campaign to eliminate the stigma and discrimination associated with mental illnesses.

The Coalition, whose office is in Washington, D.C., received start-up funding from the Washington-based Public Welfare Foundation.

Appendix __

Social/Emotional skills mentioned in Benchmarks

1. **Positive socio-emotional skills** (including social relationships):
    a. Relating with adults,
    b. Relating with other children,
    c. Following rules related to groups or interacting with others (if older than 18 mos.)

    Interactions with Adults (SED)
    Interactions with Peers (SED)
    Adaptive Social Behavior (SED)
    Appreciating Diversity (SED)
    Self Concept (SED)
    Self Efficacy (SED)
    Self Control (SED)
    Emotional Expression (SED)

2. **Acquiring and using knowledge and skills**:
    a. Thinking, reasoning, remembering, and problem solving,
    b. Understanding symbols,
    c. Understanding the physical and social worlds

Causation (CGK)	Family (CGK)
Critical and Analytic Thinking (CGK)	Community (CGK)
Problem Solving (CGK)	Culture (CGK)
Social Studies (CGK)	Expression and Representation (CGK)
Representational Thought (CGK)	Understanding and Appreciation (CGK)
Numbers and Operations (CGK)	Vocabulary (LCL)
Measurement (CGK)	Grammar and Syntax (LCL)
Properties of Ordering (CGK)	Comprehension (LCL)
Scientific Thinking (CGK)	Expressive/Oral Language (LCL)
Scientific Knowledge (CGK)	Listening (LCL)
History (CGK)	Oral and Written Communication (LCL)
Geography (CGK)	Conventions of Social Communication (LCL)
Economics (CGK)	Reading (LCL)
Ecology (CGK)	Writing (LCL)
Technology (CGK)	Dual Language Acquisition (LCL)

All aspects of child outcomes in learning and development are supported by the domain of Approaches to Learning.

Curiosity (ATL)
Initiative (ATL)
Persistence and Attentiveness (ATL)
Creativity and Inventiveness (ATL)
Reflection and Interpretation (ATL)