



Texas Infant & Early Childhood
Mental Health Consultation

Part 3

Training Recommendations

Program Manual



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IECMHC Training: Introduction

Training requirements for infant and early childhood mental health (IECMH) consultants vary significantly by state because there is no single, nationwide standard for certification or credentialing of IECMH consultants. However, many states have established specific qualification and training requirements to ensure that consultants are well-equipped with the foundational knowledge, specific skills (e.g. consultative stance and reflective practice) and tools they need to ensure high quality and effective infant and early mental health consultation (IECMHC) services that result in positive outcomes for children, families, and early childhood professionals. Additionally, many states opt to develop a statewide approach to training and supporting the ongoing professional development of IECMH consultants as a means to ensure consistent, high-quality practice, opportunities for peer-to-peer support, and access to evolving best practices in the field. A statewide training and technical assistance (TTA) center is recommended as a partner and support to local and regional agencies seeking to implement IECMHC. This is particularly valuable in supporting the foundational training of IECMH consultants and orientation to the core competencies of IECMHC. The following recommendations will serve as a guide for statewide training in Texas for early childhood professionals and community-based organizations seeking to implement IECMHC at the local or regional level.

This section of the IECMHC program manual provides the following:

- 1.** Requirements and recommendations for **IECMH consultant qualifications**,
- 2.** **Foundational training** to be offered to consultants,
- 3.** Considerations for programs that oversee the **ongoing support and supervision of IECMH consultants** to help them keep training and educational needs at the forefront over time.

The manual divides the categories of training for IECMH consultants into:

- » **Required elements:** those that are essential for IECMH consultants to obtain or possess to skillfully provide IECMHC.
- » **Recommended elements:** those that align with national best practices and the national scan of IECMHC programs conducted through Texas Preschool Development Grant Birth through 5 funding¹: [Infant and Early Childhood Mental Health Consultation: Landscape Analysis](#)
- » **Optional suggestions:** those that enhance IECMHC practice.



Educational Requirements and Recommendations

Required

Licensed or license-eligible mental health provider with an advanced degree in counseling, psychology, social work (LCSW), or psychiatry.

Recommended

At least one to two years of clinical experience working with young children 0-5 years of age and their families. This experience helps ensure that IECMH consultants have an understanding of the developmental, behavioral, and mental health concerns of young children and families.

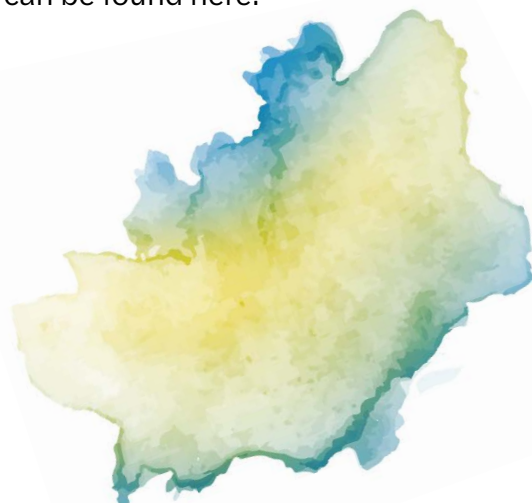
Optional

Infant and Early Childhood Mental Health Endorsement® (Endorsement) is an internationally recognized credential for individuals who demonstrate specialization in infant and early childhood mental health. The Endorsement credential signifies evidence of skills and expertise in early childhood mental health promotion, prevention (early intervention), and clinical intervention (assessment, diagnosis, and treatment). Professionals who have obtained the Endorsement credential are desirable candidates for IECMHC. It is intended to support professionals working with expecting parents, infants, young children, and their families².

Endorsement is overseen by the state infant mental health association (IMHA). In Texas, this entity is First3Years.

More information about obtaining the Endorsement credential can be found here:
<https://www.first3yearstx.org/endorsement>.

At the national level, Endorsement is overseen by the Alliance for the Advancement of Infant Mental Health. More information about their Endorsement process can be found here:
<https://www.allianceaimh.org/endorsement-interest>.



Definitions: Licensed vs. License-Eligible Mental Health Providers

A **licensed mental health provider** has an advanced degree in counseling, psychology, social work (LCSW only), or psychiatry, has passed a state exam, and has completed required clinical hours under clinical supervision.

A **license-eligible** counselor, therapist, or psychologist (e.g., LPC-A, LPC-I, LMFT-A, LPA) has an advanced degree in counseling, has passed a state exam, and is currently completing the required clinical hours under clinical supervision.

Additional Considerations:

Individuals who are license-eligible are likely to have less clinical experience than those who have fulfilled the significant number of hours of supervised clinical training required for licensure in their field. These individuals may or may not have experience working in child and family-serving programs. License-eligible individuals may be easier to find and hire but may also require additional training and mentoring while on the job because of their more limited experience.



Foundational Training

Required

- 1. Orientation to the role, activities, and core competencies of IECMH consultants**, as outlined in the Orientation and Competencies chapters of this manual. Orientation includes an understanding of the settings for consultation, types of consultation, stages and essential activities of consultation, core competencies of IECMH consultants, and evaluation methods (as outlined in the Evaluation chapter of this manual).

This orientation could be designed and delivered within the individual program or could be a hybrid that incorporates use of materials that have been developed elsewhere (e.g., this IECMHC manual, or the Center of Excellence for Infant and Early Childhood Mental Health Consultation (CoE) [Foundational Modules](#), Consultant Assessment, and/or [IECMHC Competencies](#)). Alternatively, programs may wish to enroll new consultants in a course or certificate program that is designed to provide comprehensive foundational knowledge in the role and competencies for IECMHC, such as:

- a. The [Online Certificate in Infant & Early Childhood Mental Health Consultation](#) offered through Georgetown University's School for Continuing Studies;
 - b. The [Infant Mental Health Certificate](#) through the Erikson Institute;
 - c. The [Infant and Early Childhood Mental Health Certificate](#) through the University of Minnesota; or
 - d. The [IECMH Consultant Training Program](#) through the California Consultation Network.
- 2. Training to further develop knowledge of mental health and developmental disorders of infancy and early childhood**, such as The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:O-5) training as needed. IECMH consultants should have a strong foundation in typical and atypical child development. Knowledge in this area allows IECMH consultants to recognize early signs of concern, provide developmentally appropriate guidance, and support accurate referrals. This foundational understanding grounds their consultation in the unique needs of young children and promotes effective collaboration with families and providers. It also enables consultants to educate providers on how diagnoses can impact families — influencing access to services, experiences of stigma, and basic needs such as insurance coverage.



- 3. Training to build competency in screening and brief assessment of social and emotional development.** IECMH consultants should be proficient in, or receive training to achieve competence and fidelity in, the administration and interpretation of at least one standardized screening or assessment tool (current edition), such as the Ages & Stages Questionnaires® (cognitive and social emotional screening tools) or the Devereux Early Childhood Assessment (DECA) for Infants and Toddlers. Proficiency in screening and assessment is critical to support accurate and early identification of developmental, emotional, or behavioral concerns. It supports informed planning and collaboration with caregivers and providers to promote optimal child development. Screening allows for ongoing monitoring, enabling IECMH consultants and providers to collaboratively track progress over time and adjust strategies as needed.
- 4. Training to strengthen reflective skills and practice.** Reflective skills, and the ability to embody the consultative stance and help early childhood providers and caregivers to deepen reflective capacities are fundamental to the IECMH consultant's role. IECMH consultants need to have previous exposure to foundational training in Reflective Practice/ Supervision (or access to such training while in this role) and access to ongoing monthly individual and/or group reflective supervision with a trained reflective supervisor.
- 5. Working with an established training and technical center for IECMHC** has shown to support access to training and consistency in the implementation of IECMHC across sites.

Consultative Stance

The consultative stance, developed by Johnston and Brinamen, is a way of guiding collaborative work between a consultant and consultee that emphasizes relationship-based, capacity-building approaches and promotes relational health for families and providers.³



Recommended

Additional training opportunities that can strengthen the skills and knowledge of IECMH consultants include:

- 1. Training to expand strategies and tools for promoting positive behaviors and creating positive learning environments for children.** For example, Pyramid Model training offers IECMH consultants a framework, tools (e.g., Teaching Pyramid Model Observation Tool, or TPOT, and Teaching Pyramid Infant-Toddler Observation Scale, or TPITOS) and a set of practices to help early childhood providers promote social emotional development and positive behaviors and interactions.
- 2. Training to deepen reflective skills and relationship-building and engagement strategies,** such as Facilitating Attuned Interactions (FAN) Level I training or Child-Parent Psychotherapy (CPP).
- 3. Training to increase understanding of the different settings for consultation** (e.g., early childhood care and education, Early Childhood Intervention, home visiting, primary care) as well as the languages, customs, and values of different communities and families served to ensure effective, respectful, and high-quality care and services.⁴
- 4. Training to deepen expertise and competence in trauma-informed practices,** such as The National Child Traumatic Stress Network's asynchronous Trauma Training for Early Childhood⁵, Trust-Based Relational Intervention^{®6}, or Child-Parent Psychotherapy (CPP).
- 5. Training on early childhood brain development,** such as ZERO to THREE's The Growing Brain curriculum.⁷
- 6. Best practices for inclusion** (e.g., children with special needs, non-English speakers) for early childhood programs, particularly early care and education settings, such as the Special Needs & Inclusive Child Care through Texas A&M AgriLife Extension.⁸



Training Recommendations for Agencies Onboarding IECMH Consultants

Required

- 1. Training to ensure the consultant understands program requirements** related to record-keeping, professional documentation, and data collection in accordance with IECMHC program requirements and state guidance. Refer to the Evaluation chapter of this manual.
- 2. Orientation to important sector-specific information** (e.g., state child care rules and regulations, home visiting procedures, Health Insurance Portability and Accountability Act (HIPAA) regulations for healthcare settings, Family Educational Rights and Privacy Act (FERPA) for educational and early intervention settings, etc.).
- 3. Ensure access to required trainings** listed above to allow IECMH consultants to perform their role to the highest quality. At a minimum, this includes:
 - a.** Training to further develop knowledge of mental health and developmental disorders of infancy and early childhood;
 - b.** Training to build competency in screening and brief assessment of social and emotional development; and
 - c.** Training to strengthen reflective skills and practice.
- 4. Access to relevant professional development opportunities** that keep knowledge/skills up to date and enable IECMH consultants to maintain their clinical licensure.
- 5. Access to IECMHC resources and materials** created by the state's IECMHC technical assistance center, national organizations focused on IECMHC, and materials shared in peer learning collaborative opportunities.
- 6. Work with an IECMHC training and technical assistance center to support onboarding** new IECMH consultants with IECMHC best practices.



Recommended

1. **Opportunities for the IECMH consultant to shadow experienced consultants.** Shadow visits should occur in the range of settings the IECMH consultant will be working in, and ideally with more than one experienced consultant in order to observe commonalities and differences in the needs of the settings, providers/families, and consultant approaches or styles.
2. **Opportunities to be mentored by a more experienced IECMH consultant** (ideally within the first 6 months) to support growth in understanding and practice from someone who has been in a similar position and can share lessons learned and provide informal guidance.
3. **Information about the local early childhood system,** community resources, and general background about the community/communities the program serves (as needed), including community and service system challenges and strengths.
4. Access to **training to expand strategies and tools for promoting positive behaviors and creating positive learning environments for children.**
5. **Establish and maintain positive relationships with other professionals and agencies within the community to facilitate referrals and coordinate services** for children and families when needed. This should include participating in local early childhood coalitions and other relevant early childhood community groups working to support children's mental health.

Sample Resource Library Materials

The following are recommended resources to include in an IECMHC resource library to enhance the IECMH consultant's practice:

Johnston, K., & Brinamen, C. (2006). *Mental Health Consultation in Child Care: Transforming Relationships among directors, staff, and families*. ZERO to THREE Press.

Heller, S. S., & Gilkerson, L. (2009). *A Practical Guide to Reflective Supervision*. ZERO to THREE.

Zeanah, C. H. (Ed.). (2018). *Handbook of Infant Mental Health (Fourth)*. The Guilford Press.



Additional Considerations for Managers to Provide IECMH Consultants with Ongoing Growth Opportunities

- » Consider caseloads that include a variety of service settings as well as a range of type and intensities of IECMHC cases to prevent burnout and optimize learning.
- » Provide opportunities for experienced consultants to serve as mentors — acknowledging their skills and helping less experienced consultants to grow.
- » Help consultants to identify (or create) ongoing peer support experiences, such as peer reflective supervision groups or communities of practice.
- » Create a professional development plan annually with consultants, with attention to areas of interest.
- » Seek out opportunities for consultants to present at conferences or to other programs by spotlighting IECMHC or infant mental health topics.
- » Engage consultants in community outreach events helping to promote early childhood mental health practices like social emotional screening and IECMHC and share information on topics related to infant mental health.
- » Offer opportunities for consultants to engage in periodic self-assessment/reflection regarding skills and competencies using validated tools.



References

- 1 **Baldwin, J., Beseda, H., Oppenheim, J., & Lopez, M.** (2024). Infant and Early Childhood Mental Health Consultation: A Landscape Analysis of Implementation. Austin: Texas Institute for Excellence in Mental Health, School of Social Work, University of Texas at Austin.
- 2 **First 3 Years.** (2024, March). Infant and Early Childhood Mental Health (Endorsement). Retrieved from First 3 Years: https://drive.google.com/file/d/1mXT84TcOGq1OLWJ_YT-7waSlJhceZIA3/view.
- 3 **Johnston, K., & Brinamen, C.** (2006). Mental Health Consultation in Child Care: Transforming Relationships among directors, staff, and families. ZERO to THREE Press.
- 4 **U.S. Department of Health and Human Services.** (n.d.). National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. Think Cultural Health. <https://thinkculturalhealth.hhs.gov/clas/standards>.
- 5 **The National Child Traumatic Stress Network.** (2024). Trauma Training for Early Childhood (TTEC). The National Child Traumatic Stress Network. <https://www.nctsn.org/resources/trauma-training-for-early-childhood>.
- 6 **Karyn Purvis Institute of Child Development.** (n.d.). Trust-Based Relational Intervention®. TCU College of Science and Engineering. <https://child.tcu.edu/about-us/tbri/#sthash.VT7kRETa.dpbs>.
- 7 **ZERO TO THREE.** (n.d.). The Growing Brain: From Birth to 5 Years Old. ZERO TO THREE. <https://www.zerotothree.org/our-work/learn-professional-development/the-growing-brain-from-birth-to-5-years-old>.
- 8 **Texas A&M AgriLife Extension.** (n.d.). Special Needs & Inclusive Child Care. Childcare Training Courses: Promoting Early Education Quality. <https://childcare.tamu.edu/courses/inclusion-and-special-needs>.