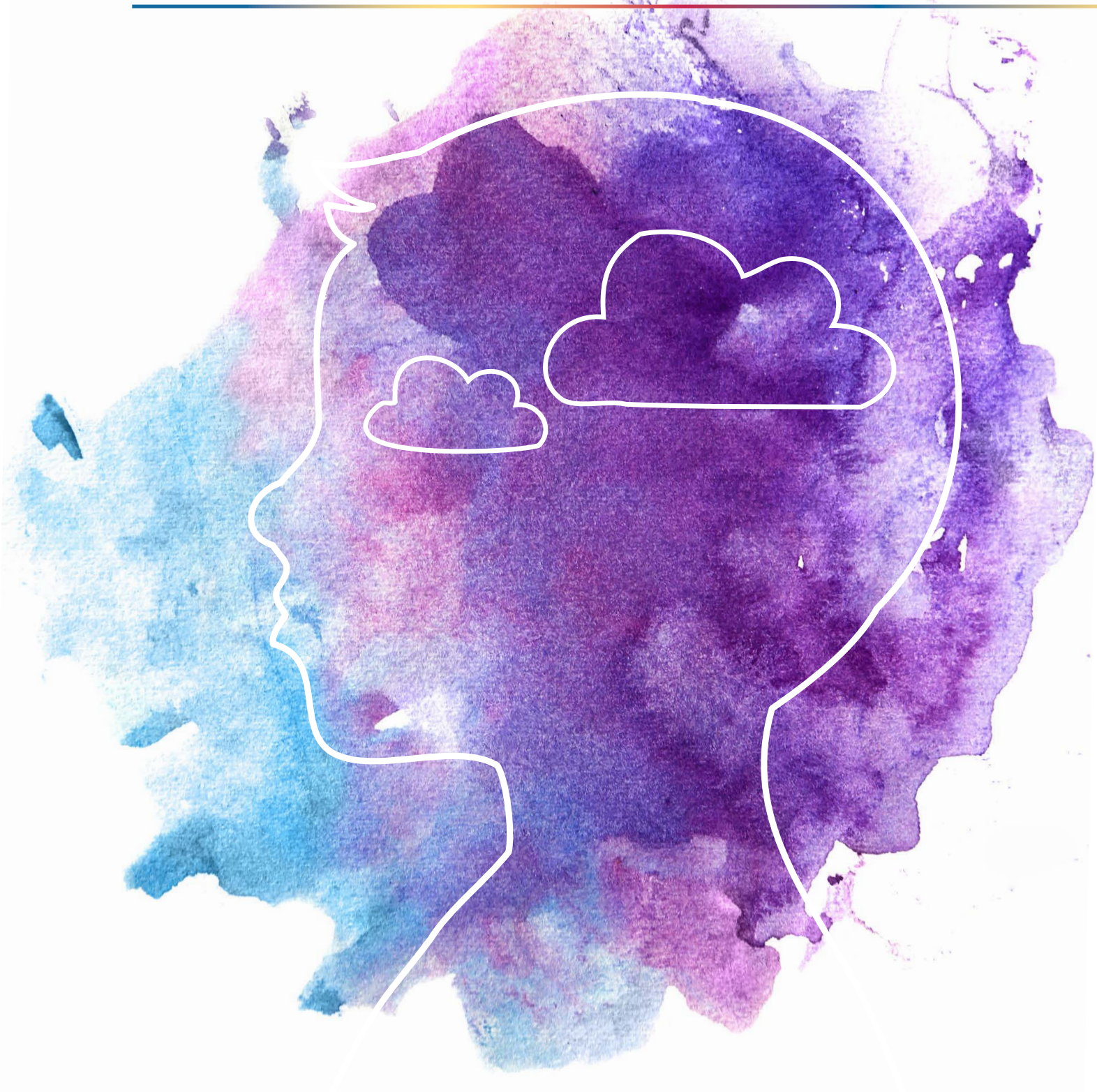
Texas Infant & Early Childhood
Mental Health Consultation

Program Manual



CONTACT

Texas Institute for Excellence in Mental Health
Steve Hicks School of Social Work
The University of Texas at Austin

Email: txinstitute4mh@austin.utexas.edu
Web: www.tiemh.org

CONTRIBUTORS/PROJECT LEADS

Jenny Baldwin, LMSW
Holly G. Beseda, M.Ed., NCC, LPC
Jennifer Oppenheim, Psy.D.
Molly Lopez, Ph.D.
Leah Davies, MSW

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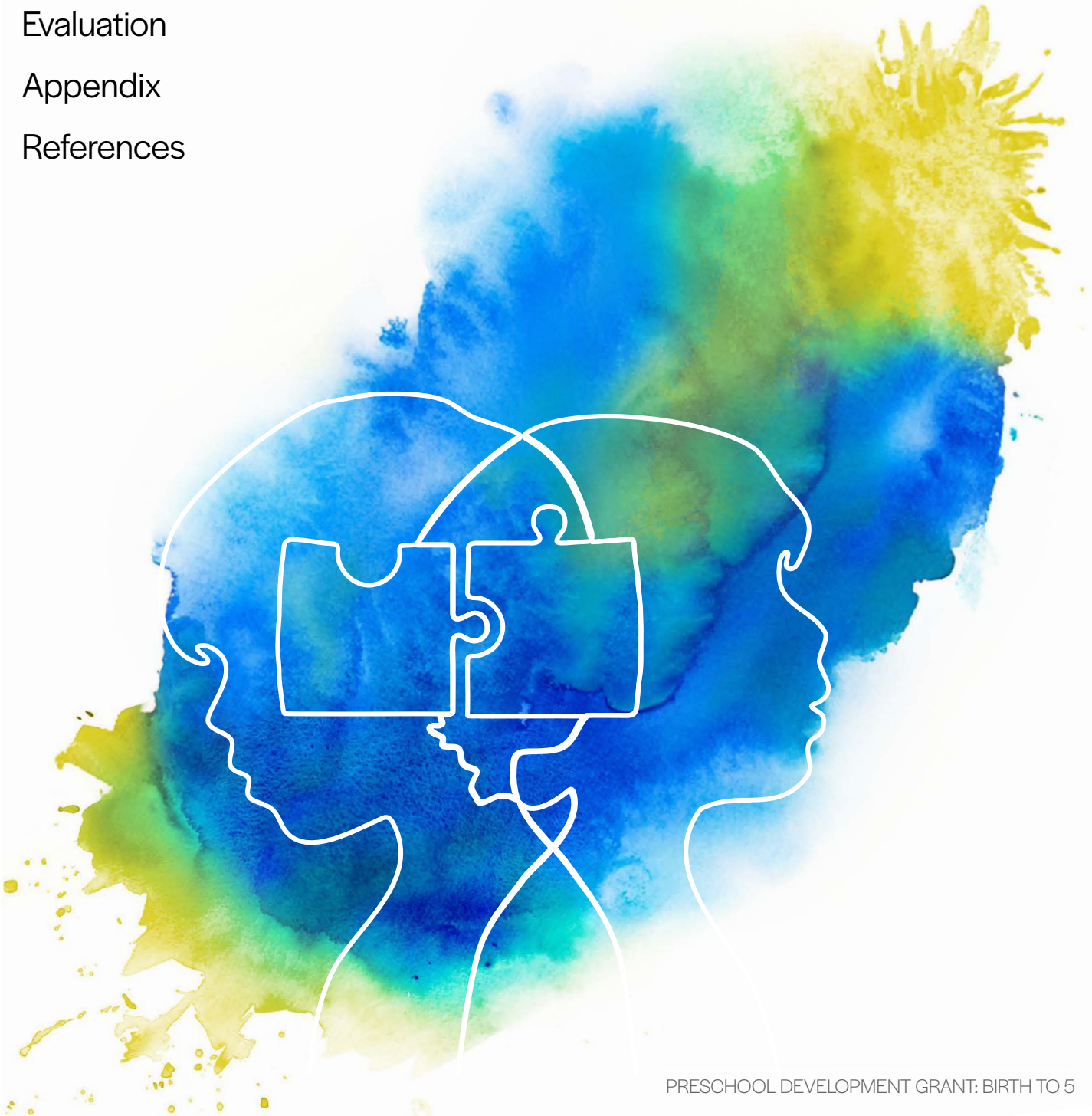
Program Manual Contents

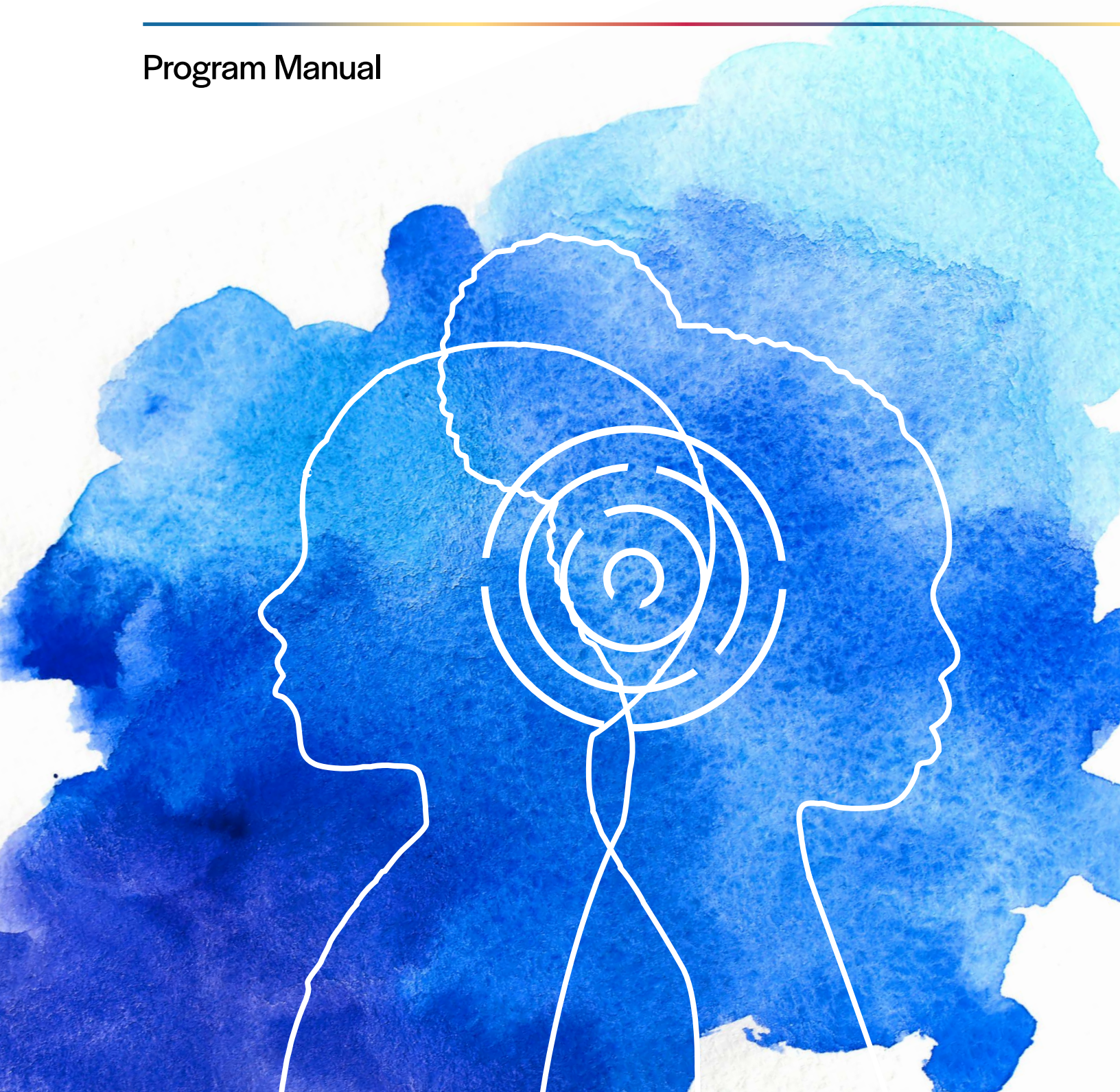


Texas Infant & Early Childhood
Mental Health Consultation

Part 1

Orientation

Program Manual



Contents

Building a Texas IECMHC Program

Infant and Early Childhood Mental Health Consultation (IECMHC) – A Texas Program Guide.

In Texas, IECMHC programs have existed in pockets since at least 2015, when Texas received a Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). The IECMHC programs that resulted from this grant, as well as other community-based IECMHC efforts across the state, have operated independently with local interpretations of IECMHC service delivery. Prior to the creation of this guide, Texas did not have a universal approach to IECMHC that included service definition, parameters, qualifications, or competencies. In 2023, Texas was awarded the Preschool Development Grant Birth through Five (PDG B-5), which created the opportunity to learn more about local and other state IECMHC programs, and then develop state guidance for IECMHC in Texas. This guide is intended to set standards for IECMHC services in early childhood care and education (ECCE), home visiting, early childhood intervention (ECI), and pediatric settings, and seeks to build upon the existing IECMHC programs across Texas. Qualitative research was conducted with 6 existing IECMHC programs in Texas and 17 other state IECMHC programs to inform this guide. Additionally, in the creation of this guide, nationally accepted IECMHC best practices were reviewed and considered.

We recommend using this program manual in the following ways:

1. In the design and creation of new IECMHC programs;
2. For consideration and modification of existing IECMHC programs; and
3. To establish competencies for IECMH consultants and their teams.

Introduction to Infant and Early Childhood Mental Health Consultation (IECMHC)

Grounding IECMHC in Infant and Early Childhood Mental Health

Before exploring mental health consultation, it is important to understand the field on which IECMHC lays its foundation. **Infant and early childhood mental health (IECMH) is a field that considers how early relationships; genetics; biology; environment; and cognitive, physical, and social-emotional development impact child development**[1]. It is a field that considers development as transformational. While IECMH clinicians are licensed mental health professionals, those who have an important role in promoting IECMH in young children represent a much broader array of professionals, including early intervention providers, home visitors, child care providers, educators, medical professionals, advocates, and, of course, families with infants and young children. Through supporting infant and early childhood mental health, we are helping to support social, emotional, relational, and cognitive development of infants and young children.

Relationships in the first years of life are critical to a child's capacity for development. In fact, healthy relationships are "biological necessities to build a foundation for lifelong growth and development."[2] Parents and other significant caregivers possess profound influence on a child's development. Through these relationships, children learn as they experience their environments, interacting with and attuning to their parents/caregivers. Early relational health also includes other adults in young children's lives, such as early childhood educators, home visitors, ECI providers, and medical professionals. Early relational health is the emotional well-being of children, based in the connection between young children and the adults in their lives[3]. It is the foundation of children's healthy development.

Healthy early relationships provide children with a sense of safety and security. When young children experience their primary caregivers as safe, responsive, and nurturing, they form secure attachments, which provides a basis for developing healthy relationships across the lifetime. Children learn and grow best in stable environments. They thrive on consistency and predictability. When they feel secure that their caregivers will respond to and address their basic (emotional, physical, and developmental) needs, they can use internal resources for exploration, learning, and growth.

What is IECMHC?

IECMHC is a prevention approach that addresses the behavioral, social, and emotional well-being of young children through partnering with and supporting their primary caregivers and providers[4]. IECMHC is not therapy. Rather, IECMHC is built on the knowledge that the relationship between adult caregiver/ provider and child is central in shaping the child's health, social-emotional development, and overall well-being. IECMHC has traditionally been implemented in early childhood education settings and Head Start programs but has also been successfully implemented in home visitation programs, early intervention programs, medical homes, child welfare systems, shelters, and community-based mental health programs.

IECMH consultants are licensed/license-eligible mental health providers who use their advanced training and expertise in mental health to enhance the capacity of early childhood professionals to promote both strong relationships and supportive environments for young children. (See box below and Glossary of Terms for definitions).

IECMHC focuses on supporting the adults in the lives of children[5] birth to 5 years of age. An IECMH consultant helps early childhood programs provide environments, experiences, and interactions that promote healthy social and emotional development and behavior. Additionally, an IECMH consultant helps caregivers and providers to:

- Develop strategies to support children who are exhibiting behaviors they find challenging or who may be facing potential suspension or expulsion from a program;
- Respond to children in trauma-aware and responsive ways that help them manage their own feelings and behaviors;
- Identify and address the needs of children with emerging mental health or developmental needs;
- Build awareness of the impact of adult mental health on developing children; and
- Help early childhood professionals understand their own reactions and responses to the behaviors of children and families.

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.

In Texas, a licensed mental health provider in counseling, psychology, social work (LCSW only), or psychiatry **OR** a license-eligible counselor, therapist, or psychologist (e.g., LPC-A, LPC-I, LMFT-A, LPA) is eligible to provide IECMHC services.

The root of IECMHC is the relationship built between the mental health consultant and the adults that are in the child's life. The majority of mental health consultation exists between the IECMH consultants and the early childhood professionals. Through this relationship, the IECMH consultant supports the early childhood professional's development of knowledge and skills to support, understand, and promote children's social-emotional and physical development, identify and address children's social, emotional, or behavioral issues; and create deep connections and positive interactions with the children and families that they serve. IECMH consultants may also work directly with the parents/caregivers in a child's life in a similar capacity. This could be center-based or home-based work and may be in tandem with the support the IECMH consultant is providing to the child's early childhood professional. Although consultation mostly involves the partnership between the consultant and an early childhood provider, it can be important for mental health consultants to learn from parents to better understand a particular child and family's culture, home environment, or history, as well as to develop strategies that can be implemented both at home and in other environments. IECMH consultants can also play an important role in helping early childhood professionals strengthen their relationships with the families of the children they serve.

Infant and Early Childhood Mental Health:

A field that considers how early relationships; genetics; biology; environment; and cognitive, physical, and social-emotional development, impact child development.[6]

Infant and Early Childhood Mental Health Consultation (IECMHC)

A prevention approach that addresses the behavioral, social, and emotional well-being of young children through partnering with and supporting their primary caregivers and providers.[7]

Infant and Early Childhood Mental Health Consultant (IECMH Consultant)

Licensed mental health providers who use their advanced training and expertise in mental health to enhance the capacity of early childhood professionals and parents/caregivers to promote both strong relationships and supportive environments for young children.

What IECMHC Is Not

Sometimes IECMHC is confused with psychotherapy because it includes mental health support for very young children and focuses on more than just the child. To better understand what IECMHC is, consider what it is not.

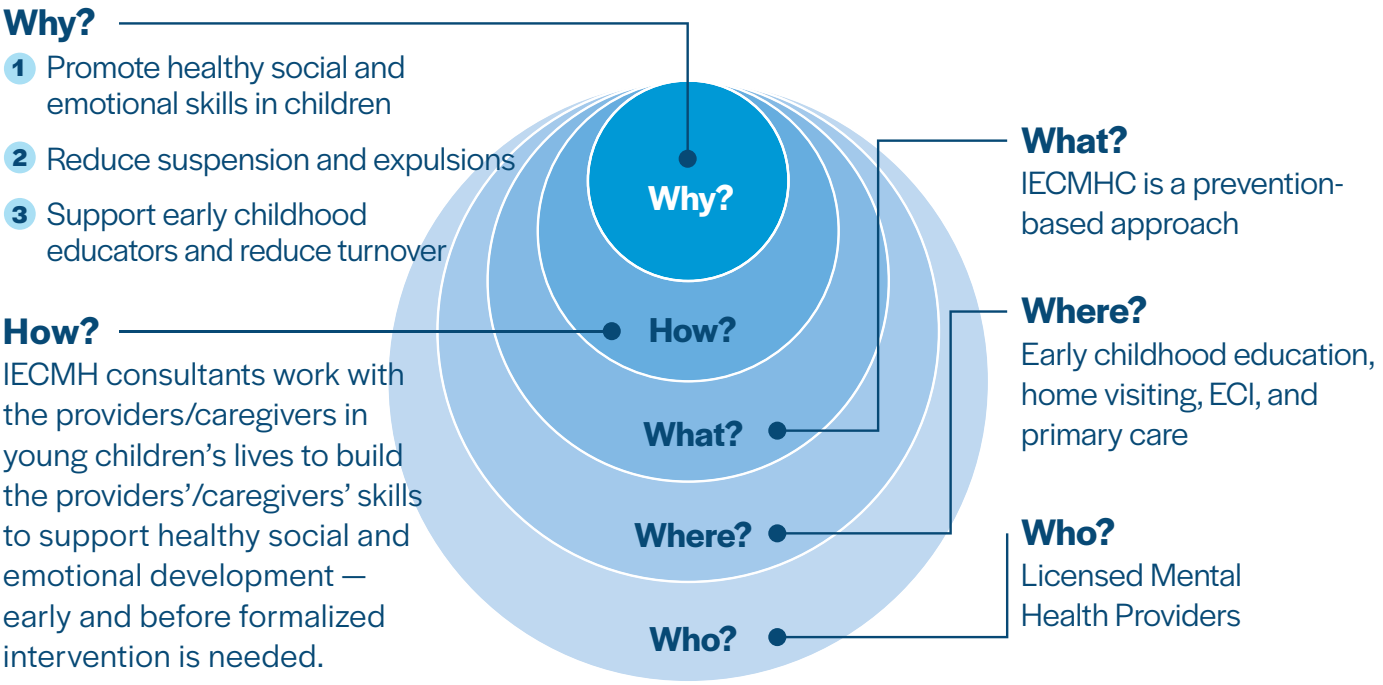
IECMH consultants do <u>not</u>:

- ✕ Provide talk or play therapy directly to the child;
- ✕ Diagnose or provide treatment or clinical interventions;
- ✕ Provide medication management;
- ✕ Focus solely on the child;
- ✕ Provide counseling services to caregivers or professionals related to personal or professional, or their own mental health needs; or
- ✕ Provide services only in early childhood education settings.

Additionally, there are various types of valuable supports for early childhood professionals and the parents/caregivers with whom they work. IECMHC is one type of support in this continuum of individuals who help early childhood professionals provide high-quality services, and support child and family well-being. Others include community roles such as community health workers, promotoras, Pyramid Model coaches, case managers, and resource navigators. Some of the activities that these other professionals provide may be similar to that of IECMHC, but IECMHC services are distinct, and all are beneficial to early childhood programs.

An IECMH consultant works in coordination with these other professionals to support program success when mental health-related skills and knowledge are needed. IECMH consultants utilize their mental health knowledge and relational skills to help address a challenge that a child, family, or staff member is experiencing. IECMH consultants use their training and expertise to help adults understand the child and better support their needs. IECMH consultants bring an approach and skill set informed by knowledge about attachment, intrapsychic and interpersonal dynamics, cultural context, trauma, typical and atypical development, and psychological disorders. This grounding in mental health informs assessment of child, family, and provider challenges, recommendations to address concerns (including referrals), and the formation of a consultative relationship between consultant and caregiver/staff member that builds trust, mutual respect, self-awareness, and self-reflection.

Figure 1: **The What, Where, Who, How, and Why of IECMHC**[8]



Types of IECMHC Services

There are three different types of IECMHC. The type of IECMHC used depends on the goal and presenting issue. **The client is always an adult in the life of a young child,** such as an early childhood provider or parent/caregiver. **The type of implementation is determined by the nature of the concern and the desired outcomes.** Mental health consultation has the flexibility to address mental and behavioral health concerns existing at the individual level up to the programmatic level.

There are three types of IECMHC implementation.

1. Child and family-focused consultation
2. Classroom or group consultation
3. Programmatic consultation

In the **child and family-focused consultation,** IECMHC concerns one child's behavior or development, particularly social and emotional development.[9] The IECMH consultant works with an early childhood provider and/or the parent/caregiver concerning one child. The goal is to support the adult caregivers in their understanding of and response to the child's needs, and to work in partnership with these adults to develop strategies and a plan for responding to the child in ways that lead to better developmental or behavioral outcomes. Often this work includes some exploration with the adult caregiver about how they are interpreting and reacting to the child. Child behaviors are often attempting to communicate a need. Understanding that a child's behavior could be an attempt to communicate may be a shift for early childhood professionals or families.

In **classroom or group consultation,** the IECMHC focuses on an entire group of children in a class or program group, or provider caseload. In this consultation type, the client will be an early childhood professional. Again, the goal is determined by the issue that the early childhood professional has identified. For example, a teacher may need support managing difficult classroom dynamics, creating smoother transitions between activities, or helping the class to talk about a shared traumatic experience. The consultant partners with the teacher first to understand what they have already tried, ask what their instincts are about how to manage the situation, and then they decide together on an approach. The teacher tries it out, and they review what worked and what did not so that the strategy can be refined over time. For example, in a home visiting or ECI program, an early childhood provider may seek IECMHC regarding multiple families on their caseload, such as parental stress, challenging child-parent dynamics, or shared traumatic events. The consultant partners with the early childhood provider to understand what they are experiencing and what they have already tried to support families. Together they create new strategies to support client families, talk about ways to have challenging conversations, and identify options for additional referrals, where appropriate.

In **programmatic consultation,** the consultant works with program leadership and other members of the staff to address policies, practices, or issues that impact the program as a whole. The goal is to make changes that will improve the program quality and the well-being and functioning of staff, families, and children throughout the program. These activities may include training, technical assistance, and consultation provided to multiple staff members. The IECMH consultant may also work with program staff to review program policies and procedures to address continued quality improvement. Consultants may provide multiple types of consultation to a program over time.

Types of IECMHC

Individual child/family

What does it look like?

This type of IECMHC is focused on one child and their family. An early childhood provider or parent/caregiver requests IECMHC services to address mental or behavioral health concerns of one child or family. This is the only type of consultation in which the target client can be a parent/caregiver.

Examples of child/family-focused consultation in different settings:

i. **ECCE:** A child is repeatedly being removed from the classroom because of disruptive behavior, and the teacher has run out of ideas about how to improve the situation. He finds that his frustration tolerance with all the children is lower because this situation is so stressful.

ii. **Home visiting:** A home visitor is worried about a new mom who is very anxious and preoccupied with thoughts about bad things happening to her baby. Her partner has told the home visitor about these thoughts, but the mom has not said anything directly. The home visitor is looking for help in how best to understand the mom's struggles and raise the issue with the mom in a helpful way.

iii. **ECI:** A child has been referred to the ECI program as the result of some developmental concerns, including potential speech and social skills delays. There are some indications of a history of family violence. The team is trying to determine an evaluation approach and differentiate between speech and language issues and potential trauma responses. They request the consultant to serve as a member of the evaluation team, including helping to assess the family context and relationships, identifying strengths and needs, and making recommendations.

Classroom/Group

What does it look like?

This type of consultation provides support to an individual provider (e.g., ECCE teacher) or a group of providers (e.g., all home visitors in a program, all staff in a primary care practice) to address concerns impacting more than one child or family and/or build skills that can be applied to all children and families in their classroom, group, or caseload.

Examples of classroom/group consultation in different settings:

i. **ECCE:** A teacher requests an IECMH consultant to work with her on improving group reading time in her three-year-old classroom. After observing reading time and talking with the teacher, it becomes clear that this teacher is deeply saddened by a personal family situation. This is making it harder to focus when she is at school. The consultant talks with the teacher about seeking therapeutic and other supports for herself; offers new strategies for reading time; and provides space to talk through the teacher's feelings of shame and guilt about the ways her family life is impacting her work.

ii. **Pediatric primary care:** The doctors in the practice have recently seen several young children whom they suspect might have autism spectrum disorders (ASD). The doctors referred a few of these families to the IECMH consultant to help facilitate accessing needed evaluation and parenting supports. Additionally, they would like training on the co-occurrence of ASD and behavioral health issues such as anxiety, as well as strategies and guidance for talking to parents whose children have been diagnosed with ASD who seem overwhelmed.

iii. **Home visiting:** Several home visitors currently have families in their caseloads where they suspect one of the parents may be struggling with a substance use disorder (SUD). The program director asks the IECMH consultant if they can offer some training for the whole staff to support home visitors in their comfort talking with families about SUD (e.g., motivational interviewing techniques, screening protocols). The director also requests reflective consultation so that the home visitors can reflect on their fears or challenges in talking with families about SUD based on their own histories, experiences, cultures, beliefs, and assumptions.

Program

What does it look like?

In programmatic consultation, the focus is supporting an entire program to improve overall program quality through addressing practices and policies that impact the well-being of the program staff, families, and children being served. In this type of consultation, the work is typically with program leadership or administration, and often involves program staff.

Examples of programmatic consultation in different settings:

i. ECCE: The program director has noticed that staff morale has been low since a wildfire disrupted life in the community and several staff members were displaced from their homes. She requests IECMHC to help the program develop a strategy for improving staff morale. The IECMH consultant supports the director (with input from staff members) in putting together a staff wellness plan that includes activities such as IECMH consultant-led group trainings on trauma responses to natural disasters; a monthly mindfulness group and peer sharing; support opportunities facilitated by the IECMH consultant; and a walking club organized by one of the teachers.

ii. ECI: The ECI team has had considerable turnover in the last year, and the program director is concerned because the most experienced team members have retired. They recognize the need for more training on IECMH, particularly issues related to attachment and parent-child interactions. They request help from the IECMH consultant to deliver trainings for the staff on attachment styles, the DC:0-5 assessment system (overview), and screening tools that focus on the parent-child relationship. The IECMH consultant also helps the program review and update its referral, pre-enrollment, and developmental screening processes.

iii. Pediatric primary care: A pediatric practice decides to add a social-emotional screening tool to their well child visit protocol. They ask the IECMH consultant to help them develop materials for parents explaining the purpose of social-emotional screening and a system for alerting physicians to screening results and recommendations for follow up. Additionally, they request that the IECMH consultant develop some talking points for the physicians so they can introduce the concept of early relational health to parents/caregivers into their well child visits.

IECMHC Core Values

The Texas IECMHC Program core values are based on those held by the Center of Excellence for IECMHC and on best practices established by states with a long record of successful IECMHC[10] implementation[11]. These values are also based on research and evidence-based practices and are the foundation upon which IECMHC program guidance and competencies were created.

1. The mental health of young children is intertwined with the well-being of their caregivers.
2. IECMHC services must be research-informed.
3. IECMHC helps to bridge gaps in early childhood systems of care.
4. IECMHC services help to promote fairness and recognize that children have different resources and opportunities to thrive.
5. IECMH consultants need ongoing support and training.
6. Family voice is an essential component of effective services.

IECMH Consultant Qualifications and Activities

Qualifications of an IECMH Consultant

IECMH consultants are **highly trained, licensed/license-eligible mental health clinicians.** These providers have knowledge and experience in child development, the effects of stress and trauma on families, and the impact of adult mental health on the developing child.[12] IECMH consultants use their advanced training and expertise in mental health to build the capacity of early childhood professionals and caregivers to promote both strong relationships and supportive environments for young children.[13] Clinicians who are license-eligible may also meet requirements to provide IECMHC. These clinicians hold a master's degree in mental health, such as counseling, psychology, social work, and marriage and family therapy, and are completing the required number of practice clinical hours while under the clinical supervision of a fully licensed mental health provider.

In Texas, IECMH consultants are required to have the following qualifications:

1. **Mental health license/license-eligible,** with an advanced degree in counseling, psychology, social work (LCSW), or psychiatry.
2. **Experience working with children,** particularly young children ages birth to 5 years old.
3. Access to **participate in on-going reflective supervision** from a reflective supervisor.

IECMHC Activities

IECMH consultants provide observation, coaching, modeling, and consultation through three types of IECMHC - child/family-focused, class/group, and program. IECMH consultants work with early childhood providers and parents/caregivers to implement practices that create healthy environments and promote the development of social and emotional skills. They also partner with providers to develop plans to address early childhood concerns and continue to monitor as these plans are implemented and adapted to achieve the desired outcomes. They can help early childhood professionals in advising families on how to access mental health assessments and services. IECMH consultants also help early childhood professionals to implement trauma-informed practices and to effectively engage with families. They build trusting relationships with providers and reflect with providers on their assumptions, reactions, and interactions with children and families, recognizing how these contribute to their own and children's well-being. IECMH consultants can facilitate discussions on sensitive topics such as policies and procedures for and/or rates of suspension and expulsion. Finally, IECMH consultants participate in the universal promotion of infant and childhood mental health, relational health, resilience and understanding the impacts of trauma. Some examples may include attending outreach events, disseminating resources, or conducting developmental screenings, among others.

The fundamental activities for IECMH consultants include the following:

- **Setting appropriate expectations** by sharing information about the role of the consultant; clarifying the scope of work (presenting issue and goal/desired outcome); and developing a service plan that specifies frequency, duration, and nature of consultant activities.

  Example of setting appropriate expectations in an ECCE setting:

  - An early childhood teacher requests IECMHC because they are struggling with classroom transition times between activities. The IECMH consultant sets up a time to meet with the teacher on their break to review the role of the consultant, learn more about the needs and goals of the teacher, and describe how IECMHC can support the teacher.

- **Gathering information about the presenting issue** from the adults in the child's life (such as early childhood providers and parents/caregivers), and considering multiple sources of information (e.g., observation, interview, document review, administration of screening and assessment tools) and multiple perspectives on potential remedies.

  Example of gathering information in child/family consultation in an ECCE setting:

  - A teacher has requested IECMHC, and the presenting issue is a child who "falls apart" during classroom transitions. The consultant gathers information by observing the child in the classroom on multiple days at different times and in interactions with peers, teacher, and parents. She meets with the child's teacher and parents to learn more about classroom routines, family routines, expectations, the teacher's and family's understanding of the behavior, cultural values, and any recent changes or stressors that may be contributing to the behavior. Teacher and parents complete social-emotional screening tools; consultant completes an observational measure in the classroom to help track changes over time.

- **Partnering with providers and families to develop a shared, working hypothesis about the presenting issue** that considers social and emotional, relational, cultural, and family factors; physical and medical factors; environmental factors; program and community contexts; and relevant events. The IECMH consultant demonstrates respect for all perspectives, practices cultural humility, and works with providers and families rather than presenting as the expert (e.g., consultative stance).

  Example of partnering with providers and families to develop a shared, working hypothesis about the presenting issue in an ECI setting:

  - An ECI provider requests IECMHC regarding his work with a 2-year-old child who has seemingly unpredictable outbursts with screaming and hitting. The IECMH consultant speaks with the ECI provider and the family to learn more about the child and the family. The IECMH consultant listens to their input on factors that may contribute to child's behaviors and works with the ECI provider and family to formulate a hypothesis as to the cause of and possible strategies to address the behaviors.

- **Collaborating with staff and families to develop and implement a plan to address the presenting issue,** which may involve new strategies within the program and at home. The plan should include – 1) a period of implementation; 2) the review and modification of strategies, as needed; and 3) tracking progress in reaching desired goals.

  Examples of collaboration include:

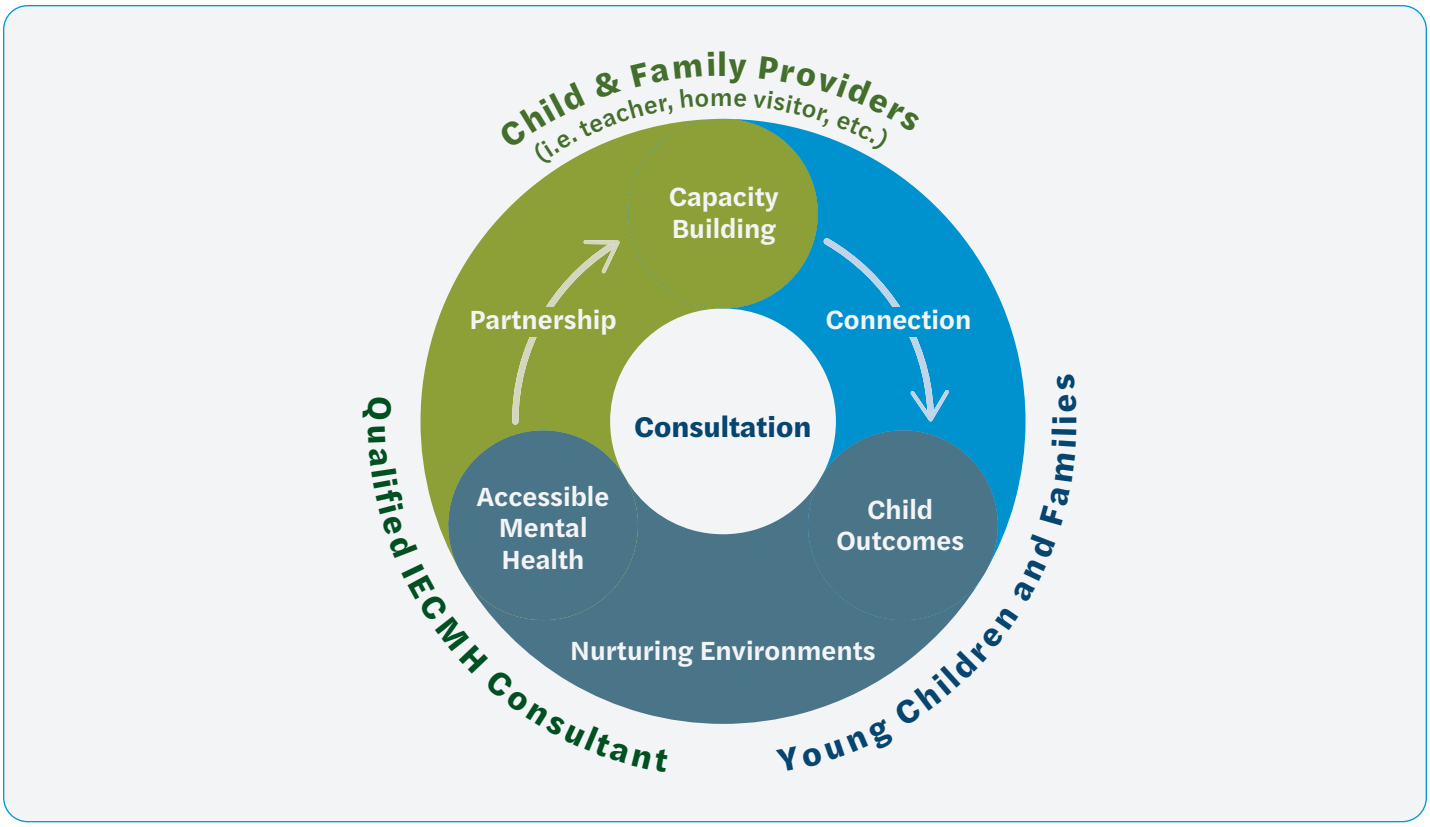
  - **Child/family consultation** might involve modeling, coaching, and observation to track implementation of strategies and their impact over time.
  - **Group consultation** might involve training and professional development, group facilitation (e.g., case consultation, peer support, reflective consultation, and collection of data to track progress toward achieving goals).
  - **Programmatic consultation** might include recommendations for developing or improving policies, protocols, and program materials, and facilitating group processes that support staff in working toward established goals while engaging in mutually respectful interactions and teamwork.

- **Partnering with staff and families to identify and facilitate appropriate referrals** for additional needed services, including evaluation and screening for developmental, behavioral health, or medical issues; and to community-based services and support.

Example of partnering with staff and families to identify and facilitate appropriate referrals in a home visiting setting:

» A home visitor requests IECMHC to support a family of two that consists of a single father and his 4-year-old daughter. The family lost the mother of the child six months ago due to cancer. Since then, the father has struggled to find his way as a single father and reports that he has not had time to deal with his grief. The father enrolled in the home visiting program to get support for his daughter, who has begun to struggle at her child care center. The child has begun to struggle with drop off time at her child care center and is exhibiting behaviors that are disruptive for the rest of her class, including tantrums, pushing other children, and not napping. The IECMH consultant works with the home visitor to connect the child's behavior to the grief of the loss of her mother and provides a list of local child mental health counselors. The IECMH consultant also provides a list of grief support groups for the father.

Figure 2: **Roles and Relationships in IECMHC**[14]



IECMHC & Early Childhood Continuum of Care

The Children's Mental Health Continuum

There is a full continuum of supports in children's mental health that comprise a comprehensive system of IECMH care. These include promotion, prevention, assessment/diagnosis, and treatment activities. IECMHC is considered both a mental health promotion strategy and a prevention strategy because some activities of consultation are designed to promote the development of social and emotional skills of all children in a program, and some aspects of mental health consultation are intended to prevent the onset of social, emotional, or behavioral challenges among children who are at increased risk or showing early signs of mental health problems.

- **IECMHC as a Promotion Strategy:** Some activities of consultation are designed to promote the development of social and emotional skills of all children in a program.
- **IECMHC as a Prevention Strategy:** Some aspects of mental health consultation are intended to intervene early when concerns arise to prevent the onset of social, emotional, or behavioral challenges among children who are at increased risk or showing early signs of mental health problems.

IECMHC does not include diagnosis or treatment – other components of the continuum of care. However, IECMH consultants play an important role in helping providers and caregivers determine when an IECMH concern is one that requires a more intensive or specialized level of attention; and in these situations, the consultant can help the provider and family to navigate the IECMH system to identify an appropriate program or individual for follow up. For example, follow up might include a referral for family or individual therapy, or for a more in-depth mental health or neuropsychological diagnostic assessment; referral to Part C Early Intervention or Part B Special Education Program services; or referral to a specialty medical provider or developmental pediatrician to rule out a physical or developmental delay or disorder. Figure 3 illustrates the full continuum, including where and how IECMHC exists in children's mental health services as a promotion and prevention strategy.

Figure 3: **IECMHC & the Early Childhood Continuum of Care**[15]

Early Childhood Mental Health Continuum Of Care

As you move along the continuum, workforce training and education requirements increase.

Mental Health Promotion
(Universal/Appropriate for all)

What is it? (Examples)

- Infant and early childhood mental health consultation (IECMHC)
- Developmental & behavioral screening for children
- Behavioral health screening for caregivers (depression, anxiety, substance use, domestic violence, etc.)
- Early childhood mental health awareness and education
- Social emotional learning (classroom or program-wide)
- Care coordination
- Referrals and support to access a wide range of services (health care, employment, food, housing, nutrition, etc.)

Who can do it?

- IECMH consultants
- Mental health providers
- Early childhood professionals
- Child care providers
- Nurses
- Home visitors
- Community health workers
- Promotoras
- WIC workers (Women Infant Children)
- Early intervention staff
- Peer specialists

Mental Illness Prevention
(Those at higher risk and/or showing early signs or symptoms)

What is it? (Examples)

- Infant and early childhood mental health consultation (IECMHC)
- Parenting support and education groups (e.g. Incredible Years, Circle of Security, Mothers and Babies/Mamas y Bebes), **etc.**
- Healthy Steps and Pediatric Triple P (Positive Parenting Program) **Levels 2 & 3** (primary settings)

Who can do it?

- IECMH consultants
- Mental health providers
- Parenting groups: early childhood professionals trained in the model, often co-facilitate with a mental health professional
- Healthy Steps Specialists: generally a mental health professional, early childhood educator, or nurse with IECMH training
- IECMH consultants: generally master's level mental health professional

Assessment, Diagnosis & Treatment
(F or those experiencing significant symptoms)

What is it? (Examples)

- **Assessment & Diagnosis:** Defining the nature and severity of the problem and making treatment and other support recommendations. Critical to use valid and reliable assessment tools such as BAYLEY, ITSEA and CBCL. Diagnosis using the Diagnostic Classification of Infancy and Early Childhood (DC:0-5) or the Diagnostic and Statistics Manual (DSM-V).
- **Treatment:** Evidence-based, developmentally-appropriate, and culturally-appropriate interventions, such as Attachment and Behavioral Catch-up, Parent-Child Interaction Therapy, Child-Parent Psychotherapy, and Triple P Level 4 or 5

Who can do it?

- **Assessment and Diagnosis:** Licensed mental health providers (psychiatrists, psychologists clinical social workers), **primary care physicians, psychiatrists, psychiatric nurse practitioners trained in IECMH.**
- **Treatment:** Licensed mental health practitioners (psychiatrists, psychologists clinical social workers), **psychiatrists trained on evidence-based models**

Impact of IECMHC

IECMHC Outcomes

IECMHC has been shown to improve a range of child, provider, and program outcomes.

Outcomes associated with this approach include:[16]

- Improved child social-emotional competency
- Improved parent-child interactions
- Reduction in challenging behaviors
- Reduction in expulsion and/or suspension risk or rates
- Improved school readiness
- Reduction in staff turnover
- Improved classroom climate
- Improved adult knowledge about social-emotional development
- Reduction in provider and caregiver stress
- Improved adult-child/caregiver-child relationship and quality of interactions
- High provider satisfaction with services

IECMHC has led to statistically significant improvements in children's prosocial skills. Further, those children who originally showed more behavioral concerns increased their prosocial skills (e.g., communication, problem solving, decision making) the most because of IECMHC services.[17] Early childhood providers also benefit. In other states, early childhood providers have reported high levels of satisfaction with IECMHC services, and IECMH consultative services have been associated with significant decreases in difficult child behaviors. Studies have also shown a correlation between IECMHC and higher job satisfaction among ECCE professionals, as well as increased use of positive classroom management skills. IECMHC also improves early childhood programs. Early childhood providers have demonstrated improved quality of interactions with children after receiving IECMHC services.[18] The Health Resources and Services Administration's home visiting program, Maternal, Infant, and Early Childhood Home Visiting (MIECHV), describes how IECMHC builds the capacity of home visitors and ultimately improves home visiting program outcomes for children and families.[19]

System-Building Strategies for IECMHC

IECMHC plays an important role to grow and strengthen the early childhood system and the IECMH continuum of care. Importantly, it brings mental health promotion and prevention activities into some of the key systems influencing young children's development: ECCE, home visiting, ECI, and pediatric primary care. In doing so, IECMHC strengthens the capacities of all these programs to meet the mental health needs of children, families, and the early childhood workforce. In addition, IECMHC creates a mechanism for other early childhood and family-serving programs to access the formal mental and behavioral health systems when further assessment and treatment services are needed. In this way, IECMHC creates better linkages and coordination at the local level, and in creating a statewide IECMHC approach, Texas is also ensuring that all these sectors are working collaboratively together at the state level.

IECMHC supports improvements in the behavioral health system as well. For example, IECMHC aligns with statewide children's mental health strategies, such as the Child Psychiatry Access Network[20] (CPAN) and the Texas Child Health Access Through Telemedicine[21] (TCHATT). These helplines increase access to mental health providers for children and families. In addition, as community-based organizations implementing IECMHC expand their workforce capacity and service delivery options, new opportunities are created for mental health clinicians to develop IECMH expertise. IECMHC increases access to mental health providers in the community for early childhood professionals, children, and families.

The creation and sustainability of a statewide IECMHC program calls for coordinated efforts from local implementing agencies to establish and sustain IECMHC in Texas communities. Investment in IECMHC at the local level yields findings that demonstrate both the positive outcomes of IECMHC, and areas for quality improvement that can inform an evolving statewide approach. On-going evaluation provides the opportunity to learn, improve, and leverage new and diverse funding to continue the implementation and expansion of IECMHC. IECMHC helps Texas to maximize its investment in early childhood programs by improving their positive child development and family strengthening outcomes as well – from early education, to child care, to ECI, to pediatric settings, to home visiting. A combination of federal, state, and local funds best ensures program longevity, and creates opportunities for growth into new communities and new service sectors over time.

Figure 4: **IECMHC Sustainability Conceptual Model**[22]

Glossary of Terms

Assessment

A validated tool that clinicians use to determine if a child needs additional developmental, health, or behavioral health services.

Developmental Screening

A validated tool used to monitor how a child grows and changes over time and whether the child meets the typical developmental and social-emotional milestones in playing, learning, speaking, behaving, and moving.[23]

Early Childhood

A time between birth through 5 years of age when children develop the foundations that affect their future social-emotional health, learning, and success. Human brains grow quickly during this developmental stage, which creates a remarkable window of opportunity to influence future health and well-being.[24]

Early Childhood Care and Education (ECCE)

Early childhood care and education (ECCE) includes various types of care, education, and settings. Some are publicly funded (e.g., Head Start programs and state-funded pre-kindergarten) and others are privately funded and community-based (e.g., home-based and center-based child care).[25] ECCE is also sometimes referred to as early care and education (ECE). For the purposes of this document, the two have the same meaning.

Early Childhood Continuum of Care

A continuum of supports in children's mental health that comprise a comprehensive system of health IECMH care. These include promotion, prevention, assessment/diagnosis, and treatment activities.

Early Childhood Professional

A professional who is providing education, health, or other social services to children ages 0-5 years and their families. Settings where early childhood professionals work include child care centers, schools, home visiting programs, ECI programs, and Head Start settings.

Early childhood provider

An organization that offers programs or other supports for children ages 0-5 years and their families. Examples include organizations such as child care providers, schools, Head Start providers, ECI providers, and home visiting providers.

Family

A group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family.[26]

Family Voice

Family perspectives are intentionally solicited and prioritized throughout all phases of service implementation.[27]

Home Visiting

A program design in which early childhood and health professionals regularly visit the homes of pregnant women and families with young children.[28]

Infant and Early Childhood Mental Health (IECMH)

A field that considers how early relationships; genetics; biology; environment; and cognitive, physical, and social-emotional development, impact child development.[29]

Infant and Early Childhood Mental Health (IECMH) Consultant

Licensed mental health providers who use their advanced training and expertise in mental health to enhance the capacity of early childhood professionals to promote both strong relationships and supportive environments for young children.

Infant and Early Childhood Mental Health Consultation (IECMHC)

A prevention approach that addresses the behavioral, social, and emotional well-being of young children through partnering with and supporting their primary caregivers and providers.[30] It is not therapy.

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 licensed-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.

In Texas, a licensed mental health provider in counseling, psychology, social work (LCSW only), or psychiatry OR a licensed-eligible counselor, therapist, or psychologist (e.g., LPC-A, LPC-I, LMFT-A, LPA) is eligible to provide IECMHC services.

- LCSW: Licensed Clinician in Social Work
- LPC-A: Licensed Professional Counselor Associate
- LPC-I: Licensed Professional Counselor Intern
- LMFT-A: Licensed Marriage and Family Therapist Associate
- LPA: Licensed Psychological Associate

Parallel Process

Children and parents grow and learn together. Early childhood providers provide support to parents/caregivers that mirrors that relationship. When parents experience positive relationships with early childhood professionals, it supports them to do the same for their child.[31]

Parent or Caregiver

Parents and caregivers are the most important people in a child's life. They provide nurturing and protection to children as they develop physically, cognitively, emotionally, and socially.[32] People parenting children are considered parents or caregivers.

Protective Factors

Conditions that when present strengthen families and help to prevent ACEs in the lives of children. The 5 protective factors include: parental resilience; social connections; knowledge of parenting and child development; concrete support in times of need; and social and emotional competence of children (Center for the Study of Social Policy, 2023).

Reflective Practice

Calls for early childhood professionals to slow down to avoid reacting and increase the ability to be thoughtful and responsive.[33]

Reflective Supervision

A form of supervision that supports early childhood program implementation quality by helping providers develop critical competencies (Office of Planning, Research, and Evaluation, 2023).

Social-Emotional Learning

Evidence-based skill building that allows children and adults to acquire and effectively apply the knowledge and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.[34]

System of Care

A framework and philosophy for the transformation of child-serving systems to build more accessible, responsive, and effective arrays of services and supports.[35]

Trauma-Informed Care

A framework that seeks to consider lived experiences of trauma in the approach to care and includes the six trauma principles: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues.[36]

Texas Infant & Early Childhood
Mental Health Consultation

Part 2

Competencies

Program Manual

Contents

IECMHC Competencies

The Infant and Early Childhood Mental Health Consultation (IECMHC) Competencies in this guide outline the abilities and foundational knowledge necessary to competently provide IECMHC services. These competencies were developed after performing a scan of IECMHC programs across Texas and in 17 other states, as well as the competencies developed by the Center of Excellence for IECMHC. Their creation is a step in the process to establish a statewide understanding of, and approach for, IECMHC service provision in Texas. They are designed for use in a variety of settings, including early childhood care and education, home visiting, Early Childhood Intervention (ECI), and pediatric primary care. These competencies are the foundation on which all other training and implementation of IECMHC builds.

We recommend that the Texas IECMHC competencies be used in the following ways:

1. To provide guiding principles for IECMHC service provision, training, and supervision;
2. To inform guidelines for the implementation and evaluation of local and statewide IECMHC programs; and
3. To support building a qualified IECMHC workforce in Texas.

Settings for IECMHC Programs:

- Early childhood care and education (e.g. child care centers, pre-K classrooms, and Head Start)
- Home visiting programs
- Early Childhood Intervention (ECI) programs
- Pediatric primary care

Foundational Knowledge

This section describes the core competencies that are foundational to mental health consultation with early childhood professionals, families, and caregivers. They are based upon an array of theories and research from early childhood development and psychology. These competencies have been developed for use within a variety of implementation settings and with diverse early childhood professionals and families representing different races/ethnicities, languages, and backgrounds.

I. Early Childhood Development

Core Competency: Understands the stages and influences of early childhood development.

Core Skills:

- **A.** Understands typical and atypical cognitive, language/communication, physical/motor, and social-emotional development of children birth to 5 years, including a knowledge of the general sequence of developmental milestones.
- **B.** Understands that a child's developmental stage impacts their behaviors, and that behaviors that adults may consider disruptive may be developmentally appropriate for the child's age. Further, behaviors that adults may perceive as problematic may be normative when considered within the context of developmental delays (including social-emotional), different abilities, and environmental influences and stressors.
- **C.** Understands the purpose and importance of screening for developmental issues, including social-emotional and can interpret results with developmental age and culture in mind.
- **D.** Provides or facilitates access to developmental screening (including social-emotional), using valid, reliable, and culturally appropriate tools during early childhood, and administers, interprets, and educates about such tools.
- **E.** Determines when children demonstrate a need for additional screening, more in-depth assessment or resources and provides appropriate referrals, such as early intervention, therapies, or specialists.
- **F.** Understands that a child's development is best understood in the context of relationships (e.g., early relational health), family environment, and culture. That is, expectations of and interpretation of children's development and behavior can vary, including between caregivers/providers, and caregiver/provider behaviors and beliefs also impact child development.
- **G.** Understands how the experience of risk and protective factors may impact child development over time and can identify opportunities to reduce risk factors and increase protective factors to strengthen development.

II. Early Childhood Mental Health Concepts and Psychology

Core Competency: Understands how to interpret children's behavior and influence children's mental health through the lens of mental health theories and understands research-based and research-informed mental health best practices.

Core Skills:

- **A.** Understands the tenets of infant and early childhood wellbeing, including mental health, developmental milestones, attachment theory, and mental health diagnostic criteria for young children, including DC: 0-5 (Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood).[37]
- **B.** Possesses a clinical mental health knowledge base that includes behavioral and developmental disorders of infancy and early childhood, mental and behavioral disorders of adults (as they may impact the child), and infant and early childhood evidenced-based mental health interventions.
- **C.** Ability to interpret child behavior within the context of child development, infant and early childhood mental health, family systems theory, ecological[38] theory[39], and culture.
- **D.** Understands the impact of factors such as individual development, cultural and family context, genetic and biological predisposition, temperament, and attachment as it relates to infant and early childhood mental health.
- **E.** Helps to identify the need for and/or facilitate access to developmental or psychological assessments when mental health concerns arise because of screening and/or observation.
- **F.** Understands early relational health[40] and how it is foundational to the work of an IECMH consultant with the goal to provide safe, stable, and nurturing relationships and environments for children to grow and thrive.
- **G.** Partners with the client to identify mental health and social-emotional needs of an adult, child, family unit, provider, or child-serving organization.
- **H.** Understands the fundamentals of emotional literacy and behavior support and supports a child's emotional needs individually, or within a classroom setting.
- **I.** Provides psychoeducation regarding children's and parental mental health, including to groups of early childhood professionals.
- **J.** Considers various learning styles and Adult Learning Theory when providing feedback or training to early childhood professionals and/or parents/caregivers on topics related to IECMH.
- **K.** Supports programs in implementing policies and practices that promote child and caregiver mental health and create safe, healthy, and nurturing environments.

III. Trauma and Child Behavior

Core Competency: Understands the impact of trauma on children, early childhood providers, and parents/caregivers, and how trauma can affect behavior, attachment, mental health, and development.

Core Skills:

- **A.** Understands the concept of trauma and that it includes experiences such as child maltreatment or neglect, natural disasters, exposure to violence (e.g., shootings or war), and systematic oppression.
- **B.** Understands and educates about the effects of trauma on the developing brain, physical health, social-emotional development, behavior, and body systems (e.g., nervous, immunological, metabolic systems).
- **C.** Understands how the parent/caregiver's past and/or present experiences of trauma can impact parenting, attachment, and interpretation of and responses to children's behavior.
- **D.** Understands that not all exposure to potentially traumatic events results in traumatic reactions, and that mediators such as chronicity and severity of the exposure, individual biology and temperament, and the presence or absence of nurturing and stable adult caregivers can mediate the impacts of these events.
- **E.** Identifies and screens for trauma in both children and adults.
- **F.** Understands the impact of secondary trauma on early childhood providers and parents/caregivers, and how trauma can impact their stress, resilience, and behavior.
- **G.** Is familiar with the data regarding adverse childhood experiences (ACEs), and the relationship between these early experiences and later health and behavioral health outcomes.
- **H.** Supports caregivers/providers in adopting strategies to prevent ACEs, and to identify and promote protective factors[41] and Positive Childhood Experiences (PCEs)[42] in home, program, and community environments.

IV. The Child Within the Family System

Core Competency: Understands that children exist within a family system that influences their development, behavior, and mental health.

Core Skills:

- **A.** Understands that the mental and behavioral health of the adults in a child's life impact that child's mental health, relational health, and development.
- **B.** Understands that the parent-child dyad and the family environment influence and shape the child's relational health, attachment style, and behavior which consequently influence the child's developing social and emotional skills and mental health.
- **C.** Understands that working with a young child means working with that child's entire family – which is not necessarily limited to the immediate family or biological family members. Furthermore, understands the psychological and sociological theories at work when partnering with families and early childhood professionals, including family systems theory and ecological systems theory.
- **D.** Utilizes Adult Learning Theory (i.e., concepts related to how adults learn best) as it relates to families and staff.

V. Child Development in the Context of Community

Core Competency: Understands that children exist within communities and systems that impact their behavior and mental health.

Core Skills:

- **A.** Understands that the family, communities, and environments in which a child lives influence their behavior and development. These influences also include language and culture.
- **B.** Acknowledges the importance of meeting a child where they are developmentally and behaviorally, and in their natural surroundings, to impact the greatest positive change.
- **C.** Understands that the culture, norms, and expectations of children's environments (e.g., child care programs, pre-K classrooms, pediatrician offices, and the home) impact their behavior and mental health.
- **D.** Offers consultation that reflects and respects the philosophy and model of the program or other setting in which consultation is delivered, and the community, cultural, and historical contexts in which the program is located.
- **E.** Understands and can educate about how children's mental health and behavior impacts (and is impacted by) family and classroom dynamics.
- **F.** Understands that access to basic resources, such as safe and stable housing, economic and food security, and quality and regular medical care, influence child behavior and development.
- **G.** Understands and can educate about the impacts of social determinants of health (SDOH)[43] on young children's development and mental health and the importance of SDOH screening as a component of fully understanding and addressing a child's behavior.

VI. Strengths-Based Approaches and Access Considerations

Core Competency: Utilizes a strengths-based framework in all child/family, provider, and programmatic consultation, and helps ensure that programs welcome, include, and value individuals from diverse backgrounds and with differing abilities.

Core Skills:

Strengths-based approaches

- **A.** Utilizes a strengths-based approach to working with children, families, and early childhood professionals, and recognizes and makes visible the many assets that individuals possess to help themselves and the children in their care to thrive.
- **B.** Respects all cultures, demonstrates cultural humility, and recognizes that culture can be a source of strength for families, providers, and programs.
- **C.** Embraces differences in culture, language, ability, and family structure. Understands the responsibility of the consultant to be guided by fairness in the treatment of all individuals, and that this includes working to understand and honor different life experiences and the ways that these experiences impact development and behavior in children, families, and professionals.
- **D.** Acknowledges the role that culture plays regarding attachment style, grief, trauma, help-seeking, and attitudes towards and conceptualizations of mental health and mental illness and works to understand and demonstrate respect for the cultural beliefs held by the adult caregivers with whom the consultant is working.
- **E.** Supports programs to instill a strengths-based approach in program practices, policies, and procedures.[44]

Access Considerations

- **A.** Works with early childhood programs so that families are provided services and materials that are culturally appropriate and, when possible, in their language, and staff are offered training regarding inclusion and cultural responsiveness.
- **B.** Works with programs to implement policies and procedures that support inclusive practices and individualized supports for children with developmental delays and disabilities and their families.[45]
- **C.** Recognizes the differences in experience among various cultures, races, socio-economic groups, and individuals with developmental delays and disabilities. Supports the program to develop policies and practices to ensure access and use of program resources.

VII. Self-Awareness and Ethical Practice

Core Competency: Demonstrates self-awareness[46] and maintains a commitment to ethical behavior.

Core Skills:

- **A.** Explores personal values, beliefs, and assumptions and the ways that these impact the consultant's effectiveness in delivering IECMHC within the variety of communities that comprise Texas.
- **B.** Works to understand and demonstrate respect for other cultures, beliefs, and practices.
- **C.** Strives to consistently demonstrate practices and attitudes that are strengths-based, trauma-informed, and inclusive.
- **D.** Shares insights about self-awareness during reflective supervision to improve practice and consultation outcomes.
- **E.** Ability to navigate feelings of discomfort and other emotional responses to matters of differing perspectives.
- **F.** Demonstrates ethical practices consistent with the consultant's discipline's standards of practice and code of ethics.
- **G.** Demonstrates an understanding of reflective practice and its foundational role in IECMHC services, including how IECMH consultants serve as a model for promoting healthy relationships in interactions with other adults and children.
- **H.** Discusses confidentiality and the limits of confidentiality with program or other setting staff and families at the start of services, and, as circumstances indicate, revisits these topics during consultative work.
- **I.** Carries out the mandate to report a reasonable belief of child abuse and neglect while also working to provide resources and supports to families before there is a need to involve the child welfare system.

VIII. Consultative Stance

Core Competency: Partners with early childhood professionals and family caregivers, working in a collaborative partnership to nurture supportive, positive relationships for young children.

Core Skills:

- **A.** Understands and honors that the early childhood provider and/or parent/caregiver is the expert in their experiences and can offer much knowledge and insight into how the consultant can be most helpful to them.
- **B.** Understands the importance of establishing mutual expectations to build trust and collaboration.
- **C.** Partners with early childhood providers/caregivers to learn, establish shared understanding, and engage in problem-solving strategies that can be tested, revised, and refined over time to achieve goals.
- **D.** Understands the importance of partnering with early childhood providers and parents/caregivers through collaborative and trusting relationships to foster the development of nurturing relationships with young children.
- **E.** Hears and represents all voices, particularly the child. IECMH consultants represent the perspective and/or needs of one participant (e.g., child, family, or early childhood provider) to another with the goal to increase the capacity of adults to communicate and their belief in the usefulness of communication.[47]
- **F.** Utilizes a parallel process and recognizes that the way people are treated will affect how they feel about themselves and how they treat others.[48]
- **G.** Models empathy, patience, compassion, and hopefulness.

Role of the Consultant

IECMH consultants partner with providers and parents/caregivers to support their capacity to nurture and promote the healthy social and emotional development of infants and young children and to recognize and appropriately address developmental and behavioral concerns when they arise. IECMH consultants play a unique role as partners who bring mental health knowledge and perspectives; partner to solve problems with an emphasis on strengths-based, trauma-informed, and inclusive approaches; use and encourage reflective practice; respect different ways of thinking; and collaborate with providers in a range of early childhood programs. IECMH consultants play a role that is distinct from coaches (e.g., Pyramid coaches) and other consultants (e.g. health care consultants) based in part on their grounding in mental health theory and practice.

They can work with programs to address concerns at the individual/family, provider, and program levels, and they understand the difference between a consultative and therapeutic intervention and help make this distinction for those with whom they work. The following are some of the core knowledge, skills, and approaches of IECMH consultants.

Core Skills:

- **A.** Demonstrates an understanding of IECMHC as a preventative service that helps to build the capacities, skills, and knowledge of early childhood providers or parents/caregivers in the lives of infants and young children, and supports the family well-being and the development of young children.
- **B.** Understands and can convey the difference between IECMHC and mental health treatment for infants, young children, and/or families.[49]
- **C.** Understands and can explain the difference between the role of the consultant and other professionals who work in early childhood programs/settings.
- **D.** Demonstrates an organized approach to the stages of the consultative process (e.g., entering the new environment, establishing mutual expectations for the work, gathering information, considering the perspectives of all involved, facilitating the establishment of goals, supporting and assessing progress, righting the course of consultation when necessary, transitioning, ending).
- **E.** Initiates consultation services with an agreement outlining roles, scope of work, frequency, duration, and related issues.
- **F.** Uses a variety of observation strategies, tools, and recording techniques to gain insight into an infant's or young child's behavior and the relational influences on their functioning.
- **G.** Seeks on-going professional development regarding new research and practices in early childhood mental health and IECMHC.
- **H.** Assists programs and providers in selecting and/or implementing observation strategies, tools, and assessments to gain insight into the climate of homes, classrooms, or other program environments.

I. Collaborates with staff and families to develop a plan that addresses infant or young child, family, and staff needs in an individualized manner, and works in collaboration with other early childhood providers to support families and staff (e.g., Early Intervention, child welfare, educators, etc.)

J. Helps providers and families to integrate ideas, activities, and resources that infuse mental health principles into the daily routines and interactions to promote safety and consistency in developmentally appropriate and culturally meaningful ways.

K. Recognizes when additional mental health and/or other services are warranted and can make the appropriate and effective referrals.

L. Establishes and maintains positive relationships with other professionals and agencies within the community and helps to facilitate referrals and coordinate services when needed.

M. Becomes familiar with and works within a program's mission and policies, especially those impacting staff development and family engagement, and provides recommendations to build the program's capacity to strengthen and embed equitable and inclusive practices and reduce disparities in disciplinary practices for infants and young children.

N. Shares information about resources and best practices to support programmatic decision-making and effective implementation of program-wide approaches to healthy social and emotional development.

O. Designs, plans, and coordinates training or presentations on early childhood themes, such as mental health and child development, to promote healthy social and emotional development.

P. Maintains accurate and timely records, provides professional documentation, and engages in data collection in accordance with IECMHC program requirements.

Reflective Practice

Reflective practice is critical for the successful implementation of IECMHC. Reflective practice is a process that leads to greater self-awareness and a deeper understanding of the impact of one's actions and interactions with others, and often leads to personal and professional development and growth. This includes engaging in self-exploration to understand how one's background and experiences impact the way one sees oneself and others. Reflective practices also include reflection on the interactions the consultant has with children, early childhood providers, and parents/caregivers. The consultant fosters a partnership in reflection, encouraging the early childhood providers and parents/caregivers to also engage in reflection so that they too will better understand their own reactions to other adults and the children in their care, and they can use this self-understanding to help guide problem-solving approaches and relationship building.

Core Skills:

- **A.** Understands and can describe the importance of reflective practice.[50]
- **B.** Recognizes the importance of the professional use of self and engages in self-care to maintain the ability to navigate challenging situations that arise in consultation.
- **C.** Supports others as they develop the capacity for self-reflection.

This concept includes the practice of reflective supervision. Mental health consultants need regular access to reflective supervision to ensure quality IECMHC service delivery. Reflective supervision promotes and supports the development of a relationship-based program.[51] Reflective supervision is a type of support that diverges from administrative supervision but is not therapy. It creates space for mental health consultants to explore experiences from the field in a safe and supportive environment. It aims to provide supportive partnerships that improve retention and quality of IECMHC while reducing instances of secondary trauma.

Core Skills:

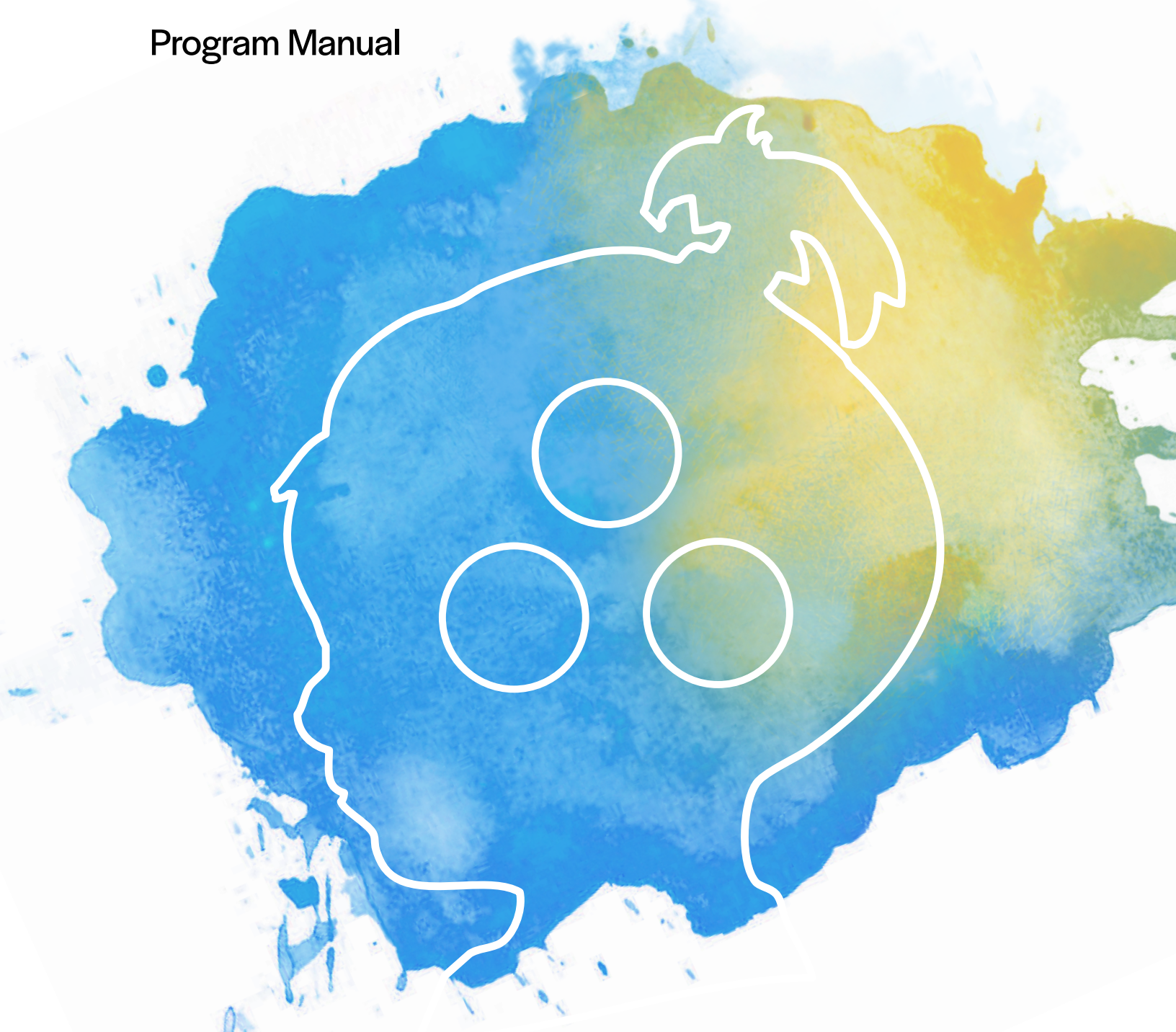
- **A.** Engages in regular reflective supervision to explore situations and ethical considerations that arise during consultation.
- **B.** Values on-going learning from others, including peer-to-peer learning and professional development.
- **C.** Reflects on a wide range of options during consultation and understands there is no single correct strategy, nor "quick fixes" regarding change and growth.[52]

Texas Infant & Early Childhood
Mental Health Consultation

Part 3

Training Recommendations

Program Manual



Contents

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 funding[53]: 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 families[54].

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:0-5) 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.[55]

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.
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.[56]
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 Childhood[57], Trust-Based Relational Intervention®[58], or Child-Parent Psychotherapy (CPP).
5. **Training on early childhood brain development,** such as ZERO to THREE's The Growing Brain curriculum.[59]
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.[60]

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.

Texas Infant & Early Childhood
Mental Health Consultation

Part 4

Evaluation

Program Manual

Contents

IECMHC Evaluation: Introduction

Evaluation is a critical program activity that determines if a program is achieving its stated goals and desired outcomes, and if it is implemented with fidelity. Evaluations can be designed to produce quantitative and/or qualitative data and can also help answer questions about the relative costs and benefits associated with the program, both in the short and longer terms.

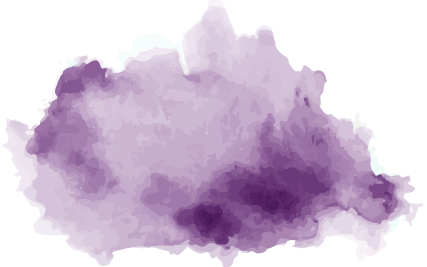
All Infant and Early Childhood Mental Health Consultation (IECMHC) efforts should include a planned evaluation approach for collecting, safeguarding, analyzing, and using data in ways that will lead to the best possible outcomes for children, families, and early childhood providers and programs. A comprehensive approach to data and evaluation includes multiple components: (1) implementation (or process) evaluation, (2) outcome evaluation, and (3) data collection and management procedures and protocols that ensure that all aspects of evaluation are based on high quality and well-protected data.

When implementing a statewide IECMHC system, some states develop a **cross-site statewide evaluation** that captures program implementation and outcomes across multiple communities, reporting on impacts at scale. Statewide evaluation can be adjunctive to **local program evaluation**, in which individual community-based IECMHC programs collect data and report on outcomes of unique interest to the communities they serve. Ideally, the local (or program-specific) evaluation incorporates the cross-site statewide evaluation components to minimize burden for programs and families. A cross-site, statewide evaluation adds some critical elements, including supporting all IECMHC programs across the state to:

- Implement best practices in data collection and data management;
- Use valid and reliable instruments to measure outcomes; and
- Collect a set of common data indicators across sites that can be aggregated and analyzed to measure statewide outcomes and impact.

A statewide evaluation – which can be led by a state agency or state partner (e.g., statewide training and technical assistance center) also provides ongoing information about program implementation and service delivery based on ongoing data analysis so that themes around needs, challenges, and service delivery systems strengths can be identified and addressed in real time. This is an important way of ensuring all communities have access to high quality services.

The purpose of this manual chapter is to provide recommendations for the development of an evaluation plan for IECMHC programs. It focuses primarily on the development of **local program evaluation** targeting community-based IECMHC programs and includes considerations for a cross-site statewide IECMHC evaluation. Each topic will include definitions, key considerations, and examples to illustrate the specific components of evaluation for IECMHC programs.



Recommendations for Building an Evaluation Plan

I. Develop a Theory of Change

Definition – Theory of Change

A theory of change is a tool that explains why a change is expected and the pathway to the desired outcome.[61] It will include the underlying rationale and assumptions behind why and how a desired change is expected to happen. It helps explain how IECMHC leads to improved outcomes for children, their families, and providers as well as the necessary conditions under which that change will happen. Essentially, a theory of change describes "what success looks like and how to get there."[62]

Informed by a national scan of IECMHC programs and a literature review, the **Texas IECMHC Program Theory of Change** reads as follows –

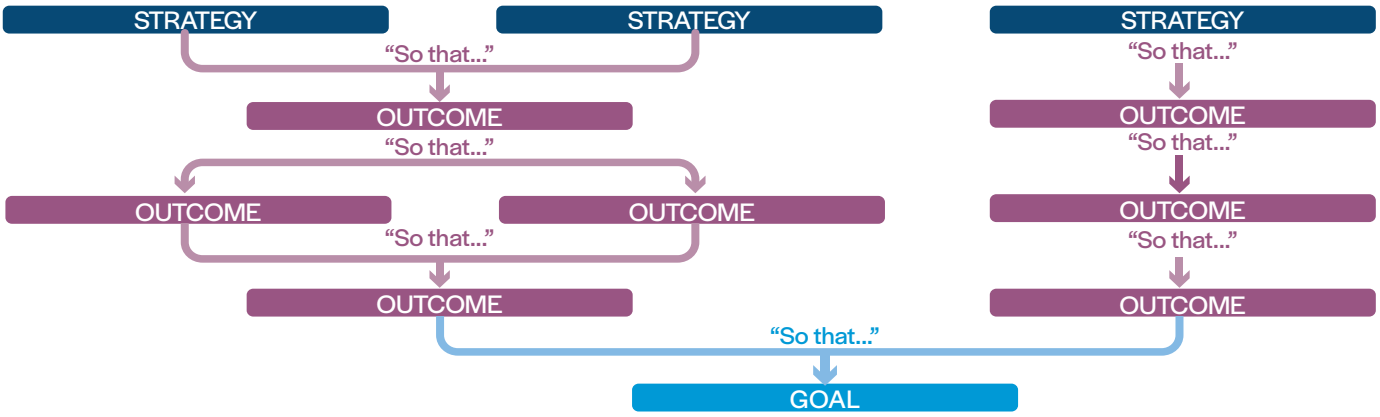
> *When early childhood providers—including teachers, home visitors, pediatricians, early interventionists, and program leaders as well as parents and caregivers—partner with IECMH consultants, they gain essential support, knowledge, and skills. This enhanced capacity reduces stress and burnout, strengthens adult-child and adult-family relationships, and ultimately leads to improved social, emotional, and developmental outcomes for young children.*

A logic model is a structured, linear representation of a program's key inputs, outputs, and outcomes. A **theory of change** describes the ultimate program goal and how the change will happen.

Key Considerations When Developing a Theory of Change

- Clarify the ultimate goal of IECMHC – what is the result the program is working toward? (Examples include improved child mental health, stronger child-caregiver relationships, or increased access to services.)
- Determine preconditions – consider what must be in place to reach the long-term goal.
- Define the activities – when determining and defining the program activities, consider the use of evidence-based and best practices, as well as culturally relevant practices. Consider including reflective supervision in the defined activities.
- Identify pathways – articulate how and why program activities lead to the identified goals.
- Consider influences – consider assumptions of beliefs, context, and internal/external factors such as funding, policy, workforce, etc.
- Engage stakeholders in the process – including early childhood providers and families.

Figure 1: Diagramming a Theory of Change[63]



Examples of IECMHC Theories of Change

- The Children's Bureau also created a guide to develop a theory of change.
- The Colorado Department of Early Childhood developed a theory of change for their statewide Early Childhood Mental Health Consultation program.

II. Develop a Logic Model

Definition – Logic Model

A logic model is a representation of a program that shows the paths from activities to intended outcomes for a particular initiative. It includes the characteristics of the population served by the initiative, the core services offered, and how said services lead to the intended outcomes.[64] Logic models can increase the likelihood of the program's success[65] when used as a reference point regarding program inputs (program resources), activities (program services), outputs (service counts), and outcomes (short- and long-term), particularly when used for planning, implementation, and evaluation. A logic model should clarify the purpose of IECMHC services, explain how and why these services lead to better outcomes for children and their families, guide program decision making, support and guide overall evaluation efforts, and communicate the value of the work to funders, policymakers, and partners.

Key Considerations When Developing a Logic Model

- Include stakeholders in the development of your logic model, such as IECMH consultants, families, providers, and state leaders (e.g., child care, public pre-K, Early Childhood Intervention, home visiting, behavioral health). Facilitating this input also builds understanding of IECMHC.

Examples of IECMHC Logic Models

- The CoE for IECMHC created an IECMHC logic model template[66] to help with the creation of logic models for local IECMHC programs. Their resources also include example logic models for IECMHC in early childhood care and education[67] (ECCE) and home visiting[68] settings.
- The following is the **logic model for the statewide Texas IECMHC Program**, and as such may include inputs and activities that are not applicable to a logic model for a local IECMHC program.

Table 1: Texas IECMHC Program Logic Model

Inputs	Activities	Outputs	Short-term Outcomes	Long-term Outcomes
» IECMH consultants – licensed/license eligible mental health professionals » Organizations responsible for hiring, training, and supervising IECMH consultants (e.g., community-based agencies, workforce boards, IMH association) » Implementation and outcome evaluation infrastructure (e.g., training on standardized measures, site- and cross-site data collection, analysis, and reporting) » Use of the statewide IECMHC manual as a foundational framework (orientation, competencies, training, evaluation) » Clinical, administrative, and reflective supervision structures, including local supervision and system-wide reflective supervision provided by nationally trained licensed mental health professionals » Statewide training and technical assistance center to lead implementation across systems, provide and coordinate centralized training, ensure quality and consistency, conduct cross-systems evaluation and	IECMH consultants provide 3 types of consultation: » Child & Family Focused: Addresses the behavioral or developmental needs of an individual child and their family; » Classroom or Group: Supports an entire group of children/families -such as a classroom or a provider's caseload – to promote healthy social and emotional development and mental health; » Programmatic: Partners with program leadership and staff to address policies, practices and/or systemic issues affecting the program. IECMH consultants will: » Gather information through observations, interviews, and child developmental and behavioral screenings and assessments to inform tailored consultation and professional development strategies; » Co-design and partner with staff to develop and implement plans addressing identified concerns, monitor progress and adjust strategies as needed; » Assist with referrals to mental health and related services to ensure children and families receive appropriate supports; » Deliver professional development to build staff and caregiver knowledge of social and emotional development, relational health, and early childhood mental health; » Facilitate individual and group reflective case consultation to support program staff and supervisors in processing experiences, deepening practice, and enhancing relational capacity; » Collaborate with agency leadership to recommend policy and program changes that enhance staff well-being, reduce stress, and support a mentally healthy workplace culture. Community-based implementation organizations will provide consultants with access to professional development, clinical and administrative supervision, a designated organizational home, orientation to the community and service systems, and systems for entering and managing required program data.	» # of early childhood programs served » # of early childhood professionals served » # of early childhood professionals trained » # of children/families impacted » Assessment of program administration and staff buy-in, engagement, and readiness for change » Assessment results of quality of consultant-staff relationships » Results of family engagement surveys » # of active IECMH consultants across the state » Documentation of IECMH consultant training completion and experience levels » Dosage, frequency, and duration of IECMHC services	» Increased knowledge, skills, and confidence among early childhood providers in discussing and identifying mental health needs of children and families » Increased knowledge, skills, and confidence among early childhood providers in understanding children's development and infant mental health » Improved relationships between consultants and providers » Improved program climate as reflected in staff surveys » Enhanced program and classroom environments that support the healthy development of young children, as observed or reported by staff and consultants	» Improved social and emotional skills in young children in early childhood programs served » Reduction in reports of behavioral challenges among young children » Reductions in staff burnout and turnover rates in early childhood programs » Decrease in the use of exclusionary disciplinary practices, such as suspensions and expulsions in early childhood programs. » Increased parents/caregiver reports of improved relationships with their young children » Decreased parent/caregiver reports of stress and depression » Secure sustained, braided funding across multiple agencies and systems to fully support long-term implementation, infrastructure and continuous quality improvement of the statewide IECMHC

Table 1: Texas IECMHC Program Logic Model (Continued)

Inputs	Activities	Outputs	Short-term Outcomes	Long-term Outcomes
continuous quality improvement (CQI), and oversee reflective supervision delivery » Sustainable funding and resources to support staffing, supervision, training, implementation infrastructure, evaluation, and continuous quality improvement, guided by the statewide sustainability plan » Partnerships and agreements with early childhood programs (ECCE, ECI, home visiting, primary care), their staff, and the families and children (birth to five) they serve » Statewide IECMHC Cross-Systems Advisory Committee to provide strategic guidance, promote cross-sector alignment, inform policy and practice, and support statewide implementation efforts	Maintain active state leadership and coordination of the Cross-Systems Advisory Committee to ensure sustained collaboration and informed decision-making Statewide training and technical assistance center will: » Coordinate statewide implementation of IECMHC across systems and service settings; » Deliver or coordinate centralized training for IECMH consultants, supervisors and partner agencies related to infant mental health and programmatic implementation; » Provide technical assistance to local implementing agencies and partners; » Monitor fidelity to the statewide model and ensure consistency in practice; » Lead statewide and cross-site evaluation and CQI efforts; » Lead evaluation of the statewide model to inform continuous improvement and guide future updates to the IECMHC model; » Collect baseline cost and service data to inform future ROI evaluation of the IECMHC model; » Oversee reflective supervision training and implementation across the state; » Develop and disseminate guidance, tools and resources to support quality implementation; » Collaborate with state agency leads to support sustainability and funding efforts; » Initiate exploration of a university-based IECMHC curriculum or post-master's certificate program to support long-term workforce development in Texas. All IECMHC stakeholders (e.g., state early childhood programs, statewide IECMHC TTA center, and community-based implementation organizations) will: » Establish MOUs and partnership agreements with programs to support coordinated IECMHC implementation. » Pursue a variety of funding opportunities and partnerships to support and sustain statewide IECMHC implementation and infrastructure.	» Dosage, frequency, quality, and duration of reflective supervision for IECMH consultants » # of executed formal funding agreements or MOUs with public or private partners to support IECMHC infrastructure and implementation	» Improved reflective capacity among staff who participate in reflective supervision and related professional development » High levels of caregiver and staff satisfaction with IECMHC services » Improved family access to and participation in IECMHC and related community-based supports » Diversified funding streams and formalized partnerships that support core IECMHC functions (e.g., staffing, supervision, training, and evaluation), aligned with the statewide sustainability plan.	» Improved social and emotional skills in young children in early childhood programs served » Reduction in reports of behavioral challenges among young children » Reductions in staff burnout and turnover rates in early childhood programs » Decrease in the use of exclusionary disciplinary practices, such as suspensions and expulsions in early childhood programs. » Increased parents/caregiver reports of improved relationships with their young children » Decreased parent/caregiver reports of stress and depression » Secure sustained, braided funding across multiple agencies and systems to fully support long-term implementation, infrastructure and continuous

III. Determine Your Research Questions

Definition – Research Question

A research question, at its core is a focused query (question) that an evaluation is designed to answer. The query guides what data will be collected and the process in which (how) that data will be analyzed, as well as frames how findings will be interpreted. It operationalizes what you want to learn and how you plan to do that relative to your theory of change and logic model.

Key Considerations When Developing Research Questions

To build a research question for IECMHC, begin with identifying what you want to know about the IECMHC activities being implemented and best guesses (or hypotheses) about the likely outcomes of these activities. Consider learning about the effects of your intervention. Take into consideration the questions of interest and determine what would be useful for stakeholders, such as funders, policy makers, and families. Be strategic in prioritizing all possible research questions. It may be helpful to initially prioritize questions that provide stakeholders with information that is important to them – like knowing whether the intervention improves interactions between children and teachers. Then later, having demonstrated some outcomes, focus on key questions related to implementation, such as understanding what dosage or frequency of an intervention leads to the best results.

- Clarify the purpose of the evaluation by answering the question – what do you want to learn?
- Align with the theory of change and logic model.
- Be clear and specific – utilize a framework that is specific, measurable, achievable, relevant, and timely. Consider focusing on particular domains of interest, such as impact, fidelity to the state model, or dosage.
- Engage stakeholders (e.g., early childhood providers, families, funders, policymakers) so that questions reflect their needs and interests.
- Ensure that ethical and cultural considerations are accounted for (i.e. a family's background informing an appropriate assessment).
- Avoid overly broad or generalization questions, as well as double-barrel questions - meaning a question comprising two questions at once.

Examples of Research Questions

- How does IECMHC influence preschool teachers' confidence in managing challenging behaviors?
- To what extent is the Texas IECMHC model implemented with fidelity across participating early childhood sites?

IV. Develop an Evaluation Plan

Definition – Evaluation Plan

The evaluation plan outlines how to monitor implementation and evaluate outcomes achieved by a program, including how the evaluation results will be used for continuous quality improvement.[69] The evaluation plan describes how to measure if a program met its goals and why those outcomes matter. In other words, it serves as a roadmap for collecting and analyzing data to support decision-making, accountability, and continuous improvement.

An evaluation plan is important because it –

- ✔ Ensures clarity and consistency in the process for measuring success,
- ✔ Guides objective assessment and analysis,
- ✔ Creates accountability and transparency,
- ✔ Identifies areas of achievement and where improvement is needed, and
- ✔ Supports strategic planning.

Key Considerations When Developing an Evaluation Plan

Theory of Change, Logic Model, and Research Questions

- » Ensure the evaluation plan aligns with the theory of change and logic model while answering your research question(s). This ensures that the evaluation plan will elicit meaningful learning.
- » Include consultants, families, providers, and state leaders in evaluation plan development (including identifying research questions and outcomes of interest) to build understanding of IECMHC and program outcomes, particularly those of greatest importance to the families and communities being served.
- » Confirm that all short-, medium-, and long-term outcomes have corresponding indicators for success.

Capacity and Infrastructure Assessment

- » Assess available staff time, technological capacity, budget, and data literacy to ensure feasibility of the evaluation.
- » Build infrastructure to support continuous data use (e.g., dashboards, local continuous quality improvement teams).

Coordination Across Systems

- » Integrate the IECMHC evaluation plan with existing child- and family-serving data requirements to reduce duplication and increase efficiency.

Ethical Data Practices

- Ensure evaluation practices are trauma-informed, respectful, and non-burdensome to families and staff.
- Use ethical consent processes that are appropriate for the families and providers served.
- Consider access issues when creating forms for data collection, such as language, disabilities, and appropriate reading level.

Data Interpretation and Use for Decision-Making

- Plan for collaborative data interpretation—engaging IECMH consultants, program staff, and families in making meaning of the findings.
- Create feedback loops to use data in real time for reflection, program improvement, and accountability.
- Measure more than simply whether IECMHC "works" – evaluate how it was implemented, what changed for whom, and why those changes occurred.

Sustainability and Scalability of Evaluation

- Use tools and methods that can be adapted as the program scales or evolves.
- Consider funding and staffing needs to sustain evaluation over time. Begin with the end in mind – who will use the results and how?

Communication and Dissemination Plans

- Develop strategies for sharing results (e.g., infographics, community briefings, policy memos).
- Plan for dissemination of the evaluation results to multiple audiences, such as funders, community partners, families, and legislators.

Examples of IECMHC Evaluation Plans

- The Center of Excellence for IECMHC developed an interactive guide to creating an evaluation plan, the IECMHC Evaluation Plan Worksheet.[70]
- This presentation, Building a Theory-Driven Evaluation of IECMHC: CoE Tips and Tools,[71] is from the Center of Excellence for IECMHC's national conference in 2023, and highlights IECMHC evaluation resources, describes how to measure IECMHC, and covers how to write an evaluation plan.

Recommendations for Implementation Evaluation

Definition – Implementation Evaluation

Implementation evaluation (also commonly referred to as process evaluation) is the type of evaluation that measures how well the program is being delivered. It quantifies and assesses things like:

- Whether program activities are being implemented as intended,
- Types and quantities of services delivered,
- Who participated in the activities,
- Resources required to deliver services, and
- Challenges encountered in delivering services and the ways such problems were resolved.

Implementation evaluation is also an important driver of continuous quality improvement because regular data analysis and feedback to programs enables adjustments to improve services in real time rather than waiting for results collected as part of the outcome evaluation.

Ways to Use Implementation Evaluation Data

- **To track service reach:** identifying who is being served as well as intended recipients who are not being reached.
- **To guide training and support:** highlighting gaps in consultant preparation, insufficient reflective supervision, and other unmet workforce development needs.
- **To assess fidelity and identify areas for improvement:** determining whether the program is being implemented as intended and pinpointing where changes need to be made.
- **To facilitate communication and accountability:** reporting back to community partners and funders about what services are being provided and to whom.
- **To inform program and policy decision-making:** providing data to leadership about the scale, scope, and performance of IECMHC programs.
- **To support resource allocation and sustainability planning:** identifying costs, resource needs, and areas for strategic investment or expansion.

Key Considerations for IECMHC Implementation Evaluation

- Consult the Texas IECMHC Program Manual sections regarding Orientation to IECMHC, Competencies, and Training, as they include descriptions of how to implement IECMHC.
- Implementation evaluation data should not only assess how IECMHC is being delivered but also serve as a driver for continuous quality improvement (CQI). Start by identifying baseline data and build mechanisms for ongoing review and refinement.
- Use the other sections of the Texas IECMHC Program Manual to build CQI protocols, as it includes descriptions of IECMHC activities and guidance for connecting them to CQI practices.

Examples of Implementation Evaluation Questions for IECMHC

Consultant Workforce Capacity and Fidelity Questions

- Do the qualifications for IECMH consultants align with the Texas IECMHC Program Manual requirements regarding competencies required for implementation of consultation?
- What challenges do IECMH consultants encounter in accessing training?

  How are these challenges addressed?
- What challenges do IECMH consultants encounter in accessing reflective supervision?

  How are these challenges addressed?

Service Engagement Questions

- Is the IECMHC program reaching the intended communities, programs, and geographic regions (e.g., rural communities, other communities identified based on need)?
- Do consultants meet the language needs of the communities they serve?

Types and Quality of Services Delivered Questions

- Are consultants delivering services as described in the Texas IECMHC Program Manual?
- Are consultants following agency protocols for case documentation, data collection, record-keeping, and conducting ongoing program monitoring?

  If not, have strategies been implemented to improve compliance?

Barriers, Facilitators, and Use of Data for Continuous Quality Improvement (CQI) Questions

- What challenges do IECMH consultants face in implementing IECMHC in compliance with the Texas IECMHC Program Manual (e.g., access to training, provision of reflective supervision, staffing qualifications)?
- Are programs and IECMH consultants regularly reviewing implementation data to inform improvements?

Program Engagement and Satisfaction Questions

- To what extent are program clients (e.g., home visitors, early educators, Early Childhood Intervention (ECI) program staff, primary care staff, parents/caregivers) engaged in setting goals for consultation?
- Do early childhood providers (e.g., home visitors, early educators, ECI program staff, primary care staff, supervisors, program directors) report satisfaction with the IECMHC services received?
- Do parents/caregivers report satisfaction with the IECMHC services received?

Consultation Integration into Program Practices Questions

- In what ways is IECMHC integrated into existing procedures, program structure, or workflows within early childhood programs?
- How consistently do early childhood staff implement strategies discussed in consultation within their daily practice?

Consultant Responsiveness and Relationship-Building Questions

- How do early childhood staff describe the quality of their relationship with their IECMH consultant?
- Do program staff feel the IECMH consultant understands and responds to the unique strengths, cultures, and needs of the community they serve?

Barriers and Facilitators to Implementation Questions

- What administrative challenges (e.g., scheduling, staffing, turnover) make it difficult to deliver IECMHC services consistently (e.g., frequency and continuity)?
- What agency characteristics help programs participate consistently in IECMHC services?

Satisfaction and Perceived Usefulness Questions

- Which components of IECMHC do program staff find most and least helpful, and why?
- Are early childhood staff ideas and feedback used to shape future consultation activities?

Sustainability Questions

- What are the annual costs associated with supporting one full-time IECMH consultant, including salary, training, supervision/reflective supervision, travel, and materials?
- What strategies are in place to ensure continuity of IECMHC services during staffing transitions or funding fluctuations?

Recommendations for Outcome Evaluation

Definition – Outcome Evaluation

Outcome evaluation assesses the effectiveness of a program in achieving its intended results. The primary goal of IECMHC programs is to improve child development and behavioral outcomes through supporting the adults in their lives (early childhood providers and parents/caregivers). This may occur through affecting change at the child, family, early childhood provider, and/or program level. In IECMHC, the family, provider, and program outcomes are integrally related to the child outcomes. While implementation evaluation looks at how well a program is implemented, outcome evaluation examines whether the program achieves the specific changes or results it aims to produce.

Outcome evaluations help communities and states to assess whether the program is achieving desired goals for children and families, and whether additional investments should be made. Positive outcome data is a key driver of sustained financing for new initiatives.

Key Considerations for IECMHC Outcome Evaluation

- Include outcomes that target child behavior, caregiver/parent wellbeing, and early childhood provider wellbeing.
- Identify outcome evaluation questions based on the setting, sector, and type of consultation implemented.
- Identify tools or measures that have high reliability/validity and best match your evaluation questions.
- Align measures and tools selected with those already in use to avoid unnecessary burden on early childhood providers.
- Consider outcomes that align with local and/or existing statewide priorities to create better systems integration and opportunities for collaboration and funding.
- Use valid and reliable tools that are linguistically and culturally appropriate whenever possible.

Examples – IECMHC Outcome Evaluation

Creating an IECMHC outcome evaluation includes identifying questions to target how well the IECMHC program improves child development and behavior. Outcome evaluation can be conducted in a variety of ways, each offering different levels of rigor, or the degree to which outcomes can be confidently attributed to the intervention itself. Regardless of the method, the most **important steps in creating an outcome evaluation** are to: (1) identify the priority outcome you want to measure; (2) select a valid and reliable tool to assess that outcome; and (3) use the most rigorous approach possible, given the available resources and context.

Below is a general hierarchy of outcome evaluation methods, from most rigorous to least, along with their strengths and limitations:

- **Randomized Controlled Trials (RCTs) and Quasi-Experimental Designs:** These methods compare outcomes between groups that did and did not receive the intervention. They are considered high-rigor designs because they can show whether changes are statistically significant and attributable to the intervention.[72] However, they are often costly, complex, and time-intensive to implement.
- **Pre-Post Design:** This approach measures outcomes before and after the intervention within the same group. It is a practical and commonly used method, especially for establishing baseline data and assessing change over time. However, because there is no comparison group, it cannot establish a causal link between the program and the observed change.
- **Setting a Target** (e.g., "80% of participants will show improvement over time"): This approach involves defining clear, measurable benchmarks or goals. It helps track progress and promotes accountability, but it does not explain why the target was or was not met and cannot determine whether the intervention caused the change.[73]

Each of these approaches has value depending on the evaluation purpose, available resources, and desired level of confidence in the results. Selecting the appropriate method involves balancing feasibility with the need for credible and meaningful data.

The following are some **sample outcome evaluation questions** for IECMHC:

- How well is the program progressing toward its desired outcomes (e.g., improving child development and behavioral outcomes)?

  Do children who participate in child and family focused IECMHC show improvements in social skills?

- For whom is IECMHC most and least effective and why?
- Do early childhood professionals who participate in IECMHC report increased knowledge of children's social and emotional development?
- What unintended consequences (positive or negative) are associated with IECMHC?

  Do any unintended consequences (positive or negative) vary by implementation setting?

- Do early childhood programs participating in IECMHC for 6 months to 1 year see reductions in staff turnover?
- In what ways, if any, has IECMHC contributed to changes in early childhood program policies or procedures?

  How have such changes affected outcomes of child behavior, caregiver/parent wellbeing, and/or early childhood provider wellbeing?

- Under what conditions is IECMHC most effective and why?

One of the most common ways of answering these questions is to measure changes in **key indicators**. The following are examples of some pre/post indicators that can be used to demonstrate outcomes regarding children's social and emotional functioning, early childhood professional wellbeing, and parent/caregiver wellbeing.

1. Improving children's social and emotional and behavioral functioning
   a. Number of young children demonstrating an increase in social and emotional protective skills
   b. Number of young children demonstrating a decrease in social and emotional risk factors
2. Improving early childhood professionals' wellbeing
   a. Number of early childhood professionals reporting reductions in burnout
   b. Number of early childhood professionals reporting improvement in job satisfaction
   c. Number of early childhood professionals reporting reduction in compassion fatigue
   d. A reduction in staff turnover
3. Improving parent/caregiver wellbeing
   a. Number of parents/caregivers reporting reduction in distress
   b. Number of parents/caregivers reporting improved parent/caregiver-child relationships

> **Key Indicators:** Measuring increases or decreases in an outcome of interest (e.g., increases in social skills, decreases in staff turnover).

Table 2 lists some commonly identified **outcomes** that can be achieved through IECMHC programs, including child, family, and provider outcomes of interest. Programs should tailor the outcomes measured to that program's priorities and activities and will vary based on factors like the type of early childhood program (e.g., early childhood education, ECI, home visiting), populations served, and types of consultation being implemented.

- The left-hand column in the table lists the **outcomes** and some of the constructs that are measured to assess whether the outcome is being achieved.
- The right-hand column in the table provides some examples of **measurement tools** that can be used to collect the data needed to determine whether the outcome has been achieved.
- More information about the recommended measurement tools in the right-hand column can be found in the Appendix.

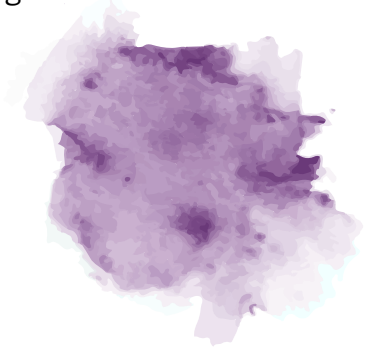


Table 2: **Example Outcomes, Constructs, and Recommended Tools for Outcome Measurement**

CHILD OUTCOMES – Child Development and Behavior

Desired Outcomes and Constructs Measured	Recommended Tools to Select From
Improved child social and emotional skills Child's social and emotional development Child's social skills, social competence, emotion regulation, and problem-solving skills **Reduced child challenging behaviors** Child externalizing behaviors (e.g., aggression, bullying, hurting oneself or others, biting, screaming) Child internalizing behaviors (e.g., social withdrawal, anxiety, fearfulness, sadness/depression, somatic complaints)	The Behavior Assessment System for Children – Third Edition (BASC-3) The Brief Infant-Toddler Social and Emotional Assessment (BITSEA) Devereaux Early Childhood Assessment, Preschool Program, 2nd Edition (DECA-P2) Devereux Early Childhood Assessment Infant & Toddler Program (DECA-I/T) Eyberg Child Behavior Inventory (ECBI) The Strengths and Difficulties Questionnaire (SDQ) The Survey of Well-being of Young Children (SWYC) Sutter-Eyberg Student Behavior Inventory-Revised (SESBI-R)

STAFF/PROVIDER OUTCOMES – Improved Early Childhood Professionals' Relationships & Wellbeing

Desired Outcomes and Constructs Measured	Recommended Tools to Select From
Improved staff/provider-child relationships and quality of interactions Staff/provider sensitivity and responsiveness in interactions with children Quality of relationship between child and early childhood program staff	Arnett Caregiver Interaction Scale (CIS) Classroom Assessment Scoring System (CLASS®) Student-Teacher Relationships Scale
Improved staff/provider knowledge about social and emotional development Use of developmentally appropriate and child-centered practices **Increased use of positive classroom management skills** Early childhood staff and program use of practices that promote social and emotional competence Ability to effectively address challenging behaviors	Teaching Pyramid Observation Tool for Preschool Classrooms, Research Edition (TPOT™) Teaching Pyramid Infant–Toddler Observation Scale for Infant–Toddler Classrooms, Research Edition (TPITOS™)

Desired Outcomes and Constructs Measured	Recommended Tools to Select From
Reduced staff/provider stress Levels of stress and burnout Number of days of missed work **Reduced staff/provider turnover/increased retention** Retention rates of early childhood program staff Job satisfaction as reported by early childhood program staff	Child Care Worker Job Stress Inventory (CCW-JSI) Maslach Burnout Inventory ProQOL (Professional Quality of Life Scale) Counts of staff attrition Early childhood program staff satisfaction survey Focus groups
Improved classroom climate Classroom climate that is warm and emotionally supportive Use of effective classroom management strategies by early childhood program staff Early childhood program staff use of practices that foster children's wellbeing and development	Classroom Assessment Scoring System (CLASS®) Climate of Healthy Interactions for Learning and Development (CHILD)
High staff/provider satisfaction with IECMHC services Early childhood programs staff reported satisfaction with IECMHC services	Early childhood programs – participant satisfaction survey
Increased staff/provider reflective capacity specific to participating in reflective supervision or training Provider engagement in reflective supervision Early childhood program staff's self-assessment of reflective knowledge and process Early childhood program staff's ratings of self-efficacy Early childhood program staff's ratings of reflective supervisors' use of reflective supervision essential elements Program staff satisfaction with reflective supervision	Provider Reflective Process Assessment Scales (PRPAS) Reflective Interaction Observation Scale (RIOS) Reflective Supervision Self-Efficacy Scales (RSSES) Early childhood program staff satisfaction survey
Reduced exclusionary practices (e.g. suspensions and expulsions) in early childhood education programs Rates of suspension and expulsion reported by early childhood care and education programs Teacher ratings of variables associated with expulsion risk (i.e. experiences of stress and hopelessness related to a particular child's behavior)	Preschool Expulsion Risk Measure (PERM)

PARENT/CAREGIVER/FAMILY OUTCOMES – Improved Parent/Caregiver Wellbeing & Relationships

Desired Outcomes and Constructs Measured	Recommended Tools to Select From
Reduced parent/caregiver stress **Reduced parental symptoms of depression and anxiety** **Improved parent/caregiver knowledge about social and emotional development**	Edinburgh Postnatal Depression Scale (EPDS) – perinatal period only Generalized Anxiety Disorder screener (GAD-7) Parenting Stress Index, Fourth Edition (PSI-4™) Patient Health Questionnaire (PHQ-9)
Improved parent/caregiver-child interactions and quality of relationship Positive parenting behaviors Quality of parent-child interactions Parent/caregiver's emotional availability and responsiveness Parental involvement Home environment Approaches to discipline and limits	Early Relational Health Tool (ERHT) Emotional Availability Scale (EAS) Home Observation for the Measurement of the Environment (HOME) - Infant/Toddler (IT) and Early Childhood (EC) versions Keys to Interactive Parenting Scale (KIPS) Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO™)
Increased access to and engagement in community-based services Number of parents provided referrals for community-based services and proportion of successful referrals (measured by engagement in services/service received)	Counts of referrals made by IECMH consultants, including completed referrals
High parent/caregiver satisfaction with IECMHC services	Parent/caregiver satisfaction survey

SYSTEMS OUTCOMES

Desired Outcomes and Constructs Measured	Recommended Tools to Select From
Cost savings associated with IECMHC participation Cost to implement IECMHC Estimated savings associated with IECMHC because of improved child/family/provider outcomes (short- and long-term) Benefits compared to costs (in the short-, medium-, and long-term)	ZERO TO THREE's Infant and Early Childhood Mental Health Consultation Cost Calculator

Recommendations for Data Collection and Management

Definition – Data Collection and Management

Data collection refers to the process by which data is gathered and analyzed to evaluate outcomes. Data management refers to how data is collected and stored, with consideration of funding, confidentiality, and ethical standards or requirements.

Community-based IECMHC programs need to consider including data collection protocols in their evaluation plan, as well as corresponding training regarding the collection and storage of data. Creating data protocols helps to ensure program staff have shared understanding regarding:

Types of data they need to collect;

- When they need to collect that data;
- The tools or measures required and where to find them;
- Where and how data should be stored;
- How data is shared with external evaluators; and
- How data can be used to make data-driven programmatic decisions.

Programs also need data management tools that enable the analysis and interpretation of data, as well as mechanisms for reporting to internal (e.g., staff, leadership, Board of Directors) and external (e.g. community partners, clients, families) stakeholders. Ideally, data drives program improvements. Staff should be trained on all reporting requirements to meet obligations of funders and other stakeholders.

Key Considerations for IECMHC Data Collection and Management

- Types of data to be collected
- Protocols and practices for securing and protecting data (based on requirements of funding, laws and regulations, and ethical standards)
- Type and functionality of the data management system
- Technology used for data management (e.g., computers, tablets, hot spots, mobile phones)
- Staffing resources needed to enter, maintain, and analyze data, as well as to monitor the data management system
- Training regarding data collection, management, and monitoring

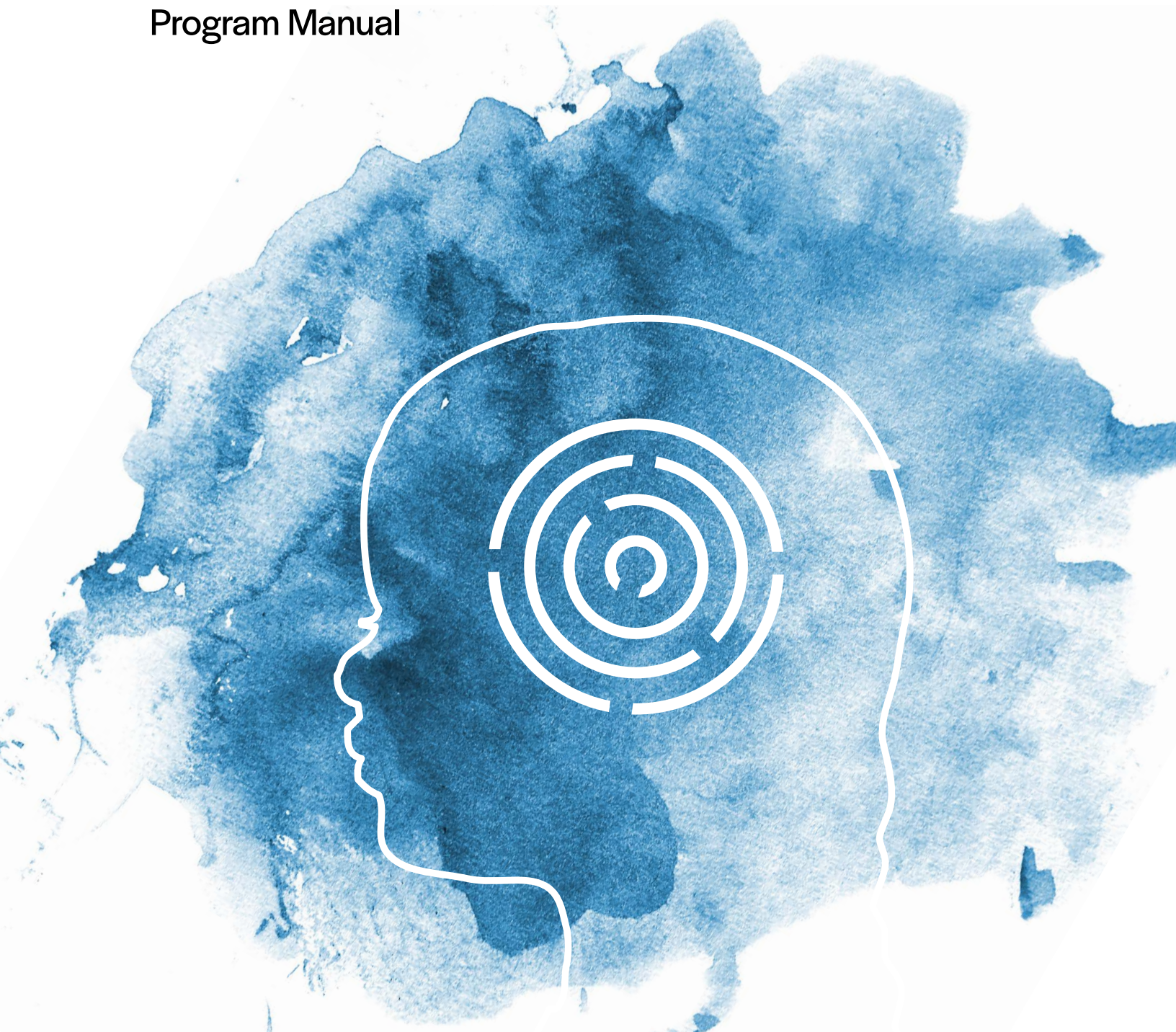
Recommendations for IECMHC Data Collection and Management

- Create a **data collection plan** that identifies what information will be collected, by whom, and when (**data collection schedule**). Types of data should include demographic information (answers who is using the services), data from assessment tools (informs service planning), outcome data (assesses program impact), implementation (informs continuous quality improvement strategies), and required reporting (addresses funder or stakeholder obligations).[74] This should include the plan for obtaining consent from all participants.
- Create a **data management plan and system**, including identifying where data will be stored and who is responsible for tracking data collection and monitoring missing data – including both implementation and outcome data. This should also include developing and identifying resources to safeguard data (e.g., privacy protections, secure databases or data repositories) ensuring that data is managed in a confidential manner.
- Create a **continuous quality improvement (CQI) plan** to monitor data accuracy and provide a mechanism to correct data errors when needed. The CQI plan should monitor data collection and management procedures and incorporate process improvements when needed.
- Identify all needed **data tools**: forms for tracking activities, consent forms, outcome measures/surveys, data sharing agreements, MOUs with sites, etc.
- **Train staff** on data collection, data security, and data management protocols and plans.
- Develop a **data analysis and reporting plan**.

Texas Infant & Early Childhood
Mental Health Consultation

Appendix

Program Manual



Appendix Contents

Infant & Early Childhood Mental Health Consultation in Texas: What It Is and What It Is Not

	IECMHC in Texas IS	IECMHC in Texas is NOT
Focus/ Goal	Indirect and prevention focused—helping early childhood programs, staff, and families to support children's social-emotional needs as well as their own.	A way to diagnose and provide direct therapy or treatment for children, families, or staff.
Who it Helps	A prevention-based support to early childhood programs such as early childhood care and education (ECCE), home visiting (HV), early childhood intervention (ECI), and primary care programs.	For children or caregivers or staff who need direct mental health treatment.
Where it Happens	Provided on site at early childhood programs, in a family's home, community, or remotely (as agreed upon by all parties).	An outside therapeutic intervention that occurs in a therapeutic clinic, private office, or hospital.
How it Happens	Ongoing, reliable, and predictable support from a mental health consultant that occurs for an agreed upon length of time (per service agreement or memorandum of understanding) or until goals/desired outcomes are achieved.	A quick-fix or on-call only.
How it Works	Partnership and support to adult caregivers to promote the mental health of children in their care through deepening knowledge, skills, and well-being.	Someone telling the caregiver how to do their job or providing direct mental health services for children or families.
How Information is Shared	Private and confidential.	A way to gather specific information to report what families or staff share with the consultant.
The Consultative Stance	Supportive and respectful process to help caregivers/staff reflect on their experiences, examine situations from multiple perspectives, and find solutions that support child and adult well-being. Includes testing and refining strategies to find what works.	Judgmental, blaming, or punitive top-down approach that 'provides the answers' to staff/ caregivers rather than figuring out and testing together.
Purpose	A way to help early childhood staff and parents/caregivers build knowledge and skills, deepen self-awareness, and create nurturing and supportive environments.	Therapy, counseling, medical treatment, or a direct mental health service provided to families.
Core Activities	A mix of training, group reflective consultation, and 1:1 support to directors and staff to address program-wide, classroom/ caseload, or individual child/family concerns.	1:1 therapy with staff or families participating in ECCE, ECI, HV or primary care programs.
Flexibility	Flexible—Consultants adjust to challenges and unexpected needs of the program; goals are regularly revisited and can be revised or added when initial goals are met.	Strict and the same for every situation.

IECMHC Goal Setting Form

Use this form to (1) set goals that will help you and the consultee (e.g., provider, family member) clearly define the desired outcomes of your work together, and (2) review, revise, and/or set new goals at regular intervals.

NOTE: Add a new Goal Setting Form when goals need to be revised or a goal is met and a new goal is created.

IECMH Consultant Name:	Program and Consultee/Provider Name:	
Date goal(s) were created:	Date(s) progress was reviewed:	Date services ended:

Goals: What are the specific social, emotional, and/or behavioral results that you are trying to achieve through IECMHC?

Goal 1:	Date Goal 1 was reviewed: On this date, Goal 1 was (check one): ☐ Still in progress (describe progress below) ☐ Revised (use a new Form for revised goal) ☐ Met
Goal 2:	Date Goal 2 was reviewed: On this date, Goal 2 was (check one): ☐ Still in progress (describe progress below) ☐ Revised (use a new Form for revised goal) ☐ Met
Goal 3:	Date Goal 3 was reviewed: On this date, Goal 3 was (check one): ☐ Still in progress (describe progress below) ☐ Revised (use a new Form for revised goal) ☐ Met
Consultant Signature: Date:	Consultee/Provider Signature: Date:
Parent/Caregiver Signature: Date:	Program Director Signature: Date:

Sample IECMHC Progress Notes

Name of IECMH Consultant:_____ **Date:**_____

Name of Provider/Program:_____

Others Involved: (e.g., parent/caregiver, child, etc.)_____

Duration:

- ☐ 30 minutes
- ☐ 60 minutes
- ☐ 90 minutes
- ☐ Other:_____

Type of Consultation:

- ☐ Child/Family
- ☐ Classroom/Caseload
- ☐ Programmatic

Mode of Service:

- ☐ In-Person
- ☐ Virtual
- ☐ Phone

Summary of Services:
(describe the purpose and focus of visit, note strengths and progress toward identified goals)

Supports Provided:
(describe action steps taken to address challenges and/or guidance provided)

Recommendations/Next Steps:
(timelines, resources, etc.)

Date of Next IECMHC Service:_____

SAMPLE Checklist for Onboarding an Infant & Early Childhood Mental Health Consultant

Purpose: This checklist provides a structured approach to comprehensively onboard an Infant & Early Childhood Mental Health Consultant in a community-based organization, ensuring they complete the essential steps to begin providing services confidently and effectively.

I. Complete hiring-organization orientation and paperwork requirements.

- ☐ Review job description and role expectations.
- ☐ Learn about the child-serving programs within the organization (e.g., Home Visiting, Early Intervention, Early Education, Nurse Family Partnership, etc.).
- ☐ Meet with relevant program team leaders within the organization.
- ☐ Meet with Administrative Supervisor and Clinical Supervisor (if applicable) and schedule ongoing supervision.
- ☐ Meet with Reflective Supervisor and schedule ongoing supervision.
- ☐ Read and understand funding/grants that support the role/expectations of the IECMH consultant.
- ☐ Attend key meetings: local early childhood coalition events, peer learning collaboratives, etc.
- ☐ Put strategies in place to support licensure to remain in good standing (e.g., determine insurance payment and licensure renewal schedule).

II. Read and reflect on each section of the Texas IECMHC Program Manual:

- ☐ Part 1: Orientation
- ☐ Part 2: Competencies
- ☐ Part 3: Training
- ☐ Part 4: Evaluation
- ☐ Discuss questions, areas that require clarification with the state Training and Technical Assistance (T/TA) Center for IECMHC or site leadership.

III. Get familiar with state resources on IECMHC and create a list of questions for supervisor:

- ☐ Infant and Early Childhood Mental Health Consultation Landscape Analysis
- ☐ Infant and Early Childhood Mental Health Consultation Implementation Science Report
- ☐ Infant and Early Childhood Mental Health Consultation in Texas Program Overview
- ☐ Infant and Early Childhood Mental Health Consultation Brochure
- ☐ Menu of Services for Infant and Early Childhood Mental Health Consultation
- ☐ Texas IECMHC Outreach Video: IECMHC in Early Childhood Care and Education Settings
- ☐ Texas IECMHC Outreach Video: IECMHC in Early Childhood Intervention (ECI) Settings
- ☐ Texas IECMHC Outreach Video: IECMHC in Home Visiting Settings

IV. Obtain Required Foundational Training:

- ☐ **Orientation to the role, activities, and core competencies of IECMH consultants.** This can be done through the individual program or through hybrid use of materials that have been developed elsewhere (e.g., Texas State IECMHC Manual, Center of Excellence (CoE) for Infant and Early Childhood Mental Health Consultation Foundational Modules, and CoE's Consultant Assessment, etc.). Goal is to understand the settings for consultation, types of consultations, stages and essential activities, core components, evaluation methods, and ensure consultant's confidence with state competencies.
- ☐ **IECMHC Self-Assessment Tool**; a tool that measures a consultant's confidence and experience with the core competencies outlined in the Texas IECMHC Program Manual to support professional development and growth.
- ☐ **Certificate program to provide foundational knowledge in the role and competencies of IECMHC. For example** (check with state's T/TA Center for IECMHC to see what supports may be available):
  - >> The Online Certificate in Infant & Early Childhood Mental Health Consultation through Georgetown University;
  - >> The Infant Mental Health Certificate through the Erikson Institute;
  - >> The Infant and Early Childhood Mental Health Certificate through the University of Minnesota; or
  - >> The IECMH Consultant Training Program through the California Consultation Network.
- ☐ **Training on mental health and developmental disorders of infancy and early childhood**; for example, the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5).
- ☐ **Training in at least one of the following, to build competency in screening and brief assessment of social and emotional development:**
  - >> Ages & Stages Questionnaires® (cognitive and social emotional screening tools)
  - >> Devereux Early Childhood Assessment (DECA) for Infants and Toddlers
- ☐ **Training to strengthen reflective skills and practice** – must have:
  - >> Foundational training in Reflective Practice/Supervision
  - >> Ongoing, monthly individual and/or group reflective supervision by a trained supervisor
- ☐ **Meet with state IECMHC Training and Technical Assistance Center**

V. Identify additional professional development needs, e.g.:

- ☐ Pyramid Model Training [Infant/Toddler and PreK Curricula]
- ☐ Teaching Pyramid Observation Tool (TPOTTM), Teaching Pyramid Model Infant-Toddler Observation Tool (TPITOSTM) tool training
- ☐ Touchstone's Classroom Assessment Scoring System® (CLASS®) training
- ☐ Maternal Mental Health training (e.g., familiarity with perinatal mental health risks, e.g., Edinburgh Postnatal Depression Scale, etc.)
- ☐ Facilitating Attuned Interactions (FAN) Training – Erikson Institute
- ☐ Substance Use/Abuse Screening training
- ☐ Training on Settings for Consultation: early childhood care and education (e.g. public school and child care), Early Childhood Intervention (ECI), home visiting, Primary Care

- ☐ Cultural and Linguistic Competence training: beliefs, language, customs, values of community
- ☐ Trauma Informed Care: e.g., The National Child Traumatic Stress Network asynchronous Trauma Training for Early Childhood, Trust-Based Relational Intervention, or Child-Parent Psychotherapy
- ☐ Early Childhood Brain Development training: e.g., Zero to Three's The Growing Brain Curriculum
- ☐ Inclusion best practices: Special Needs and Inclusive Child Care through Texas A&M AgriLife Extension

VI. Shadow an experienced IECMH Consultant:

- ☐ Observe real-time IECMHC session both in-person and virtual (with necessary consents).
- ☐ Meet to debrief: discuss role expectations, challenges, resources/referrals, and best practices.

VII. Data Collection and Evaluation Activities:

- ☐ Learn hiring organization's tracking and data entry process, including program consent forms, referral forms, timelines for data entry, and other required activities.
- ☐ Ensure understanding of confidentiality, consent, and data protection protocols and regulations.
- ☐ Receive training/orientation to project-specific data collection tools, processes, timeline, and goals related to project evaluation.
- ☐ Conduct monthly quality checks with supervisors for the first 3 months.

Budget Template

The following is a sample of budget categories essential to an IECMHC program budget.

A: PERSONNEL

Position	Name	Annual Salary	Percent of Effort	Cost
		$	%	$
		$	%	$
		$	%	$
		$	%	$
			Total	**$**

JUSTIFICATION

B: FRINGE BENEFITS

Position	Name	Fringe Rate	Total Salary Charged to Award	Total Fringe Charged to Award
		%	%	$
		%	%	$
		%	%	$
		%	%	$
			Total	**$**

JUSTIFICATION

C: TRAVEL

Purpose of Travel/Location	Mileage/Flight	Hotel	Meals	Other	Cost
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
				Total	**$**

JUSTIFICATION

D: SUPPLIES

Item(s)	Cost/Rate	Number/Units	Cost
	$		$
	$		$
	$		$
	$		$
JUSTIFICATION		**Total**	**$**

E: CONTRACTORS/CONSULTANTS

Name/Entity	Cost/Rate	Number/Units	Cost
	$		$
	$		$
	$		$
	$		$
JUSTIFICATION		**Total**	**$**

F: OTHER EXPENSES

Item(s)	Cost/Rate	Number/Units	Cost
	$		$
	$		$
	$		$
	$		$
JUSTIFICATION		**Total**	**$**

Total Direct Costs	$
Indirect Cost Rate	%
Total Indirect Costs	$
Total Project Costs	$

IECMHC Sustainability Costs

Domains of Sustainability

The following are the areas of work necessary for the sustainability of a statewide IECMHC programs in Texas. This document provides detail regarding financing necessary for financial sustainability, specifically. Please refer to the PDG B-5 Sustainability Report (2025) for detail regarding the other domains.

1. Financing for Sustainability
2. Infrastructure and Leadership
3. Model and Program Development
4. Develop IECMHC Workforce
5. Create IECMHC Communication and Messaging
6. IECMHC Program Data and Evaluation

Financing IECMHC Beyond PDG B-5

1) **Cost of One IECMHC Program**
   Our research found that IECMH Consultant salaries ranged between $65-75K. This is critical to be competitive with other licensed mental health positions. The following is calculated for an IECMHC program with 1.0 full-time employee (FTE) for IECMHC service provision, as well as some time allocated from other staff to support program operations. The Outreach Coordinator is responsible for outreach to and engagement with early childhood programs and general administrative support. The Supervising Manager oversees the program within the agency and supervises the IECMH Consultant. The Data Entry Specialist coordinates all data collection and data management efforts as part of program evaluation.

Details also include the following:

- Salary of $75,000 for the IECMH Consultant (1.0 FTE),
- Salary of $9,000 for the Outreach Coordinator (0.15 FTE),
- Salary of $8,500 for the Supervising Manager (0.10 FTE)
- Salary of $9,000 for the Data Entry Specialist (0.15 FTE),
- All program staff fringe is calculated with 30% fringe, and
- All program staff salary has a 3% cost of living increase for years 2-5.

Item	Year 1	Year 2	Year 3	Year 4	Year 5
IECMH Consultant (salary for 1.0 FTE, and 3% cost of living increase years 2-5)	$75,000	$77,250	$79,568	$81,955	$84,413
Outreach Coordinator (salary for 0.15 FTE, and 3% cost of living increase years 2-5)	$9,000	$9,270	$9,548	$9,835	$10,130
Supervising Manager (salary for 0.1 FTE, and 3% cost of living increase years 2-5)	$8,500	$8,755	$9,018	$9,288	$9,567
Data Entry Specialist (salary for 0.05 FTE, and 3% cost of living increase years 2-5)	$3,000	$3,090	$3,183	$3,278	$3,377
Fringe (30% fringe for all staff allocated to program - IECMH Consultant, Outreach Coordinator, Administrative Manager, and Data Entry Specialist)	$28,650	$29,510	$30,395	$31,307	$32,246
Travel (10,0000 miles of travel at the federal rate to travel to centers and client homes; travel to training and local meetings)	$8,143	$8,143	$8,143	$8,143	$8,143
Program Supplies	$1,500	$1,500	$1,500	$1,500	$1,500
Laptop & Tech	$2,700	$0	$0	$0	$2,700
Communications (Hotspot/cellphone)	$2,000	$2,000	$2,000	$2,000	$2,000
Professional Development (CEUs for IECMH Consultant to maintain license)	$1,000	$1,000	$1,000	$1,000	$1,000
Professional Development (if needed, clinical supervision for IECMH Consultant, if this is not already available in the agency)	$4,800	$4,800	$4,800	$4,800	$4,800
License renewal and liability insurance (annual cost to maintain license)	$575	$575	$575	$575	$575
TOTALS	$144,868	$145,893	$149,729	$153,680	$160,450

2) Cost of Sustaining PDG B-5 IECMHC Pilot

» Cost for 6 pilot sites = $870,000/year (average cost of $145,000 per site).
This includes 6.0 FTEs for IECMHC, and similar budgets to the budget items in #1 above.

3) Cost of Sustaining Project LAUNCH IECMHC

» Cost for 3 sites = $450,000 (average cost of $150,000 per site).
This includes 3.0 FTEs for IECMHC, and similar budgets to the budget items in #1 above.

4) Annual Cost of Statewide Center for Training and Technical Assistance (TTA), Evaluation, and Reflective Supervision

The model piloted in TX is built on inclusion of a statewide TTA Center that is responsible for ensuring that all consultants across the state receive foundational and ongoing training, including reflective supervision; follow a consistent, high-quality approach to implementation with access to national best practice resources; and track and report outcomes at the child, family, and provider levels.

Budget Category	Description	Year 1	Year 2	Year 3	Year 4	Year 5
Salaries and Fringe	Salaries of staff providing oversight, coordination, training, technical assistance, and statewide evaluation (1.0 FTE project director, 0.50 FTE evaluator, 0.10 FTE communications, and 0.10 FTE administrative support staff)	$173,562	$173,823	$181,486	$185,619	$189,869
Contractors	Reflective supervision to cohort of 10-15 IECMH consultants; Training fees for foundational training for consultants, for example: Georgetown University's IECMHC certificate course, FAN training, Pyramid Model training, and Ages and Stages Questionnaire training	$85,375	$112,125	$49,375	$49,375	$112,125
Travel	Travel to up to 6 site visits every 2 years and a conference to showcase the building of a Texas IECMHC system showcasing progress and lessons learned, or attendance to a conference related to the work to continue to be informed by national research and best practices.	$3,262	$24,196	$3,262	$24,196	$3,262
Supplies	Project supplies; for example, software; computer; TPOT and TPITOS kits; evaluation tools; child development supplies for use by community-based programs	$10,806	$10,806	$9,546	$9,546	$10,806
Other	Printing; postage; access to online trainings, such as Pyramid Model modules (30 participants) and supplemental training; professional development registration or conference fees; IT fees	$14,620	$9,100	$14,620	$14,620	$9,100
	Indirect	$161,939	$186,758	$145,515	$160,179	$183,899
	Total	**$438,759**	**$506,002**	**$394,258**	**$433,988**	**$498,255**

Impact of IECMHC Programs

The **annual outputs** expected for a 1.0 IECMH consultant include:

	Count	Description
# of early childhood programs served	3	Child or family serving programs that receive weekly consultation for 6 – 12 months to make program-wide quality improvements in practice, policy, and communications that focus on the well-being of early childhood professionals, families, and children (e.g., staff wellness, program climate, and family engagement).
# of early childhood professionals served	95	Early childhood professionals who receive one-on-one consultation (weekly for 3- 6 months) focused on helping that professional to hone skills, build knowledge, and address situations that challenge them in their work; benefits expected to be accrued by all families and children served by that professional.
# of early childhood professionals trained	600	Early childhood professionals trained by an IECMH Consultant, including community-based IECMH-focused topical trainings and center- or program-specific trainings.
# of children/ families impacted	2250	Children/families impacted by one-on-one consultation (weekly for 3-6 months) to address specific developmental, social, emotional and/or behavioral concerns.

The **annual outcomes** expected for a 1.0 IECMH consultant include:

	Outcome	Indicator
Improving Children's Social-Emotional & Behavioral Functioning	Improved social and emotional skills in young children in early childhood programs served	%young children increasing social and emotional protective factors
	Reductions in reports of behavioral challenges in young children	%young children decreasing social and emotional risk factors
Improving Early Childhood Professionals' Wellbeing	Early childhood professionals reporting reductions in burnout and compassion fatigue and increased job satisfaction	%EC professionals reporting reductions in burnout
		%EC professionals reporting improvement in job satisfaction
		%EC professionals reporting reduction in compassion fatigue
	Reductions in staff turnover in early childhood programs (resulting in less disruption in child/family-caregiver relationships and contributing to better outcomes for children and families)	% reduction in staff turnover
	Parents/caregivers reporting improved relationships with their young children	% caregiver reporting improved parent/caregiver-child relationship
Improving Parent/Caregiver Wellbeing	Parents/caregivers reporting improved relationships with their young children	%parent/caregiver reporting improved parent/caregiver-child relationship
	Parents/caregivers reporting reductions in stress	%Parents/caregivers reporting reductions in stress

SAMPLE Infant and Early Childhood Mental Health Consultant Job Description

JOB PURPOSE

Infant and Early Childhood Mental Health Consultation (IECMHC) is a prevention-based approach that pairs a mental health consultant with adults who work with infants and young children in the different settings where they learn and grow, such as child care, preschool, home visiting, early intervention programs, and pediatric primary care settings. IECMHC is a mental health service distinct from other mental health services, like therapy. IECMH consultants work with early childhood providers and caregivers to implement practices that create healthy environments and promote the development of social and emotional skills in children. They also partner with providers to develop plans to address child-specific (or family-specific) concerns and continue to monitor as these plans are implemented and adapted to reach defined goals. IECMH consultants make programs stronger, support staff well-being, and help adults provide nurturing environments that help children grow and build a strong foundation for lifelong mental health and school success.

The Infant and Early Childhood Mental Health Consultant (referred to hereafter as "the Consultant") is responsible for providing infant and early childhood mental health consultation support to early childhood programs providing any or all of the three main types of infant and early childhood mental health consultation, as agreed upon with each program:

- **Individual Child/Family-Focused Consultation** helps providers address developmental ormental health concerns of an individual child or family.
- **Classroom/Group-focused consultation** provides support to a provider (e.g., home visitor, teacher, ECI provider) as a way to address common concerns impacting the caseload of the provider or classroom of the teacher rather than focusing on a particular child or family.
- **Programmatic Consultation** focuses on improving overall program quality through addressing practices and/or policies that impact the well-being of all the program staff, families, and children being served.

The Consultant will provide a broad range of services, from one-on-one visits with early childhood providers to discuss concerns about a particular child or family, to observations of a classroom to help a teacher address an issue involving the class as a whole. Consultations involve gathering information from multiple sources and perspectives, using validated screening and assessment tools, and co-development of a plan to address concerns, including setting goals and tracking progress toward identified outcomes. The Consultant understands that they are not 'the expert' who directs the early childhood professional but rather is a partner/guide to support them in developing new ways of addressing challenging situations with children and families through exploring thoughts, feelings, and actions in a safe and non-judgmental space.

The Consultant may also offer training workshops for program staff on mental health-related topics, group reflective and case consultation, and parent education groups. Finally, the Consultant should be familiar with a variety of community resources in order to assist staff and families with appropriate referrals when needed, including evaluation for developmental, behavioral health, or medical issues and community-based services and supports. The Consultant will maintain client records and documentation of consultation services in compliance with all performance standards and state regulations.

ESSENTIAL FUNCTIONS

1. Establish strong working relationships with partners in the community; set the tone and foundation for IECMHC to be grounded in strong, healthy relationships.
2. Develop and nurture strong, collaborative relationships with early childhood (EC) program directors and staff; as well as other child and family serving agencies and providers in the community.
3. Collaborate with program leaders to initiate infant and early childhood mental health consultation (IECMHC) services through service agreements or MOUs. This includes establishing a shared understanding of expectations, the types, duration and frequency of services to be provided, as well as planning and goal setting processes.
4. Support leadership and staff in understanding the power of relationships; the importance of self-awareness; tStrengthen the understanding of infant mental health, IECMHC, the collaborative and relational nature of
5. IECMHC services, and how adults can support social and emotional development.
6. Model relational practices – such as collaboration, reflection, curiosity, and the ability to consider multiple perspectives - to support adults in strengthening their relationships with one another and the children in their care.
7. Develop a strong understanding of the early childhood system and the challenges faced by programs such as child care, early childhood intervention, and home visiting - including high staff turnover, low wages, and increasing demands to support children and families experiencing trauma, adversity, and behavioral health concerns.
8. Develop and offer trainings on mental health and child development related topics that emerge in early childhood programs being served, as well as offer trainings or psychoeducation groups for parents as requested and agreed upon.
9. Provide reflective case consultation to staff working with young children and families both individually and in group format.
10. Participate in marketing and community outreach activities as needed.
11. Demonstrate flexibility and the ability to adapt and tailor IECMHC services to meet the unique needs of children, families, and programs with different experiences and perspectives.
12. Participate in reflective supervision in relation to IECMHC services and practice.
13. Collect data related to screening, referrals, and services provided and report data using validated tools and data management systems as identified by IECMHC program leadership in a timely manner.

TRAVEL

14. This position requires regular local travel to provide site-based and home-based services.

QUALIFICATIONS

15. Licensed or license-eligible mental health provider with an advanced degree in counseling, psychology, social work (LCSW), or psychiatry.
16. Licensed-eligible mental health providers (e.g., LPC-Is, LMSWs, LMFT-Is, LLP) must be receiving clinical supervision until fully licensed.
17. At least 1-2 years of clinical experience working with young children 0-5 years of age and their families.
18. Texas state driver's license in good standing.
19. Experience providing training or professional development to adults of various learning styles.

PREFERRED QUALIFICATIONS

20. Bilingual in English and Spanish
21. Infant Mental Health Endorsement[1]
22. Two years' experience with providing or training on trauma informed approaches.

SAMPLE Participant Experience Survey

The following survey should be completed by a provider who experienced IECMHC services.
The survey is anonymous and takes approximately 15 minutes to complete.

1. **What is your role?**

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2. **What county do you work in?**

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3. **How comfortable are you in describing what Infant & Early Childhood Mental Health Consultation (IECMHC) is to someone who has never heard of it or experienced it, like a neighbor or a new coworker?**
   1 Not comfortable at all
   2- Not comfortable
   3- Neutral
   4- Comfortable
   5- Very comfortable

4. **I feel competent using what I learned from IECMHC.**
   1- Not competent at all
   2- Somewhat competent
   3- Competent
   4- Very competent

Please rate, on a scale of 1-5, how much you agree with the following statements:

5. **IECMHC helped me do my job better.**
   1- Strongly disagree
   2- Disagree
   3- Neither agree or disagree
   4- Agree
   5- Strongly agree

6. **IECMHC helped me to feel supported in my job.**
   1- Strongly disagree
   2- Disagree
   3- Neither agree or disagree
   4- Agree
   5- Strongly agree

7. **I would use IECMHC again in the future.**
   1- Strongly disagree
   2- Disagree
   3- Neither agree or disagree
   4- Agree
   5- Strongly agree

8. I was comfortable with my IECMH Consultant's presence in my program.

1- Strongly disagree
2- Disagree
3- Neither agree nor disagree
4- Agree
5- Strongly agree

9. My IECMH Consultant listened and understood what I needed.

1- Strongly disagree
2- Disagree
3- Neither agree or disagree
4- Agree
5- Strongly agree

10. My IECMH Consultant met my needs.

1- Strongly disagree
2- Disagree
3- Neither agree or disagree
4- Agree
5- Strongly agree

11. My IECMH Consultant was able to gain my trust

1- Strongly disagree
2- Disagree
3- Neither agree or disagree
4- Agree
5- Strongly agree

Answer the next question (#12) only if question 11 was answered with 4-Agree, or 5-Strongly Agree. Otherwise skip to question 13.

12. What did your IECMH Consultant do that helped gain your trust?

_____

_____

13. Engaging in IECMHC helped me better identify the parallels that may exist between the way that I interact with and respond to others and the experiences of the children and families (and/or staff) that I support.

1- Strongly disagree
2- Somewhat disagree
3- Neither agree nor disagree
4- Somewhat agree
5- Strongly agree

14. IECMHC helped me to address misattunements that occurred with staff and/or families.

1- Not helpful at all
2- Neither helpful or unhelpful
3- Helpful
4- Very helpful

15. What type of program are you representing? (Circle One)

1- Home Visiting (HV)
2- Early Childhood Care and Education (ECCE)
3- Early Childhood Intervention (ECI)
4- Primary Care

16. Which type of IECMHC did you receive? (Circle One)

1- Child Family Focused
2- Classroom/Group (Caseload)
3- Programmatic

17. Which of these aspects of IECMHC did you participate in? (Circle all that apply).

1- Group Reflective Consultation with my Peers
2- One-to-one Reflective Case Consultation
3- Training specific to my work
4- Joint visit

18. Did IECMHC services, such as reflective case consultation, help you feel prepared to support families?

1- Not helpful at all
2- Neither helpful or unhelpful
3- Helpful
4- Very helpful

Answer the next question (#19) only if Early Childhood Care and Education (ECCE) was selected for question 15, AND, Classroom/Group (Caseload) was selected for question 16. Otherwise skip to question 20.

19. Were the results of your Teaching Pyramid Infant–Toddler Observation Scale (TPITOS™)/Teaching Pyramid Observation Tool (TPOT™) shared with you for planning purposes? (Circle One)

1- Not shared
2- Some elements were shared
3- Fully shared

Answer the questions 20-22 only if Child/Family Focused IECMHC was selected for question 16. Otherwise skip to question 23.

20. Were the results of your DECA shared with you for planning purposes? (Circle One)

1- Not shared
2- Some elements were shared
3- Fully shared

21. Were parents/caregivers encouraged to take part in planning?

1- Never encouraged
2- Sometimes encouraged
3- Mostly encouraged
4- Always encouraged

22. Has your capacity to address child-related challenges in your program increased as a result of IECMHC?

1- Not increased at all
2- Somewhat increased
3- Increased
4- Substantially increased

23. Were the strategies you and your IECMH Consultant planned together helpful?

1- Very unhelpful
2- Somewhat unhelpful
3- neither helpful or unhelpful
4- Somewhat helpful
5- Very helpful

24. What strategies will you keep using day to day? Please explain.

---

25. Has your capacity to address challenges in your program increased as a result of IECMHC?

1- Not increased at all
2- Somewhat increased
3- Increased
4- Substantially increased

> Answer the next question only if Early Childhood Care and Education (ECCE) was selected for question 15 AND question 16 was answered. Otherwise skip to question 28.

26. Will IECMHC have an impact on expulsion or suspension in your program?

1- No, no impact
2- Some impact
3- Impact
4- Substantial impact

> Answer the next question only if question 26 is answered. Otherwise skip to question 28.

27. Please explain the impact.

---

28. Has your comfort level in providing reflective supervision changed?

1- No change at all
2- Somewhat more comfortable
3- More comfortable
4- Other:_____
5- Not Applicable. I do not provide Reflective Supervision.

Answer the next question (#29) only if the following selections were chosen for question 28: 2- Somewhat more comfortable, 3-More comfortable, or 4-Other. Otherwise skip to question 30.

29. Please share an example of a recent successful reflective supervision.

30. Which aspects of IECMHC were most helpful for your organization and why?

31. Has your involvement with IECMHC personally influenced your ability to recognize bias and understand how your own beliefs affect your work, or be fully present with clients and families? In other words, how has this work shaped your professional self and the ways you connect with others? Please explain.

32. What are some examples of information or professional development that you got from your IECMH Consultant that has helped you in your work with families?

33. What more would you have wanted/needed from IECMHC? Please explain.

34. Was there any part of IECMHC that posed challenges? Please share more information.

35. Is there anything else you would like to share with us about your IECMHC experiences?

Thank you for completing the **Participant Experience Survey.**

Recommended Outcome Evaluation Tools

CHILD OUTCOMES – Child Development and Behavior

The Behavior Assessment System for Children (BASC): A set of rating scales designed to assess child behavior and emotions.[2] The set includes a Teacher Rating Scale and Parent Rating Scale for ages 2-5 years old. Measures adaptive skills (such as adaptability and social skills) and problem behaviors (including symptoms of aggression, anxiety, and depression).

The Brief Infant-Toddler Social and Emotional Assessment (BITSEA): Screener for social-emotional competencies and behavioral problems and delays in children ages 11 months to 4 years old.[3] Includes a problem scale (with items measuring things like aggression, defiance, anxiety, and withdrawal) and a competence scale which items measuring empathy, prosocial behaviors, and compliance).

Devereaux Early Childhood Assessment Infant/Toddler (DECA-I/T): Strengths-based assessment and planning system designed for use with children ages one month through 36 months. The Infant form is appropriate for children ages 1 to 18 months, and the Toddler form is appropriate for children ages 18-36 months.[4]

Devereaux Early Childhood Assessment Preschool Program, 2nd Edition (DECA-P2): Strengths-based assessment and planning system designed to promote resilience in children ages 3 through 5[5] that is adaptable for use in ECCE, home visiting, and ECI settings. Includes three main subscales: attachment/relationships, initiative, and self-regulation.

Eyberg Child Behavior Inventory (ECBI): Designed for use with children ages 2-16 years old for parents/caregivers to report challenging or disruptive behaviors.[6] Includes two primary subscales: the intensity scale, which measures the frequency of child behaviors, and the problem scale, which assesses the extent to which a parent finds each behavior troublesome. The ECBI can be used with the Sutter-Eyberg Student Behavior Inventory-Revised (SESBI-R) which is completed by the child's teacher (see below).

The Strengths and Difficulties Questionnaire (SDQ): Free screening questionnaire for children ages 2-17 years that includes five subscales. Four subscales measure social and emotional difficulties (e.g., conduct programs, hyperactivity/inattention) and one subscale measures strengths.[7]

The Survey of Well-being of Young Children (SWYC): Free child development screening tool for children ages 0-5 years. SWYC screens for developmental milestones (including autism risk), social-emotional development, and family context factors.

Sutter-Eyberg Student Behavior Inventory-Revised (SESBI-R): Designed for use with children ages 2-16 years old for teachers to report challenging or disruptive behaviors.[8] The SESBI-R can be used in conjunction with the Eyberg Child Behavior Inventory (ECBI) described above.

STAFF/PROVIDER OUTCOMES – Improved Early Childhood Professionals' Wellbeing

Arnett Caregiver Interaction Scale (CIS): Observational tool with four subscales: positive relationships (warmth and enthusiasm), punitiveness (harsh or over-controlling behavior), permissiveness (avoidance of discipline), and detachment (lack of involvement).[9]

Child Care Worker Job Stress Inventory (CCW-JSI): Self-report tool to measure child care professionals' job stress, includes three domains: job demands, job resources, and job control.[10]

Classroom Assessment Scoring System (CLASS®): Observational tool for ECCE settings and developmentally appropriate and child-centered practices that includes three domains: emotional support, classroom management, and instructional support.[11]

Climate of Healthy Interactions for Learning and Development (CHILD): Observational measure of classroom climate that includes nine dimensions: transitions, directions and rules, social and emotional learning, adult awareness, adult cooperation, adult-child interactions, individualized and developmentally appropriate practices, and child behaviors.[12]

Early Relational Health Tool (ERHS): Valid and reliable screening tool that focuses on the parent-child relationship for children ages 6 months to 2 years old within the construct of early relational health.[13]

Edinburgh Postnatal Depression Scale (EPDS): Validated screener for perinatal depression.[14]

Emotional Availability Scale (EAS): Set of scales (4 parent/caregiver scales and 2 child scales) designed for children ages 0-14 years. Scales include the domains of parental sensitivity, structuring, non-Tintrusiveness, non-hostility, child responsiveness to adult, and child involvement of adult.[15]

Generalized Anxiety Disorder screener (GAD-7): Validated screener that is a self-report anxiety questionnaire for generalized anxiety.[16]

Home Observation for the Measurement of the Environment (HOME) - Infant/Toddler (IT) and Early Childhood (EC) versions: Measure that uses observation and interview to evaluate the quality of a child's home environment (support, structure, and stimulation). HOME includes six subscales: parentalresponsivity, acceptance of child, organization of the environment, learning materials, parental involvement, and variety in experience.[17]

Keys to Interactive Parenting Scale (KIPS): Observation tool to assess parent-child interactions during play that is designed for families with children ages 2 months to 5 years old, and focuses on 12 effective parenting behaviors (e.g., involvement in child's activities, reasonable expectations, limits and consequences, supportive directions, and encouragement).[18]

Maslach Burnout Inventory (MBI): Self-report tool that includes three subscales: emotional exhaustion, depersonalization, personal accomplishment.[19]

Professional Quality of Life Scale 5 (ProQOL 5): Free, self-report questionnaire that includes three subscales: compassion fatigue, work satisfaction, and burnout.[20]

Provider Reflective Process Assessment Scales: Measures change in reflective capacity in early childhood providers and practitioners after participating in reflective supervision. Dimensions measured include: self-knowledge, self-regulation, collaboration, process, authentic attitude and multiple perspectives.[21]

Reflective Interaction Observation Scale (RIOS): Measure for the quality of reflective supervision and reflective consultation.[22]

Reflective Supervision Self-Efficacy Scale for Supervisees (RSSESS): Self-report measure designed to assess perceived reflective practice self-efficacy.[23]

Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO™): Checklist of observable, developmentally supportive parenting behaviors, includes four domains: affection, responsiveness, encouragement, and teaching. Designed for children ages 10 months to 4 years old.[24]

Parenting Stress Index, Fourth Edition (PSI-4™): Inventory evaluating parental stress, including three major domains of stress: child characteristics, parent characteristics, and situational/demographic life stress.[25]

Patient Health Questionnaire (PHQ-9): Validated screener for perinatal depression.[26]

Preschool Expulsion Risk Measure (PERM): Screening tool that measures teacher factors affecting likelihood of child expulsion, based on teacher's perception of child.[27]

Student–Teacher Relationship Scale (STRS): Free teacher self-report tool designed to be used with children ages 3-8 years that includes three subscales: conflict, closeness, and dependency. There is a short form (15 items) and longer form (28 items).[28]

Teaching Pyramid Infant–Toddler Observation Scale (TPITOS™): Measure to evaluate the implementation of Pyramid Model practices in classrooms with children ages 0-3 years old (including related to promoting social emotional skills and managing challenging behaviors). Includes a classroom observation, teacher interview, and scoring tool.[29]

Teaching Pyramid Observation Tool (TPOT™): Measure to evaluate the implementation of Pyramid Model practices in classrooms with children ages 2-5 years old (including related to promoting social emotional skills and managing challenging behaviors). Includes a classroom observation, teacher interview, and scoring tool.[30]

SAMPLE Memorandum of Understanding

Regarding Services provided by

[Agency 1 Name] to [Agency 2 Name]

[Start Date] through [End Date]

This agreement is entered into by and between [Agency 2 Name], hereinafter referred to as Organization 2 and [Agency 1 Name], hereinafter referred to as Organization 1.

Organization 1 agrees to deliver services for Organization 2 and the agreement; NOW, THEREFORE, the parties do agree as follows:

ARTICLE 1: SCOPE OF PROJECT

Organization 1 will provide, oversee, administer, and carry out all activities and services outlined in the statement of work attached (APPENDIX A) in a manner satisfactory to Organization 2 so long as Organization 1 is funded and Organization 2 is open, functioning, and funded for their own services. Activities and schedules will be reviewed and approved by Organization 2 for implementation.

ARTICLE 2: KEY PERSONNEL

All Organization 1 work under this agreement will be performed under the general guidance and technical direction of the Organization 1 Agency Director/Supervisor/Program Manager in coordination with the Organization 2 Director/Supervisor/Program Manager with activities performed by licensed and provisionally licensed Organization 1 staff supporting those services. Organization 1 and the agency's leadership team will provide ongoing guidance and supervision for the Organization 1 staff. Any other changes or amendments to this agreement will be in writing and signed into agreement by both parties.

ARTICLE 3: DELIVERY OF PERFORMANCE SCHEDULE

Organization 1 shall perform the services offered under this agreement listed in Appendix A which also lists responsibilities for both organizations. The period of performance under this agreement is specified as [date of performance period]. Subject to continued support from Organization 2, this agreement may be amended to provide for Organization 1's collaboration for an additional period of time. Both parties must mutually agree upon any subsequent time extension, supplement, addition, continuation, or renewal in writing.

ARTICLE 4: FISCAL ADMINISTRATION

Organization 1 shall perform all services outlined in the statement of work and Appendix A at no charge to Organization 2. Organization 1 is being paid to provide services in the community thus services will come at no charge.

ARTICLE 5: LIABILITY

Organization 1 and Organization 2 mutually agree that each party to this agreement is and will be acting as an independent entity in the performance of this work, and that each shall be solely responsible for the official acts or omissions of its employees or its agents in connection with the performance of this work and will not hold the other party responsible for personal injury, death, property damage, or other losses arising out of the official actions or omissions of those employees or agents. This provision is not intended to waive immunities or limits of liability to which Organization 1 or 2 are entitled.

ARTICLE 6: ASSIGNMENT

Neither party shall assign or transfer any interest in this agreement without the prior written approval of the other party.

ARTICLE 7: TERMINATION OF AGREEMENT

A. This agreement may be terminated prior to the expiration of the period of performance by mutual written agreement of Organization 2 and Organization 1. Written notice of agreement termination must be given with a 30-day notice.

B. Organization 2 may terminate this agreement by giving thirty days written notice to Organization 1.

ARTICLE 8: REMEDIES

Violation of breach of agreement terms by Organization 2 or Organization 1 shall be grounds for termination of the agreement. This agreement shall be considered as specifying the exclusive remedy for any default, but all remedies existing at law and in equity may be availed of by either party and shall be cumulative.

IN WITNESS WHEREOF, the parties hereto have executed the ***Memorandum of Understanding.***

[Organization 1 Name]

_____ Date: _____

Name

Acting Agency Contractual Signatory

[Organization 2 Name]

_____ Date: _____

Name

Acting Agency Contractual Signatory

APPENDIX A

[Organization 1 Full Agency Name]

Synopsis of Services: Infant and Early Childhood Mental Health Consultation Services under the umbrella of *[insert program name if applicable]*.

Target Population: Organizations serving children ages 0-5 and their families. Targets include all staff serving families in the age range above, the children, and the caregivers. *[Insert Organization 2's programs being served]*.

Service Description: Infant and Early Childhood Mental Health Consultation (IECMHC) is a prevention-based approach that pairs a licensed mental health consultant with adults who work with infants and young children in the different settings where children learn and grow, such as child care, preschool, home visiting, early intervention, and their home. Mental health consultation is not therapy. Mental health consultation equips caregivers to facilitate children's healthy social and emotional development.

The IECMH consultant is responsible for providing early childhood mental health consultation support to home visitors, child care center staff, children, and families. The IECMH consultant will provide a broad range of services, including early childhood mental health consultation in classrooms and through home visits; training and coaching staff; screening, assessment, and referral services; promotion and marketing of group services; and providing parent trainings. The IECMH consultant supports caregivers and providers in identifying and addressing early signs of environmental, relational, and behavioral concerns to prevent escalation, promote healthy relationships, and reduce negative behaviors and symptoms in early childhood. The IECMH consultant will also maintain client records and documentation of consultation services in compliance of all performance standards of *[insert Organization 1 name]* and state regulations.

[Organization 1 Name] will be responsible for the following: Edit List

[depending on Organization 2's structure – insert specific types of consultation: i.e., classroom, home visiting, early intervention, pediatric, etc.] IECMH consultant will provide observations, guidance, child developmental and behavioral screening, parenting education and support, and consultation with parents/caregivers, staff, agency leadership, as well as requested training. Specific services include *[list is a sample list – revise and refine based on organizational needs]*.

- Establish a working relationship with agency leadership and staff:
    a. Hold an introductory training on IECMHC;
    b. Support introductory meetings with staff;
    c. Complete an agency readiness assessment;
    d. Survey training needs and support of staff;
    e. Obtain team meeting schedules and attend team meetings;
    f. Schedule or organize ongoing training. Topics could include:
        i. Reflective Supervision and Reflective Consultation
        ii. Infant and Early Childhood Brain Development
        iii. Infant and Early Childhood Social Emotional Development

    iv. Child development screening and referral
    v. Trauma Informed Care and Impact of Trauma on Children 0-5
    vi. Child and Adult Mental Well-being and Relational Health
    vii. Challenges facing Families
    viii. Challenges facing Staff Well-being and Reduction in Burnout
    ix. Classroom Management and Behavioral Support

- Observe staff with child/children who have been identified as having a need.
    a. Parental consent should be sought.
- Establish routine for providing reflective consultation to agency leadership and/or staff.
- Complete early childhood development/behavioral screenings and/or support staff in the interpretation of screenings.
- Establish a plan with goals for staff receiving IECMHC services that include observation, reflective practices, coaching, training, and follow-up.
- Establish nurturing/reflective groups for staff or parents/caregivers in an ongoing and consistent format.
- Recognize mental health needs/symptoms and refer families/staff to mental health treatment as needed in the community.
- Provide linkages to community supports as appropriate.
- Provide IECMHC services to a child through:
    a. Classroom, or home visit support;
    b. Behavioral support planning;
    c. Coaching parents/caregivers on positive/healthy interaction;
    d. Advocacy
    e. Screening and referral
- Provide IECMHC services to a parent/caregiver through:
    a. Mental health consultation;
    b. Referrals to parent strengthening programs;
    c. Classroom, or home visit support;
    d. Coaching parents/caregivers on positive/healthy interaction;
    e. Referrals to community resources;
    f. sychoeducation related to infant mental health and well-being;
    g. Psychoeducation related to child development
- Provide IECMHC services to a staff member working with a child/family through:
    a. Mental health consultation;
    b. Referrals to family strengthening programs;
    c. Classroom, or home visit support;

d. Referrals to community resources;
e. Psychoeducation related to infant mental health and well-being;
f. Psychoeducation related to child development
g. Training on mental health topics relevant to population served;
h. Reflective case consultation;

» Provide IECMHC services to an organization/agency/program through:

a. Assess overall social and emotional climate within the organization;
b. Assist with developing strategies to maintain positive program level changes;
c. Encourage analysis of challenging situations from different perspectives and offer guidance and education on mental health related concerns;
d. Evaluate program policies and procedures for their impact on child and family mental health and well-being;
e. Support programs to create a positive and supportive working environment;
f. Collect data to determine whether key goals are being met, particularly regarding child, family, and staff well-being.
g. Conduct referrals to community resources and mental health services;
h. Provide ongoing reflective consultation to organizational leadership and/or staff;
i. upport the promotion of fairness and access to services through tracking disparities and opportunities in program policies and procedures.

» Collect documentation and data from services including:

a. Demographic information of clients served;
b. Number of consultations;
c. Type of consultation;
d. Assessment/Screening scores
e. Referral information;
f. Themes discussed during visits;
g. Services provided during visits;
h. Hours and location of services;
i. Any recommendations, summaries, schedules, goal plans, training materials, and other appliable documentation.

[Organization 2 Name] will be responsible for the following: Edit List

- Organization 2 will work collaboratively with Organization 1 to support services in the following ways:
  - a. Provide an orientation to services offered by Organization 2;
  - b. Leadership will commit to meet with Organization 1 staff and introduce to staff.
  - c. Given Organization 1 staff access to service buildings or locations where services are provided to child and their families;
  - d. Provide the space needed to provide the services and follow-up for staff, children and parents including virtual platform access for services;
  - e. Share information about IECMHC services with families served by Organization 2 – including overall description of services, expected presence of staff and a process for families to ask questions.
  - f. Assign a point of contact(s) for Organization 1 staff to:
    - i. Connect with Organizational 2 staff as needed;
    - ii. Guide service planning and tracking, and service completion;
    - iii. Support scheduling training(s);
    - iv. iv.Give access to places where staff/children are being served;
    - v. Give access to staff, children, and their families to ensure project service implementation;
    - vi. Serve as the primary contact(s) to ensure that service schedules and requests for services are planned and shared in advance and that services requested by Organization 2 staff are not duplicated by other organizations;
  - g. Manage required documentation including criminal background checks or other screenings as required by Organization 2 and at the expense of the Organization 2 *[if applicable]*. The Organization 2's Human Resource Department will track results and review clearance for all background checks.
- Organization 2 will provide or distribute required forms to staff and parents/caregivers to authorize all services including consent forms, invitations, or memos to participate in training sessions, mental health consultation, or other selected services.
- Organization 2 will ensure timely requests for specific services or activities providing at least three-day notice for any unplanned visits requested, with the exception of crises.
  - a. During a crisis, Organizational 1 staff will attempt to respond within one workday. Any crises requiring emergency responders should be addressed by Organization 2 and will not be the responsibility of Organization 1. Organization 1 staff will follow their pandemic plan procedures and agency standards of operation to ensure the health and safety of all children, youth and adults involved in services.

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