

Infant and Early Childhood Mental Health (IECMH) Consultant Self-Assessment

PURPOSE:

The purpose of this tool is to help infant and early childhood mental health (IECMH) consultants and their program leadership better understand the skills, knowledge, and experience of the consultant and how these align with the expectations and standards set forth in the Texas IECMHC Program Manual (2025).

This assessment tool is designed to be administered upon hiring a new IECMH consultant to inform the creation of an individualized training and orientation plan. However, this tool should also be re-administered over time at agreed upon intervals in order to identify ongoing or emerging training and professional development needs. This tool is intended to support reflective discussions regarding the IECMH consultant's strengths, expertise, and areas for growth and learning. It is not intended to be used for performance-based evaluation or have any negative impact on the IECMH consultant.

INSTRUCTIONS:

Please read each statement and circle the option that most reflects you at this moment. Your honest responses are appreciated and will help you and your supervisor determine what training and professional development opportunities are right for you.

Response options:

1= NO

2 = MAYBE

3 = YES

BASIC INFORMATION

Program name: _____

IECMH consultant name: _____

IECMHC Supervisor Name: _____

Date Completed: _____

FOUNDATIONAL KNOWLEDGE AND EXPERIENCE WITH IECMHC

INSTRUCTIONS:

For each statement, please circle the option that best describes you at this moment.
Response options: 1= NO; 2 = MAYBE; 3 = YES.

SECTION 1. EARLY CHILDHOOD DEVELOPMENT	NO	MAYBE	YES
1. I can recognize signs of both typical and atypical development in children from birth to age five (including cognitive, motor, social-emotional development).	(1)	(2)	(3)
2. I understand the purpose and importance of screening for developmental and social-emotional issues.	(1)	(2)	(3)
3. I have been trained in the administration and interpretation of valid and reliable social-emotional screening tools (like the Ages and Stages Questionnaires®) and feel confident interpreting and educating others about these tools with developmental and cultural sensitivity.	(1)	(2)	(3)
4. I have experience and feel confident promoting access to screening and making referrals for further evaluation or services (e.g., early childhood intervention, therapeutic supports, or other specialists) when screening results or observations indicate a potential need.	(1)	(2)	(3)
5. I recognize that understanding a child’s behavior and development requires learning about their relationships, family environment, and culture.	(1)	(2)	(3)
6. I am knowledgeable about risk and protective factors and their impacts on child development.	(1)	(2)	(3)
7. I understand and can educate others about how access to basic resources (such as safe and stable housing, economic and food security, and quality and regular medical care) impacts children’s development and mental health.	(1)	(2)	(3)
8. I have experience screening for and assessing the social determinants of health that impact children’s development and mental health.	(1)	(2)	(3)
Early Childhood Development Total Score: _____			

For each statement, please circle the option that best describes you at this moment.
 Response options: 1= NO; 2 = MAYBE; 3 = YES.

SECTION 2. Early Childhood Mental Health (ECMH) in the Context of Family and Community	NO	MAYBE	YES
1. I have been trained in the use of the DC: 0-5 (Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood).	(1)	(2)	(3)
2. I can identify a young child or adult who is in need of further developmental or psychological assessment and can support access to services.	(1)	(2)	(3)
3. I have been trained in one or more IEMCH evidence-based interventions, such as Parent-Child Interaction Therapy, Child-Parent Psychotherapy, Trust-Based Relational Intervention, or Positive Parenting.	(1)	(2)	(3)
4. I can demonstrate extensive knowledge of infant and early childhood mental health acquired through coursework, clinical experience, and/or professional development/training.	(1)	(2)	(3)
5. I can demonstrate extensive knowledge of the mental and behavioral health disorders of adults and how these can impact early childhood development acquired through coursework, clinical experience, and/or professional development/training.	(1)	(2)	(3)
6. I understand that working with a young child means working with their caregivers (e.g., family members and other early childhood professionals).	(1)	(2)	(3)
7. I routinely consider the impact of environment in formulating hypotheses about a child’s behavior (e.g., ecological theory, family systems theory, social determinants of health).	(1)	(2)	(3)
8. I understand that the culture, norms, and expectations of children’s environments (e.g., child care programs, home, health care settings) impact their behavior and mental health.	(1)	(2)	(3)
9. I routinely consider biological and genetic factors (including temperament) when generating hypotheses about a child’s behavior and social-emotional development.	(1)	(2)	(3)
10. I routinely consider attachment style when generating hypotheses about a child’s behavior/social-emotional development.	(1)	(2)	(3)
11. I have a solid understanding of the concept of early relational health.	(1)	(2)	(3)

12. I recognize that culture contributes to children’s and families’ experiences and understanding of trauma, grief, attachment, mental health, and help-seeking, and I consistently work to understand and respect each individual’s attitudes and beliefs.	(1)	(2)	(3)
13. My interpretations and recommendations as a consultant take into account the philosophy and expectations of the program in which I am working, as well as the family, community and cultural contexts.	(1)	(2)	(3)
14. I understand that my own world view, culture, and experiences influence my interpretations and recommendations as a consultant and I am actively working to remain aware of how and when this happens.	(1)	(2)	(3)
ECMH in the Context of Family and Community Total Score: _____			

SECTION 3. TRAUMA	NO	MAYBE	YES
1. I understand and can educate others about the effects of trauma on a young child’s developing brain, physical health, social-emotional development and behavior.	(1)	(2)	(3)
2. I understand and can educate others about how a parent/caregiver’s experiences of trauma can impact parenting (e.g., attachment, the parent’s interpretation or response to a child’s behavior).	(1)	(2)	(3)
3. I have experience screening for and identifying trauma symptoms in children aged birth to five years.	(1)	(2)	(3)
4. I have experience screening for and identifying trauma symptoms in adults.	(1)	(2)	(3)
5. I understand and can educate others about the impacts of secondary trauma on caregivers of young children (e.g., parents, teachers, child care providers).	(1)	(2)	(3)
6. I am knowledgeable about different types of trauma and can educate others about trauma and adverse childhood experiences (ACEs), including definition and prevalence of ACEs, and strategies to prevent ACEs and promote positive childhood experiences (PCEs).	(1)	(2)	(3)
7. I apply trauma-informed practices while working with providers, families, and children.	(1)	(2)	(3)
Trauma Total Score: _____			

For each statement, please circle the option that best describes you at this moment.
 Response options: 1= NO; 2 = MAYBE; 3 = YES.

SECTION 4. STRENGTHS-BASED APPROACHES	NO	MAYBE	YES
1. When interacting with early childhood professionals, I embody a strengths-based approach: identifying the assets that these individuals possess to help themselves and the children in their care.	(1)	(2)	(3)
2. I support programs to instill a strengths-based approach in practices, policies, and procedures.	(1)	(2)	(3)
3. I consistently seek to identify the strengths in all families, regardless of differences in culture, language, ability, and family structure.	(1)	(2)	(3)
4. I have experience using positive behavioral supports to meet the needs of children and adults both individually and in classroom settings.	(1)	(2)	(3)
5. I am knowledgeable about and/or have training in adult learning theory and different learning styles and use this knowledge when providing feedback or training to adults (e.g., parents, early childhood professionals).	(1)	(2)	(3)
6. I work with programs to implement policies and procedures that support inclusive practices designed to meet the special needs of children with developmental delays or disabilities and their families.	(1)	(2)	(3)
Strengths-based Approaches Total Score: _____			

SECTION 5. THE ROLE OF THE CONSULTANT	NO	MAYBE	YES
1. I am equipped to educate others about the difference between IECMHC and mental health treatment for infants, young children, and/or families.	(1)	(2)	(3)
2. I understand and can educate others about the difference between the role of the IECMH consultant and other professionals who work in early childhood programs.	(1)	(2)	(3)
3. I am knowledgeable about and prepared to engage in all stages of the consultative process (e.g., entering a new program, establishing mutual expectations to build trust and collaboration, gathering information from multiple perspectives, facilitating goal setting and a development of a plan, supporting and tracking progress, righting the	(1)	(2)	(3)

course of consultation when necessary, transitioning and closure).			
4. When initiating IECMHC with a new early childhood program, I ensure that a written service plan is developed to clearly identify roles, scope of work, frequency and duration of services, and related issues.	(1)	(2)	(3)
5. I am prepared to use a variety of observation strategies, tools, and techniques to gain insights into an infant or young child's behavior and the relational influences on their functioning.	(1)	(2)	(3)
6. I regularly help providers and families to integrate ideas, activities, and resources that infuse mental health principles into daily routines and interactions.	(1)	(2)	(3)
7. I work in collaboration with other early childhood service providers to support families and staff, which may include coordinating to facilitate referrals for additional services.	(1)	(2)	(3)
8. I educate program leadership and staff about the different kinds of IECMHC (child/family, group/classroom, and programmatic) and work with programs to identify their priority needs as these evolve over time.	(1)	(2)	(3)
9. I am prepared to develop and offer trainings on mental health and child development related topics for program staff and/or families as needed.	(1)	(2)	(3)
10. I have been trained in one or more evidence-based parent support program (such as Positive Parenting Program, Circles of Security, or The Incredible Years®) and am prepared to offer parenting groups if requested and included in the written service plan.	(1)	(2)	(3)
11. I consistently maintain accurate and timely records, provide professional documentation, and engage in data collection in accordance with IECMHC program requirements.	(1)	(2)	(3)
The Role of the Consultant Total Score: _____			

For each statement, please circle the option that best describes you at this moment.
 Response options: 1= NO; 2 = MAYBE; 3 = YES.

SECTION 6. REFLECTIVE PRACTICE & ETHICAL PRACTICE	NO	MAYBE	YES
1. I regularly explore my personal values, beliefs, and assumptions and the ways that these impact my effectiveness in delivering IECMHC.	(1)	(2)	(3)
2. I am able to recognize, manage, and reflect on my own emotional reactions and discomfort when engaging with different perspectives.	(1)	(2)	(3)
3. I understand the foundational role of reflective practice in IECMHC services and consistently model reflective practices in interactions with other adults and children.	(1)	(2)	(3)
4. I can clearly describe the purpose and importance of reflective practice in IECMHC.	(1)	(2)	(3)
5. I engage in regular reflective supervision to explore situations that arise during consultation, learning to pause, reflect, and consider a wide range of options in my consultative work.	(1)	(2)	(3)
6. I am equipped to offer reflective consultation to individuals or groups of early childhood professionals: supporting others in developing or deepening reflective practices.	(1)	(2)	(3)
7. I discuss confidentiality and its limits with program staff and families at the start of services and revisit these topics as needed during consultative work.	(1)	(2)	(3)
8. I understand my responsibility to carry out the mandate to report a reasonable belief of child abuse and neglect.	(1)	(2)	(3)
9. I work with providers and families to identify supports and resources when needed and understand that this may help prevent child welfare involvement.	(1)	(2)	(3)
10. I am a licensed mental health practitioner and understand it is my responsibility to maintain my licensure.	(1)	(2)	(3)
11. I consistently demonstrate ethical practices consistent with my discipline's standards and code of ethics.	(1)	(2)	(3)
12. I understand the consultant's responsibility to be guided by fairness in the treatment of all individuals.	(1)	(2)	(3)
Reflective Practice and Ethical Practice Total Score: _____			

For each statement, please circle the option that best describes you at this moment.
 Response options: 1= NO; 2 = MAYBE; 3 = YES.

SECTION 7. THE CONSULTATIVE STANCE	NO	MAYBE	YES
1. I consistently convey that the early childhood provider and parent/caregiver is the expert on their experiences and the children in their care.	(1)	(2)	(3)
2. I prioritize trust- and relationship-building as critical first steps in the practice of IECMHC and understand that trust and mutual respect foster the development of nurturing relationships among adults and with young children.	(1)	(2)	(3)
3. I engage providers/caregivers in collaborative problem-solving processes that include generating, testing, and refining strategies over time.	(1)	(2)	(3)
4. I represent the perspective and/or needs of one participant (e.g., child, family, or early childhood provider) to another with the goal of increasing the capacity of adults to communicate and their belief in the usefulness of communication.	(1)	(2)	(3)
5. I utilize parallel process and recognize that the way people are treated will affect how they feel about themselves and how they treat others.	(1)	(2)	(3)
6. I model empathy, patience, compassion, and hopefulness.	(1)	(2)	(3)
The Consultative Stance Total Score: _____			

SECTION 8. TRAINING STATUS
Based on required IECMH Consultant Trainings from the Texas.IECMHC.Program.Manual.

Check all trainings that you have previously completed:

- Foundational IECMHC training (Describe here: _____)
- DC:0-5 Training (Please indicate whether intensive clinical training or overview training):

- Training in the administration and scoring of a brief assessment for social-emotional development such as (circle all that you have completed):
 - Ages and Stages Questionnaire®: – 3 (ASQ®-3)
 - Ages and Stages Questionnaire®: Social-Emotional-2 (ASQ®:SE-2)
 - Devereux Early Childhood Assessment for Infants and Toddlers (DECA-I/T)
 - Devereux Early Childhood Assessment (DECA)

- Foundational training in reflective practice/supervision (Describe here: _____)

SECTION 9. OPEN-ENDED QUESTIONS

A. What are one or two areas where you could use some additional preparation or training in order to be effective in the role of IECMH consultant?

B. What are one or two areas where you feel most confident and secure about your ability to serve in the role of IECMH consultant?

Thank you very much for taking the time to share your experiences!

SCORING GUIDANCE FOR IECMHC Supervisors and Consultants

WHEN TO USE THIS TOOL:

This tool is designed to be used when a new consultant is hired and periodically thereafter (e.g., annually) as a means to assess current knowledge, experience, and skills in the core IECMH consultant competencies detailed in the Texas.IECMHC.Program.Manual. The findings can be used to guide a conversation between consultant and supervisor and to develop a professional development plan identifying specific trainings and other supports (e.g. shadowing, mentoring, readings, opportunities for practice, etc.) to address areas for growth. Readministering the tool over time can help assess whether trainings and other supports are achieving desired results (e.g., increased competence and confidence over time) and to identify current professional development priorities.

SCORING INSTRUCTIONS:

This tool consists of 7 scored sections plus required training status (Section 8) and responses to open-ended questions (Section 9).

Sections 1-7:

Fill in the table below using the following formulas:

- **Total Score** for each Section: enter the sum of the scores for all items
- **Average Score** for each Section: sum the scores of all items and divide by the number of items in that section (*Sum of All Responses/Total # of Responses Average*).
- **Items to review/discuss:** list item numbers of any items scored as 1 (no) or 2 (maybe) to review and discuss with the consultant. This will help you to learn more about the confidence, competence, past experiences, and needs that should be addressed through additional training and professional development supports.

Section 8:

Far right column: List required trainings that the consultant has **not received**, or trainings for which there is some but insufficient training for the role (e.g. reflective supervision or DC:0-5 overview but not intensive trainings).

Section 9:

Far right column: include key points/themes from the responses to the open-ended questions about perceived training needs and areas of strength.

Program Name: _____

Date Completed: _____

IECMH Consultant Name: _____

IECMHC Supervisor Name: _____

SECTIONS 1-7	TOTAL SCORE	AVERAGE SCORE	ITEMS TO REVIEW/DISCUSS
1. Early Childhood Development			
2. Early Childhood Mental Health in the Context of Family and Community			
3. Trauma			
4. Strengths-based Approaches			
5. The Role of the Consultant			
6. Reflective Practice and Ethical Practice			
7. The Consultative Stance			
SECTION 8. Training Status			
	Required Trainings Needed:		
SECTION 9. Open-ended Questions			
	9A. Areas for additional training/preparation:		
	9B. Areas of confidence/competence:		