

IECMHC Needs Assessment for Early Childhood Programs

Purpose: The purpose of this tool is to help an early childhood program identify strengths, areas for growth, and learning that could be supported through infant and early childhood mental health consultation (IECMHC). The findings can inform initial conversations between the IECMH consultant and program about potential focus and goals for consultation services and can help inform the program’s strategic planning and CQI efforts. The tool can be administered at multiple points over time to track program changes and identify emerging needs.

Who should complete this needs assessment? This tool includes separate sections for program directors/leaders, supervisors/managers, and direct service providers. **Only complete the section that corresponds to your role.** If you serve in multiple roles (such as Program Director and Supervisor), please complete **ALL** sections that apply to you.

NOTE: For the purposes of this needs assessment, the term “staff” refers to all individuals working in the early childhood program.

This tool is anonymous. No personal identifying information is on this form, and all responses will be combined to provide an overall picture of the program.

Instructions:

Please read each statement in the section(s) relevant to your role and indicate how much you agree or disagree with the statement by **circling the one option that best reflects your view.** There are no right or wrong answers, and your honest responses are appreciated.

SECTION I. Respondent Role TO BE COMPLETED BY ALL STAFF

Program Name: _____

Number of years person completing the tool has worked in this program: _____

Number of years person completing the tool has been in current role: _____

Date: _____

SECTION II.
TO BE COMPLETED BY PROGRAM LEADERS
(e.g., Program Director, Assistant Director)

For each statement, please indicate how much you agree or disagree with the statement by **circling the one option that best reflects your view.**: 1 = Strongly Disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree, 5 = Strongly Agree.

A. Program Culture	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. Our program has processes in place for families to share feedback about policies and practices that impact their well-being.	(1)	(2)	(3)	(4)	(5)
2. Our program regularly reviews families’ feedback and suggestions and works to integrate these into program improvements.	(1)	(2)	(3)	(4)	(5)
3. Our program has processes in place for staff to share feedback with program leaders about policies and practices that impact their well-being.	(1)	(2)	(3)	(4)	(5)
4. Program staff are able to provide feedback without fear of negative consequences.	(1)	(2)	(3)	(4)	(5)
5. Program leaders regularly review staff feedback in order to discuss with staff how suggestions will be addressed.	(1)	(2)	(3)	(4)	(5)
6. Our program culture ¹ promotes warm, positive, and respectful interactions among staff.	(1)	(2)	(3)	(4)	(5)
7. Our program culture promotes warm, positive, and respectful interactions with families.	(1)	(2)	(3)	(4)	(5)
8. Program staff are encouraged to develop and try solutions to challenges without fear of judgement.	(1)	(2)	(3)	(4)	(5)
9. Our program has clear procedures for resolving differences.	(1)	(2)	(3)	(4)	(5)
10. All program staff are familiar with procedures for resolving differences.	(1)	(2)	(3)	(4)	(5)
11. Staff members consistently use established procedures for resolving differences.	(1)	(2)	(3)	(4)	(5)
Program Culture Total Score _____					

¹ Program culture can be thought of as a description of ‘how we do things around here’ – a combination of core beliefs, values, expectations and norms for how people behave, communicate, and relate to each other.

B. Attitudes Toward Learning and Growth	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. Program leader(s) prioritize continuous learning and growth for all staff.	(1)	(2)	(3)	(4)	(5)
2. All staff members are encouraged to be open to new ideas and differing viewpoints.	(1)	(2)	(3)	(4)	(5)
3. Our program allocates adequate time and resources for professional growth for all staff in alignment with their individual goals, role requirements, and program goals.	(1)	(2)	(3)	(4)	(5)
4. Our program offers staff training on trauma-informed practices.	(1)	(2)	(3)	(4)	(5)
5. Our program offers staff other trainings on topics related to infant and early childhood mental health, such early brain development, attachment styles, and early relational health.	(1)	(2)	(3)	(4)	(5)
6. I know what infant and early childhood mental health consultation (IECMHC) is.	(1)	(2)	(3)	(4)	(5)
7. I am enthusiastic about the idea of working with an infant and early childhood mental health consultant.	(1)	(2)	(3)	(4)	(5)
Attitudes Toward Learning and Growth Total Score _____					

C. Mental Health and Well-being Focus	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. Our program encourages open conversations about the mental health and well-being of children and families.	(1)	(2)	(3)	(4)	(5)
2. Our program periodically reviews and updates policies and procedures to support the mental health and well-being of children and families.	(1)	(2)	(3)	(4)	(5)
3. Our program encourages open conversations about the mental health and well-being of staff.	(1)	(2)	(3)	(4)	(5)
4. Program leaders periodically review and update policies and procedures to support the mental health and well-being of staff.	(1)	(2)	(3)	(4)	(5)

5. Our program staff use trauma-informed approaches in interactions with children, families, and each other.	(1)	(2)	(3)	(4)	(5)
6. Our program provides reflective supervision to direct service providers.	(1)	(2)	(3)	(4)	(5)
Mental Health and Well-being Focus Total Score _____					

D. Open-ended Questions for Program Leaders:

1. What are one or two areas where your program currently needs the most support in addressing the **well-being of children and families?**

2. What are one or two areas where your program currently needs the most support in addressing the **well-being of staff?**

SECTION III.
TO BE COMPLETED BY PROGRAM SUPERVISORS/MANAGERS

For each statement, please indicate how much you agree or disagree with the statement by **circling the one option that best reflects your view.**: 1 = Strongly Disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree, 5 = Strongly Agree.

A. Program Culture	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. Our program has processes in place for families to share feedback about policies and practices that impact their well-being.	(1)	(2)	(3)	(4)	(5)
2. Our program regularly reviews families' feedback and suggestions and works to integrate these into program improvements.	(1)	(2)	(3)	(4)	(5)
3. Our program has processes in place for staff to share feedback with program leaders about policies and practices that impact their well-being.	(1)	(2)	(3)	(4)	(5)
4. Program staff are able to provide feedback without fear of negative consequences.	(1)	(2)	(3)	(4)	(5)
5. Program leaders regularly review staff feedback in order to discuss with staff how suggestions will be addressed.	(1)	(2)	(3)	(4)	(5)
6. Our program culture ² promotes warm, positive, and respectful interactions among staff .	(1)	(2)	(3)	(4)	(5)
7. Our program culture promotes warm, positive, and respectful interactions with families .	(1)	(2)	(3)	(4)	(5)
8. Program staff are encouraged to develop and try solutions to challenges without fear of judgement.	(1)	(2)	(3)	(4)	(5)
9. Our program has clear procedures for resolving differences.	(1)	(2)	(3)	(4)	(5)
10. All program staff are familiar with procedures for resolving differences.	(1)	(2)	(3)	(4)	(5)
11. Staff members consistently use established procedures for resolving differences.	(1)	(2)	(3)	(4)	(5)
Program Culture Total Score _____					

² Program culture can be thought of as a description of 'how we do things around here' – a combination of core beliefs, values, expectations and norms for how people behave, communicate, and relate to each other.

B. Attitudes Toward Learning and Growth	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. I provide my supervisees with adequate time and resources for professional growth in alignment with their individual goals and the requirements of their job.	(1)	(2)	(3)	(4)	(5)
2. I encourage my supervisees to be open to new ideas and differing viewpoints.	(1)	(2)	(3)	(4)	(5)
3. I have been provided with enough training and support that I can effectively help my supervisees reflect on their experiences, emotions, and biases and how these influence their interactions with children and families (i.e., I have adequate training and support to provide effective reflective supervision).	(1)	(2)	(3)	(4)	(5)
4. I feel confident providing reflective supervision to my supervisees.	(1)	(2)	(3)	(4)	(5)
5. I have received training on trauma-informed practices that helps shape my interactions with children, families, and other staff.	(1)	(2)	(3)	(4)	(5)
6. I have participated in other trainings on topics related to infant and early childhood mental health, such early brain development, attachment styles, and early relational health.	(1)	(2)	(3)	(4)	(5)
7. I know what infant and early childhood mental health consultation (IECMHC) is.	(1)	(2)	(3)	(4)	(5)
8. I am enthusiastic about the idea of working with an infant and early childhood mental health consultant.					
Attitudes Toward Learning and Growth Total Score _____					

C. Mental Health and Well-being Focus	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. I believe that my supervisees feel comfortable sharing their challenges with me without fear of judgement or other negative consequences.	(1)	(2)	(3)	(4)	(5)
2. I believe that my supervisees feel respected when they share their experiences, emotions, and ideas with me.	(1)	(2)	(3)	(4)	(5)
3. I value and support the mental health and well-being of my supervisees.	(1)	(2)	(3)	(4)	(5)

4. I encourage and support my supervisees to practice strategies for self-care to prevent burnout and secondary traumatic stress.	(1)	(2)	(3)	(4)	(5)
5. I am comfortable talking with families about mental health challenges, supports, and resources.	(1)	(2)	(3)	(4)	(5)
6. I have a good understanding of infant and early childhood mental health and how it is impacted by the quality of caregiver-child relationships.	(1)	(2)	(3)	(4)	(5)
7. I am knowledgeable about and experienced in social emotional screening and referral best practices, including interpretation and sharing of screening results with families.	(1)	(2)	(3)	(4)	(5)
8. I feel confident talking with parents/caregivers about ways to promote children’s social and emotional development.	(1)	(2)	(3)	(4)	(5)
Mental Health and Well-being Focus Total Score _____					

D. Open-ended Questions for Program Supervisors/Managers:

1. What are one or two areas where your supervisees (i.e. direct service staff) currently need the most support in addressing the **well-being of children and families**?

2. What are one or two ways in which **you would like to be more effective** as a (reflective, administrative, and/or clinical) supervisor?

SECTION IV.
TO BE COMPLETED BY DIRECT SERVICE PROVIDERS

For each statement, please indicate how much you agree or disagree with the statement by **circling the one option that best reflects your view.**: 1 = Strongly Disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree, 5 = Strongly Agree.

A. Program Culture	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. Our program has processes in place for families to share feedback about policies and practices that impact their well-being.	(1)	(2)	(3)	(4)	(5)
2. Our program regularly reviews families' feedback and suggestions and works to integrate these into program improvements.	(1)	(2)	(3)	(4)	(5)
3. Our program has processes in place for staff to share feedback with program leaders about policies and practices that impact their well-being.	(1)	(2)	(3)	(4)	(5)
4. Program staff are able to provide feedback without fear of negative consequences.	(1)	(2)	(3)	(4)	(5)
5. Program leaders regularly review staff feedback in order to discuss with staff how suggestions will be addressed.	(1)	(2)	(3)	(4)	(5)
6. Our program culture ³ promotes warm, positive, and respectful interactions among staff.	(1)	(2)	(3)	(4)	(5)
7. Our program culture promotes warm, positive, and respectful interactions with families.	(1)	(2)	(3)	(4)	(5)
8. Program staff are encouraged to develop and try solutions to challenges without fear of judgement.	(1)	(2)	(3)	(4)	(5)
9. Our program has clear procedures for resolving differences.	(1)	(2)	(3)	(4)	(5)
10. All program staff are familiar with procedures for resolving differences.	(1)	(2)	(3)	(4)	(5)
11. Staff members consistently use established procedures for resolving differences.	(1)	(2)	(3)	(4)	(5)
Program Culture Total Score _____					

³ Program culture can be thought of as a description of 'how we do things around here' – a combination of core beliefs, values, expectations and norms for how people behave, communicate, and relate to each other.

B. Attitudes Toward Learning and Growth	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. My program leadership (e.g., Program Director) values and encourages my learning and growth.	(1)	(2)	(3)	(4)	(5)
2. My supervisor allocates adequate time and resources for my professional growth in alignment with my individual goals and the requirements of my job.	(1)	(2)	(3)	(4)	(5)
3. My supervisor encourages me to be open to new ideas and differing viewpoints.	(1)	(2)	(3)	(4)	(5)
4. I am motivated to change and grow professionally based on the feedback I receive from my supervisor and others.	(1)	(2)	(3)	(4)	(5)
5. I am motivated to change and grow professionally as a result of professional development I receive or learning I pursue independently.	(1)	(2)	(3)	(4)	(5)
6. I have received training on/about reflective supervision and understand how this is different from clinical and administrative supervision.	(1)	(2)	(3)	(4)	(5)
7. I receive regular and ongoing reflective supervision that helps me consider how my own experiences, emotions, and biases can influence my interactions with children, families, and my peers.	(1)	(2)	(3)	(4)	(5)
8. I have received training on trauma-informed practices that helps shape my interactions with children, families, and other staff.	(1)	(2)	(3)	(4)	(5)
9. I have participated in other trainings on topics related to infant and early childhood mental health, such early brain development, attachment styles, and early relational health.	(1)	(2)	(3)	(4)	(5)
10. I know what infant and early childhood mental health consultation (IECMHC) is all about.	(1)	(2)	(3)	(4)	(5)
11. I am enthusiastic about the idea of working with an infant and early childhood mental health consultant.	(1)	(2)	(3)	(4)	(5)
Attitudes Toward Learning and Growth Total Score _____					

C. Mental Health and Well-being Focus	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. My relationships with my co-workers are supportive and respectful.	(1)	(2)	(3)	(4)	(5)
2. My relationships with the families I serve are supportive and respectful.	(1)	(2)	(3)	(4)	(5)
3. My program leadership (e.g., Program Director) values and supports my mental health and well-being.	(1)	(2)	(3)	(4)	(5)
4. My program leadership (e.g., Program Director) encourages open conversations about the mental health and well-being of staff.	(1)	(2)	(3)	(4)	(5)
5. My supervisor encourages open conversations about my mental health and well-being.	(1)	(2)	(3)	(4)	(5)
6. My supervisor values and supports my mental health and well-being.	(1)	(2)	(3)	(4)	(5)
7. I feel comfortable sharing my challenges with my supervisor without fear of judgement or other negative consequences.	(1)	(2)	(3)	(4)	(5)
8. I practice strategies for self-care to prevent burnout and secondary traumatic stress.	(1)	(2)	(3)	(4)	(5)
9. The strategies for self-care that I practice are effective and sufficient to prevent burnout and secondary traumatic stress.	(1)	(2)	(3)	(4)	(5)
10. I am comfortable talking with families about mental health challenges, supports, and resources.	(1)	(2)	(3)	(4)	(5)
11. I have a good understanding of infant and early childhood mental health and how it is impacted by the quality of caregiver-child relationships.	(1)	(2)	(3)	(4)	(5)
12. I feel confident using screening tools to assess children’s social and emotional development and am practiced at following up screenings with actions such as referrals, activities, and sharing of results with family members.	(1)	(2)	(3)	(4)	(5)
13. I feel confident talking with parents/caregivers about ways to promote children’s social and emotional development.	(1)	(2)	(3)	(4)	(5)
Mental Health and Well-being Focus Total Score _____					

D. Open-ended Questions for Direct Service Providers:

1. What are one or two of the biggest challenges you face in supporting the social and emotional well-being of the children and families you work with?

2. What are one or two of the biggest challenges you face in maintaining your well-being in your current role (e.g., healthy work/life balance, compassion fatigue, opportunities for self-care)?

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

SCORING GUIDANCE FOR IECMH CONSULTANTS

WHEN TO USE THIS TOOL:

This tool is designed to be shared with **an early childhood program that is considering or initiating IECMHC services**. The tool can provide insight into staff perspectives on the culture and mental health-related practices and needs of the program. The findings can be used to guide a conversation with program leaders and staff about program strengths/assets and areas of need that could be addressed through IECMHC services, including identifying goals for IECMHC services. The program may also use this data to inform their own planning and CQI processes.

SCORING INSTRUCTIONS:

STEP 1. The IECMH consultant gathers all completed staff surveys and sorts the responses by staff role (e.g. program leader, direct service provider). On the next page you will find **three separate tables**: each one is used to combine (aggregate) and score the survey responses for a specific role.

Complete each table below as follows:

1. For Section I: Respondent Role

Line 1 - Enter the total number of respondents in this role who completed the survey.

Line 2: Middle column: calculate the average years of experience by adding the total number of years in the program across all respondents and dividing that by the number of respondents.

Total Reported Years/Total # of Respondents = Average.

Far-right column: enter the range of years reported. Enter range by noting the lowest number and highest number of years in program reported across all respondents (e.g. *range = 2-10 years*).

Line 3 Middle column: calculate the average years of experience in current role by adding the total number of years in current role across all respondents and dividing by the number of respondents.

Total Reported Years in Role/Total # of Respondents = Average.

Far-right column: enter the range of years reported Enter the range by noting the lowest number and highest number of years in current role across all respondents (e.g. *range = 2-10 years*).

Sample Scoring Chart: Direct Service Providers

SECTION I.	AVERAGE	RANGE (LOWEST # - HIGHEST #)
Line 1. Total # of respondents in this role	14	N/A
Line 2. Number of years in program	2.6	6 months – 12 years
Line 3. Number of years in current role (range):	5	6 months – 16 years
SECTION IV	AVERAGE SCORE	SCALED SCORE
A. Program Culture	4	Area of Strength
B. Attitudes Toward Learning and Growth	3.33	Area of Competence
C. Mental Health and Well-being Focus	2.25	Area of Need
D. OPEN-ENDED QUESTIONS (themes, <u>notables</u> responses)	<i>Themes, notable responses, consultant reflections:</i>	

2. For Sections II, III, or IV - Subscales

A, B, and C

Middle column: calculate the average response by adding the total score from all respondents and dividing by the number of respondents. *Total of All Responses/Total # of Respondents = Average.*

Far-right column: enter the “Rating Score” by using the scale below to provide a rating for each section.

- For subscale D: write in any themes that emerge from the respondents’ replies and/or any notable comments or ideas shared by respondents that can help illuminate strengths, needs, concerns, etc.

RATINGS SCALE:

Average score of 4.0 – 5.0 = Area of Strength

Average score of 2.5 – 3.99 = Area of Emerging Strength

Average score of 1.0 – 2.49 = Area of Growth

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FINDINGS:

Program name: _____

Date scored: _____

IECMH consultant name: _____

Scoring Chart 1: Program Leaders/Directors & Assistant Directors

SECTION I	AVERAGE	RANGE (LOWEST # - HIGHEST #)
Total # of respondents in this role		N/A
Number of years in program		
Number of years in current role (range):		
SECTION II	AVERAGE SCORE	SCALED SCORE
A. Program Culture		
B. Attitudes Toward Learning and Growth		
C. Mental Health and Well-being Focus		
D. OPEN-ENDED QUESTIONS	<i>Themes, notable responses, consultant reflections:</i>	

Scoring Chart 2: Program Supervisors/Managers

SECTION I	AVERAGE	RANGE (LOWEST # - HIGHEST #)
Total # of respondents in this role		N/A
Number of years in program		
Number of years in current role (range):		
SECTION III	AVERAGE SCORE	SCALED SCORE
A. Program Culture		
B. Attitudes Toward Learning and Growth		
C. Mental Health and Well-being Focus		
D. OPEN-ENDED QUESTIONS	<i>Themes, notable responses, consultant reflections:</i>	

Scoring Chart 3: Direct Service Providers

SECTION I	AVERAGE	RANGE (LOWEST # - HIGHEST #)
Total # of respondents in this role		N/A
Number of years in program		
Number of years in current role (range):		
SECTION IV	AVERAGE SCORE	SCALED SCORE
A. Program Culture		
B. Attitudes Toward Learning and Growth		
C. Mental Health and Well-being Focus		
D. OPEN-ENDED QUESTIONS	<i>Themes, notable responses, consultant reflections:</i>	