

**ZFive Infant Mental Health Collaboration**  
*"Infant Mental Health Consultation within Youth and Family Services"*

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**Fiscal Year: 2009-2010**  
**July 2009 – June 2010**

**“Recent neurobiological research has produced a solid basis for introducing an early childhood mental health perspective into programs and systems that serve young children and their families. Neurobiologists have dramatically increased our understanding of how the brain develops during the first 3 years of life by describing the impact of environmental and biological factors on a child’s cognitive, physical, behavioral, and social development. Concurrently, research on child development and clinical practice has shown that nurturing relationships play a crucial role in facilitating young children’s social and emotional development. These bodies of knowledge provide a solid basis for introducing the mental health perspective into early childhood programs and systems.”** (U.S. Department of Health and Human Services, Promotion of Mental Health and Prevention of Mental and Behavioral Disorders, 2005, Volume 1)

## **I. Child and Family Centered Consultation**

Child and family centered consultation occurs when a specific child and his/her family are referred for consultation services due to social and emotional or behavioral concerns identified by the YFS Caseworker and/or Supervisor. The primary goal of child-family centered consultation is to assist the caseworker to better understand and successfully support the social-emotional development of young children birth to five. This can include services such as: meeting regularly with the YFS Caseworker and/or Supervisor to establish a safe and authentic working relationship; supporting and strengthening the Supervisor’s leadership role through listening, idea sharing and reflective practice; supporting YFS caseworkers by observing during home visits and providing a safe place for them to reflect upon their feelings about their work; offering suggestions for building on strengths in work practices; and encouraging appropriate strategies and resources that are meaningful to case planning.

Consultation incorporates identification and classification of the issues that caseworkers face in their practice. Understanding and breaking these issues down into steps helps caseworkers successfully guide families into support systems, services and well-fitting placements that include the necessary resources. The consultant assists the caseworker and, at times parents and primary caregivers, to identify and address the reasons underlying the child’s behavior, utilizing an ecological mental health perspective that takes into account factors within the child, the child’s family, the care environment, and the child’s community.

**One hundred forty-three (average 11.9 cases monthly)** child and family referrals were made and served by the Infant Mental Health Specialist during the 2009 Program Year (July 2009 – June 2010). **Forty-six (average 6.5 cases monthly)** child and family referrals were made and served by the Infant Mental Health Specialist during the timeframe of December 2008 – June 2009. From these 143 referrals, the Infant Mental Health Specialist provided services to support a total of **one hundred seventy-six** children.

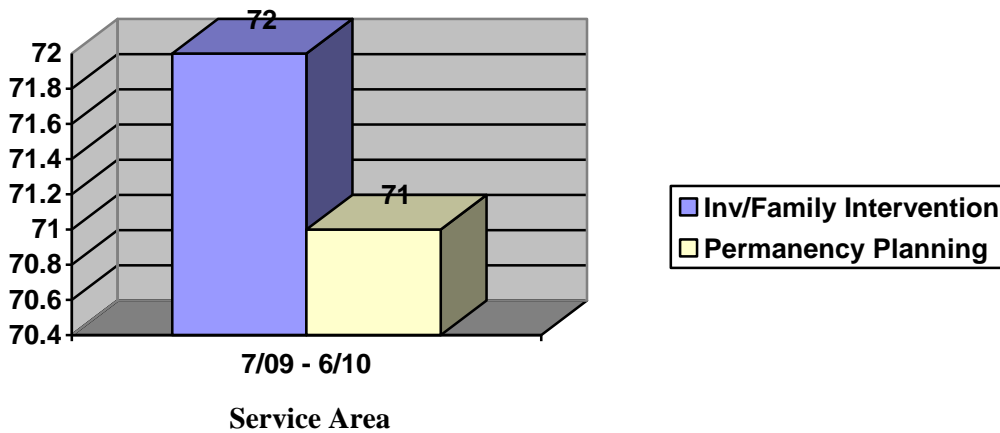
### **A. YFS Service Areas**

When cases are referred to the Infant Mental Health Specialist, data is collected based on the service area the case is being handled in at the time of referral. Should child and family cases receive services into the

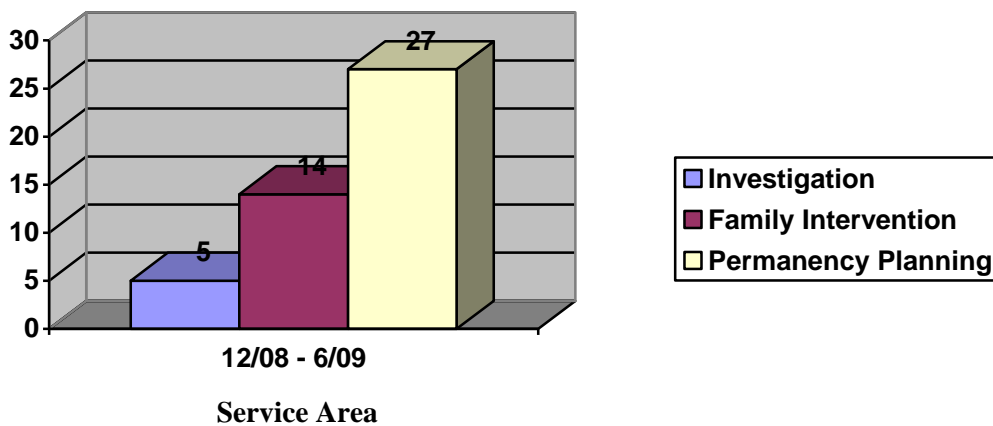
next program year, the service area originally noted will only be counted once in order to maintain concrete and realistic data and avoid duplication.

Figure 1a below represents child and family centered consultation referrals supported from July 2009 to June 2010 by service area. Approaches for each service area are continuously being identified, discussed, and considered to enable the Infant Mental Health Specialist to support caseworkers within each service area in ways that are beneficial. Additional reflection time has taken place to consider the “Blended” service area (Investigation/Family Intervention). Figure 1b is a comparison chart noting data from December 2008 – June 2009.

**Figure 1a. Referrals by Service Area**



**Figure 1b. Referrals by Service Area**



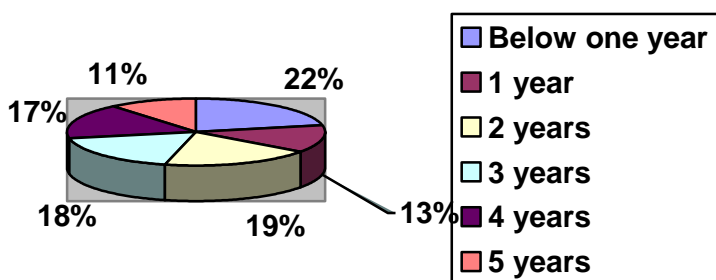
***B. Child and family centered consultation referrals opened by age at time of referral.***

When cases are referred to the Infant Mental Health Specialist a review of case history is completed and child information is collected. At this time the child’s age is documented. As shown in Figure 2, children **ages birth through three years represent 72%** of the child and family centered consultation referrals received the program year which is exactly the same as that represented during the 2008-2009 program year. This percentage is promising as positive research findings indicate that prevention and intervention efforts to address mental health problems in early childhood may reduce significant personal and social

difficulties in later childhood, adolescence, and adulthood. The earlier the intervention begins, the better the prognosis. **Seventeen percent** of the children served were four years of age and **eleven percent** were five years of age.

There are many early warning signs that can be acknowledged in infant and toddler behavior and the Infant Mental Health Specialist continues to collaborate with caseworkers and supervisors on what those signs are and when they should refer for services. The next level of work involves determining *what* is the most appropriate service and referral source.

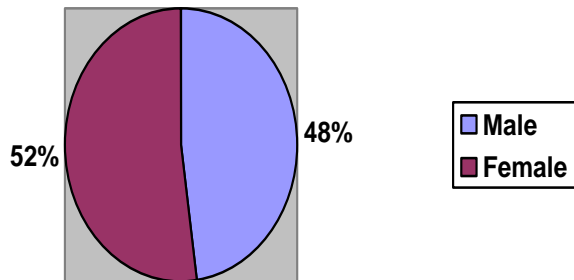
**Figure 2. Ages served**



### C. Gender of children

When cases are referred to the Infant Mental Health Specialist gender is documented during the case history review. As can be seen in Figure 3 below, 58% of cases referred involved children who were male and 42% were female.

**Figure 3. Number of children by gender**

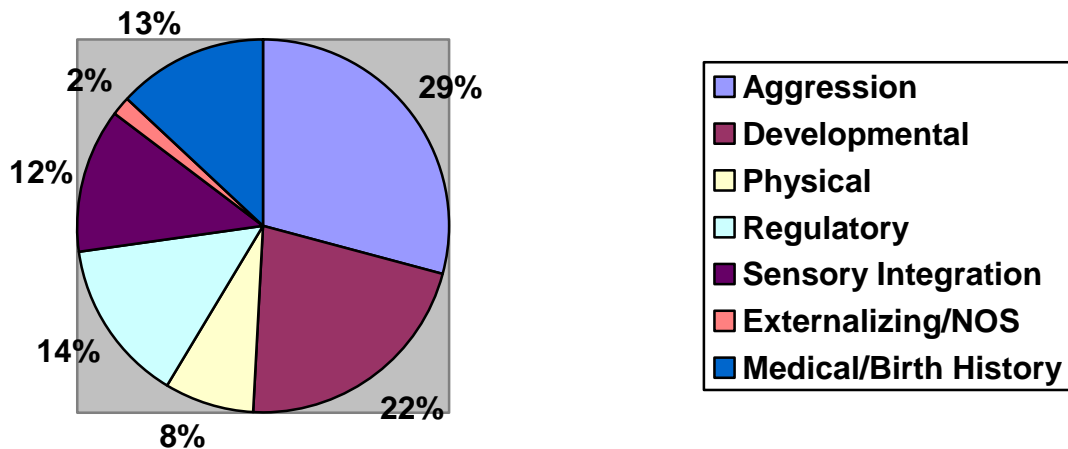


#### D. Reasons cases were referred for consultation

Cases can be referred to the Infant Mental Health Specialist for many reasons. Together, the Infant Mental Health Specialist and YFS Caseworker try to identify and classify based on any observations made and the case information presented. This information is collected during the initial collection of case history and child information.

**Two hundred thirty-six** behaviors were reported as some children had multiple concerns. As seen in Figure 4, aggression concerns accounted for 29% of the overall reported behaviors. Developmental concerns accounted for 22% of the reported behaviors. Regulatory concerns represented 14% of the reported behavioral concerns while medical and birth history represent 13%. Sensory integration concerns accounted for 12% of the behavior reported and physical problems accounted for 8% of the behaviors. Externalizing behavior not otherwise specified continues to be identified (2% of behaviors reported).

**Figure 4. Reasons cases were referred for consultation**

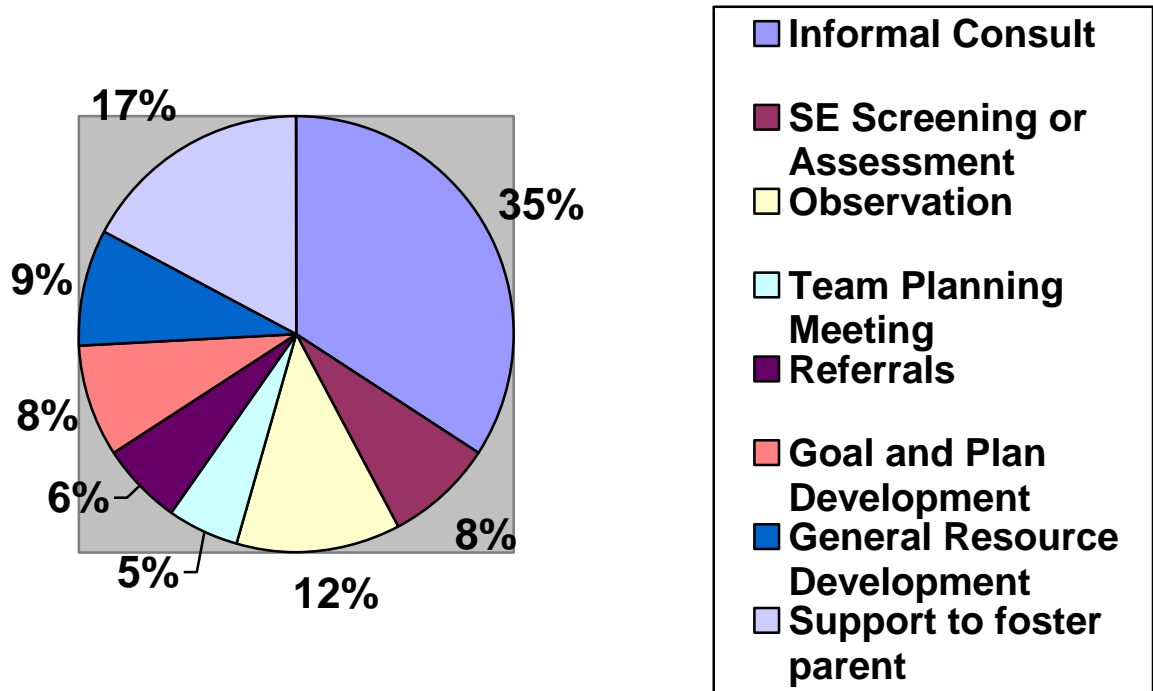


#### E. Types of strategies used in consultation services

There are a host of strategies that the Infant Mental Health Specialist can use in the context of consultation services to best support the YFS caseworkers. It is important to note that **many cases involve and receive multiple services**. For example, one case may involve a referral to Children's Developmental Services Agency, observation, interpretation of results from a social and emotional screening, as well strategies or resources to support a written goal plan.

The Infant Mental Health Specialist recorded that **1,058 consultation codes or strategies** were provided compared to **207** during the time period of December 2008 and June 2009. Thirty-five percent of the strategies caseworkers received were general consultation sessions. Consultation and support to foster parents totaled eighteen percent. Twelve percent of the strategies centered on observation within a childcare setting, the home environment, visitation, etc. Social and emotional screening and assessment accounted for eight percent while resource development accounted for nine percent. Five percent of the strategies involved attendance in Family and Child Planning Meetings while eight percent supported the development of strategies and goals for case planning. Six percent involved referrals to outside services

such as Children’s Developmental Services Agency, Charlotte Mecklenburg Schools, Infant Mental Health services, the Polliwog Program, Child Care Resources, etc. (The 6% for referrals equates only to the number of referrals made as opposed to the supportive steps surrounding the consultation steps and problem solving discussions that took place prior to referral determination. Some of these steps were captured under other headings such as “*Informal Consultation.*”)



## II. Professional Development and Training

**Twelve** specialized trainings were offered to YFS Caseworkers and Supervisors. These specialized trainings varied in topic as well as time (1.5 hours to 3 hours). Some examples of specialized training topics were: *Supporting Young Children Entering Foster Care*, *Emotional Neglect in the Early Years*, *Early Brain Development*, and *Behavior Responses to Trauma*. A total of **158** YFS Caseworkers and Supervisors attended these specialized training sessions overall.

Evaluation of trainings revealed a majority number of participants experienced a growth in knowledge. **84% of the responses indicated their knowledge increased** while 16% of participants indicated that their level of knowledge remained “the same.” Following is a sample of the pre and post surveys provided to and completed by each participant before and after each training session:

### PRE:

1. Have you attended a workshop or received training on this subject prior to today?

(Check one): No \_\_\_ Yes \_\_\_

(If yes please describe below who provided the training and when you attended)

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2. Please circle the number from 1 to 5 that corresponds to your current level of knowledge in this particular area with 5 being the highest:

1                      2                      3                      4                      5

**POST:**

*Please answer the following questions about the knowledge you gained in this workshop:*

Did the workshop or presentation address the areas you hoped to learn about?

(Check one): Yes \_\_\_\_ No \_\_\_\_

Do you feel that you gained knowledge about this content area as a result of attending this workshop or presentation?

(Check one): Yes \_\_\_\_ No \_\_\_\_ If yes, briefly describe what you learned below:

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Please circle the number from 1 to 5 that now corresponds to your current level of knowledge in this particular area with 5 being the highest:

1                      2                      3                      4                      5

*Please answer the following questions about your overall satisfaction with this workshop:*

	<b>Strongly Disagree</b>				<b>Strongly Agree</b>
I feel my time here was well spent.	1	2	3	4	5
I had an opportunity to provide input/ask questions.	1	2	3	4	5
I feel the presenter was well prepared.	1	2	3	4	5
Overall, I feel satisfied with this program.	1	2	3	4	5

If you could change anything about this training, what would it be?

Comments or additional workshops you would like presented:

**Please note below participant responses for the additional section located within the post-survey:**

	<b>Strongly Disagree</b>				<b>Agree</b>
I feel my time here was well spent.	1	2(2)	3(14)	4(35)	5(103)
I had an opportunity to provide input/ask questions.	1	2	3(19)	4(48)	5(87)
I feel the presenter was well prepared.	1	2(2)	3(14)	4(39)	5(99)
Overall, I feel satisfied with this program.	1	2(1)	3(18)	4(54)	5(81)

*\*\* Pre/Post surveys not completed and submitted by all participants who attended*

### III. Consumer Satisfaction

A total of **81** completed consultation evaluation forms were returned by YFS Caseworkers who engaged in a level of consultation and support provided by the IMH Specialist. Consultation evaluation forms were extended to the YFS Caseworker upon completion of a consultation process involving a minimum of 3 contacts. A sample of the evaluation form can be reviewed on the next page.

	<i>Strongly Disagree</i> 1	2	3	<i>Neutral</i> 4	5	6	<i>Strongly Agree</i> 7
1. The IMH Specialist helped me to better understand the social and emotional needs of children birth to age five.				1	5	27	48
2. The IMH Specialist offered useful information which supported my case planning and/or development of family goals.				2	18	56	5
3. The IMH Specialist was a good listener and helped me reflect on my own thoughts and feelings about my work.					12	38	31
4. The IMH Specialist helped me identify appropriate referrals and/or useful resources.				4	9	44	24
5. The IMH Specialist fit well into the work process and environment.				2	17	39	23
6. The IMH Specialist encouraged me to consider a number of points of view.				3	7	27	44
7. I would request services from this IMH Specialist again even if other consultants were available.				1	9	32	39
8. I am more competent as a result of this consultation experience.				1	8	39	33

**Ninety-two percent** of YFS caseworkers indicated the IMH Specialist helped build their understanding and knowledge surrounding the social and emotional needs of children birth to age five (equated using responses noted at “6” or “7”). **Seventy-five percent** (again, equated using responses of “6” and “7”) indicated they consultation efforts provided by the IMH Specialist supported their child/family case planning and goal development. Overall, **eighty-five percent** of the YFS caseworkers remarked higher levels of competence as a result of their experience with the IMH Specialist and **eighty-eight percent** (using responses of “6” and “7” only) indicated they would request services from the IMH Specialist again even if other consultants were available.

**Eighty-five percent** of YFS caseworkers noted the IMH Specialist was a good listener and offered an opportunity for them to reflect on personal thoughts and feelings about their work. Reflective supervision and case consultation is a hallmark of the Infant Mental Health (IMH) model (Gilkerson, 2004). Reflective consultation moves beyond case management and policy and procedures; it provides an opportunity for individuals to confidentially discuss their interactions with young children and their families, and in turn, the consultant can provide feedback in a safe environment. Working reflectively, staff may become more aware of interactions that are going well, which provides a foundation for meeting

new challenges or responding in different situations (Mann, 1998; Fenichel, 1992; Norman-Murch, 1996; Parlakian & Seibel, 2001; Parlakian, 2001).

**Experiences with the IMH Specialist and Consultation Process**

Please read each item and use the following 7-point (strongly disagree= 1 to strongly agree= 7) scale to indicate the degree to which you feel the statement is true about your experiences with the IMH Specialist and the consultation process.

**Thank you for taking time to complete this evaluation!** Please return your completed evaluation form to the large white envelope located outside of Darrell Renfroe’s (GeoDistrict One District Manager) office.

1. Read each statement below.
2. Fill in the bubble that best fits your perceptions of your experience.

Item	Rating (Fill in bubble)						
	<b>Strongly Disagree</b>			<b>Neutral</b>			<b>Strongly Agree</b>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
1. The IMH Specialist helped me to better understand the social and emotional needs of children birth to age five.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The IMH Specialist offered useful information which supported my case planning and/or development of family goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The IMH Specialist was a good listener and helped me reflect on my own thoughts and feelings about my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The IMH Specialist helped me identify appropriate referrals and/or useful resources.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The IMH Specialist fit well into the work process and environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The IMH Specialist encouraged me to consider a number of points of view.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I would request services from this IMH Specialist again even if other consultants were available.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I am more competent as a result of this consultation experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## **IV. Collaboration**

It is imperative that the Infant Mental Health Specialist supporting the YFS Pilot Project collaborate with other early childhood service providers and systems efforts. Getting out into communities raises awareness of the importance of mental health for children's capacity to succeed in school and in life. The Infant Mental Health Specialist continued efforts to meet, learn and share with other service providers and in turn build relationships.

The Infant Mental Health Specialist coordinated and supported two YFS/IMH Collaboration Gatherings which took place within Chapin Hall (YFS Offices on Freedom Drive). Over 55 YFS and early childhood specialists and professionals (including private IMH therapists, CMS, Thompson Child and Family Focus, Alexander Youth Network, Children's Developmental Services Agency, Nurse Family Partnership) attended and participated in the gatherings!

The Infant Mental Health Specialist met regularly with the YFS GeoDistrict One Manager and has attended several District One Supervisor Meetings. Monthly ZFive Infant Mental Health Collaborative Meetings are also attended and provide an opportunity for information and updates on key state and local level initiatives and committees so that the social and emotional needs of infants, toddlers and young children can be advocated for. Relationships across early childhood systems can result in emergent policies and funding to expand the availability of supports and services for young children and their families. To solidify and strengthen relationships across early childhood system partners, ZFive provides a forum for ongoing discussion.

The Infant Mental Health Specialist also engaged in onsite meetings and telephone consults with other individuals supporting the ZFive initiative, specifically John Ellis (CDSA), Libby Cable (Lee Institute), Laverne Feserman (ZFive Mentor) and various individuals participating in the ZFive Mentor/Mentee Project. The IMH Specialist was also asked to help support staff within the Children's Developmental Services Agency to learn more about the use of a particular social and emotional screening and assessment tool.