WHEELOCK COLLEGE

Connected Beginnings TRAINING INSTITUTE

FINDINGS FROM AN INFANT MENTAL HEALTH TRAINING EVALUATION: PROMISING EVIDENCE OF EFFECTIVENESS OF REFLECTIVE PRACTICES

Mallary I. Swartz, Ph.D., Lerzan Coskun, M.A., Elizabeth Leutz, M.S.Ed. & Laura Beals, Ph.D.

Connected Beginnings Training Institute, Wheelock College

ABSTRACT

- This poster describes an evaluation study of an infant mental health (IMH) training for Early Intervention (EI) practitioners framed by systems theory.
- Participants were surveyed at three time points: before the training, immediately after the training, and six months to six years following their participation in training.
- Results showed that (a) participants' knowledge of IMH and confidence in using effective intervention strategies increased and (b) participants felt the knowledge they acquired impacted their professional practice in positive ways.
- Participants also described barriers and facilitators to their success in integrating an IMH model into their work.
- Implications for training, practice, and policy are discussed.

BACKGROUND

Reflective practices work from the inside out (exploring a practitioner's inner thoughts and feelings) as well as from the outside in (improving intervention skills, changing behavior), allowing practitioners to explore the *why* and *how* of their activities and strategies, and to make plans for future actions/interventions (Figure 1).

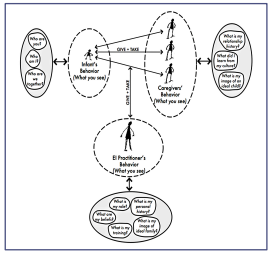

Figure 1. The interaction among observable behavior and the external experience of caregivers, babies, and EI practitioners (Zimmerman, 2008).

IN-TIME TRAINING IN INFANT MENTAL HEALTH©

- 30-hour seminar designed for interdisciplinary professionals who work with infants, toddlers, their families and caregivers.
- Originally designed for Massachusetts EI practitioners who work in family homes and in community childcare settings. Like EI practice, the training crosses and integrates traditional disciplinary boundaries of child and adult psychology, mental health, development, and health research about the central role of relationships and their influence on early brain development.
- Taught in the context of field practice experience including a model for reflective, relationship-based, case consultation for EI practitioners.
- Up to six hours of small group mentoring in reflective, relationship-based, case consultation are offered to participants following the seminar.

METHODS

- **Study Part 1:** 92 EI practitioners from five training cohorts completed a paper or online survey directly before the training. Of these 92, 78 (85%) also completed a paper or online survey directly after the training. The pre-post surveys were designed to measure changes in knowledge of IMH and confidence in using effective intervention strategies.
- **Study Part 2:** 88 EI practitioners (72% of the 122 invited to participate) from eight training cohorts completed an online follow-up survey (six months to six years post-training) to examine the extent to which training participants felt they were integrating an IMH model in their work as well as associated facilitators and barriers to doing so.

RESEARCH QUESTIONS & KEY FINDINGS

Research Question	Key Findings
1. To what extent did participants' knowledge of IMH and confidence in using effective intervention strategies increase from before to after participating in IN-TIME© training?	• Participants' overall knowledge increased significantly from before to after the training.[1] • Participants' overall confidence increased significantly from before to after the training.[2] • Participants' knowledge and confidence also increased in specific areas, including: social-emotional development, interaction between the developing brain and the environment, use of screening tools, conducting observations, and supporting caregiver-child interactions.

2. To what extent are IN-TIME© participants integrating an IMH/ systems model in their work?	• Overall, participants consider themselves successful in integrating an IMH model into their work and believe that IN-TIME© has influenced their ability to integrate an IMH model in their work.
	  ◦ 98% reported that the knowledge they acquired from the training impacted their professional practice.
	  ◦ 92% reported the training impacted the children and families they serve.
	  ◦ 82% felt either confident or very confident in their abilities to support IMH.
	• Participants who received one-on-one supervision were significantly more confident about their skills to support infant/toddler mental health than those who did not participate in individual supervision.[3]
	• Although not statistically significant[4], it is worth noting that participants who received intense (at least bi-weekly) individual supervision rated the training as more influential in their ability to integrate an IMH model in their work (than did participants who received less intense supervision or no supervision.

3. What are the facilitators and barriers associated with integrating an IMH model in EI work?	• Facilitators: support of program director, comfort with IMH model, practice using an IMH model, training with team, and familiarity with IMH terminology. • Barriers: uncertainty about how to implement the model, time constraints, lack of appreciation in field for importance of social-emotional development, and difficulty working with families experiencing significant challenges.

[1] $t(76) = -12.33$, $p < .001$
[2] $t(76) = -9.16$, $p < .001$
[3] $F(1, 85) = 5.6$ $p = .02$
[4] $F(2, 86) = 2.90$, $p = .06$

IMPLICATIONS

- **For cross-disciplinary professional development and training in IMH:**
  - Professional development opportunities such as IN-TIME© can increase participants' knowledge and confidence to support young children to regulate and express emotions, form close and secure interpersonal relationships with their caregivers, explore their environment and learn. IN-TIME© also appears to be effective in providing participants with self-awareness and self-reflective capacity to support parent/caregiver-child interactions and to increase their skill in designing effective intervention strategies.
- **For EI practice:**
  - Reflective practices are an important component of the IMH model for all practitioners who work with young children and their parents/caregivers, and should be a regular and formalized part of EI program practices. Paradoxically, though participants overall reported feeling successful and confident (post-training) integrating an IMH model into their work, some mentioned as a barrier to implementation, "uncertainty about how to implement the model." Evidence points towards a link between the intensity of reflective practice experience in the workplace and the confidence of EI practitioners to support IMH including engaging parents and caregivers to create responsive and nurturing environments for infants and toddlers. An associated factor may be support from EI program leaders to institute and operationalize reflective practices within their programs.
- **For policy development:**
  - Teaching practitioners about reflective practices and the IMH model has local, state and national systems policy implications including developing EI program standards and individual practitioner competencies that incorporate reflective practices and strategies. Additionally, several states (not including Massachusetts) have adopted IMH competencies and accreditation systems for various levels of infant and early childhood practitioners. Evaluation of IN-TIME© trainings and follow-up with training participants has and will continue to be used to influence the development of practitioner competencies and qualifications in Massachusetts and to catalyze area institutions of higher education to promote a range of certificate and degree-granting programs for a cross-disciplinary infant and early childhood workforce.

LIMITATIONS & FUTURE DIRECTIONS FOR RESEARCH

- The time span between participation in the training and in the follow-up survey was not consistent across participants or training cohorts. The participants and the measures were not the same across time, which prohibited a longitudinal analysis. Future researchers should attempt to recruit a larger sample of participants at consistent time intervals following the training so that a true longitudinal analysis may be possible.
- The nature, amount, and intensity of follow-up mentoring and consultation were not measured in this study. Research has shown that reflective supervision and mentoring are crucial to the successful implementation of training. Future research should explore effective ways of measuring follow-up mentoring and its impact on the implementation of the IMH model in EI work.

NOTES

- At the time of this study, all authors worked at Connected Beginnings Training Institute. Currently, Ms. Leutz and Dr. Beals work at Connected Beginnings Training Institute, Wheelock College; Dr. Swartz works at the Brazelton Touchpoints Center, Children's Hospital Boston; and Ms. Coskun is a doctoral student at the Eliot-Pearson Department of Child Development, Tufts University.
- For correspondence about this project, please contact Laura Beals at lbeals@wheelock.edu.
- Connected Beginnings Training Institute | Wheelock College | 200 The Riverway, Boston, MA 02215 | 617-879-1466 | www.connectedbeginnings.org.