



**FINDINGS FROM AN INFANT MENTAL HEALTH  
TRAINING EVALUATION:  
PROMISING EVIDENCE OF EFFECTIVENESS OF  
REFLECTIVE PRACTICES**  
Connected Beginnings Training Institute, Wheelock College

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**Mallary I. Swartz, Ph.D.**

Project Director, Research and Evaluation  
Brazelton Touchpoints Center  
Children's Hospital Boston  
1295 Boylston Street, Suite 320  
Boston, MA 02215  
mallary.swartz@childrens.harvard.edu  
857-218-4364

**Lerzan Coskun, M.A.**

Doctoral Student  
Eliot-Pearson Department of  
Child Development  
Tufts University  
105 College Ave. | Medford, MA 02155  
Lerzan.Coskun@tufts.edu

**Elizabeth Leutz, M.S.Ed.**

Director  
Connected Beginnings Training Institute  
Wheelock College  
200 The Riverway | Boston, MA 02215  
eleutz@wheelock.edu | 617-879-1464

**Laura Beals, Ph.D.**

Manager for Research, Evaluation &  
Instructional Technology  
Connected Beginnings Training Institute  
Wheelock College  
200 The Riverway | Boston, MA 02215  
lbeals@wheelock.edu | 617-879-1463

■ **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.

## ■ INTRODUCTION

### Systems theory, the IMH model, and EI practice

- The organizing framework for the IN-TIME® seminar, as depicted in Figure 1, comes from infant mental health and systems theory research and was adapted by Libby Zimmerman (2008) from the work of Daniel Stern (2000).

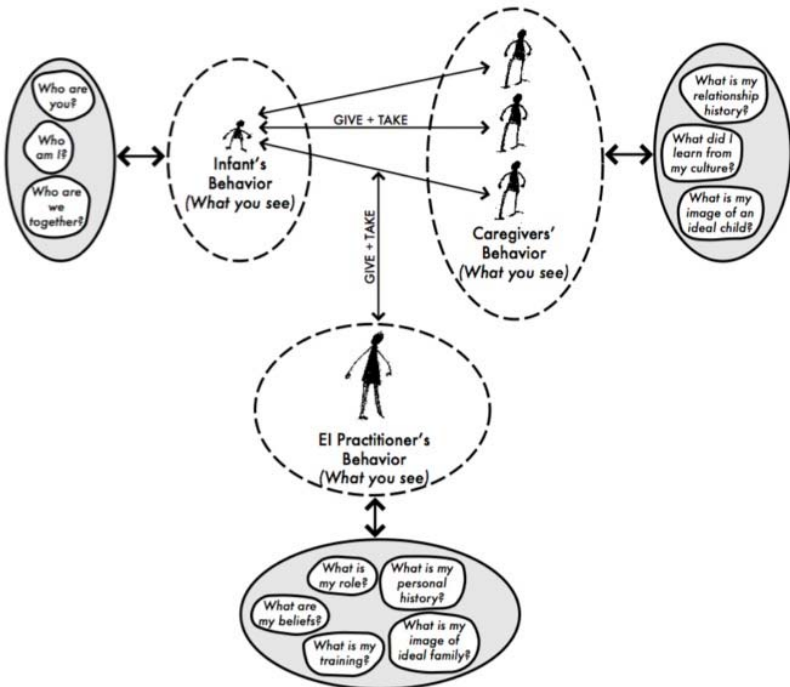


Figure 1. The interaction among observable behavior and the external experience of caregivers, babies, and EI practitioners (Zimmerman, 2008).

- 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.
- Systems theory provides a common framework in which to view EI practices including: program and individual goals, conceptual frameworks and intervention strategies (Guralnick, 2011). It is a way to organize understandings about complex interactions, in this case between external, observable, behavior and the internal experiences of infants, significant caregivers and EI practitioners.

## IMH context

- “IMH is the developing capacity of the child from birth to 3 to experience, regulate (manage), and express emotions; form close and secure interpersonal relationships; and explore and master the environment and learn--all in the context of family, community, and cultural expectations for young children” (ZERO TO THREE, 2002).

## Reflective practices and the IMH Model

- Reflective practice in IMH is based on strategies of reflective practice as defined in education, but adds a central component focused on how “EI professionals feel about their work” (Gatti, Watson, Siegel, 2011, p. 35) while stressing the importance of relationships between the parent(s), children, and EI provider (Gatti, Watson, Siegel, 2011; Larrieu & Dickson, 2009; Weatherston, 2007; Weatherston, Kaplan-Estrin & Goldberg, 2009).
- Two methods of implementing reflective practices in EI are:
  - One-to-one: “the supervisor and supervisee meet regularly and discuss how the supervisee feels about her or his work with families” (Gatti, Watson, Siegel, 2011, p. 37).
  - Group reflective practice: a supervisor or a facilitator “guides the reflective practice process with a group of colleagues” (Gatti, Watson, Siegel, 2011, p. 39).
- Inclusion of reflective practice (supervision) within an IMH framework of practice promotes the professional growth of practitioners (Eggbeer, Mann, Seibel, 2007; Gatti, Watson, Siegel, 2011; Guralnick, 2011; O’Rourke, 2011; Weatherston, Kaplan-Estrin & Goldberg, 2009) and is an important competency for IMH practitioners. Thirteen states have adopted a set of IMH competency guidelines (Michigan Association for Infant Mental Health, 2011) that include reflective supervision, including Alaska, Arizona, Colorado, Connecticut, Idaho, Indiana, Kansas, Minnesota, New Mexico, Oklahoma, Texas, Wisconsin, and Virginia (ZERO TO THREE Policy Center, 2011).

## ■ 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 AND KEY FINDINGS

### Research Question 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.<sup>1</sup>
- Participants' overall confidence increased significantly from before to after the training.<sup>2</sup>
- 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.

### Research Question 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.<sup>3</sup>
- Although not statistically significant<sup>4</sup>, 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).

### **Research Question 3:**

#### **What are the facilitators and barriers associated with integrating an IMH/systems 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.

## **■ IMPLICATIONS**

### **For cross-disciplinary professional development and training in Infant Mental Health:**

- Professional development opportunities such as IN-TIME<sup>®</sup> 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<sup>®</sup> 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<sup>®</sup> 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.

## ■ 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 at 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 at Tufts University.

<sup>1</sup>  $t(76) = -12.33, p < .001$

<sup>2</sup>  $t(76) = -9.16, p < .001$

<sup>3</sup>  $F(1, 85) = 5.6, p = .02$

<sup>4</sup>  $F(2, 86) = 2.90, p = .06$

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## ■ ABOUT CONNECTED BEGINNINGS TRAINING INSTITUTE

**Connected Beginnings Training Institute** provides, coordinates, and evaluates professional development and training efforts aimed at enhancing the social and emotional well-being of young children within their families, their communities, and their early care and education programs.



### Mission

A project of Wheelock College's ASPIRE Institute since July 2011, Connected Beginnings Training Institute (CBTI) was launched by the United Way of Massachusetts Bay/Merrimack Valley, Inc. (UWMB) in 2006 to build the capacity of infant and early childhood practitioners to engage in nurturing relationships with the very young children in their care. As research has revealed, positive, supportive, enriching and nurturing relationships with adults and other children are critical to young children's social and emotional well-being, mental health, evolving brain architecture and capacity to learn.

### Vision

Every child will start life with loving, responsive, and affirming relationships with parents and caregivers to provide a healthy foundation for life-long learning and connections with other people.

### Who We Serve

Early care and education providers, teachers, social workers, nurses, pediatricians, allied health professionals, paraprofessionals, Massachusetts state agencies and not-for-profit agencies, and anyone interested in learning more about nurturing the social and emotional well-being of young children.

*"Connected Beginnings addresses core professional development needs for program staff across a broad range of early childhood settings. The critical importance of training focused on the emotional and social development of young children cannot be overstated."*

Jack P. Shonkoff, M.D., Director, Center on the Developing Child, Harvard University, 8/2011

**Connected Beginnings Training Institute | Wheelock College**  
**200 The Riverway | Boston, MA 02215**  
**617-879-1466 | [www.connectedbeginnings.org](http://www.connectedbeginnings.org)**