



EVALUATION BRIEF

IN-TIME Training in Infant Mental Health: Metrowest Region

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Between February and June, 2009, Connected Beginnings Training Institute (CB) offered the IN-TIME Training in Infant Mental Health (IN-TIME) to 23 Early Intervention (EI) professionals practicing in the Metrowest Region of Massachusetts. The training was funded by Step One Early Intervention, a program of South Shore Mental Health Center in Quincy, Massachusetts through a grant from Boston Scientific Corporation. In collaboration with Thom Child and Family Services, CB conducted an evaluation of the Metrowest regional implementation of IN-TIME. Participants completed surveys before and after the training to measure changes in their knowledge and beliefs and their confidence in intervening to support infant mental health. This report provides a summary of the evaluation findings. In order to provide a context for the evaluation, the report begins with a brief description of the IN-TIME training itself.

WHAT IS IN-TIME?

The IN-TIME Training in Infant Mental Health, developed by Dr. Libby Zimmerman (2003) in consultation with Thom Child and Family Services, is designed for experienced EI practitioners from a wide range of educational backgrounds and disciplines. IN-TIME is based on current research about the central role of relationships and their influence on early brain development. Course content integrates interdisciplinary research and field practice experience and promotion of reflective, relationship-based case consultation practices. Participation by EI directors and supervisors alongside direct-care practitioners helps to embed skills and understandings acquired in the training into Early Intervention practice. IN-TIME is divided into 30 hours of seminar-style modules and 6 additional hours of small group mentoring and reflective, relationship-based case consultation. Course focus includes awareness of cultural similarities and differences and introduces participants to methodology and practice of utilizing social-emotional screening and assessment tools with infants, toddlers and their parents/caregivers.

The goals and objectives for IN-TIME participants include:

- A better understanding of how values, beliefs, and experiences influence our understanding of parents and caregivers
- Enhanced abilities to focus on infants' and toddlers' interactions with their parents and other significant caregivers
- Increased knowledge of young children's developing brains and social/emotional growth
- Expanded abilities to support parents' and other significant caregivers' confidence in communicating with infants and toddlers
- Sharpened skills in observing and describing successful caregiver-child interactions
- Enhanced abilities to identify and support the feelings caregivers experience
- A better understanding of how to engage parents and caregivers to explore how their behavior can help create a responsive and nurturing environment for their children
- Enhanced skills in helping parents and caregivers see their own effectiveness as caregivers.

WHAT WAS THE NATURE OF THE EVALUATION?

The evaluation of the IN-TIME Training for the Metrowest group was guided by the following questions:

1. To what extent does IN-TIME increase participants' perceived knowledge of infant/early childhood mental health?
2. To what extent does IN-TIME increase participants' perceived confidence in their abilities to intervene to support infant/early childhood mental health?
3. To what extent does IN-TIME influence participants' beliefs about infant/early childhood mental health?

Participants were asked to complete a registration form and an online survey before and after the training. The registration form asked participants to provide

information regarding their current EI roles (see Figure 1), their highest level of education completed, the discipline of their background/training (see Figure 2), and their participation in other infant/early childhood mental health courses and trainings. The pre- and post-surveys focused on participants' perceived knowledge of and beliefs about infant and early childhood mental health and their confidence in intervening to support it.

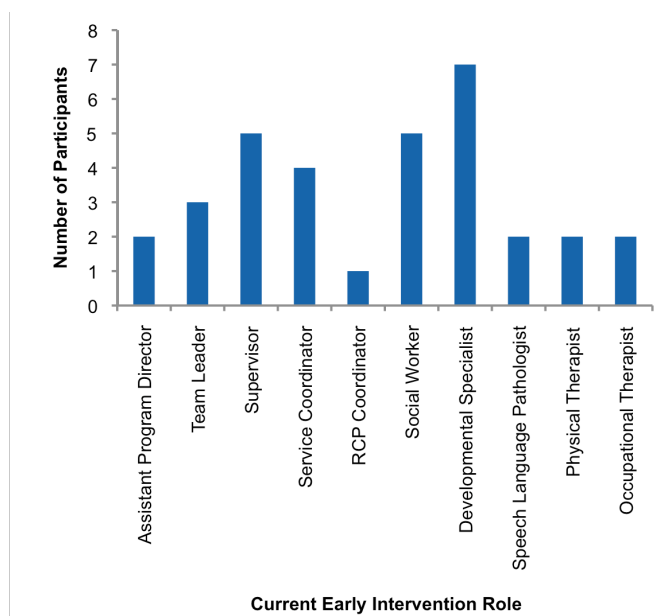
The evaluation had a pre-post without comparison group design. Therefore, it is not possible to directly attribute the findings to participation in IN-TIME. However, we were able to examine changes in participants' confidence, knowledge, and beliefs regarding infant and early childhood mental health. The following sections describe participants' experience and educational backgrounds and summarize evaluation findings.

WHO PARTICIPATED IN THE TRAINING?

Experience in Field

Participants came to the IN-TIME Training with a variety of professional experiences. Their years of experience in their current EI roles ranged from 1 year to 27 years, with an average of 6.6 years. The breakdown of participants' specific EI roles is shown in Figure 1. As shown, almost one-third (7) of the participants identified themselves as "Developmental Specialists." Other roles represented by several participants included Supervisor (5), Social Worker (5), Service Coordinator (4), and Team Leader (3).

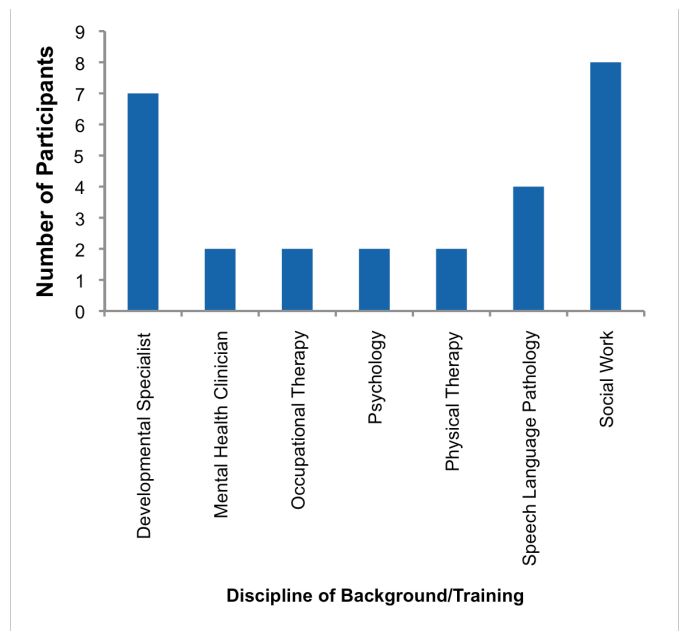
Figure 1. Participants' Current EI Roles



Education and Training

Seventeen participants held Master's degrees; five held Bachelor's degrees. As shown in Figure 2, participants came from a variety of disciplines, the most common of which were Social Work (8) and Developmental Specialist (7) (e.g., early intervention, early childhood education, child development, and/or special education). Several participants also had training as Speech Language Pathologists (4).

Figure 2. Participants' Discipline of Background/Training



Close to half (10) of the participants had previously participated in infant and early childhood mental health trainings. These trainings included the effects of domestic violence on children, psychosocial interventions with high-risk infants, shaken baby syndrome, neurological disorders, and various workshops at the Massachusetts Early Intervention Consortium Conferences. Almost all (22) of the participants held a license or certificate. These included Certified Early Intervention Specialist, Licensed Certified Social Worker, Certificate of Clinical Competence in Speech Language Pathology, and a Certificate in Early Childhood Education.

WHAT DID THE EVALUATION FINDINGS SHOW?

The evaluation findings summarized here are based on participants' responses to pre- and post-surveys. Nine questions on the survey focused on participants' perceived knowledge of infant and early childhood mental health, nine focused on their confidence in their abilities to intervene to support it, and three questions focused on participants' beliefs about infant and early

childhood mental health. Results for each of these areas are described in the next three sections.

Perceived Knowledge of Infant and Early Childhood Mental Health

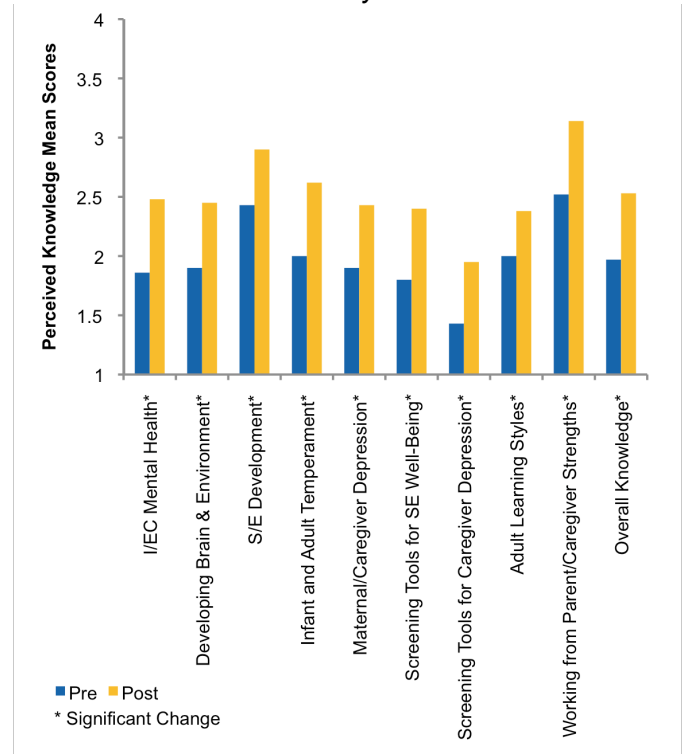
Participants were asked to rate their current knowledge of various aspects of infant and early childhood mental health (1 = beginner; 2 = intermediate; 3 = advanced; 4 = very advanced; e.g., “Which best describes your current knowledge of the interaction between the developing brain and the environment?”). Scores for all of the knowledge items were averaged to create average perceived knowledge scores for both the pre-and post-surveys. **A comparison of participants’ perceived knowledge scores before and after the training showed that, on average, participants’ perceived knowledge of infant and early childhood mental health significantly increased.**

Participants’ scores on individual items were also compared before and after the training. As illustrated in Figure 3, areas in which participants’ knowledge significantly increased included:

- Infant and early childhood mental health
- The social and emotional development of infants and toddlers
- The interaction between the developing brain and the environment
- Infant and adult temperament
- Understanding maternal and caregiver depression and other disorders that may affect adult emotional well-being
- Screening tools to screen infants’/toddlers’ social and emotional well-being
- Screening tools to screen caregivers for depression
- Identifying and working with parent/caregiver strengths
- The range of adult learning styles.



Figure 3. Participants’ Perceived Knowledge Pre- and Post-Survey Means



Perceived Confidence in Intervening to Support Infant and Early Childhood Mental Health

Participants were also asked to rate their confidence in their abilities to intervene to support various aspects of infant and early childhood mental health (1 = not confident; 2 = somewhat confident; 3 = confident; 4 = very confident; e.g., “Which best describes your current confidence in conducting observations of adult-child interactions?”). As with the knowledge items, scores for all of the confidence items were averaged to create an average perceived confidence score. Participants’ scores were compared before and after the training to measure changes in perceived confidence. **Findings suggest that, on average, participants’ perceived confidence in their abilities to intervene to support infant and early childhood mental health significantly increased.**

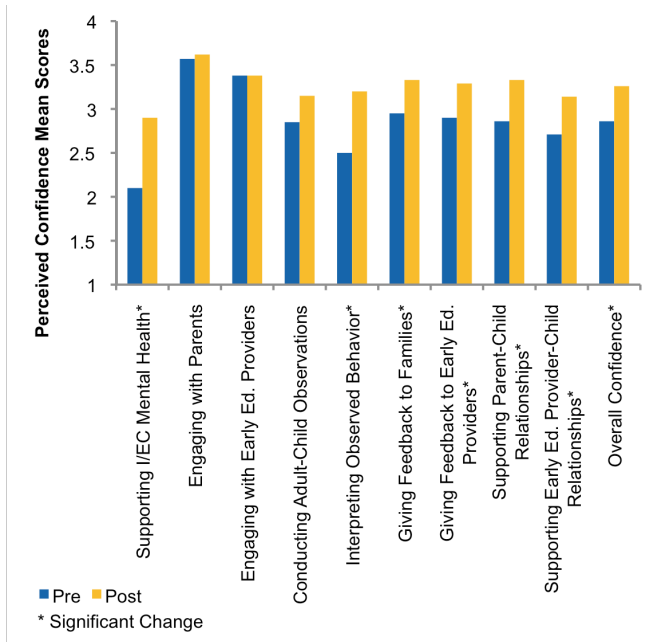
Participants’ scores on individual confidence items were also compared before and after the training. As seen in Figure 4, areas in which perceived confidence significantly increased included:

- Intervening to support infant and early childhood mental health
- Interpreting observed behavior
- Giving feedback to families
- Giving feedback to child care providers
- Supporting parent-child interactions
- Supporting provider-child interactions.

WHAT DO THE EVALUATION FINDINGS TELL US?

Pre-training responses showed that participants were already confident in their abilities to engage with parents and child care providers, therefore leaving little room for change in these areas.

Figure 4. Participants' Perceived Confidence Pre- and Post-Survey Means



These evaluation findings suggest that participants became more knowledgeable about and confident in their abilities to support various aspects of infant and early childhood mental health after participating in the IN-TIME training. While we do not know the extent to which this knowledge has been and will be incorporated into participants' EI practice, a follow-up survey with this group over the next several months should tell us more about the ways in which participants' increased knowledge and confidence translates to their work. This evaluation had a pre-post without comparison group design. Although there may be threats to validity in this design, we believe that in this case they are minimal and it is highly likely that the findings can be attributed to participation in IN-TIME, i.e., there is not another plausible explanation.¹ The implementation of a pre-post *with* comparison group evaluation is also planned for 2010, which will be a stronger test of the validity of these outcomes.

Endnote

¹ No plausible alternative explanation according to Cook and Campbell (Cook, T.D. and Campbell, D.T. *Quasi-Experimentation: Design and Analysis Issues for Field Settings*. Houghton Mifflin, Boston, 1979) means that the presumed cause of changes in the outcome measure must be the only reasonable explanation for changes in the outcome measure.

Beliefs about Infant and Early Childhood Mental Health

Participants were asked before and after the training to agree or disagree with several statements reflecting IN-TIME principles and beliefs about infant and early childhood mental health. Statements addressed issues related to the importance of reflective supervision, observing interactions between infants/toddlers and their caregivers, and sharing observations with families (e.g., "How strongly do you agree or disagree that reflective supervision is important for the field of Early Intervention?"). Based on their responses to these statements, participants' beliefs about infant and early childhood mental health did not change significantly from before to after the training. **However, participants' pre-training responses showed that their beliefs were already aligned with IN-TIME principles, therefore leaving little room for change.**

CONNECTED BEGINNINGS TRAINING INSTITUTE is an infant and early childhood mental health training institute that promotes awareness of the central importance of relationships in the lives of infants and young children. Our work extends the capacity of infant and early childhood practitioners and programs to understand and apply current knowledge of the effects of relationships on very young children's social and emotional well being, evolving brain architecture, and capacity to learn.

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