EVALUATION BRIEF

IN-TIME Training in Infant Mental Health: Follow-Up Evaluation

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In 2008, Connected Beginnings Training Institute (CB) conducted an evaluation to examine the extent to which Early Intervention (EI) professionals who had participated in the IN-TIME Training in Infant Mental Health (IN-TIME) were integrating an Infant Mental Health model (IMH) into their professional practice. Evaluation participants included 12 EI professionals who participated in IN-TIME in Springfield, Boston, and the Merrimack Valley area of Massachusetts between 2004 and 2007. Participants completed surveys online or by phone to measure the impact of the IN-TIME training on their knowledge, practice, and 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 was developed by Dr. Libby Zimmerman (2003) in consultation with Elizabeth Leutz and other leadership staff of Thom Child and Family Services, Massachusetts' largest provider of Early Intervention Services. IN-TIME is designed for experienced EI practitioners from a wide range of educational backgrounds and disciplines. It 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 4-6 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 was guided by the following questions:

1. Are IN-TIME participants integrating an Infant Mental Health (IMH) model in their work?

2. What are the barriers and facilitators associated with integrating an IMH model in EI work?

Participants either completed a follow-up survey online or answered the survey questions on the phone. The survey contained questions pertaining to the IN-TIME training including participants' confidence in supporting infant and early childhood mental health, reflective supervision, use of screening tools, job responsibilities, and participation in community-wide IMH initiatives. The following sections describe participants' professional

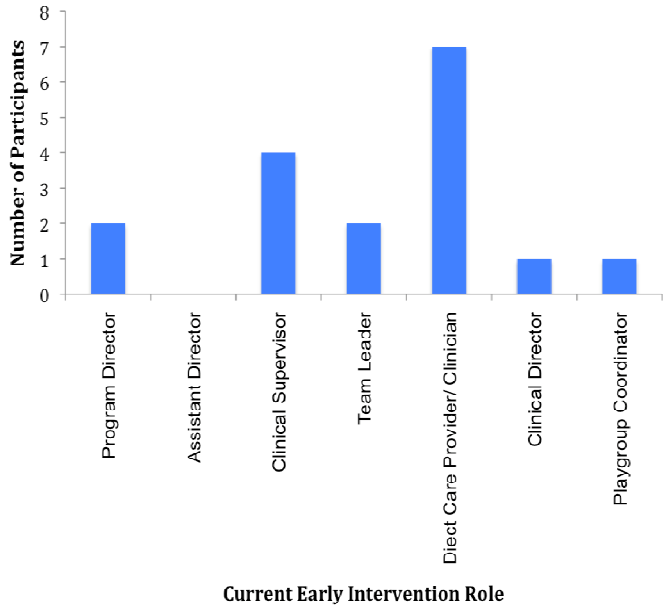
experiences and summarize evaluation findings.

WHO PARTICIPATED IN THE TRAINING?

Experience in Field

Participants had a range of professional experiences. Their years of experience in their EI roles ranged from 5 year to 26 years, with an average of 14 years. The breakdown of participants' specific EI roles is shown in Figure 1. As shown, about half (7) of the participants identified themselves as Direct Care Providers or Clinicians. Other roles represented by several participants included Clinical Supervisor (4), Program Director (2), and Team Leader (2).

Figure 1. Participants' Current EI Roles



Half (6) of the participants had participated in infant and early childhood mental health trainings since the IN-TIME trainings. Training topics included the effects of domestic violence on children, differential diagnosis of ADHD and Autism, adaptation to stress, maternal depression, and various workshops on mental health given by the Department of Public Health.

WHAT DID THE EVALUATION FINDINGS SHOW?

The evaluation findings summarized here are based on participants' responses to the follow-up survey. The survey was designed to answer two overarching questions: 1) Are IN-TIME participants integrating an IMH model in their work?, and 2) What are the barriers and facilitators associated with integrating an IMH model in EI work? Results for each of these two questions are described in the next two sections.

Are IN-TIME participants integrating an IMH model in their work?

The answer to this question was overwhelmingly yes. The following sections report findings that illustrate the nature of participants' successes in integrating an IMH model.

Perceived Impact on Clients and Practice. Participants were asked whether the knowledge they acquired in the IN-TIME trainings had impacted their program, practice, and their clients. Nearly all participants (91%) in the follow-up study indicated that they were, in fact, able to integrate what they learned in IN-TIME into their EI practice. The following two quotes illustrate this well:

"*My approach to working with families has changed and I attempt to share some of what I learned in supervising my team members."*

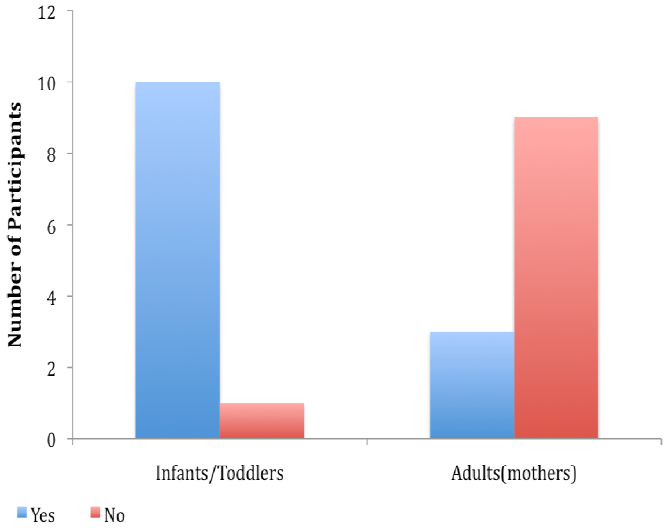
"One of my Moms with depression recently told me what a difference I have made to her and her family and that I helped her to understand that getting involved with DSS could be a support rather than a threat."

Perceived Influences on Job Responsibilities. Although nearly all survey respondents (91%) indicated that their formal job responsibilities now include the important IMH practices of: observing parent-child interactions, giving strengths-based feedback, and helping parents to see their own strengths in understanding and supporting their infants, the respondents also indicated that they include these IMH practices in their activities, irrespective of their prescribed "formal" job responsibilities.

Reflective Practice. Participants were asked about their engagement in and adoption of reflective practices (e.g. group discussion). Almost all participants (91%) in this evaluation indicated that they engage in reflective practices including group discussion, peer supervision, and/or reflective supervision. However, the frequency of these practices varied from daily to yearly. As one respondent said, "reflective supervision can occur daily as situations present themselves", while another commented that reflective practices were, "not traditional, not classic", but felt she was being reflective in her practice. Group supervision most commonly occurred weekly, while reflective supervision most commonly occurred monthly. Peer supervision ranged in its occurrence from weekly to less than once a month.

Use of Screening Tools. Participants were asked whether they used screening tools for infant social-emotional well-being as well as for maternal depression. As shown in Figure 2, 91% (10 out of 11) of the participants used screening tool(s) to screen infant/toddlers' social-emotional well-being, while only 25% (3 out of 12) used caregiver depression screening tool(s). Some participants mentioned the support of their agency or program as an important influence on their use of screening tools for infants and toddlers, while unavailability of the tools and uncertainties about using them prevented some from using the adult screening tools introduced in IN-TIME. **Findings suggest that it may be more challenging to integrate the use of screening tools for adults into EI program practices than it is to integrate screening tools for children.**

Figure 2. Participants' Use of Screening Tool(s)



Integration of Skills and IMH Perspectives. Participants were also asked to rate how successful they have been in integrating an IMH model into their practice and also how helpful the IN-TIME training was in the integration of an IMH model. The analysis revealed that all participants felt that the skills they gained in the IN-TIME training were either "helpful" or "very helpful" in their work. Seventy-five percent of the participants also felt that IN-TIME training was influential in their integration of the IMH model. However, only 50% of the participants felt that they had been "successful" or "very successful" in integrating an IMH model into their EI work. **These findings suggest that the IN-TIME training is helpful in encouraging EI professionals to integrate an IMH model into their individual practice, but they may need extra support from their programs or agencies in putting what they learned from the training into practice.**

A qualitative analysis also revealed that participants are integrating an IMH model in their EI work. Participants were asked to indicate how they were integrating an IMH perspective in their work and how IN-TIME had affected their ability to do so. Common themes mentioned by participants included:

- Increased understanding of relationships between infants and their parents/caregivers
- Increased understanding of the importance of observation/observational skills and sharing positive (strengths-based) observations of interactions
- Increased use of social-emotional assessment tools
- Increased awareness of the importance of mental health and social-emotional development
- Improved knowledge and understanding of concepts of temperament and goodness of fit
- Increased knowledge and understanding of birth-to-three brain development
- Understanding of the importance of working with team/peers and sharing ideas with coworkers (including reflective practices)

What are the barriers and facilitators associated with integrating an IMH model into EI work?

Participants were also asked to identify factors that facilitated the integration of an IMH model into their work as well as challenges that they faced in integrating such a model. The most common facilitators were:

- The support from agency or program
- Connection within the team: Going to the training together
- Having a "common language" that EI practitioners can use with each other

"It was relatively easy [to incorporate the IN-TIME training into practice] because we added it to our introductory report."

In contrast, the most common barriers/challenges were:

- Making sure staff are trained and are comfortable using the training in their practice
- Lack of support from agency or program
- Lack of time
- Staff turnover

"Some people who took the training didn't stay in the program…we invested a lot of time and money and they are gone, along with their knowledge."

WHAT DO THE EVALUATION FINDINGS TELL US?

These evaluation findings suggest that many participants have successfully integrated an Infant Mental Health Model into their EI work following participation in the IN-TIME training. Support from and connection within each participant's EI program and/or agency appears to be a significant facilitator of that integration. Some challenges and/or barriers to integration of an Infant Mental Health Model into EI work also remain. These include a perceived lack of time and uncertainty about how to use what was learned in IN-TIME in their work. Because this evaluation used a small sample, the range of implications of the findings is limited. A follow-up evaluation, using a larger sample, is currently (2010) being conducted. Results of this larger sample of IN-TIME participants will undoubtedly be a stronger test of the validity of these outcomes.

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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