Smart Support's Infant and Early Childhood Mental Health Consultation (IECMHC) with The Arizona Kith and Kin Project Pilot Evaluation Report

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Table of Contents

Background: The Intersection of IECMHC and FFN Child Care

Despite the large percentage of children in family, friend, and neighbor (FFN) child care settings (NSECE, 2016), there is no definitive body of research on young children's social and emotional development in the context of FFN child care settings or the extent to which IECMHC is being integrated into FFN child care supports or directly with FFN providers themselves. The research to date on IECMHC has been conducted almost exclusively in formal, licensed child care settings.

A recent multi-state study conducted by Georgetown University – with support and collaboration by Indigo Cultural Center (funded by The Robert Wood Johnson Foundation) examined the extent to which IECMHC was available in FFN child care settings, and if/when available, whether IECMHC was perceived or evaluated as a viable and helpful approach in these home-based settings. The study also described the components of effective IECMHC programs for and on behalf of FFN providers (Le, Lavin, Shivers, Perry & Horen, 2018). One of the most useful components of this study was the articulation of a framework that is extremely helpful for considering how we can begin to make sense of and categorize the various resources directed towards FFN providers. The framework specifically focused on social-emotional resources provided by early childhood professional development organizations (e.g., CCR&R's; ECE training and support agencies; etc.) to bolster the knowledge and skills of FFN providers, attend to their emotional well-being, and to enhance FFN providers' practices and relationships with young children.

The Continuum of Services Addressing Mental Health in FFN Care (Le et al., 2016) lays out a tiered structure for thinking about the mental health-related service array for FFN child care providers. Moving up the tiers, FFN providers and the children and families in their care access support from individuals with specialized knowledge and training in mental health and social-emotional development. Tiers 1-3 are focused on building knowledge and awareness while tiers 4-5 have a greater focus on skills-building given the engagement with IECMHC.

More specifically:

- Tier 1: Access to Informal Supports is the most general with access to informal supports, such as talking to family, friends, or other confidants from providers' personal social networks about issues and stressors.

- In Tier 2: Access to Mental Health and Social Emotional Resources, FFN providers and early childhood professional development organizations seek out mental health and social-emotional materials and resources on their own.

- In Tier 3: Training in and Support for Health and Social Emotional Development, early childhood professional development organizations provide potential community resources, materials, and referrals to FFN providers. They also provide mental health-related trainings to FFN providers and facilitate peer-to-peer support groups.

- Tier 4: Indirect IECMHC is where mental health consultants provide IECMHC to early childhood professional development organizations, who are working directly with FFN providers. Mental health consultants also facilitate opportunities for early childhood professional development organizations to engage in reflective supervision and receive support.

- Tier 5: Direct IECMHC is where mental health consultants facilitate support groups for FFN providers, conduct individual conversations with FFN providers either in person or over the telephone, and facilitate child/family and group consultation, as needed.

The model and design that was implemented by Smart Support in this report is considered to be aligned with Tier 4: Indirect IECMHC.

Tier 4: Indirect IECMHC

Smart Support mental health consultants provided IECMHC to the Arizona Kith and Kin Project staff including supervisors, early childhood specialists and on-site, early childhood education staff (ECE staff) who support FFN providers. The theory of change behind this approach is that IECMHC is provided to the Arizona Kith & Kin Project staff in order to:

Support staff in integrating mental health, social emotional, and trauma-informed lenses into their activities and various programs with FFN providers so that:

a) The overall quality of care in FFN settings can be enhanced by focusing more on the social and emotional development of all children in their care
b) So that there is increased capacity of FFN providers to address young children's acute mental health needs and challenging behaviors that often place individual children at risk for negative outcomes in the early years of life and beyond.

Smart Support's Approach with the Arizona Kith and Kin Project

Two Smart Support mental health consultants provided consultation to the Association for Supportive Child Care's (ASCC) Arizona Kith and Kin Project staff. Each mental health consultant had their own team of consultees. One mental health consultant worked with two Arizona Kith and Kin Project supervisors, five specialists, and five early childhood education (ECE) staff. The other mental health consultant worked with one Arizona Kith and Kin Project supervisor, four specialists, and four ECE staff. From April to mid-May, each mental health consultant met with Arizona Kith and Kin Project supervisors once weekly and with their entire group (Arizona Kith and Kin Project supervisors, specialists, and ECE staff) once weekly. From mid-May through June, each mental health consultant met with Arizona Kith and Kin Project supervisors once every other week and with the full team once every other week as well. Due to constraints related to the COVID-19 pandemic, all mental health consultation activities were virtual and group-based. Meetings included professional development, learning opportunities, and group consultation in a virtual setting. Based on clinical need, group meetings also included case consultation regarding either a specific group of FFN participants, a specific FFN participant, and/or a child or children in the FFN caregivers' care.

Research Questions

1) What value was added by IECMHC to the Arizona Kith & Kin Project staff and supervisors?
2) How did IECMHC impact the FFN providers and families being served by the Arizona Kith & Kin Project?
3) What are areas of potential improvement for future 'indirect IECMHC' with the Arizona Kith & Kin Project and other programs that support FFN providers?

Methods

For the current evaluation, data were collected through an online survey and two focus groups. Mental health consultants and Kith & Kin supervisors participated in focus groups following completion of the consultation series. We used focus groups to examine both consultants' and supervisors' experiences with mental health consultation and to glean their perceptions of the impacts of consultation on the Kith & Kin staff and the families they serve. Focus group interviews are an effective methodology for our purpose as they are best used in situations where the concept or area that researchers are interested in is relatively less known, and the evaluation is expected to gain much from involvement of the interested community (Edmunds, 1999). Results from focus groups can also produce new data and insights that might not occur through individual interviews alone, and result in research findings that can stand alone or be combined with other sources of data as part of a comprehensive evaluation (Morgan, 1998). In addition to the focus groups, we distributed an electronic survey with three open-ended questions to all Kith & Kin staff (specialists and early care and education staff).

Procedures

A link to the electronic surveys were emailed to Kith & Kin staff to allow staff to complete the survey anonymously. No names or identifying information were collected through the survey. Staff were asked to respond to three open-ended questions regarding their experiences with smart support consultation: 1) What went well?; 2) What could have gone better?; and 3) How has Smart Support consultation made a difference for you and the children and families that you serve? How has it changed the way you work with children and families?

The two focus groups each lasted approximately one hour and were conducted virtually through the Zoom platform. Prior to beginning the focus groups, we informed participants that although we would be recording the session, their responses would be confidential.

The session was conducted by a member of the research team. The moderator described the purpose of the evaluation and explained how the interview would be conducted. She guided the discussion through the use of the open-ended questions that invited participants to comment on their insights, experiences, and opinions. Follow-up questions and prompts were used to clarify questions or to expand discussions around an issue. Each focus group was recorded and transcribed for analysis.

Results

Content coding was used to identify common themes from the focus group transcripts and from the open-ended responses to survey questions. Themes and exemplifying quotes from multiple respondents (e.g., Mental Health Consultants, Kith and Kin Supervisors, Kith and Kin Specialists, Kith & Kin ECE Staff) are reported below.

RQ 1: What value was added by IECMHC to the Arizona Kith & Kin Project staff and supervisors?

Mental Health Consultation created a holding space and community among the Arizona Kith & Kin Project staff and supervisors that provided a place to process difficult experiences.

"I think [the Kith and Kin Specialists] have a lot of questions about what their managers thought of them. And we helped to create a space where we could talk about those things. Talk about these difficult conversations in a very nonjudgmental, open way."
– Mental Health Consultant

"The discussion was at the beginning was how we were so overwhelmed with all the meetings, with all the back to backs and trying to transition into this virtual world. And that was, it was really real. It was a relaxing environment where [my staff] could just really open up if they wanted to."
– Kith & Kin Supervisor

"I loved the space [the Mental Health Consultant] gave us to talk about our feelings when I needed it the most."
- Kith & Kin Specialist

Mental Health Consultation helped Arizona Kith & Kin Project staff and supervisors learn to practice more self-care and to establish healthy boundaries.

"I would say though that by the end, each staff member had increased their ability to pay attention to their own needs and had a realization of how denying their own needs created this perpetuation of overworking."
– Mental Health Consultant

"[Consultation helped staff think:] now I'm aware of what I need and what I need to do to establish boundaries that are productive for me, for my supervisor, for the people that I serve now, how do I communicate that?"
– Mental Health Consultant

"Once the consultants really started to implement and show us those tools and techniques of how to manage our own personal anxiety and stresses, and then move into how to manage participants, you know, stress and anxiety, you really started to see a shift in the specialist."
– Kith & Kin Supervisor

"I really appreciated the time to self-care, grow and learn. I helps me personally and also It will help my family and my community when I apply everything I learned and grew through this."
– Kith & Kin Specialist

Through mental health consultation, the Arizona Kith & Kin Project supervisors gained skills which, in turn, allowed them to support their staff both now and in the future.

"I think we were working with the leadership to show them how to support staff in the way that we were trying to support them, that parallel process, and how can you mimic what we're doing when [the consultants] are no longer here."
- Mental Health Consultant

"[Over the course of consultation] it shifted to, 'I can take it from here. I can hold my staff. I can hold my team. Teach me a couple of pointers.' [The Kith and Kin Supervisors] naturally began to provide that holding space and we were able to step back a little bit."
- Mental Health Consultant

"I feel like for supervisors, we went through the same process as staff. I think in the beginning, we were just as much as the staff were feeling the anxiety, the stress of this and scary moment of what's happening."
– Kith & Kin Supervisor

"I think we're totally ready [to continue this independently]. And as we move forward, we even agreed we would want to implement something like this, moving forward just on a monthly basis."
– Kith & Kin Supervisor

Mental health consultants gave the Arizona Kith & Kin Project staff resources that enabled them to be more independent and autonomous in how they supported FFN providers' mental health needs.

"It was really more about giving them those tools and those resources so that they themselves can learn how to provide that information to the participants and help them seek that out for themselves."
- Kith & Kin Supervisor

"The discussions that were had towards the end, we really focused on creating a resource hub in a sense, an area where the team would be able to get what was needed…I think our consultant was definitely able to empower them, to figure out where to find it on their own."
- Kith & Kin Supervisor

"It was just good to be able to just have that open space to share anything that was happening and get some of those tips and tools from our consultants that we were able to kind of implement now and continue to use as we, as we continue to move towards this new normal."
- Kith & Kin Supervisor

RQ2: How did IECMHC impact the FFN providers and families being served by the Arizona Kith & Kin Project?

The Arizona Kith & Kin Project staff were able to draw upon the resources they learned about and the newfound sense of emotional wellness to work more effectively with providers and families.

"[Consultation helped me work better with families] by being more prepared emotionally and professionally. If I am ok, everything is ok and I need to be at my best for those I serve. [I also better helped providers] by sharing my knowledge with them, showing them tips for breathing and grounding.
- Kith & Kin Specialist

"It really helped me become more positive in my mood. Given the situation and stress-inducing months, I was more talkative and friendly. Everything I learned I implemented on the families that I worked with."
– Kith & Kin Early Childhood Education Staff

"I was able to maintain my serenity, listen, and provide resources when participants were sharing their struggles. I was able to provide a safe space within my own groups."
- Kith & Kin Specialist

RQ3: What are areas of potential improvement for future 'indirect IECMHC' with the Arizona Kith & Kin Project and other programs that support FFN providers?

Group-based IECMHC can be supplemented with individual IECMHC for maximum impact.

"I still appreciated having the relationship built with the specialist one-on-one so there's something to be said about that."
- Mental Health Consultant

"I wish it was done personally from time to time."
– Kith & Kin Early Childhood Education Staff

IECMHC would be very useful if it expanded to other regions, including tribal communities.

"I think including the strategy to our regions is highly needed and especially [in the Navajo Nation] – especially if our children are not able to go to formal centers again for a while."
- Mental Health Consultant

It is important that mental health consultation continues to take into account the unique cultural dynamics of the populations being served, with particular attention to stigma related to mental health.

"I do feel subconsciously there's some cultural beliefs on mental health for our participants, at least. When I think about Latino women, even outside of the Latino culture, there is this, you know, identity of you don't air your dirty laundry. You don't go and talk to people. You don't share what's happening in your home, right? Because people judge people and are going to talk…and I do think this is cultural, …you have to be strong, you have to be strong for your kids. You're the mother of the house. You have to maintain it. And when things fall apart, it's on you."
- Kith & Kin Specialist

Conclusion

This report examined preliminary effects of Smart Support's Infant and Early Childhood Mental Health Consultation (IECMHC) model with the Arizona Kith and Kin Project staff and supervisors. Specifically, the model of mental health consultation utilized is considered "indirect IECMHC" in which Smart Support mental health consultants worked with individuals within an organization (Association for Supportive Child Care; ASCC) who directly provide professional development and training opportunities (The Arizona Kith and Kin Project) to Family, Friend, and Neighbor (FFN) providers. Due to constraints related to the COVID-19 pandemic, mental health consultation was completely virtual and done in groups.

Our findings highlight that this model was indeed effective particularly in helping Arizona Kith and Kin staff and supervisors process difficult experiences and acute stressors and in fostering community among staff and supervisors. The community building that was facilitated by the Smart Support mental health consultants created a space where the Arizona Kith and Kin Project staff and supervisors can connect, see each other's humanity and can now continue to support one another even past the end of mental health consultation. Furthermore, by building their capacity for self-care and self-awareness and by gaining access to new resources through participation in IECMHC, supervisors were better able to work with their staff and the Arizona Kith and Kin Project specialists were better able to work with their FFN participants. Additional key findings underscore the importance of providing IECMHC to all levels of staff in an organization including leadership and management such that change occurs in

parallel processes and that there is support for implementation of key mental health strategies from the highest levels of leadership down.

Potential future directions include expansion of this model of IECMHC to more geographic regions and populations, with a focus on particularly underserved communities including tribal nations. Moreover, although group-based virtual mental health consultation provided a unique opportunity for access to mental health supports and community-building, individual consultation may provide benefits above and beyond the present model. Finally, our findings underscore the importance of building continued awareness of cultural stigma related to mental health and the importance for mental health consultants to understand the unique cultural dynamics of the communities they are serving.