Implementing an Effective Infant & Early Childhood Mental Health Program in Community Centers

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Objectives

- Passion and Purpose
- Administrative Commitment
  - Agency Infrastructure
  - Contracting and Payment
- Training – Significant Training
  - Workforce Challenges
- Evidence-Based Models
  - System Expectations/Quality Services/Staff Satisfaction
- Program Infrastructure
  - Caseload Size/Jacob’s Law
  - Who we serve
- Questions?????
You Have to Be All In – Passion & Purpose

Why do we do this?
- Regional Behavioral Health Authority requirements
- Department of Child Safety requests
- Because it makes sense!!

Almost 60% of children removed from their home by DCS each month are age 0-5

All of these children have some degree of trauma and attachment disruptions

90% of brain development occurs prior to age 4

Research shows early intervention in the caregiver-child relationship leads to better behavioral outcomes and long-term relationship stability (Mary Dozier, Bruce Perry, Danial Siegal, Joy Osofsky, Alicia Lieberman)
Early Childhood Mental Health
Structure from Top Down

Triangle Model of Early Childhood Mental Health

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Agency Support
Supervisor Support
Staff Effectiveness

Clinician Support
Caregiver Support
Positive Child Response
Agency Commitment

Agency Infrastructure (similar to a caregiver guiding a child to successful adulthood)

- Support – Families are unpredictable and Agency must provide consistency
  - Administration should understand and be able to describe model
  - Availability of Supervisors for guidance
  - Turnover is the most expensive and unproductive drain on agency resources
Agency Commitment (2)

▶ Staff Expectations

▶ Long term Commitment – large investment = growth/longevity within the organization

▶ Productivity

▶ Staff will return on investment when:
  ▶ Feel more clinically confident
  ▶ Supported by supervisors/Management
  ▶ Clearly communicated productivity goals (units or dollars)
  ▶ Tools/supplies to do the job (technology, clinical supplies, online assessments, etc.)
Contracting and Payment

- State of AZ
  - RBHA/MMIC
- Private Pay
- DCS
Who Does This Kind of Work?

- The original Touchstone Recipe – started with 4-6 > Now 47 strong
- Staff Characteristics
  - Passion about early intervention
  - Knowledge of early childhood development and the effects of early trauma
  - Family Systems-oriented – a child doesn’t function without a family
  - Understands working with a child 6 and under means working with the caregivers
  - Patience with themselves and the learning process
  - Comfortable with Relationship-based interventions and understands behaviors are only symptoms of the real issue
Training Qualified Staff

- **Education**
  - AZ has a significant deficit in educational opportunities for learning best practices in early childhood mental health.
  - Seek them out: Harris Institute, Infant Toddler Mental Health Coalition, Prevent Child Abuse AZ, Best for Babies seminars, Zero to Three.

- **Training opportunities**
  - **Internal:**
    - Books: Don’t Hit My Mommy, Handbook of Infant Mental Health, From Fear to Love, Circle of Security
    - Articles: Ghosts in the Nursery, Angels in the Nursery, etc.
    - Refreshers: Early Childhood Development, Observational Assessment Skills, Review of EB Models
Attracting and Retaining Staff

- Limited talent pool - high competition
  - Identify - contact immediately - continuously scanning environment for potential
- Staff Selection: Look for characteristics over exact experience/training
  - Family Systems oriented, Self-aware of countertransference, Organized, Flexible, etc.
  - Training can be done after hire
- Supervisor Support, Guidance & Reinforcement of Early Childhood Model of mental health intervention
  - Reflective Supervision (Zero To Three)
  - Training in Evidence-Based Models (LOTS OF TRAINING!!!)
  - Commitments letters for high dollar/investment trainings =^ Longevity
  - Consultation and reinforcement of models (i.e. CPP, PCIT, SWHD)
- Assess for Vicarious Trauma and Compassion Fatigue & intervene
  - High DCS Involvement + Compassion for Young Children + System Challenges = BURNOUT
Attracting and Retaining Staff

- Clear and Realistic Expectations and Communication
  - Lower caseloads (No more than 30-35 for therapists, 40-45 for CM)
  - Early childhood intervention by line staff includes:
    - More system coordination - DCS, DDD, foster, bio, kinship, specialty services (OT, PT, Speech), etc. = written and verbal reports/updates
    - More time educating system collaborators and families
    - Team staffing to ensure effective communication (DCS cases change rapidly & often without notice)
Evidence-Based Practice Models

- Provide staff with a framework for case conceptualization
  - Builds competence and confidence
  - Retains staff
- Early Childhood Mental health is about the RELATIONSHIP/Behaviors are SYMPTOMS
- Motivational Interviewing
- Child Parent Psychotherapy
- Parent Child Interaction Therapy
- Circle of Security
- Theraplay
- Pivotal Response Therapy
- Sand Tray
- Additional Approaches: Play Therapy, Sand Tray Therapy
Early Childhood Mental Health Basic Underlying Components (1)

- Explanation of model beginning with intake (creates safety/predictability from the beginning - intake staff must be able to introduce the model)
- Child and Family Team - identify strengths and symptoms, Child/Family needs, cultural values, Explain the model again
- Nutritional/Medical Assessment
- Thorough History (trauma, parenting styles/history, family values/dynamics)
  - Child
  - Each primary caregiver (Foster, Bio, Adoptive) - Assessing for Ghosts in the nursery
- Developmental Assessment - ASQ or Denver
- Observational Assessment (multiple setting, multiple times of day, different caregivers)
  - Repeat throughout treatment regularly
- Cont’d
Early Childhood Mental Health Basic Underlying Components (2)

- **Formal Assessments:**
  - Developmental, behavioral and bonding and attachment, (Eyberg, Ages and stages questionnaire, Crowell, Deveroux Early Childhood assessment, Traumatic events screening inventory) Adult Depression/Anxiety Screening

- **CFT to discuss assessment results and determine clinical intervention**
  - Treatment Planning/Begin Discharge Planning

- **Treatment with Evidence-Based practices**

- **Observational Assessment again (throughout treatment)**

- **Re-administer Formal assessments for Outcome Measures**
Program Infrastructure

- Smaller Caseloads/More Intense, complex cases
  - Most B-5 programs will have the majority of DCS-involved cases vs. general 7-17 Outpatient
  - What this means:
    - Complex Trauma
    - Multiple family involvement (Foster, Bio, Kinship, Never-Married partners)
      - 95% Family Therapy
    - Multiple system Involvement/Coordination
  - Positions: ALL SPECIALTY TRAINED IN EARLY CHILDHOOD MENTAL HEALTH
    - Clinical Care Managers/Case Managers – Every Case starts out with one
    - High Needs Case Managers – complex case needs
    - Infant/Early Childhood Mental Health Specialists – family support, education, clinical reinforcement
    - Therapists
    - Supervisors for each group/Program Director
Who We Serve

**Primary Systems**
- Foster Families - most clients are brought for intake by foster family or Rapid Response
  - By AZLaw, Foster or Kinship placements can sign all legal medical documents to avoid delay of services
  - Work with foster and bio families simultaneously
- Biological Families -
  - If the DCS case plan is Reunification or Concurrent, staff reach out to biological families immediately
  - If no DCS involvement, legally/ethically we reach out to all parents regardless of legal decision-making to receive consent for services (Avoid AZBBHE complaints)
- Kinship Placements - Make sure ROIs in place; reinforce education on boundaries

**Secondary Systems**
- DCS - Balance family, state and judicial system directives
- DDD - Often mental health providers are coordinating and ensuring follow through
- MMIC - bureaucracy of rules, policies, regulation can contradict with efficient customer service

**Jacob's Law** - First Service MUST begin within 21 days (this does NOT include Case Management)
References

Books:


Articles:
National Child Traumatic Stress Network: www.nctsn.org

Child Parent Psychotherapy: childtrauma.ucsf.edu/child-parent-psychotherapy-training

Parent Child Interaction Therapy: pict.ucdavis.edu

Theraplay: www.theraplay.org/index.php

Circle of Security: circleofsecurity.net

Pivotal Response Therapy: http://www.autismprthelp.com

Zero To Three: www.zerotothree.org