

## SAMPLE PROPOSAL ABSTRACT

**SESSION TITLE:** Supporting Staff in Supporting Families with Infant Mental Health

**SESSION FORMAT:** Interactive

**TARGET AUDIENCE LEVEL:** Awareness

TARGET AUDIENCE: Family Support Staff

**AREA/KEYWORD:** Child Health and Pre-Natal Services

**SESSION SUMMARY** (maximum of 50 words): Program staff are the front-line for identifying infant mental health concerns and supporting parents. Many feel overwhelmed by the prospect of doing this work. This session will define infant mental health, identify symptoms, and share strategies for supporting staff in their work with parents regarding their child's mental health needs.

# **LEARNING OBJECTIVES** (At least 3): As a result of this session, participants will learn and be able to:

- Define infant mental health and infant mental health disorders
- Recognize signs and symptoms of mental health concerns in young children
- Discuss ways of talking to parents about mental health concerns

**ACTIVITIES:** Small group discussion, Large group discussion, Case Scenarios, Brief Lecture

## **OUTLINE:**

- I. Explore Definitions of Infant Mental Health and Infant Mental Health Disorders
  - a. Interactive discussion
  - b. Defined by Mental Health Consultant
- II. Learn About Signs and Symptoms
  - a. Small group work: observe/identify using video scenarios
- III. Talk with Parents about Concerns
  - a. Hurdles and strategies by staff & parents
  - b. Small group work: respond to scenarios
  - c. Small group: role play
- IV. Questions and Dialogues from the Audience

**ADULT LEARNING PRINCIPLES** (no more than 50 words): Presenters will provide brief overviews, approximately 10 minutes in length, for each concept. Presenters will then facilitate opportunities for participants to process and apply the concepts via small group discussions, scenario work, and role play.

#### **RELEVANT REGULATIONS AND STANDARDS:**

A. Key Head Start Program Performance Standards:

# 1304.24(a)(1)(i & iv) & (a)(2) Child Mental Health

Grantee and delegate agencies must:

- (1) work collaboratively with parents by:
  - i. Soliciting parental information, observations, and concerns about their child's mental health
  - iv. Helping parents to better understand mental health issues
- (2) secure the services of mental health professionals on a schedule of sufficient frequency to enable timely and effective identification of and intervention in family and staff concerns about a child's mental health

B. State/Territory Child Care Licensure and Regulations: \*If your state designates specific topics for required trainings, and this session meets one of those, please include the specific topic this session addresses. Also indicate whether this requirement is specific to infant and toddler caregivers or if it applies to all child care staff (e.g. that care for children of any age). If your state does not have staff training requirements in the licensing regulations, please identify relevant Head Start Program Performance Standards, NAEYC or NAFCC Standards, as appropriate.

In my state, this session counts toward the 12 hours of annual in-service training required for all child care staff. This session meets the requirement for required training in infant mental health.

## C. Voluntary Accreditation Standards:

The information presented relates to the professional development criteria for both the NAEYC and NAFCCA accreditation.

## **STATEMENT OF ISSUES** (maximum of 300 words):

Many early care and education programs do not provide mental health treatment; instead, they refer families to community providers who do. But Early Head Start programs are uniquely positioned to offer supports to families that can directly impact the mental health of infants and toddlers. Teachers and home visitors are often the ones who can identify needs and provide support; however, many do not feel qualified to do so. Our staff felt the same and wondered: how do we recognize when a concern is warranted? What are the signs and symptoms young children present with when their mental health is in jeopardy? And how do we work with parents around such issues?

Three years ago, in partnership with our local mental health provider, our program designed and implemented ongoing monthly trainings for teachers and home visitors to understand infant mental health, recognize the signs and symptoms associated with mental health concerns in young children, involve Early Intervention, and work with families. These trainings also include time for case studies, staff support, and role plays.

Additionally, our Infant Mental Health (IMH) Consultant spends 10 hours weekly with our program developing strategies and support systems for staff to talk with parents about concerns and guide them throughout the identification and intervention process. The IMH Consultant provides quarterly meetings with staff to help with specific concerns of children, and assist staff in understanding when to refer an infant for services. Staff have been better equipped to encourage parents to take advantage of IMH services. The IMH

Consultant offers monthly parent support groups. These groups are designed to provide opportunities for parents to ask questions, discuss any issues or concerns related to their infants. Any EHS parent is welcomed to attend these groups. Staff, parents, and most importantly children have benefited from this work.