translate a number of evidence-based interventions to the practice setting, as well as to shift supervisors’ attitudes on what makes for effective supervision time.

In Utah, a state where Carver says all public mental health provider agencies use the same outcome tool to evaluate performance, he says the difference between outcomes in his agency and others has been noticeable.

“We’ve led all public agencies in the percentage of clients improved and recovered,” Carver said. “That means that in our agency, 300 more clients a year are getting better.”

Other keys to supervision

Carver emphasizes that the process of good supervision in a mental health treatment organization must begin with sound hiring at the front end. This allows for a smoothly run process in which employees receive comprehensive training, ongoing supervision (“we often refer to it more as ‘coaching,’” Carver said) and assessment of performance based on their use of therapeutic innovations in patient care.

“You have to hire people who are coachable,” Carver said. “They have to have a sincere desire to go from good to better.”

He adds that it is also important to receive a commitment from the highest levels of executive leadership in an organization to take the steps necessary to maximize patient outcomes.

While Weber Human Services reports standing out vis-à-vis other providers in the state in this area, that has not yet translated to having a comparatively favorable position over the others in terms of state funding. “The state is not incentivizing this yet for providers,” Carver said. Yet he added, “We hear that outcomes ultimately will drive payment.”

Training, education required for skilled infant MH workforce

Professionals from a wide range of disciplines, such as child and early education providers, home visitors and physical and occupational therapists, are in a position to work with families to promote healthy social-emotional development, according to a new report released by Connecticut child and health professionals who are developing a statewide system to build a skilled infant mental health workforce.

The infant mental health field is composed of more than mental health clinicians, according to the report, “The Infant Mental Health Workforce: Key to Promoting the Healthy Social and Emotional Development of Children,” prepared by the Connecticut Association for Infant Mental Health and the Child Health and Development Institute (CHDI) and released March 2.

The report calls for a comprehensive early childhood mental health system to address the mental health of infants and toddlers, including promoting positive social and emotional development for all children, identifying and intervening early for those at risk, and treating those with more complex disorders, along with the workforce necessary to provide this full array of services and supports.

Bottom Line…

Zero to Three and the Alliance for the Advancement of Infant Mental Health are developing national training opportunities for the mental health workforce.

“This is the first state report to address the gaps in education and training of Connecticut’s infant mental health workforce,” Judith C. Meyers, Ph.D., president and CEO of the Children’s Fund of Connecticut and its subsidiary, CHDI, told MHW. The state has been building its infant mental health workforce for the past five years, she said.

Although the workforce shortage for children and adolescents has been well-documented, the shortage for infants and toddlers is even more acute, Margaret Holmberg, Ph.D., president of the Connecticut Association for Infant Mental Health and one of the report’s co-authors, told MHW.

“This report is a way for us to talk about the work that’s going on in Connecticut and frame that work with the bigger picture about what’s going on in the rest of the country,” she said, adding that sources from other states, including New York, have contacted her expressing an interest in promoting an infant mental health workforce in their respective states.

Regardless of their professional disciplines, levels of education or settings in which they work, the infant mental health workforce needs to be highly skilled or trained in a core set of topics that include the following:

- The science of early development, with special attention to neurological implications.
- The primary importance of responsive and stable caregiving relationships (attachment, separation, loss, trauma and grief).
- The interdisciplinary nature of the work and the need to collaborate.

Workforce competencies

Infant mental health workforce competency means that professionals at every level — ranging from family child care providers to licensed child health care and mental health providers to policymakers and researchers — have a specialized knowledge base and skill set that allows them to work with very young children and their families from a developmental and relationship-based perspective.

Currently, 1,300 people around...
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the country have met the competen-
cies for working with infants and tod-
ddlers, said Holmberg. Connecticut is
making progress on building this
workforce and has set a goal of hav-
ing 200 infant mental health practitio-
ners within two years, she said. There
are currently 26 infant mental health
practitioners in the state, she said.

“What we are trying to do is
promote looking at relationships
very early on — even prenatally,”
Holmberg said. “The data are saying
the early relationship allocated to
caregivers is critical for learning. We
know so much now about brain de-
velopment; there’s good evidence
[that supports] the importance of
building that relational foundation
as early as possible.”

“The Michigan Association for
Infant Mental Health [MI-AIMH] de-
veloped the workforce endorsement,
which is what Connecticut licensed
from us to build its workforce,” Debo-
rah J. Weatherston, Ph.D., execu-
tive director of MI-AIMH, told MHW.

Each infant mental health asso-
ciation enters into a licensing agree-
ment with MI-AIMH to use the com-
petency guidelines as standards for
workforce development in their
state, said Weatherston. “They use
the same standards, so as we grow,
we are all joined by this set of stan-
dards promoting early social and
emotional health or infant mental
health,” she said.

Twenty state associations are
now part of the Alliance for the Ad-
vancement of Infant Mental Health,
said Weatherston. “We just last
month included an international
group from West Australia,” she said.

‘Upskilled’ training

Providers need to be more “ups-
skilled,” added Weatherston. “A pro-
fessional may be skilled in one do-
main, e.g., child development or
adult mental health, but not in mul-
tiple domains that are vital for com-
petency when working with this age
group and supporting development
in the context of relationships.”

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Margaret Holmberg, Ph.D.

Weatherston added, “Those who
developed the competencies be-
thieved that we need to be ‘upskilled’
— trained across these domains and
acquiring new skills to work success-
fully to promote development and
behavior, emotion regulation, adult
mental well-being, assessments and
strategies for intervention or treat-
ment if needed.”

Training and education can lead
to skill development — through
workshops, conferences, intensive
weeks of training, university pro-
grams and the like, Weatherston
said. “What is important for this set
of competencies and approach is
that there are many trainings and
educational experiences that can
count toward competency,” she said.

Recommendations in the report
include:

• Requiring infant mental health
  training for professionals
  working with young children.
• Integrating infant mental health
  training into higher education
  and professional development
courses.
• Ensuring public-sector pro-
  grams serving the most vulner-
  able young children and their
  families have access to highly
  trained specialists in infant and
  early childhood mental health.
• Increasing support for reflec-
  tive supervision — a key in-
  gredient for effective work in
  the infant-family field.

Additionally, the report notes that
Zero to Three, a national nonprofit
organization, will be an active partner
with the Alliance for the Advance-
ment of Infant Mental Health to de-
velop national training opportunities
for the mental health workforce.

To view the report, visit www.
chdi.org. For additional informa-
tion about infant mental health training,
visit www.mi-aimh.org.

Visit our website:
www.mentalhealthweeklynews.com

Senate bill addresses MH provider shortages in VA, DoD

Citing struggles to recruit and re-
tain mental health professionals given
the national provider shortages and a
highly competitive environment, U.S.
Senate lawmakers have introduced
legislation to increase the provider
workforce and access to care for ser-
vice members and veterans.

Sens. John Boozman (R-Ark.)
and Joe Donnelly (D-Ind.) on March
11 introduced the Frontline Mental
Health Provider Training Act (S.
714), which establishes a pilot fel-
lowship program within the Depart-
ment of Defense (DoD) and Depart-
ment of Veterans Affairs (VA) to
assess whether expanded use of
physician assistants (PAs) specializ-
ing in psychiatric medicine can help
meet the increasing demand for

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