

Infant-Family & Early Childhood Mental Health Training Needs Survey

The Central California Children’s Institute, in partnership with the Central Valley Regional Center, is conducting a survey of the training needs of current early childhood education and behavioral health practitioners in the area of Infant-Family & Early Childhood Mental Health (IFMH). This project is funded by the Mental Health Services Act (MHSA) in partnership with the California Department of Mental Health and Department of Developmental Services. Your participation in this survey is extremely valuable as we develop an IFMH regional training program that is responsive to the professional development needs of individuals working with the birth to five population. The survey should take approximately 15 minutes to complete, and we would like to thank you in advance for your time and participation.

If you have any questions or would like more information, please contact Wendy Davis at wdavis@csufresno.edu or (559) 228-2150 or by visiting us at www.centralcaliforniachildren.org.

I. PERSONAL PROFILE

Your name (Please print)	
Position/Title	
Organization	
Program	
Work Address City Zip	
County	
Phone Number	
Email Address	

II. PROFESSIONAL EDUCATION / CREDENTIALS

1. What degrees/licensures do you currently hold (please check all that apply)?	<input type="checkbox"/> RN <input type="checkbox"/> BA/BS <input type="checkbox"/> MSW <input type="checkbox"/> LCSW <input type="checkbox"/> MA/MS <input type="checkbox"/> MFT <input type="checkbox"/> LMFT <input type="checkbox"/> PhD <input type="checkbox"/> PsyD <input type="checkbox"/> MD <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> Child Development Permit: please indicate level _____
2. Are you interested in seeking state endorsement (via WestEd) in Infant-Family & Early Childhood Mental Health?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

III. DEMOGRAPHIC PROFILE

3. Do you speak a language other than English as part of your work?

- Yes, fluent orally and written (Specify language) _____
 Yes, fluent orally **not** written (Specify language) _____
 No

4. What is your racial/ethnic background: (Please self-identify) _____

5. What is your age?

- <21 years 26 – 30 years 36 – 40 years 45 – 50 years
 22 – 25 years 31 – 35 years 41 – 45 years 50+ years

IV. AGENCY/PROGRAM INFORMATION

6. Please list your agency's programs that serve the birth to five population and the names of primary contacts:

Programs:

Primary Contact Person:

_____	_____
_____	_____
_____	_____
_____	_____

7. What age groups do you personally serve in your work (please check all that apply)?

- 0 to 2 years 3 to 5 years 0 - 18 years Other (please specify): _____

8. What is the approximate number of staff in your agency providing birth to five services (total)?

- 0 to 4 5 to 10 10+ Other _____

9. If you offer services as a staff member of a child-serving agency, how many other full-time equivalent personnel (including yourself) provide promotion, prevention or treatment services for children birth through 5?

- 0 1 2 3 4 5+ Don't know

10. Is there a specific subgroup within the birth to 5 age group that you are serving or wish to serve with promotion, prevention or treatment services? Yes No Don't know

If Yes, please specify what subgroup (s)? _____
(i.e., teen parents, foster youth, etc.)

	<p>11. What promotion, prevention or treatment services do you provide for children birth through five? (please check all that apply)</p> <p><input type="checkbox"/> Assessment <input type="checkbox"/> Counseling <input type="checkbox"/> Behavior Management <input type="checkbox"/> Observations <input type="checkbox"/> Therapy</p> <p><input type="checkbox"/> Education or Curricular Programs <input type="checkbox"/> Parent Support <input type="checkbox"/> Early Intervention</p> <p><input type="checkbox"/> Other (please specify) _____</p>
	<p>12. Do you provide parent-child relationship support in the promotion, prevention or treatment services you offer for children birth through five? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please specify what type of parent-child support you provide:</p> <p>_____</p>
	<p>13. How else do you involve family members in the promotion, prevention or treatment services you provide for children birth to five? Please specify: _____</p>
	<p>14. In which settings do you offer promotion, prevention or treatment services to children birth to five? (please check all that apply)</p> <p><input type="checkbox"/> Child's home <input type="checkbox"/> Health care clinic/hospital <input type="checkbox"/> Child care centers <input type="checkbox"/> Agency office</p> <p><input type="checkbox"/> Other (please specify) _____</p>
	<p>15. How many children ages birth to 5 are currently on your personal caseload for promotion, prevention or treatment services?</p> <p><input type="checkbox"/> 0-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15-20 <input type="checkbox"/> 20+</p>
	<p>16. What additional training would you like to receive that will better prepare you in delivering promotion, prevention or treatment services to the birth to 5 population?</p> <p>Please specify: _____</p>
<p>V. TRAINING RELATED TO INFANT-FAMILY MENTAL HEALTH</p>	
	<p>17. Please specify any specialized training you have received in infant and early childhood (birth through 5) promotion, prevention or treatment?</p> <p>Type of training/curriculum: 1) _____</p> <p style="padding-left: 100px;">2) _____</p> <p style="padding-left: 100px;">3) _____</p>
	<p>18. On a scale of 1-5, (1 = No Knowledge, 3= Some Knowledge, 5 = Highly Knowledgeable), please rate your knowledge in the following areas:</p> <p>A. Supporting the Infant-Parent relationship</p> <p>1. Understanding the connection between parent/caregiver emotional function and the infant-parent relationship</p> <p style="text-align: center;">1 2 3 4 5</p>

	<p>2. Understanding the connection between parent/caregiver sensory function/processing and the infant-parent relationship</p> <p style="text-align: center;">1 2 3 4 5</p> <p>3. Supporting deeper attachments in infants/caregivers</p> <p style="text-align: center;">1 2 3 4 5</p> <p>4. Effects of infant sensory and affective function on current and future human relationships</p> <p style="text-align: center;">1 2 3 4 5</p>
--	--

	<p>19. On a scale of 1-5, (1 = No Knowledge, 3= Some Knowledge, 5 = Highly Knowledgeable) rate your knowledge in the following areas:</p> <p>B. Supporting the Social Emotional Development of the Child</p> <p>1. Understanding “dual coding” in the sensory system and the affective cueing system</p> <p style="text-align: center;">1 2 3 4 5</p> <p>2. Understanding connections between sensory experience and affective functioning</p> <p style="text-align: center;">1 2 3 4 5</p> <p>3. Understanding connections between the parent/caregiver/infant relationship and higher level thinking/symbolic thinking</p> <p style="text-align: center;">1 2 3 4 5</p> <p>4. Supporting the infant from “sensory-motor” function to the “symbolic action” relationship</p> <p style="text-align: center;">1 2 3 4 5</p> <p>5. Understanding connections between symbolic thinking and language development</p> <p style="text-align: center;">1 2 3 4 5</p> <p>6. Supporting higher levels of engagement in infants and caregivers</p> <p style="text-align: center;">1 2 3 4 5</p> <p>7. Understanding connections between higher levels of engagement in infants and executive function in later years</p> <p style="text-align: center;">1 2 3 4 5</p> <p>8. Supporting infants/caregivers in navigating sensory challenges</p> <p style="text-align: center;">1 2 3 4 5</p>
--	---

	<p>Additional comments and suggestions are encouraged. Use the space provided below for any additional comments.</p>
--	---

VI. TRAINING RELATED TO REFLECTIVE PRACTICE

20. On a scale of 1-5, rate your knowledge in the following areas (1 = No Knowledge, 3= Some Knowledge, 5 = Highly Knowledgeable):

- | | | | | | |
|---|---|---|---|---|---|
| 1. Understanding differences between “narrating the experience” and supporting the affective response | 1 | 2 | 3 | 4 | 5 |
| 2. Assessing/Identifying quality/level of engagement between parent and infant | 1 | 2 | 3 | 4 | 5 |
| 3. Assessing/Identifying reciprocal responses | 1 | 2 | 3 | 4 | 5 |
| 4. Assessing/Identifying “circles of communication” | 1 | 2 | 3 | 4 | 5 |
| 5. Identifying differences in caregiver/infant sensory “profiles” | 1 | 2 | 3 | 4 | 5 |
| 6. Supporting caregivers/infants with different sensory profiles | 1 | 2 | 3 | 4 | 5 |
| 7. Identifying affective cueing of parent/caregiver | 1 | 2 | 3 | 4 | 5 |
| 8. Understanding the reflection of affect within the context of relationship | 1 | 2 | 3 | 4 | 5 |
| 9. Understanding the role of caregiver “pace” of interaction and infant success in affective cueing | 1 | 2 | 3 | 4 | 5 |
| 10. Understanding the infant’s “plan and sequence” responses based on their affective response to sensory information | 1 | 2 | 3 | 4 | 5 |
| 11. Ability to identify and express your own feeling states when working with a mother-infant dyad | 1 | 2 | 3 | 4 | 5 |

Additional comments and suggestions are encouraged. Use the space provided below for any additional comments.

VII. TRAINING IN DIVERSITY/CULTURAL COMPETENCY

21. On a scale of 1-5, rate your knowledge in the following areas (1 = No Knowledge, 3= Some Knowledge, 5 = Highly Knowledgeable):

- 1. Assessing/identifying personal and cultural biases which can affect interactions, interventions, and support of families

1 2 3 4 5

- 2. Assessing/identifying personal and cultural biases which may affect reflective practice with families and fellow practitioners

1 2 3 4 5

- 3. Attunement to/awareness of cultural differences when implementing reflective practice

1 2 3 4 5

- 4. Attunement to cultural differences in child-rearing and child treatment

1 2 3 4 5

- 5. Awareness of cultural differences in communication “styles” used in interactions

1 2 3 4 5

- 6. Competence in navigating cultural conflicts successfully

1 2 3 4 5

- 7. Interrelationship among developmental domains and the influences of culture, environment, and early experiences

1 2 3 4 5

- 8. Knowledge of racial microaggressions (racial insults, assaults, and invalidations of a target person or group) that may hinder the family- provider relationship

1 2 3 4 5

- 9. Awareness of the potential impact of historical and/or societal trauma (i.e. immigration, slavery or refugee status) on the family- provider relationship

1 2 3 4 5

Please provide any additional comments here.

THANK YOU AGAIN FOR YOUR PARTICIPATION!