


# Community and University Connections to Strengthen Infant Mental Health Student Clinical and Reflective Competencies in the Classroom

Carla Barron, Karol Wilson, & Amber Donahue  
Ann Stacks and Carolyn Dayton

A collaboration between Starfish Family Services  
& Wayne State University

# What we hope to accomplish today



Review

Review our university-community partnership around IMH education & training

Share

Share a case from the perspective of an IMH program alum & current IMH specialist

Discuss

Discuss ways to use these strategies within your training environment

# University-Community Partnership to support training



## History and Purpose

- MPSI training began in 1988
- Predominately train researchers and social workers
- Most graduates work clinically with families in Michigan (IMH-HV)

## Review of what we learned


- Program content highly beneficial & timely
- Partners eager to help translate content to real world
- Reminded that clinical IMH work is emotionally difficult & complex

## Partners in student learning

- Increased communication between university & community agencies
- Increased communication with students about professional expectations

An  
unexpected  
outcome  
grows from  
our  
relationship





# Developmental Indicators of Clinical Competencies-DICC

## Intrinsic Qualities

- Open to being vulnerable
- Reflective capacities
- Regulation capacities
- Understanding feelings of ambiguity
- Ability to work autonomously & take initiative
- Effective listening and being present with another

## Practical Skills

- Professional presentation
- Ability to ask for help
- Writing skills
- Clinical observation skills
- Time management
- Familiarity with community agencies
- Meeting etiquette

## Professional Skills

- Communication of personal/professional goals
- Knowledge of home visiting boundaries/ skills/ ethics
- Knowledge of child development
- Ability to report abuse and neglect
- Understanding reflective supervision


# Operationalizing clinical skills for students

## Behavioral markers


- Agency standards
- Home visit standards
- Professional standards
- Clinical standards/considerations

## Developmental levels

- Intern/Early Career
- Mid-Career
- Late Career



# Being intentional about diversity




# Diversity Informed Practice – A step in being mindful of our and others' diversity

- Describe the environments in which you have grown up, with regard to race, ethnicity, sexual orientation, religion, and SES
- How have your experiences in these environments shaped your beliefs and feelings about people/groups who might be different from you?
- How might your experiences impact the work you do with families who are different from you?
- What about families who are similar to you? How might your experiences impact your work with these families?



# An example from the DICC: Reflective Capacities




## Definition/Behavioral Markers

- **Home visiting**: Is thoughtful about the impact that one has on clients and is respectful of their beliefs.
- **Clinical considerations**: Understands the importance of reflecting on one's own experiences with families & building parent's reflective capacity. Is aware of how their own cultural narrative affects and influences their views.

## Developmental Levels

- **Intern/Early Career**: Has an emerging capacity to share thoughts, emotions, & beliefs related to interactions with families. Is beginning to imagine the experience of infant & parent.
- **Mid-Career**: Is able to use self within the work by recognizing one's own experience while with families & uses that in practice.

# An example from the DICC: Regulation Capacities



## Definition/Behavioral Markers

- **Home visiting**: Maintains a professional stance, even in the face of feeling dysregulated by the work.
- **Clinical considerations**: Is conscious of the interplay between a family's emotional reactivity and one's own emotional reactivity.

## Developmental Levels

- **Intern/Early Career**: Is able to recognize one's own emotional response and bring to supervision when overwhelmed.
- **Mid-Career**: Anticipates strong emotional responses in one's self and works to gain a deeper understanding on one's own responses and cultural biases.

# An example from the DICC: Open to being vulnerable



## Definition/Behavioral Markers

- **Home visiting**: Understands that home visiting pulls for a more personal connection with a family. Balances the capacity to remain present & authentic, while maintaining self-awareness & embracing cultural diversity.
- **Clinical considerations**: Understands that in IMH we bring ourselves to our work; which requires the ability to be open in a way that can feel and be interpersonally vulnerable.

## Developmental Levels

- **Intern/Early Career**: Is open to having an emotional response within the work, is able to put words to the response and bring to supervision. Does not defend against positive or negative emotional responses that come up.
- **Mid-Career**: Is open to having an emotional response and puts words to it or sits with the tension while with a family. Reflects on it as part of a therapeutic process.

# DICC Student Scoring Rubric

<b>No Opportunity Yet OR Rarely Meets Expectations for an Intern/New Clinician</b>	<b>Does not Consistently Meet Expectations for an Intern/New Clinician</b>	<b>Consistently Meets Expectations for an Intern/New Clinician</b>	<b>Sometimes Exceeds Expectations for an Intern/New Clinician</b>	<b>Exceeds Standards for an Intern/ New Clinician</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

# Using the DICCC in the classroom

- Introduced early in training program
- Core courses and seminar build intrinsic qualities through felt experiences and parallel processes
- Used to communicate strengths and opportunities for growth to community supervisors & seminar faculty
- Used in field placement at beginning and end– with community supervisor feedback

## Curriculum

### Core Courses

- Intro to IMH
- IMH Assessment
- IMH Practice

### Content Knowledge Course

- Infant & Toddler Development

### IMH Seminar & Field Experience

- Observation experience + RS
- 16-20 hours/week clinical placement + RS

# The DICC in the Classroom: Infant Mental Health Seminar

## Infant observation

- Understanding feelings of ambiguity
- Clinical observation skills
- Knowledge of child development & home visiting

## Case presentation

- Open to being vulnerable
- Reflective capacities
- Understanding reflective supervision

## Discussion of literature

- Reflective capacities
- Ability to ask for help
- Ability to work autonomously & take initiative



# Observation Family Experience

- “When she talked about how she gets to stay home with them, her face lit up and she walked over and picked up Elliot from the swing”
- ”Mom noticed that Nora had peed her pants. She laid Elliot on the floor and scolded Nora, “you know better!” My heart sank & I felt sad, I hate it when parents tell their kids they are bad”
- “I really wasn’t feeling like doing an observation today. I was feeling annoyed and frustrated. I basically spent my entire observation being aggravated and making a mental list of all the things mom was doing wrong”
- “When I look back on the experience, I realized that I learned how to do nothing and just be present”

# Reflective Supervision in the Classroom



Integration of Knowledge &  
Experience

Intrinsic Qualities

Reflective Supervision Strategies



# Home visiting as an MSW intern



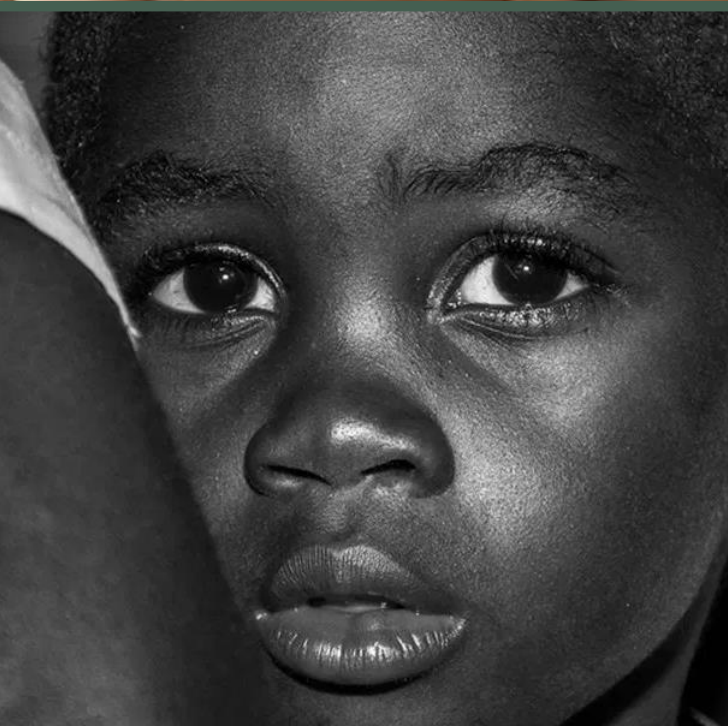
## Amber

- Openness
- Capacity hold & honor varying perspectives
- Capacity to describe observations
- Curiosity VS judgment

## Mom & family

- Single, African American mother
- 3 children:
  - 6-year-old
  - Newborn twins

# The Family's Story





➤ VIDEO





# Takeaways from this case

- Parallels between Amber & Mom
  - Intrinsic qualities – what they both brought to the work & their relationship
  - Practical skills – how they were both supported
    - Amber – by supervision & IMH program
    - Mom – by Amber
  - Professional skills
    - Knowledge of child development
    - Knowledge of reflective supervision
- Moving from DOING to BEING
- Being CURIOUS





# BRINGING IT ALL TOGETHER - TAKEAWAYS

What has been most important to students about the IMH program?

What can we understand about student/early career clinician needs?

What can you take-away and use at your program or agency?



What has been most important to students about the IMH program?



What is important to know  
about students & early career  
clinicians?



What can you take away and  
use at your program or  
agency?

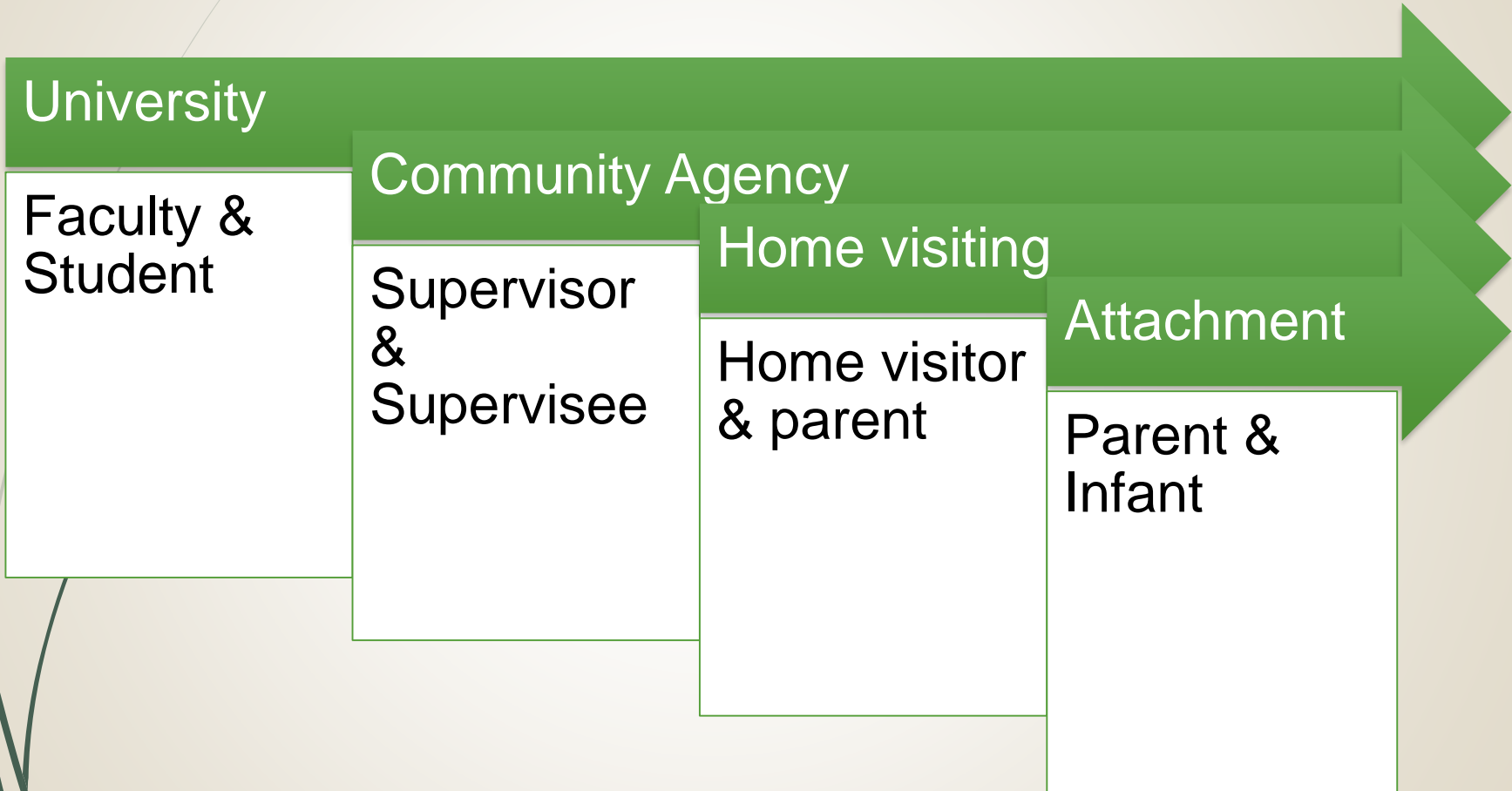




# Final thoughts



# A Model of our Parallel Process



# A holding environment

- Across the university & community
- Opportunity to practice reflective capacity within classroom experiences
- Experience in courses parallels relationship-based perspective & reflective supervision
  - There isn't always a right answer
  - Unknown vs Right/Wrong
- Translates to work in high risk communities





Questions?