

Episode 4 Transcript

[Audio Link](#)

Narrator ([00:10](#)):

Welcome to Early Childhood Policy Matters, a podcast for early childhood professionals and strategic partners hoping to use research to inform policy and better serve children, families, and their communities. Today, we dive into some common challenges faced by early childhood mental health practitioners. Host Neal Horen sits down with practitioners Dominique Charlot-Swilley and Trista Vonada to discuss their work implementing policy at the state and territory level. Let's listen in.

Neal Horen ([00:49](#)):

And we're very happy to welcome Dr. Dominique Charlot-Swilley and Trista Vonada. Dominique is a trained clinical child psychologist and a licensed school psychologist with over 20 years of experience working with young children and their parents in headstart, early headstart, and in private practice. And Trista is the early head start mental health coordinator and early childhood lead clinician with Aware Inc., where she specializes in infant early childhood mental health and provides consultation to early head start programs and staff. Thanks so much for joining us.

Dominique Charlot-Swilley ([01:21](#)):

Thank you. Delighted to be here.

Trista Vonada ([01:23](#)):

Thanks Neal.

Neal Horen ([01:24](#)):

And I couldn't have two more different parts of the country than the folks who are being served in Washington, DC by Dr. Charlot-Swilley, and the folks in Montana who are served by Trista. So we've spent some time over these episodes really talking to folks at various levels in the system. And in some ways, this is the level that we're all trying to impact, which is what happens. So maybe I can start with you, Dominique, can you provide any examples of how practitioners collaborate across organizations to support children's mental health and social emotional learning?

Dominique Charlot-Swilley ([02:01](#)):

Sure. In Washington, DC, we've established, for example, our early childhood behavioral health work group, which serves to inform and provide recommendations to the coordinating council on behavior health needs. And so that becomes, and in that group, we really have licensed psychologists, we have different practitioners across the spectrum. So really bringing in different perspectives to be able to provide recommendations to the coordinating council regarding behavioral health. Another example is health service advisory committees. And again, here, the health service advisory committee, the goal is to advise early start at [inaudible 00:02:51] organizations on how to really meet performance standards. So you have an opportunity to hear from different agencies, different organizations, coming together for the same goal of really being able to provide best practices for children. One thing that we've established, for example, is a community of practice for early headstart, where bringing together different providers to really be able to support coaches in the early headstart sector to help, to promote their best practices, to support teachers, and thereby create better outcomes for infant and toddlers.

Neal Horen ([03:36](#)):

Trista, as you're listening, how do you sort of take that question? And what does it look like in your work as a practitioner? Are there examples where you're collaborating across organizations to support children's mental health and social emotional learning?

Trista Vonada ([03:50](#)):

As we talk about cross agency, we have a lot of our home visiting grants across the state of Montana that, built into that grant, is mental health consultation. And so being able to provide consultation to home visitors that are providing safe care, parents as teachers, is crucial within the effort. We also have some headstarts in Montana that are exploring mental health consultation, what that looks like. And so reaching out to agency work that might be more knowledgeable in the mental health consultative world and contracting with agencies that can provide that to the model that we know exists out there today.

Neal Horen ([04:28](#)):

I'm so glad that you described that because mental health consultation seems like it could be one of those kinds of supports that may cut across, may obviously be offered within the headstart early headstart world. But it sounds like, at least in Montana, you're really looking in your home visiting partnership as a place where that might be happening as well. Is that true?

Trista Vonada ([04:48](#)):

Absolutely. Absolutely. And it seems like, as we're looking at building the efforts of this statewide model, a lot of the conversation is maybe starting at home. Visiting, it's built, the structure is there, but for some, really trying to infiltrate childcares and what that could look like, but many barriers there for clinicians to provide that service to childcare.

Neal Horen ([05:09](#)):

Trista, what are some of the barriers or gaps in terms of that cross system collaboration?

Trista Vonada ([05:16](#)):

So one of the main ones that stick out for me is really this idea of sustainability. Many of the clinicians who might even be motivated, knowledgeable, and want to provide mental health consultation to practitioners or to childcares, it's an unbillable service. And so when we're looking at sustainability and or reimbursement for those practitioners that might be in private practice, there's a barrier there in being able to sustain that service. So that's one. Another one is, I think, just education and understanding the infant early childhood mental health model and the consultative stance itself. So two barriers off the top.

Neal Horen ([05:49](#)):

Dominique, when I hear a clinician or practitioner talking about those kinds of issues, sustainability, billing, it makes me feel like, well, that's a good sign. We've got people on the front lines who are thinking about the system level sorts of issues. What about for you? Because you had started this piece around barriers or gaps, what are your thoughts about that?

Dominique Charlot-Swilley ([06:08](#)):

I couldn't agree more about the issue of sustainability and billing. For us, and I echo that, but also the issue of the turnover and the transitions that sometimes happen across organizations so that when these transitions happen, there's really not a consistent person that you could go to for documentation purposes. So the transfer of knowledge or the transfer of information is not there. So you are rebuilding the touch points, the connections with an agency because of, sometimes, the turnover that is happening within the agencies. There's sometimes not a real internal model or guidance, rather, in place. And so you're left with starting over again, when you're having to have a touch point with an organization for the betterment of a patient or a family.

Neal Horen ([07:10](#)):

Trista, does that happen for you in Montana?

Trista Vonada ([07:14](#)):

Absolutely. I think turnover is an issue across our country within whether we're looking at childcare, this human service work. And as we get clinicians on board and really share the mission and really the practice of mental health consultation or supporting childcares, it's a new set of practices. And if they don't see it, there's big competencies to be able to fill there as well. So turnover is a huge issue for us here in Montana, and whether you're looking at it from the practitioner side of turnover, then there's also the childcare side of turnover, where we have a lot of teachers coming in and out of childcare or group homes that are choosing to open or close and go back and forth. So the touch points become very difficult. It's almost like we're having to restart in relationship to get more momentum within that work.

Dominique Charlot-Swilley ([08:05](#)):

I couldn't agree more about the relationship because this work is grounded in relationship building. And so when you have that degree of turnover and, Trista, when you spoke about teachers turnover, that is a major issue for the life of our children. For infant and toddlers and preschoolers as well. And our teachers, our educators, our practitioners are often having to make difficult choices of, do I stay at home with my children or do I go to work and be present to support the needs of children and families? I'm excited to report here in the district of Columbia and the work that we have been doing with the early childhood arena that, really, this issue of wellness has been very seriously. I am providing wellness sessions in early head start and headstart for teachers on a regular basis. And so the leadership is seeing the utility of that, the impact of that, the impact of providing protective time to teachers to be able to have a protected space and a psychologically safe space to discuss their issues of wellness and learn strategies to really combat the things that they are facing every day.

Neal Horen ([09:32](#)):

You two, you've been doing this for quite some time. You have the big picture about the system. The in front of your face picture about the folks that you're working with on a daily basis. What do we need to do at a state level, at the district level, that makes sure that folks get what they need in terms of supervision, professional development? What's going to make us have that workforce be more constant with less turnover?

Dominique Charlot-Swilley ([09:57](#)):

Well, I think one of the major things is making the area of reflective practice and consultation and supervision, part of the regulation and licensing practices, that does not occur. It may happen in some sites, but it is not an issue across the board. So some of our early childhood sites may have a coach, for

example, and that coach will provide the supervision to teachers to be able to render a better outcome in the classroom. But when you talk about traditional childcare, the community-based organizations, they do not have that kind of regulation and licensing, or they don't have that person in place to be able to ensure that they're receiving the supervision and reflective practice. So I would start with, really, all regulatory agencies to allow for this kind of mandate to happen across the board.

Neal Horen ([11:04](#)):

Trista to you, just a simple question, how do you completely fix the system so everybody's getting what they need? I mean, how hard would that be to answer? What's your sense about what folks can do at a state level to make sure that folks are getting what they need in terms of supervision, professional development, those kinds of things?

Trista Vonada ([11:22](#)):

Yeah. So let me get my magic wand and let me see what I can come up with here. I think when we're looking at this larger picture of how to, quote unquote, fix the system, I can't help but think that we've got to, as a state, if we're looking at it from that higher level, is adopt that infant early childhood mental health and the components that that brings like reflection that Dominique is talking about. And then have the work group Dominique speaks to, or the Alliance, or an informed group that can guide those efforts and then make it standard within practices, much like the requirements and licensing. I think it's so important that piece of reflection and the ability to really take a step back from the work as we're working with humans in general, right? And to be able to really have someone guide the work and make sense of the experiences is what's going to help sustain the program and make better outcomes.

Neal Horen ([12:19](#)):

It seems like that what the overarching message is, back to leaders at a state or territorial or district level is, you all have to be developing and maintaining really strong relationships with one another in a parallel process to what we're doing, face-to-face, frontline, on the ground. Is that an accurate reflection of what we've been talking about?

Dominique Charlot-Swilley ([12:41](#)):

I think COVID is forcing us to really think in a broader way around what are the needs of those on the ground that servicing infant, toddlers, preschoolers, and families? What are those needs? Because now, we are seeing clearly regulatory agencies on the ground, practitioners are seeing clearly the impact of systemic racism, the impact of structural racism, the impact of food insecurities, and what is going on with all children and families. And so we have to look at this in a very broad way, but also in a very narrow way in terms of how to meet the needs of our infants and toddlers, their everyday needs.

Neal Horen ([13:39](#)):

I oftentimes like to think about the 10-day, 10-month, 10-year viewpoint. What do you see as maybe the 10, 10, 10 here? Is there something that you're like, "Wow, if in 10 months, if in 10 years, this is what comes from this, that will be great for practitioners." Is there one thing that you're like, "Boy, our system could be doing this pretty soon," or "This at least is going to lead to that change." Is there one thing that you'd point to?

Dominique Charlot-Swilley ([14:06](#)):

Dismantling the silos.

Trista Vonada ([14:08](#)):

Absolutely.

Dominique Charlot-Swilley ([14:10](#)):

So with the early childhood behavioral health work group, informing the coordinating council, we're having similar conversation about silos that we had 20 years ago. How do we really move the needle on the silos? How do we really do justice to moving the needle on this, is at the core, I think, is indeed relationship building, but how do we put systemic change in place that in 10, in 20 years, and your 10, 10, 10, that we are not having the same conversation about silos?

Neal Horen ([14:51](#)):

It's super helpful, I think, to hear from folks who, on a day-to-day basis, are going out there and trying to work with young children and their families, with the staff who are supporting them across systems. So I just want to say thank you so much for all the work that you're doing, but more importantly, just helping us educate folks around the country about the kinds of things that they need to be thinking about at a systems level. So thank you very much.

Dominique Charlot-Swilley ([15:15](#)):

Thank You.

Trista Vonada ([15:16](#)):

Thanks Neal.

Narrator ([15:23](#)):

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